Standards

POSITION STATEMENT
THE SCHOOL NURSE

DEFINITION

The specialized school nurse, employed by a board of education, enhances the educational process and potential of the student. NASN promotes, supports and represents the school nurse who has a high level of academic preparation and is currently licensed to practice nursing under state law.

ROLE

School nurses strengthen and facilitate the educational process by improving and protecting the health status of children and by identification and assistance in the removal or modification of health related barriers to the learning process for individual children. The major focus of school nursing services is the prevention of illness and disability, and the early detection and correction of health problems. The school nurse is especially prepared and uniquely qualified in preventive health, health assessment and referral procedures.

FUNCTIONS

The functions of the specialized school nurse include but are not limited to the following:

1. Promotes and protects the optimal health status of children.

2. Provides health assessments.
    a. Obtains a health and developmental history.
    b. Screens and evaluates findings of deficit in vision, hearing, scoliosis, growth, etc.
    c. Observes the child for development and health patterns in making nursing assessment and nursing diagnosis.
    d. Identifies deviant health findings.

3. Develops and implements a health plan.
    a. Interprets the health status of pupils to parents and school personnel.
    b. Initiates referrals to parents, school personnel and community health resources for intervention, remediation and follow-through.
    c. Provides on-going health counseling with pupils, parents, school personnel and health agencies.
    d. Recommends and helps to implement modification of school programs to meet students' health needs.
    e. Utilizes existing health resources to provide appropriate care of students.

4. Maintains, evaluates, and interprets cumulative health data to accommodate individual needs of students.

5. Participates as the health team specialist on the child education evaluation team to develop the Individual Education Plan (IEP)

6. Plans and implements school health management protocols for the child with special health needs, including the administration of medication.

7. Participates in home visits to assess the family's needs as related to the child's health.

8. Develops procedures and provides for crisis intervention for acute illness, injury and emotional disturbances.

9. Promotes and assists in the control of communicable diseases through preventive immunization programs, early detection, surveillance and reporting of contagious disease

10. Recommends provisions for a school environment conducive to learning.

11. Provides health education.
    a. Teaches parenting skills as they relate to child development and health needs of children.
    b. Provides direct health education and health counseling to assist students and families in making decisions on health and life styles that affect health.
    c. Participates in health education directly and indirectly for the improvement of health by teaching persons to become more assertive health consumers and to assume greater responsibility for their own health.
    d. Counsels with students concerning problems such as pregnancy, sexually transmitted diseases, mental health issues, and substance abuse in order to facilitate responsible decision-making practices.
    e. Serves as a resource person to the classroom teacher and administrator in health instruction and as a member of the health curriculum development committees.

12. Coordinates school and community health activities and serves as a liaison person between the home, school and community.

13. Acts as a resource person in promoting health careers.

14. Provides health counseling for staff.

15. Provides leadership and/or support for staff wellness programs.

16. Engages in research and evaluation of school health services to act as a change agent for school health programs and school nursing practices.

17. Assists in the formation of health policies, goals and objectives for the school district.

Conclusion:

The National Association of School Nurses recognizes that school nurses employed by boards of educational background, experiences and competencies to carry out the responsibilities and functions outlined above. School nurses continue to expand their identified roles. Professional growth is essential to any specialty area. Schools may well provide a facility in the nation for health promotion and the delivery of primary health care.

Adopted 1979; Revised 1982; Revised June 1987; Revised June 1990

Board of Nurse Examiners Position Statement

RN vs LVN in the School Setting

15.13 Role Of LVNs and RNs As School Nurses

The BON recognizes that the youth of Texas are our most valuable natural resource. The BON acknowledges that although students come to school with complex and diverse health care needs, they should be provided an education in the least restrictive environment. The BON recognizes that the school children of Texas have the right to receive safe, appropriate, specialized health services that may be required to assure the child's inclusion in the school environment.

Registered Nurses in the School Setting

The Texas Board of Nursing (BON) believes that school nursing is a professional registered nursing (RN) specialty. School nursing involves the identification, prevention and intervention to remedy or modify students' health needs. The RN has the educational preparation and critical thinking skills as well as clinical expertise which are essential to nursing in the school setting. These activities involve the comprehensive assessment of the nursing/health care needs of the student, the development of a plan of care, implementation of the plan, and evaluation of the outcomes. The provision of these services by the RN contributes directly to the students' education and to the successful outcome of the educational process. These essential components of professional nursing practice are the responsibility of the RN in compliance with Rule 217.11(3)(A).

Vocational Nurses in the School Setting

The clinically intensive vocational nursing program curriculum prepares entry level nurses to provide direct patient care to acutely and chronically ill clients/patients in structured health settings (such as acute care and long-term care) who are experiencing conditions with predictable health outcomes. The *Differentiated Entry Level Competencies (DELC)* define a "structured" setting as "a geographical and/or situational environment where the policies, procedures, and protocols for provision of health care are established and in which there is recourse to assistance and support from the full scope of nursing expertise." Thus, school settings do not qualify as "structured" healthcare settings, and LVN curriculum is not designed to provide competencies in complex independent judgment and decision-making skills.

The provision of nursing care when provided by a Licensed Vocational Nurse (LVN) in a school setting should be under the supervision of the RN. The RN, in

compliance with the BON's Standards of Nursing Practice [Rule 217.11], assigns those aspects and activities to the LVN that are within the LVN's educational preparation and demonstrated competency to provide. The RN monitors, coordinates, and evaluates the provision of health services necessary to meet individual student health needs essential in achieving educational objectives.

RN Delegation to Unlicensed Personnel

Due to the growing number of students entering the school system with special health care needs, the BON recognizes that not all health-related services can be provided by a RN or LVN. Therefore, the RN may delegate tasks in the school setting in compliance with the BON's Delegation Rules 224 and 225. School is considered an independent living environment as defined in Rule 225; however, acute or emergency situations in the school setting may be delegated in accordance with Rule 224 as applicable. For example, emergency administration of Epi-pens, Glucagon, and Diastat may be administered by an unlicensed person under §224.6(4) in order to stabilize the child and prevent complications from delaying treatment. The decision to delegate a specific task is always at the discretion of the RN in accordance with §224.8(b)(1)(C) or §225.9(c).

Other Laws Impacting School Health Care

In a school setting, the administration of medication may be assigned to an unlicensed person by the public school official in accordance with the rules of the Texas Education Code. The RN's obligation under §225.13 is to (1) verify the training of the unlicensed person, and (2) verify the competency of the UAP to perform the task. If the RN is unable to assure (1) and (2) have been met, the RN must (3) notify the public school official of the situation.

Summary:

Given the complexity, the current number, and the future projections of increasing numbers of children entering the school system with complex nursing and health-related needs, the BON believes that the RN must establish an individualized nursing care plan for each child as applicable. The RN may be assisted by LVNs and unlicensed assistive personnel in the delivery of services to ensure the delivery of safe, effective health care to the school children of Texas.

(Adopted 11/1996; revised 11/1997; revised 01/2003; revised 01/2005)

Interpretive Guideline for LVN Scope of Practice

The passage of HB 1483 [78 Tex. Legis. Session, 2003] consolidated all licensed nurses under one regulatory board, thus pulling vocational nurses under the authority of the Nursing Practice Act (NPA) on February 1, 2004. Since then, the Board has combined and revised the two sets of rules that formerly existed for both agencies into one set of rules that applies uniform rule language across all levels of nursing licensure, thereby providing consistent regulatory guidance to all nurses in Texas.

The main rule applicable to nursing practice is Rule 217.11, Standards of Nursing Practice. This revised and combined Standards Rule became effective 9/28/2004. Rule 217.11 provides the framework for the minimum acceptable standards of nursing practice, and serves for determining a nurse's scope of practice. While the majority of the standards apply to all levels of nurse licensure, specific standards address each respective licensure level. The purpose of this interpretive guideline is to promote understanding by vocational nurses and others of the accurate application of the Standards of Nursing Practice across all practice settings. The guideline also provides additional information through definitions, clarification of scope of practice parameters, and a table differentiating the scope of practice for LVNs and RNs. The interpretive guideline included with this article may be viewed in its entirety on the BNE web page at www.bne.state.tx.us under the "Nursing Practice Information" section. Questions pertaining to the interpretive guideline, or any other practice-related issues, may be communicated via e-mail to webmaster@bne.state.tx.us or via telephone to the Practice line at (512) 305-6802.

Interpretive Guideline for Differentiating Vocational Nurse Scope of Practice Under Rule 217.11 Standards of Nursing Practice - October 2004

Purpose:

Rule 217.11 establishes a foundation of minimum standards of nursing practice applicable across all levels of nursing licensure (inclusive of licensed vocational nurses, registered nurses, and registered nurses with advanced practice authorization in a given role and specialty). This guideline includes comparison between LVN and RN practice, and does not specifically address RNs and advanced practice RNs.

Background:

In February 2004, the integrated Board implemented an ongoing review of all BNE and BVNE rules to ensure congruency with the Nursing Practice Act (NPA). The Nursing Practice Advisory Committee [NPAC] assisted in the review of rules relating to nursing practice. The NPAC is one of the Board's three standing advisory committees and consists of interested stakeholders from nursing practice, nursing specialty and healthcare facility organizations, and relevant state agencies. At the first combined single-board of nursing meeting in April 2004, the Board charged the NPAC to review rules pertaining to standards of practice and unprofessional conduct for LVNs, RNs, and advanced practice nurses (APNs). Two resources were utilized by NPAC in developing the new standards: (1) the *Model Rules* from the National Council of State Boards of Nursing (NCSBN) [adopted by NCSBN, August 2004], and (2) the *Differentiated Entry Level Competencies of Graduates of Texas Nursing Programs (DELC),* September 2002. The model rules provided a national perspective on scope of practice parameters for the differing levels of licensure. The Model Rules may be viewed on the National Council's web page at www.ncsbn.org. The DELC may be viewed in its entirety from the BNE's web page, www.bne.state.tx.us, under "Nursing Education Information." NPAC recommendations were presented to the Board at the July 2004 meeting. The Board approved NPAC's recommendations and proposed new rules 217.11 *(Standards of Nursing Practice)* and 217.12 *(Unprofessional Conduct)*. These two new rules became effective September 28, 2004. Rule 217.11 provides the framework for the minimum acceptable standards of nursing practice, and serves for determining a nurse's scope of practice*. While the majority of the rule's standards apply to all levels of nurse licensure, there are specific standards addressing each respective level of licensure (LVN, RN) and advanced practice nursing. (*Note: Chapter 221, §§221.12 and 221.13 set forth additional guidance for scope of practice for APNs).

Definitions of Key Terms Used in 217.11(2) Standards Specific to Vocational Nurses

Some of the following terms may require further clarification in order to accurately apply and/or comply with the rule:

1) ***Supervision***:

"Supervision" is defined in §217.11(2) as the "process of directing, guiding, and influencing the outcome of an individual's performance of an activity." Since NPA §301.353 and Rule 217.11(2) require the LVN to function "under supervision" of specific licensed practitioners, this precludes the LVN from functioning in a completely independent (without supervision) manner. However, direct (onsite or on-unit) supervision is not required. The LVN must have a resource person accessible at least telephonically or by some other similar means. Proximity to the LVN's practice setting and the level of licensure of a supervisor (RN, MD, etc.) must be determined by the LVN and his/her supervisor on a case-by-case basis and in accordance with any other laws that are applicable in the practice setting.

2) ***Healthcare Setting***:

In the *Differentiated Entry Level Competencies* (DELC), the term "structured healthcare setting" is used to help describe appropriate practice settings for entry-level LVNs; however, the NPAC committee agreed that the adjective "structured" could be misinterpreted and cause inappropriate restrictions on overall practice settings for LVNs in Texas. "Healthcare settings" is a term used to broadly define practice settings where LVNs routinely practice. Nevertheless, the DELC definitions of "structured" and "unstructured" are instructive in defining the appropriate healthcare settings for LVN practice. A "structured" setting is defined by DELC as "a geographical and/or situational environment where the policies, procedures, and protocols for provision of healthcare are established and in which there is recourse to assistance and support from the full scope of nursing expertise." The DELC also states that the LVN is educationally prepared to deliver nursing care in "health care settings for individual clients who are experiencing common, well-defined health problems with predictable outcomes." By way of example, a healthcare practice setting for a LVN may also include a setting where continuous nursing services are provided (such as a nursing home, hospital, rehabilitation center, skilled nursing facility, clinic, or private practice physician office), or where the LVN has access to the licensed healthcare provider serving as the LVN's supervisor (such as home care, hospice, assisted living facility, group homes, etc.). [Definitions taken in part from BNE rules §224.1 and §225.4(9).] In contrast to the above, a setting that is likely inappropriate for a LVN is an "unstructured setting" defined in DELC as "a geographical and/or situational environment which may not have established policies, procedures, and protocols and which has the potential of variations requiring independent nursing decisions."

3) ***Focused Assessment vs. Comprehensive (or RN Nursing) Assessment***:

The first step in the nursing process--assessment--is the basis for nursing decisions and interventions. The terms "directed" scope of practice and "focused" assessment for LVNs were extracted from Model Rule language subsequently adopted by the National Council of State Boards of Nursing (NCSBN) in August 2004. The NCSBN felt that while both LVNs and RNs "assess," the depth, breadth, and comprehensiveness of the assessments conducted by the two levels of licensed nurses differ. Part of the basis for the definitions and descriptors used in the model rules evolved from a national job analyses of both LVNs and RNs. [217.11(2)(A)(i)] Licensed vocational nurses (LVNs) "conduct focused nursing assessments of the health status of individuals." A *focused assessment* is an appraisal of an individual client's status and situation at hand, contributing to comprehensive assessment by the registered nurse, supporting ongoing data collection, and deciding who needs to be informed of the information and when to inform. [217.11(3)(A)(i)] Registered nurses conduct "comprehensive nursing assessments of the health status of clients." A *comprehensive nursing assessment* is an extensive data collection (initial and ongoing) for individuals, families, groups and communities addressing anticipated changes in client conditions as well as emergent changes in a client's health status; recognizing alterations to previous client conditions; synthesizing the biological, psychological, spiritual and social aspects of the client's condition; evaluating the impact of nursing care; and using this broad and complete analysis to make independent decisions and nursing diagnoses; plan nursing interventions, evaluate need for different interventions, and the need to communicate and consult with other health team members.

Additional Clarifications:

Though not prescriptive to specific tasks, § 217.11 adopted by the Board establishes the outer parameters that the individual nurse at a given level of licensure may practice and still be "in compliance" with the rules, regardless of experience or practice setting. Because nursing at any level can involve "life and death" decisions, it is not prudent for a nurse to perform functions that require a higher level of licensure/authorization. This is often a difficult concept for non-nurses to grasp as they typically do not understand that there are limits as to how far a nurse may expand his/her scope within the same level of licensure. Additionally, non-nurses often fail to realize that a nurse always has a higher duty to his/her patient. Regardless of facility policies or physician orders, the nurse has a duty to maintain a safe environment for the client and others. Because of this duty, the Board holds each nurse accountable to accept only those assignments that are within the nurse's education, experience, and knowledge, as well as the nurse's physical and emotional abilities. While LVNs have always been able to expand their practice with continuing education, this concept of expansion has always had its limits. The NPA and §217.11 now serve in conjunction with the entry-level competencies (DELC) to provide guidance for consistency in LVN scope of practice, regardless of practice setting, or years of experience in vocational nursing or other healthcare-related field. Relative to the above concepts, the following statements provide additional clarifications for application of the NPA and §217.11 to vocational nursing practice:

1) LVNs cannot expand their practice to the level of a registered nurse through continuing education unless that education consists of a formal program of study and subsequent licensure by examination as a registered nurse. Practice within the independent scope of practice of a RN requires RN licensure.

2) If other laws require that a registered nurse perform a given task (such as "initial assessment"), said tasks cannot be assigned to the LVN under the RN's (or any other licensed person's) supervision.

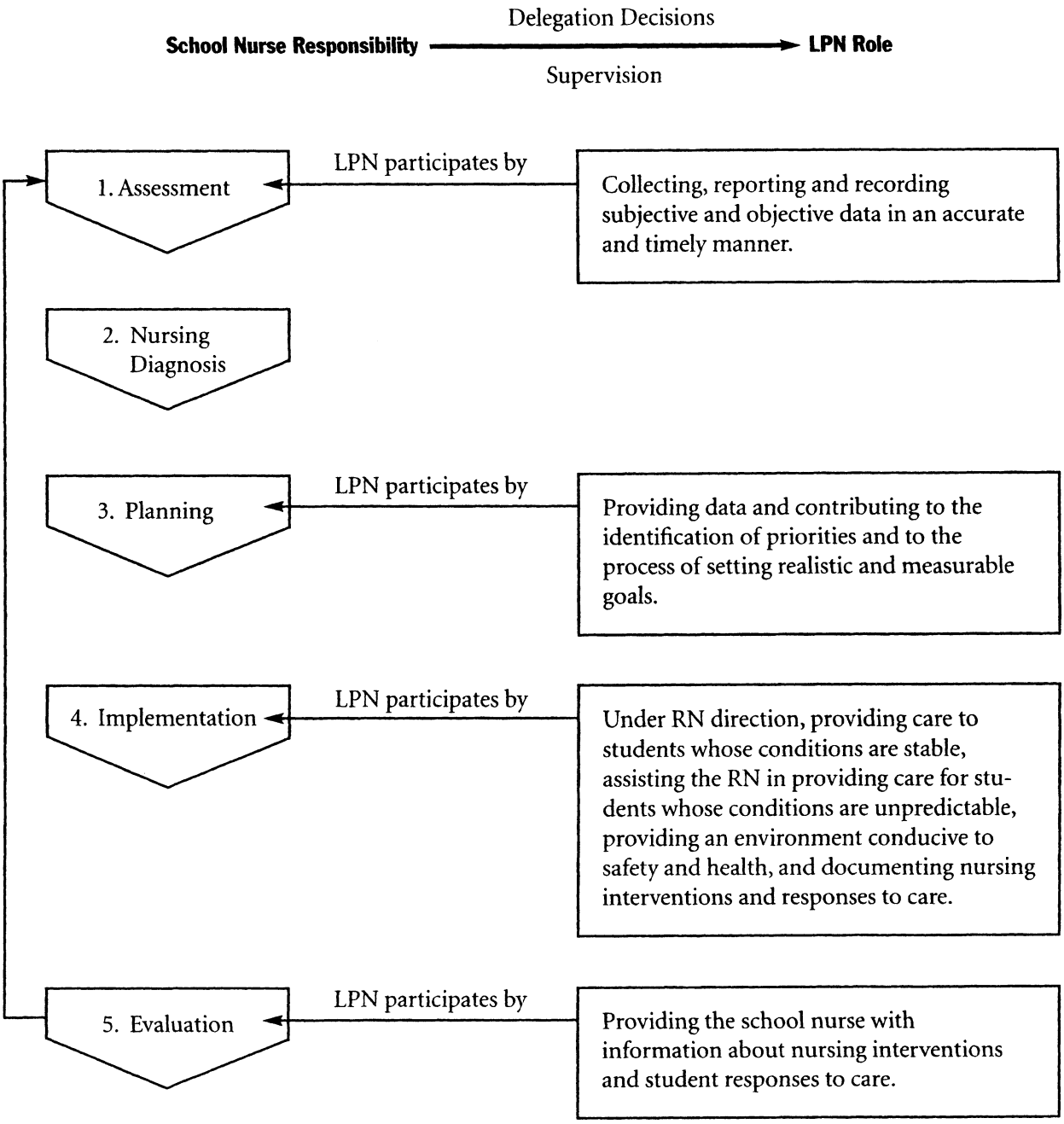
3) Neither LVNs or RNs may perform tasks as "delegated medical acts" if the task requires the nurse to utilize independent medical judgment. Section 301.002 of the NPA precludes nurses from engaging in "medical diagnosis or prescription of therapeutic or corrective measures." Also see Position Statement 15.11 (Delegated Medical Acts).

4) Effective 9/1/05, NPA Section 301.353 [re: Nurse First Assistants] permits LVNs to assist a physician, podiatrist, or dentist in the performance of surgery as long as the LVN is under the direct personal supervision of, in the physical presence of, and in the same sterile field as one of the above practitioners. An advanced practice nurse or physician assistant may not substitute for the physician, podiatrist, or dentist in supervising a LVN performing first assistant duties in a surgical setting. A LVN assisting in surgery may still not hold him/herself out as a nurse first assistant, nor can patients or third party payers be billed separately for the LVNs services while first assisting. Nurses functioning in surgical settings are advised to read NPA Section 301.353 re: nurse first assistants in it's entirety.

The table below offers a brief synopsis of how the scope of practice for nurses educated and licensed as vocational nurses differs from nurses educated and licensed as registered nurses. These are minimum competencies, but also set limits on what the LVN or RN can do at his/her given level of licensure, regardless of experience.

Vocational Nurse	Registered Nurse
(1) Clarification of Practice Parameters Directed practice *under the supervision of* a registered nurse, advanced practice registered nurse, physician assistant, physician, dentist, or podiatrist. (Independent practice not permitted).	**(1) Clarification of Practice Parameters** Practice set broadly by the NPA, Section 301.002, that precludes RNs from engaging in "acts of medical diagnosis or prescription of therapeutic or corrective measures"; RNs are permitted to engage in independent practice within the scope of their licensure.
(2) Provider of Care: (a) Assist in the determination of predictable healthcare needs of clients within structured healthcare settings who are experiencing common, well-defined health problems with predictable outcomes. (b) Utilize a systematic approach to provide individualized, goal-directed nursing care by: (i) collecting data and performing focused nursing assessments; (ii) participating in the planning of nursing care needs for clients, and in modifying the nursing care plan for assigned clients; (iii) implementing appropriate aspects of care within the LVN's scope of practice, including compliance with other laws as are applicable to the LVNs practice setting; (iv) implementing the teaching plan for clients with common health problems and well-defined learning needs; (v) providing direct basic care to assigned multiple clients in structured settings; (vi) assist in the evaluation of the client's responses and outcomes to therapeutic interventions; and (vii) utilize a problem-solving approach as the basis for decision making in practice.	**(2) Provider of Care**: (a) Determine the predictable or unpredictable health status and health needs of clients (individual and family) through interpretation of health data and preventive health practice in collaboration with clients and interdisciplinary health care team members. (b) Utilize a systematic approach to provide individualized, goal-directed nursing care by: (i) performing comprehensive nursing assessments regarding the health status of the client(s); (ii) formulating a nursing care plan based on determination of nursing diagnoses; (iii) implementing nursing care within the RN's scope of practice, including compliance with other laws are applicable to the RN's practice setting; (iv) developing and implementing teaching plans for clients concerning promotion, maintenance and restoration of health; (v) providing for the care of multiple clients (individual and family) either through direct care or assignment and/or delegation of care to other members of the health care team; (vi) evaluate client's (individual and family) responses and outcomes to therapeutic interventions; and (vii) utilize a critical thinking approach to analyze clinical data and current literature as a basis for decision making in nursing practice.
(3) Coordinator of Care: Assign specific tasks, activities and functions and maintain appropriate supervision of licensed and unlicensed personnel in structured health settings for clients with predictable health care needs in accordance with designated job descriptions and/or job duties.	**(3) Coordinator of Care**: Make assignments to licensed staff (LVNs, RNs) and delegate to unlicensed staff in compliance with current BNE rules in both structured and unstructured health settings for clients with predictable as well as unpredictable health needs.
(4) Member of a Profession: (a) Assume accountability and responsibility for the quality of nursing care provided to clients. (b) Act as a client advocate to maintain a safe environment for clients. (c) Demonstrate behaviors that promote development of positive outcomes in relation to the practice of vocational nursing.	**(4) Member of a Profession:** (a) Assume accountability and responsibility for the quality of nursing care provided to clients. (b) Act as a client advocate to maintain a safe environment for clients. (c) Serve as a healthcare advocate in monitoring and promoting quality of health care and services for client; and (d) Participate in activities and act as a leader in promoting best practices within professional nursing.

Nursing Process



Protocol for LVN in Emergency Situations

LVN

Do assessment and decide if 911 should be called.

If **YES**:

1. Delegate the call to 911 while continuing to provide care to patient. When in doubt call 911. It is better error on the side of caution. LVN should never delay calling 911 while waiting for RN to come and do basic assessment.
2. Delegate call to notify guardian or relative of incident.
3. Delegate a c all to RN supervisor to inform.
4. After EMS has taken charge of the patient, call RN supervisor to update and inform her of the situation. Inform Nursing Supervisor. Fill out incident report and have principal sign. Send copy to Nursing Supervisor.

If **NO**:

1. If possible, call RN to inform and discuss proper interventions for patient.
2. If unable to call RN then LVN stays with patient and delegates the call. Give the caller a brief description of emergency.

RN

RN will assist LVN in emergency situations as needed. RN will make a reasonable and prudent decision whether to leave his/her current campus to assist LVN with basic assessment and first aid intervention. If RN cannot leave due to an acute medical need at her current campus then the RN will have a phone conference with LVN if possible. RN will contact the Nursing Supervisor to inform of inability to leave campus to assist LVN. If RN supervisor is unavailable for a phone conference then LVN calls neighboring campus' RN to assist. RN will make sure that proper follow-up and documentation regarding incident has been completed.

Division of Campus Assignments

The LVN or RN can do the following list of duties. Refer to the Daily Clinic Log Notebook for guidelines.

- New student health cards
- Medication log updated every Friday
- Adding new medications
- Discontinuing medications
- Notify parents when 5 days left or less on medications
- Fax Blood Sugar Log to Doctor
- Lice checks every Monday
- Send medication on field trips
- Process applications (Prevent Blindness, Dental)
- Answer questions regarding immunizations requirements from Parents
- Log in withdrawals or new students
- Check PRC and sign off on withdrawing students
- Order needed supplies using warehouse requisition
- Refill soap dispensers PRN
- Fill out and return Special Education referrals to appropriate person
- Screen for vision and hearing
- Decorate bulletin board
- Hand out health education materials to staff
- Follow up on sick or injured students
- Review CRS & file

Duties for RN only

- RN will do immunization due report and send out letters to parents
- RN will key in all immunizations in computer
- RN will document screening results in PRC. (LVN can document new students)
- RN will give copies of nurses' meeting information to Principals (MSR, accident reports)
- IHP

Tasks to be completed/addressed **Daily:**

1. Document Clinic Referral Slip on each clinic visit
2. Complete Special Ed. Referrals, (vision & hearing) and document on Health Information Form, return to person initiating referral.

3. Update and file immunization records:
    a) Record new date on service sheet
    b) Update to computer services
    c) Record on Health Card in PRC
    d) File immunization record in PRC
4. Fill out accident reports, animal bite reports, etc. at the time of referral to physician. Notify Principal and Health Services Supervisor immediately if 911 or serious accident
5. Document on phone log as you make/receive phone calls
6. Keep a current "to-do" list of scheduled activities
7. Record daily events on Monthly Service Report at the end of every day
8. Administer and record medications as ordered, notifying students if they failed to show at the appointed time

Tasks to be completed **Regularly**:

1. Check and update immunizations:
    a) Check each Health Card in PRC for delinquent immunizations. Check against student roster (Service Sheet). You should have a PRC for every student enrolled on your campus
    b) Make Health Card if student is new to district
    c) If immunizations are delinquent, send letter of notification to parent. Record immunizations needed, and date the letter was mailed, on "Immunization Due" report.
    d) Check computer "Immunization Due Report" and "Most Recent Immunizations" report against service sheet.
2. File CRS alphabetically, with most recent visit on top. This should be done weekly (at least).

Health Cards

1. New Student With Health Problems
    a) Call Parent to clarify condition if needed. Document notes on health card in **red** ink
    b) Update Medical Consideration List
    c) Give copies to: Teachers, Coaches, Music Teacher, Intern and Principal

2. New Student Without Health Problems
    a) Review information
    b) Put in FYI folder for other nurse to review and file

Staff and Salary Suggestions

Physician Consultant

The school physician provides a connection to the medical community and to the district administration. He or she is available for medical consultation on individual students, and is a resource for procedures, programmatic issues, and curriculum (Allensworth et al., 1997). Compensation will depend on the services the school has contracted; some physicians may be willing to donate some consultation time to the school.

STANDARDS OF CLINICAL NURSING PRACTICE

Standard 1. Assessment – The nurse collects health data

Rationale: School nursing practice is characterized by a high degree of autonomy and requires a broad-base of subjective and objective data.

Measurement Criteria

1. The priority of data collection is determined by the student's immediate condition or needs.

2. Pertinent data are collected by using appropriate assessment techniques, adapted to ensure security and provider safety.

3. Data collection involves the student, parent/guardian and health care providers.

4. The data collection process is systematic and ongoing.

5. Relevant data are documented in a retrievable form.

Standard II. Diagnosis - The nurse analyzes the assessment data in determining diagnoses.

Rationale: The nurse, in the school setting, uses independent judgment and available data to formulate nursing diagnoses.

Measurement Criteria

1. Diagnoses are derived from assessment data.

2. Diagnoses are validated with the student, parent/guardian, health care providers, and records maintained by other institutions, when possible.

3. Diagnoses are documented in a manner that facilitates the determination of expected outcomes and care plan.

STANDARDS OF CLINICAL NURSING PRACTICE

Standard III. Outcome Identification – The nurse identifies expected outcomes individualized to the student.

Rationale: The nurse, in the school setting, identifies outcomes based on unique factors that affect the nurse's ability to provide services.

Measurement Criteria

1. Outcomes are derived from the diagnoses.
2. Outcomes are documented as measurable goals.
3. Outcomes are mutually formulated with the student, parent/guardian and health care providers, when possible.
4. Outcomes are realistic in relation to the student's present and potential capabilities.
5. Outcomes are attainable in relation to resources available to the student.
6. Outcomes include a time estimate for attainment.
7. Outcomes provide direction for continuity of care.

Standard IV. Planning: The nurse develops a care plan that prescribes interventions to attain expected outcomes.

Rationale: Effective planning is essential for appropriate interventions.

Measurement Criteria

1. The plan is individualized to the student's condition or needs.
2. The plan is developed with the student, parent/guardian and health care providers.
3. The plan reflects current nursing practice.
4. The plan is documented.
5. The plan provides for continuity of care.

STANDARDS OF CLINICAL NURSING PRACTICE

Standard V. Implementation: The nurse implements the interventions identified in the care plan.

Rationale: The nurse is the most appropriate health care provider in the school setting for ensuring that actions are taken to meet the physical, mental, and health education needs of the student.

Measurement Criteria

1. Interventions are consistent with the established care plan.
2. Interventions are implemented in a safe, appropriate, and timely manner.
3. Interventions are documented.

Standard VI. Evaluation: The nurse evaluates the student's progress toward attainment of outcomes.

Rationale: The nurse, in the school setting, uses the nursing process to evaluate the outcome of nursing actions, interventions, and student education. The nurse may alter the care plan, introduce new interventions, and develop student health activities.

Measurement Criteria

1. Evaluation is systematic and ongoing.
2. The student's responses to interventions are documented.
3. The effectiveness of interventions is evaluated in relation to outcomes.
4. Ongoing assessment data are used to revise diagnoses, outcomes, and the care plan, as needed.
5. Revisions in diagnoses, outcomes, and the care plan are documented.
6. The student, parent/guardian and health care providers are involved in the evaluation process, when appropriate.

STANDARDS OF CLINICAL NURSING PRACTICE

Standards of Professional Performance

Standard I. Quality of Care: The nurse systematically evaluates the quality and effectiveness of nursing practice.

Rationale: The nurse, in the school setting, ensures that quality nursing care meets measurable community standards.

Measurement Criteria

1. The nurse participates in quality-of-care activities as appropriate to the student's needs. Such activities may include the following:

a. Identifying aspects of care important for quality monitoring.

b. Identifying indicators to monitor the quality and effectiveness of nursing care.

c. Collecting data to monitor the quality and effectiveness of nursing care.

d. Analyzing quality data to identify opportunities for improving care.

e. Formulating recommendations to improve nursing practice or student outcomes.

f. Implementing activities to enhance the quality of nursing practice.

g. Participating in the work of interdisciplinary teams that evaluate health services.

h. Developing policies and procedures to improve the quality of care.

2. The nurse uses the results of quality-of-care activities to initiate changes in practice.

STANDARDS OF CLINICAL NURSING PRACTICE

Standard II. Performance Appraisal: The nurse evaluates his/her own nursing practice in relation to professional practice standards and relevant statues and regulations.

Rationale: The nurse, in the school setting, balances professional performance with the maintenance of safety and security.

Measurement Criteria

1. The nurse regularly engages in performance appraisal, identifying areas of strength as well as areas for professional and practice development.

2. The nurse seeks constructive feedback regarding his/her own practice.

3. The nurse takes action to achieve goals identified during performance appraisal.

4. The nurse participates in peer review as appropriate.

Standard III. Education: The nurse acquires and maintains current knowledge in nursing practice.

Rationale: The diverse health care needs in the school setting require the nurse to engage in ongoing education.

Measurement Criteria

1. The nurse participates in ongoing educational activities related to clinical knowledge and professional issues.

2. The nurse seeks experiences to maintain clinical skills.

3. The nurse seeks knowledge and skills appropriate to the practice setting.

STANDARDS OF CLINICAL NURSING PRACTICE

Standard IV. Collegiality: The nurse contributes to the professional development of colleagues.

Rationale: The nurse, in the school setting, has the responsibility and opportunity to positively influence colleagues and staff, regarding health care issues, education, and practice.

Measurement Criteria

1. The nurse shares knowledge, skills and information with colleagues and campus staff.

2. The nurse provides colleagues with constructive feedback regarding their practice.

3. The nurse contributes to an environment that is conducive to the clinical education of nursing students, as appropriate.

Standard V. Ethics: The nurse's decisions and actions on behalf of students are determined in an ethical manner.

Rationale: The nurse in the school setting has an ethical commitment to students and the nursing profession that must not be compromised.

Measurement Criteria

1. The nurse's practice is guided by the Code for Nurses and related ANA position statements, such as NASN's Position Statement on The School Nurse

2. The nurse maintains patient confidentiality.

3. The nurse acts as a student advocate.

4. The nurse delivers care in a nonjudgmental and nondiscriminatory manner that is sensitive to student diversity.

5. The nurse delivers care in a manner that preserves and protects each student's autonomy, dignity, and rights.

STANDARDS OF CLINICAL NURSING PRACTICE

Standard VI. Collaboration: The nurse collaborates with the student, parent/guardian and health care providers in providing patient care.

Rationale: The nurse in the school facility collaborates with public and private health care providers, as selected by the parent/guardian, to ensure comprehensive continuity of services.

Measurement Criteria

1. The nurse communicates with the parent/guardian regarding student care and nursing's role in the provision of such care.

2. The nurse consults with health care providers for student care, as needed.

3. The nurse makes referrals as needed.

Standard VII. Research: The nurse uses research findings in practice.

Rationale: Utilization and practice of research activities within the school setting promotes the professional development and knowledge base within this unique setting.

Measurement Criteria

1. The nurse uses interventions substantiated by research as appropriate to the individual's position, education, and practice environment.

2. Using research findings in the development of policies, procedures, and guidelines for student care.

STANDARDS OF CLINICAL NURSING PRACTICE

Standard VIII. Resource Utilization: The nurse considers factors related to safety, effectiveness, and cost in planning and delivering student care.

Rationale: The nurse in the school facility is uniquely positioned to determine the priority, availability, and appropriateness of resources required to meet the student's health care needs.

Measurement Criteria

1. The nurse evaluates factors related to safety, effectiveness, efficiency, and cost when planning student interventions.

2. The nurse assigns tasks or delegates care, based on the needs of the student, and on the knowledge and skill of the provider selected.

3. The nurse assists the student and parent/guardian in identifying and securing appropriate, available services to address health-related needs.

Health Services
Policy/Protocol

SAMPLE

CONSENT TO MEDICAL TREATMENT

The school in which a minor student is enrolled may consent to medical, dental, psychological, and surgical treatment of that student, provided all of the following conditions are met:

1. The person having the power to consent as otherwise provided by law cannot be contacted.
2. Actual notice to the contrary has not been given by that person.
3. Written authorization to consent has been received from that person.

Family Code 32.001(a)(4)

FORM OF CONSENT

Consent to medical treatment under this policy shall be in writing, signed by the school official giving consent, and given to the doctor, hospital, or other medical facility that administers the treatment. The consent must contain:

1. The name of the student.
2. The name of one or both parents, if known, and the name of the managing conservator or guardian of the student, if either has been appointed.
3. The name of the person giving consent and the person's relation to the student.
4. A statement of the nature of the medical treatment to be given.
5. The date on which the treatment is to begin.

Family Code 32.002

MINOR'S CONSENT TO TREATMENT

A minor may consent to medical, dental, psychological, and surgical treatment furnished by a licensed physician or dentist if the minor:

1. Is 16 years of age and residing separate and apart from the minor's parents, managing conservator, or guardian, with or without the consent of the parents, conservator, or guardian and regardless of the duration of the residence, and is managing his or her own financial affairs, regardless of the source of the income;
2. Consents to the diagnosis and treatment of any infectious, contagious, or communicable disease required to be reported to the Texas Department of State Health Services, including all reportable diseases under Health and Safety Code 81.041;

SAMPLE

3. Is unmarried and pregnant, and consents to hospital, medical, or surgical treatment, other than abortion, related to her pregnancy; or

4. Consents to examination and treatment for drug or chemical addiction, drug or chemical dependency, or any other condition directly related to drug or chemical use.

Family Code 32.003; Planned Parenthood of Cent. Mo. v. Danforth, 428 U.S. 52 (1976); Bellotti v. Baird, 443 U.S. 622 (1979)

ADMINISTERING MEDICATION

Upon adoption of policies concerning the administration of medication to students by District employees, the District, the Board, and the District's employees are immune as described below, provided:

1. The District has received a written request to administer the medication from the parent, legal guardian, or other person having legal control of the student.

2. When administering prescription medication, the medication is administered either:

   a. From a container that appears to be the original container and to be properly labeled; or

   b. From a properly labeled unit dosage container filled by a registered nurse or another qualified District employee, as determined by District policy, from a container that appears to be the original container and to be properly labeled.

BY VOLUNTEER PROFESSIONALS

If the District provides liability insurance for a licensed physician or registered nurse who provides volunteer services to the District, the Board may allow the physician or nurse to administer to any student nonprescription medication or medication currently prescribed for the student by the student's personal physician.

IMMUNITY FROM CIVIL LIABILITY

The District, the Board, and its employees shall be immune from civil liability for damages or injuries resulting from the administration of medication to a student in accordance with this policy.

Education Code 22.052(a), (b)

[See DG regarding Protection of Nurses for refusal to perform acts]

SELF-ADMINISTRATION OF ASTHMA OR ANAPHYLAXIS MEDICINE

A student with asthma or anaphylaxis may possess and self-administer prescription asthma or anaphylaxis medicine while on school property or at a school-related event or activity if:

1. The medicine has been prescribed for that student as indicated by the prescription label on the medicine;

SAMPLE

2. The student has demonstrated to the student's physician or other licensed health care provider and the school nurse, if available, the skill level necessary to self-administer the prescription medication, including the use of any device required to administer the medication;

3. The self-administration is done in compliance with the prescription or written instructions from the student's physician or other licensed health care provider; and

4. A parent of the student provides to the school:

   a. Written authorization, signed by the parent, for the student to self-administer the prescription medicine while on school property or at a school-related event or activity; and

   b. A written statement, signed by the student's physician or other licensed health care provider, that states:

      (1) That the student has asthma or anaphylaxis and is capable of self-administering the medicine;

      (2) The name and purpose of the medicine;

      (3) The prescribed dosage for the medicine;

      (4) The times at which or circumstances under which the medicine may be administered; and

      (5) The period for which the medicine is prescribed.

The physician's statement must be kept on file in the school nurse's office, or, if there is no school nurse, in the office of the principal of the school the student attends.

NO WAIVER OF IMMUNITY

The provisions above neither waive any liability or immunity nor create any liability for or a cause of action against the District, the Board, or its employees.

Education Code 38.015

DIETARY SUPPLEMENTS

A District employee commits a Class C misdemeanor offense if the employee:

1. Knowingly sells, markets, or distributes a dietary supplement that contains performance enhancing compounds to a primary or secondary education student with whom the employee has contact as part of the employee's District duties; or

2. Knowingly endorses or suggests the ingestion, intranasal application, or inhalation of a dietary supplement that contains

SAMPLE

performance enhancing compounds by a primary or secondary education student with whom the employee has contact as part of the employee's District duties.

Education Code 38.011(a), (c)

PRESCRIPTION MEDICATION AND SPECIAL EDUCATION STUDENTS

An employee of the District is prohibited from requiring a child to obtain a prescription for a substance covered under the federal Controlled Substances Act (21 U.S.C. 801 et seq.) as a condition of attending school, receiving an evaluation for special education, or receiving special education and related services.

An employee is not prohibited from consulting or sharing classroom-based observations with parents regarding a student's academic and functional performance, behavior in the classroom or school, or the need for evaluation for special education or related services.

20 U.S.C. 1412(a)(25)

PSYCHOTROPICS AND PSYCHIATRIC EVALUATIONS

A District employee may not:

1. Recommend that a student use a psychotropic drug; or
2. Suggest any particular diagnosis; or
3. Use the refusal by a parent to consent to administration of a psychotropic drug to a student or to a psychiatric evaluation or examination of a student as grounds, by itself, for prohibiting the child from attending a class or participating in a school-related activity.

   Psychotropic drug means a substance that is used in the diagnosis, treatment, or prevention of a disease or as a component of a medication and intended to have an altering effect on perception, emotion, or behavior.

Education Code 38.016(b) does not:

1. Prevent an appropriate referral under the Child Find system required under 20 U.S.C. Section 1412, as amended; or
2. Prohibit a District employee who is a registered nurse, advanced nurse practitioner, physician, or certified or appropriately credentialed mental health professional from recommending that a child be evaluated by an appropriate medical practitioner; or
3. Prohibit a school employee from discussing any aspect of a child's behavior or academic progress with the child's parent or another District employee.

SAMPLE

The Board shall adopt a policy to ensure implementation and enforcement of Education Code 38.016.

A violation of Education Code 38.016(b) does not override the immunity from personal liability granted in Education Code 22.051 or other law or the District's sovereign or governmental immunity.

Education Code 38.016

Selected School Health Statutes Checklist

Use this checklist as a guide when monitoring your district's compliance/participation in school health statutes.

Statute	No	In Progress	Yes/ Completed	Needs Revising/Renewal
Does your district have a Wellness Policy? *(The Child Nutrition and WIC Reauthorization Act of 2004, Sec. 204);* ***Federal Law***				
Does your district have a School Health Advisory Council? *TEC, Title 2, Chapter 28, Section 28.004*				
1. Is your SHAC prepared to respond to the obligations outlined in the Texas Education Code?				
2. Has the SHAC recommended the number of hours of instruction to be provided in health education?				
3. Has the SHAC made recommendations regarding curriculum that addresses the prevention of obesity, cardiovascular disease, and type 2 Diabetes?				
4. Has the SHAC recommended strategies for integrating the curriculum components into school health services, counseling and guidance, safe and healthy school environment, and school employee wellness?				
5. Has the SHAC recommended appropriate grade levels and methods of instruction for human sexuality instruction?				
6. Are the majority of the SHAC member's parents not employed by the school district?				
7. Has the SHAC advised the board of trustees on course materials and instruction relation to human sexuality, STD's, STI's, HIV, or acquired immune deficiency syndrome?				
8. Does your school district notify parents about the basic content of human sexuality instruction, their rights to remove their child from any part of the human sexuality instruction, and is the curriculum available for reasonable public inspection?				

Selected School Health Statutes Checklist

Use this checklist as a guide when monitoring your district's compliance/participation in school health statutes.

Statute	No	In Progress	Yes/ Completed	Needs Revising/Renewal
8. *Has the district published in the student handbook and on the district's website :* a. *Elementary/Middle/Junior High students participation in at least 30 min./day or 135 min./week of physical activity* b. *The number of times the SHAC met in the preceding year.* c. *If the district has adopted and enforces policy regarding vending machine compliance and food service guidelines.* d. *If the district has adopted and enforces policies and procedures regarding penalties for the use of tobacco products on school campuses or at school-sponsored/related activities.*	A. B. C. D.			
Has your district implemented a Coordinated School Health Program in grades K-5? *Bienestar, ,CATCH, Great Body Shop, Healthy & Wise (TEC, Chapter 38.013)*				
Has your district implemented a Coordinated School Health Program in grades 6-8? *Bienestar, CATCH, Healthy & Wise/Spark P.E. (TEC, Chapter 38.013)*				
Is your district prepared to answer questions regarding the CSH programming in your district? ********				

Selected School Health Statutes Checklist

Use this checklist as a guide when monitoring your district's compliance/participation in school health statutes.

Statute	No	In Progress	Yes/ Complete	Needs Revising/Renewal
Is your district and schools addressing laws related to school services that include: **a.** Medication Administration *(TEC 22.052)* **b.** Care for students with diabetes *(H&S, 168.001-168.009)* **c.** *Meningitis information (H&S, 38.0025)* **d.** *Asthma action plan/Anaphylaxis (H&S, § 38.015)* **e.** *Dietary Supplements (H&S, 38.011)* **f.** Vision , Hearing, and Speech *(H & S, 36.004)*, and Spinal Screening *(H & S 37.001)* **g.** Acanthosis Nigricans Screening *(H & S 95.001-95.004)* **h.** Immunization requirements, exceptions, records and reporting *(TEC 38.001 and 38.002)* **i.** Blood Borne Pathogen Exposure Control Plans *(H & S Chapter 81; TAC Title 25, Part 1, Chapter 96)*	A. B. C. D. E. F.			
Does your school district have a Crisis Management Emergency Response/Multi-Hazard Emergency Operation Plan in place? *(TEC 37.108)* **Pan Flu Preparedness?**				

Selected School Health Statutes Checklist

Use this checklist as a guide when monitoring your district's compliance/participation in school health statutes.

****New Statutes/additions from recent legislative sessions*** Most effective 9/1/2007

Statute	No	In Progress	Yes/ Complete	Needs Revising/Renewal
SB 530: a. **Students K-5 MVPA,** 30min. /day or 135/wk. as part of Physical Education curriculum or structured activity during recess. b. **Students in 6-8 MVPA** for 30min/day for at least four semesters during those grade levels as part of P.E. curriculum. 135min/week or 225 min/2-weeks allowable. *(exemptions defined (TEC 74.31)* ***This piece of SB 530 for grades 6-8 effective September 2008.*** c. Physical Fitness Assessments grades 3-12 FITNESSGRAM (exemptions defined *(TEC 74.31)* d. **SHACs:** Add policies adopted to ensure students in K-8 are meeting physical activity requirements in handbook/website. e. **SHACs:** Notice to parents regarding request for their child's physical fitness assessment results. f. **SHACs:** Consider and make policy recommendations to the district concerning the importance of daily recess for elementary students. g. A school district shall compile the results of the physical fitness assessment and provide the results, aggregated by grade level and any other appropriate category identified by the commissioner.				

Selected School Health Statutes Checklist

Use this checklist as a guide when monitoring your district's compliance/participation in school health statutes.

Statute	No	In Progress	Yes/ Complete	Needs Revising/Renewal
SB 415: Risk Assessment For Type 2 Diabetes: Similar to screening and reporting requirements for AN screening, currently. Further changes to be determined				
HB 3618: Diabetes Intervention pilot program for school districts that are located on the Texas-Mexico border and have less than 600,000 population. The bill requires the program to include certain components, provides for an evaluation of the program's effectiveness in the first year, and requires the department to distribute funds appropriated for that purpose to each school district that chooses to implement a pilot program. The bill also requires the department to employ a grant writer to help school districts in the Texas-Mexico border region obtain grants and other funds for school-based health centers and limits the funds				
HB 1059: Immunization Information Posted on ISD website: Requires the Department of State Health Services (DSHS) to prepare a list, in English and Spanish, of immunizations required for admission to public schools and any additional immunizations DSHS recommends for school-age children, in a manner that permits a school district to easily post the list on the district's Internet website, and it requires each district that maintains a website to post this list prominently on its website. That website also must include a list of health clinics in the district that the district knows offer the influenza vaccine and a link to the DSHS website about procedures for claiming an exemption from the immunization requirements.				
SB 7: AED education and implementation: Extension of AED training, education, and instruction. Each campus have at least one AED; must have physician's prescription for use; coordinated with local EMS **Does every school in your district have an automated external defibrillator, and to the extent practicable one at each UIL athletic practice or competition?** *(TEC, Chapter 38, 38.017, 38.018, 38.019, H & S, 779.001)*				

Selected School Health Statutes Checklist

Use this checklist as a guide when monitoring your district's compliance/participation in school health statutes.

Statute	No	In Progress	Yes/ Complete	Needs Revising/Renewal
SB 8: Random Steroid Testing: Random testing for male and female students in grades 9-12 participating in UIL-sanctioned athletics; Steroid list: *(H & S, 481.104)*				
HPV **HB 1098**: **HPV immunization not required**, information available to parents at appropriate time regarding HPV immunization **HB 1379**: **HPV Vaccines Education materials**				
HB 2176: Parenting And Paternity Awareness (PAPA) program: School Districts must include PAPA, with their district adopted high school health education curriculum, effective school year 2008-2009. If your district teaches the required high school health curriculum in middle school, then it will be required at middle school, also.				

To access complete bill, go to http://www.capitol.state.tx.us/ Type in bill number and print out latest text version.
To find the Texas Education Code or Health and Safety Code, google the label with "Texas" in front, then search for specific chapter listed.

Health Services
Staff Orientation

Suggested Monthly Calendars

AUGUST:

1. Meet staff members, inform them of your schedule, services available, etc.
2. Visit classrooms, obtain layout of campus grounds, secure classroom schedule, i.e., P.E., lunch, team-teaching, etc.

* 3. Inventory, order and arrange health room supplies. Verify working order of equipment. Request repairs as needed.

* 4. Review emergency/crisis plans, discuss with principal what plan to use when nurse is not on campus.

5. Check with Secretary about compliance with the immunization law. Where are records kept? How are you apprised of new entries/withdrawals? Are new students being informed of requirements? Get classroom rosters as soon as available.

* 6. Set up medication administration procedure. Make certain adequate forms are available; parent permission slips, letters to parents, medication log. Train and monitor non-nursing personnel in medication administration procedures, and document training. Communicate with students, parents, school personnel, and physicians as needed to ensure safe delivery of medication in the school.

7. Order Health Information Cards (one per student), and distribute to classroom teacher for distribution to students. Request that classroom sets be returned to the nurse's office when all classroom cards are accounted for. Encourage teacher to review cards for her own information. Prepare a list of students with significant medical considerations, and request information as needed from parents. Discuss serious/potentially life-threatening situations with campus Principal, and request parent conference, if indicated.

* 8. Bring health record file up to date as soon as student placement is established. Check immunization records and health card information against class list to ensure a Health Card has been established for each child. If a student is not new to the district, he/she will have a Health Card established – you may need to check with prior campus for health card.

9. Attend faculty meetings at assigned schools whenever possible, and as requested. Arrange for a time early in the year for presentation of the mandatory campus Blood borne Pathogens presentation. (You will need 30 minutes, minimum to do an effective job.) If possible, try to arrange the presentation at the beginning of the staff meeting and **not** at the end of the staff meeting. Provide a sign-in sheet and keep on file to document that staff training was provided. ("Health Services Fact Sheets" are included in this section).

* 10. Observe the environment for unhealthy or unsafe conditions related to lighting, seating, floors, stairs, ventilation, and sanitation. Confer with the Principal about concerns. Follow district procedures for correcting these situations.

* 11. Complete Special Education referrals ASAP, on the same day if possible, and return to designated personnel promptly.

* 12. Check School Emergency Contact cards (enrollment cards) for all students. Follow up by telephone and/or written communication with parents of students who do not have a current card on file.

* 13. Contact parents and counsel individual students known to have special health care needs, such as chronic or handicapping conditions. Obtain necessary parent and physician authorization and orders for specific procedures. Prepare IHP and Emergency Plan for each student as necessary. Set up documentation records. Identify, train, and monitor paraprofessionals as appropriate to the situation, such as Unlicensed Diabetes Care Assistants.

14. Begin dental screenings in grades K-3 (especially in Chapter 1 schools), and refer to parents as soon as possible.
* 15. File Clinic Referral Slips at least weekly and update Monthly Service Report at the end of each shift.

SEPTEMBER:

1. Monthly service reports for August are due the first week of this month. Submit copies to S.H. Supervisor, and/or campus principal, and keep one for your records.
* 2. Continue with parent contact and counseling of individual students already identified or known to have specific health problems.
3. With campus principal's input, set up the screening program for the year. Certified screeners will be utilized in the mass screening program. Arrange for equipment, classroom screening schedules as necessary.
* 4. Continue with evaluation of health records and request health information and immunization records as new students enroll throughout the year.
* 5. Monitor cause of absenteeism among students throughout the school year. Report suspected or diagnosed illness to the health department (H.S. Supervisor), and campus principal as directed by policy. Keep principal and (H.S. Supervisor) apprised of unusual illness or outbreaks of communicable disease.
6. Organize computer student rosters into service sheets which will be your working copy for screenings, immunization updates, etc.
7. Compile (file alphabetically) the **Health Information Cards,** confer with teachers about students with chronic health problems; explain limits and potential problems or emergencies. Provide individual emergency plans if indicated. Confer with parents.
8. Identify and post a current list of personnel trained in CPR/First Aid. Arrange for CPR/First Aid training for school staff who is interested in attaining certification.
9. Let school staffs know of your interest/willingness to conduct classroom presentations on health related topics and schedule presentations as indicated.
10. Update information regarding community health care resources.
11. Determine dates for faculty meetings, PTA meetings, and board meetings in order to plan attendance/presentation.
12. Prepare emergency first aid kits for classroom/playground areas.

OCTOBER:

1. Submit monthly report for September during the first week of this month.
* 2. Proceed with scheduled screenings. Continue to complete **Special Education** referrals promptly, as well as any other referrals from parent, teacher, etc.
* 3. Counsel with students who were referred for further follow-up during the summer months.
* 4. Work diligently on immunization compliance, calling parents after 2-3 written notices. Report State Immunization in December.
* 5. Schedule visit to classroom regarding health services program and how students are to access care.
6. Review district's health curriculum. Gather resources for health curricula from state and national sources, and submit to district Health Curriculum Coordinator.
7. Continue to work on asterisked (*) paragraphs from first and second months.
8. Prepare health bulletin board with timely information. Change at least monthly. **Be creative!**

NOVEMBER:

1. Submit monthly report for October during the first week of the month.
2. * Continue with scheduled screenings, rechecks, and referrals. Document results and referrals on permanent health record.
3. Continue to work on asterisked (*) paragraphs from preceding months.
4. Suggestions for classroom presentations: Colds/flu; sore throat, head lice prevention and treatment; positive health practices.
5. Begin Kindergarten screenings: vision, hearing, height and weight. Complete, recheck, referrals, follow-ups and documentation promptly.
6. Keep in mind that the annual immunization report will be due soon; work diligently to attain maximum compliance.

DECEMBER:

1. Submit monthly report.
2. Continue to work on asterisked (*) paragraphs from preceding months.
3. Continue vision and hearing referrals. Aim for 75 % vision referrals completed: 50 % hearing referrals completed.
4. Suggestions for classroom presentations: Information about chicken pox and its treatment; hand washing; pinkeye.
5. School Health Month is the fourth week in January, and plan special event for student s and/or staff.
6. Submit annual immunization report when requested (usually around the first to middle part of December).
7. Submit December monthly report before holiday break.

JANUARY:

1. Continue to work on asterisked (*) paragraphs in previous months.
2. Set up scoliosis screening program (6th and 9th campuses). Confer with campus principal re. dates, location for screening. Prepare scoliosis letters and send out to all parents at least 2 weeks prior to screening. Prepare for presentation on Spinal Screening video and informational program.
3. Prepare and submit pertinent health-related articles for school newsletters.
4. Ask to be placed on agenda for parent-school meeting (PTA). Discuss some aspect of the school health program. Encourage parents to utilize services.
5. Complete inventory of health room equipment and supplies, and submit request for needed items to School Health Supervisor.
6. Review absentee records to identify health problems requiring nursing intervention.
7. Assist physical education teacher with fitness screening program (blood pressure, height and weight, body fat composition, etc.) as requested.

FEBRUARY:

1. Submit monthly report for January during the first week of the month.
2. Send periodic reminder to teachers regarding obvious and observable health conditions among students, especially at the secondary level, at the start of the new semester.
3. Confer with parents/students of those previously identified to have a chronic or handicapping condition to learn how their year is going and to start planning for the next year. Review and adjust IHP's.

4. Review district health forms and documentation system. Discuss needed changes with appropriate administrator. Revise forms as needed to conform to nursing standards of documentation, state laws, and district policies and procedures. Develop new forms if necessary.
5. Continue work on asterisked (*) paragraphs from previous months.
6. Plan for spring classroom presentations on Growth and Development (fifth grade boys and girls). Preview video, secure handouts, etc. Consider offering a parent informational program prior to presentation. Prepare letters to parents to be sent out approximately 1-2 weeks prior to presentation.

MARCH:

1. Submit monthly report for February during the first week of this month.
2. Follow on referrals from screening program. Request parent conference or make home visits if necessary all allowed by district policy. Review records for completeness: vision referral 90%+; hearing referrals 75%+; scoliosis referrals 50%+.
3. Review immunization records for compliance. Notify students of needed vaccinations.
4. Review and evaluate current year school health program to date. Start planning for desired changes for next school year. Confer with appropriate school administrators.
5. Continue with asterisked (*) paragraphs in previous months.

APRIL:

1. Submit monthly report for March during the first week of this month.
2. Follow up on referrals from all screening programs.
3. Review all health records to see if a record has been established on each student, all screenings have been completed. Complete screenings.
4. Review all health records of students who will be exiting current building (elementary to middle school & high schools). Prepare lists of students with known health problems for receiving nurse. Update records.
5. Make plans with students, parents, teachers, and administrators for students requiring special health care for the school year. Plan for assisting at kindergarten round-up in early May.
6. Review records for completeness: vision referrals 95%+, hearing referrals 90%, scoliosis referrals 50%+.

MAY:

1. May is National School Day.

Health Services
End-Of-Year Checklist

- Verify that all vision, hearing, and spinal screening, immunization records, and other pertinent documentation is completed on all charts (it is preferable to complete this prior to the last full week of classes, as some reorganization of charts takes place at that time).

- Secure this year's medication logs, clinic referral slips, and other incidental reports into a box or envelope, and label with school and year. Store these records for 3 years as directed. All records older than 3 years may be destroyed. Refer to Local Records Retention schedule.

- Records of parent's request and physician's authorizations for specialized medical care are valid from the date of the request plus 2 years, and should be kept in the P.R.C. Health care plans should be retained by the campus nurse, and forwarded to the respective campus nurse at the beginning of the next school year. Copies of all immunization records and affidavits of medical or religious exemption should be kept in the P.R.C. after proper documentation on the health card and computer records are made.

- Disburse of all medications by the end of this school. Call parents to pick up. Those that are to be discarded should be disposed in appropriate receptacle (i.e. inhalers). If you only have a few sharps in your container, it is permissible to encapsulate them, and retain the container for future use. Sharps containers should be disposed of properly. Check your epi-pen for expiration date.

- Order supplies so that your clinic is full and appropriately stocked for next year. Check with your campus administrator re. storage of these items if clinic space does not allow. It is to your advantage to insure that the supplies are in a secured storage area, so that they don't disappear over the summer months. Remove batteries. If summer school is to be held on your campus, you might want to prepare a first aid box with appropriate Band-Aids, etc. for program use. Lock up equipment (audiometers, otoscopes, electronic thermometer, blood pressure monitors, glucometers, etc.) if possible.

- Complete all reports such as (annual screens, accident, MSR reports, etc.). Please keep a copy for your records and send the original to your immediate supervisor. Notify the campus principal and someone in the personnel office if your address or phone number changes over the summer.

- Check with secretary to make sure that all forms and cards needed for the beginning of the school year are ordered to be on hand prior to the beginning of the school year. These include sufficient health cards, health history cards, clinic referral slips, and health referral cards. In most cases it is better to wait to pass out health history cards after school begins than to include in enrollment packet. It is much easier to make sure that all records are received if the classroom teacher is responsible for returning a complete set of cards.

The Government Code, Section 441.158, provides that the Texas State Library and Archives Commission shall issue records retention schedules for each type of local government, including a schedule for records common to all types of local government. The law provides further that each schedule must state the retention period prescribed by federal or state law, rule of court, or regulation for a record for which a period is prescribed; and prescribe retention periods for all other records, which periods have the same effect as if prescribed by law after the records retention schedule is adopted as a rule of the commission.

Local Schedule SD sets mandatory minimum retention periods for records series (identified in the Records Series Title column) commonly found in local education agencies other than state colleges and universities and junior colleges. Except as noted below, it is for the use of public school districts of all types, regional educational service centers, educational cooperatives for special education or other purposes, rehabilitation districts, county industrial training school districts, and county vocational districts.

Local Schedule SD is also for the use of active offices of county superintendents of schools and county departments of education. The retention periods for the records of abolished offices of county superintendents of schools, some of which may be in the custody of local education agencies, are given in Part 6 of Local Schedule CC (Records of County Clerks).

Local Schedule SD

Retention Schedule for Records of Public School Districts

Part 5: Student Health Records

3300-01 Accident Reports - Reports of accidents to students. RETENTION: 5 years; or 2 years after the student reaches the age of 18, whichever later.

3300-02 Activity and Statistical Reports - Daily and other periodic activity and statistical reports, except those noted elsewhere in this section, compiled by school nurses or nurse extenders relating to student health matters. RETENTION: 3 years.

3300-03 Correspondence with Parents or Guardians - Correspondence to and from parents or guardians concerning student health matters. RETENTION: 2 years.

3300-04 Cumulative Health Card or Record. RETENTION: Date of withdrawal + 2 years.

3300-05 Emergency Cards - Card or other form of record providing information on whom to contact in case of accident or illness to a student. RETENTION: US or until student ceases enrollment, whichever sooner. (Exempt from destruction request requirement)

3300-06 Exclusion and Verification Documentation - Affidavits or similar documents seeking the exclusion of students from participation in immunization or other health care programs for medical or religious reasons, or verifications of previous illness or health testing.

a) Exclusion documentation.

1. Affidavits of medical contraindications. RETENTION: 1 year, or date of withdrawal + 2 years if contraindication is lifelong. (One year affidavits exempt from destruction notice requirement.)

2. Affidavits of religious conflicts.

b) Verifications of mumps or measles illness. RETENTION: Date of withdrawal + 2 years.

c) Verifications from physicians or health agencies of prior testing of sight, hearing, and spinal curvature. RETENTION: Date of withdrawal + 2 years.

Retention Note: It is an exception to the retention periods set for subsections (b) and (c) of this group that if data from the verification documentation is recorded on the cumulative health card (see item number 3300-04), the documentation need be retained only as long as administratively valuable after recording and is exempt from the destruction notice requirement.

3300-07 Health Screening Documentation

a) Worksheets, checklists, examination forms, and similar documents used in student health screening. RETENTION: AV after entry of information on Cumulative Health Record. (Exempt from destruction request requirement)

b) Vision, hearing, and spinal screening reports submitted to the Texas Department of Health. RETENTION: 3 years.

3300-08 Immunization Records

a) Immunization record (either separate or in combination with a cumulative health card as in item number 3300-04). RETENTION: Date of withdrawal + 2 years.

Retention Note: It is an exception to the retention period given for the immunization record that if immunizations are performed by school nurses or other medical technicians employed by the school district, the immunization record and parental consent forms for the administration of vaccine must be retained by the school until the person receiving the vaccine is 20 years old or 10 years after the consent form was signed, whichever later.

b) Annual reports of immunization status. RETENTION: 3 years.

3300-09 Physician Referrals and Reports - Copies of referrals to physicians, including any attached screening worksheets, and reports from physicians on referred health matters. RETENTION: AV after entry of information on Cumulative Health Record. (Exempt from destruction request requirement)

3300-10 Reports to Enforcement Agencies - Copies of reports on child abuse or neglect, communicable disease, dog bites, drug offenses, missing children, or sexually transmitted disease submitted to the Texas Department of Health, the Texas Department of Human Services, or local law enforcement and animal control agencies. RETENTION: 2 years.

3300-11 Special Health Care Records

a) Logs or reports of medications or treatment administered to students on a group or individual basis. RETENTION: 3 years.

b) Parent's requests and physician's authorizations for specialized health care. RETENTION: End of validity of request or authorization + 2 years.

Health Services Fact Sheet

Goal of Health Services: Students should be in class while they are at school, and healthy enough to learn. We work toward the least amount of health related days of absence, by early identification and referral of health problems.

First Aid Kits: Describe contents and distribute

Handout: "Guidelines For Clinic Visits"
Other factors to consider:

1. Is the student one who seldom complains or a frequent flyer?
2. Teacher can consult with nurse by phone before sending student to clinic, so that parents know student's complaint was attended to.
3. If the student has more than one teacher, ask if they have been to the clinic already the same day, during different class period.
4. If communicable disease symptoms, act to reduce chance of exposure.

Clinic Referral Slips: Give #___ of clinic referral slips to each teacher at the beginning of the school year.

(Choose one of the following in communicating this to your staff)

1. A blank referral slip will be sent back with each student.
2. A referral slip will be put in the teacher's mailboxes.

Fill top portion with primary complaint, the first **and** last name of student and the time the student left your classroom. This helps with conflicting complaints that the student presents with in clinic, and verifies how long it took the student to reach the clinic.

Medications: All medication should be in clinic, both prescription and over-the-counter.

Handout: "Safety Reminders When Giving Medications"
Exceptions include:

1. Emergency medications, such as epi-pens, inhalers, glucagons, if student has turned in the documentation to carry the medication with them. The school nurse will notify teachers when documentation is received in the clinic.
2. When the teacher has special arrangements to give medication in classroom, i.e. DAEP
3. Field Trips – The teacher will be responsible for giving daily meds, emergency meds and those to be taken as needed, and document time and medication given, while on field trip. Please notify nurse in advance, so that the meds and documentation can be prepared for each student that needs medications on the field trip.

Student Health Cards: Please turn in all health cards that students give you. It is our primary source of information of students that may have special health needs, if the parent has not personally informed us. Be informed of any special emergency plan or procedure that you need to be aware of.

Confidentiality: A student's condition is very private. HIPAA compliance is required by all staff so do not discuss a student's health condition casually, only a "need to know" basis. Before discussing, it would be highly recommended that you check with the campus principal to make sure a HIPAA compliance form has been signed.

Bloodborne Pathogens: Demonstrate hand washing, removing gloves. Warning: **DO NOT HANDLE UNKNOWN SUBSTANCES.** Contact the principal.

Handout: BBP Fact Sheet

Accident Reports: Whenever you are the witness for an accident, or an incident, such as a seizure, then you are responsible for completing an accident report form. You are to report the HOW, not the description of the injury. Please keep the campus principal informed of follow-ups. The diagnosis, campus prevention strategy and the principal's signature will be added later.

Handout: Accident Report Form

Employee Wellness: Be willing to promote activities that promote staff wellness, including provision of information on weight management, stress management, physical activity and healthy eating. Recommend that staff come by the clinic between ____am and ____pm, unless it is something that warrants immediate attention. A Health Information card will be maintained on staff members with information that is needed in case of an emergency. This information will be handled with strict confidentiality.

When appropriate:

EpiPens/Anaphylaxis: Demonstrate the use of the EpiPen with the Epi trainer.
Handout: "S/S of anaphylaxis" and "Use of Adrenaline"

Diabetes:
Handout: "S/S of Hypo and Hyperglycemia

Seizures:
Handout: Video – "Understanding seizure Disorders"

Guidelines for Clinic Visits

Reasonable Expectations for self-care in classroom or restroom:

According to the School District Blood Borne Pathogen guidelines, each classroom teacher will be given a packet of gloves, Band-Aids, gauze pads and other items to handle minor scrapes and wounds. Small tubes of Vaseline and Q-tips or cotton balls are optional. Each classroom teacher will be informed of students, in her/his classroom, with chronic conditions or potential for emergent conditions.

Students that are not in the identified group, with chronic or emergent conditions, can be treated under the following guidelines:

- Chapped lips: Cover with thin layer of Vaseline, if available
- Minor abrasions (scrapes): Wash with soap and water, apply Band-Aid on clean, dry wound
- Mosquito/insect bites, presenting with mild, localized itching: Apply towel, moistened with cool water
- First indications of "not feeling well": Put head on desk, go to bathroom, get a drink of water, and see if eating lunch helps
- Contact lenses: Student should provide own solution for cleaning lenses.
- Itchy eyes: wash face/eyes with cool water
- Pierced ears, showing no signs of infection: Clean with cool water

Student should stay in class when:

- Healing abrasion (scab) is itchy or sore, but intact.
- Soreness from an old injury, no apparent redness or swelling, ice will not help more than 24 hours after injury
- Student frequently asked to leave class and rarely has to go home due to illness.
- Student frequently asks to go to clinic at the same time, each day.
- Student has loose tooth, not due to injury.

When sending a student to the clinic:

Teacher needs to send each student with a Clinic Referral Slip, indicating the **primary complaint** and the **time** the student left the classroom to go to the clinic. In emergencies, which case, the nurse may be requested to come to the site and make an assessment.

Valid Reasons For Sending a Student to the clinic:

- Vomiting (not just spitting up phlegm)
- Bleeding
- Animal bite
- "Not feeling well" persists beyond 45-60 minutes OR is extremely sudden and severe
- Obviously ill in appearance or behavior, compared to other days
- Symptoms of infection in any area: redness, heat, pain, swelling, pus
- Earache (never put cotton, tissue or anything IN the ear)
- Undiagnosed rash

- Exhibits problems related to chronic illness (asthma, diabetes, migraines, allergic reactions) accompany student, if indicated
- Sore throat
- Injury to head, eyes, face, ears
- Bone/joint injury: student should not bear weight, bend or move extremity until assessed
- Signs of allergic reaction: hives, itching, swelling of mouth/lips, hoarseness, abdominal pain, nausea, vomiting, dizziness or wheezing
- Suspected head lice
- Nosebleed: student should pinch own nose closed, breathe through mouth, be accompanied to clinic
- Splinters: the site will be cleaned and covered, if it is embedded

Reasons to call nurse to site:

- Loss of consciousness
- Seizure
- Serious falls or accidents that involve head, neck, spinal or upper leg injury

Do not move the student. Send for the School Nurse. When the nurse arrives, an assessment will be done to determine if 911 should be called.

Clinic Referral Slip

Name: _____ **Date:**_____

Teacher: _____ **Time:**_____

Check symptoms observed by student and/or teacher:

	Asthma/Wheezing		Headache		Wound
	Coughing/Sneezing		Nausea/Vomiting		Other:
	Earache		Nose Bleed		
	Eye Irritation		Rash		
	Fever		Sore Throat		
	Head Lice		Toothache		

Symptoms/Data noted by Healthcare Provider:

Referral Resolution Check Applicable Interventions

	Return to Class		**Going Home**	
	Rest in Clinic		**Unable to Contact Parent**	
	Person(s) Contacted:		**Phone Numbers:**	
	In Person		**By Telephone**	**Time Contacted:**
Remarks:				

Time Left Clinic: _____ **Signature**_____

MONTH/YEAR: **CAMPUS:**

DAY	SEEN BY RN/LVN	MEDS GIVEN BY RN/LVN	SENT HOME BY RN/LVN	SENT TO DOCTOR BY RN/LVN	SEEN BY OFFICE STAFF	MEDS GIVEN BY OFFICE STAFF	SENT HOME BY OFFICE STAFF	SENT TO DR. BY OFFICE STAFF
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
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16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
TOTAL								

_____ISD Health Services
Monthly Service Report

Month:							
Campus:							
Nurse(s)							
Seen by RN/LVN	**Meds Given by RN/LVN**	**Sent Home by RN/LVN**	**Sent to Dr. by RN/LVN**	**Seen by Office Staff**	**Meds Given by Office Staff**	**Sent Home by Office Staff**	**Sent to Dr. by Office Staff**
Total:				**Total:**			
Current Trends of Acute Illness							
Wellness Activities							
Upcoming Events/Plans							
Special Requests							

Campus Staff
Training

Campus Staff Meeting
Health Services Fact Sheet

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Handout: "S/S of anaphylaxis" and "Use of Adrenaline"

Diabetes:
Handout: "S/S of Hypo and Hyperglycemia

Seizures:
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- Minor abrasions (scrapes): Wash with soap and water, apply Band-Aid on clean, dry wound
- Mosquito/insect bites, presenting with mild, localized itching: Apply towel, moistened with cool water
- First indications of "not feeling well": Put head on desk, go to bathroom, get a drink of water, and see if eating lunch helps
- Contact lenses: Student should provide own solution for cleaning lenses.
- Itchy eyes: wash face/eyes with cool water
- Pierced ears, showing no signs of infection: Clean with cool water

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- Bleeding
- Animal bite
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- Obviously ill in appearance or behavior, compared to other days
- Symptoms of infection in any area: redness, heat, pain, swelling, pus
- Earache (never put cotton, tissue or anything IN the ear)
- Undiagnosed rash

- Exhibits problems related to chronic illness (asthma, diabetes, migraines, allergic reactions) accompany student, if indicated
- Sore throat
- Injury to head, eyes, face, ears
- Bone/joint injury: student should not bear weight, bend or move extremity until assessed
- Signs of allergic reaction: hives, itching, swelling of mouth/lips, hoarseness, abdominal pain, nausea, vomiting, dizziness or wheezing
- Suspected head lice
- Nosebleed: student should pinch own nose closed, breathe through mouth, be accompanied to clinic
- Splinters: the site will be cleaned and covered, if it is embedded

Reasons to call nurse to site:

- Loss of consciousness
- Seizure
- Serious falls or accidents that involve head, neck, spinal or upper leg injury

Do not move the student. Send for the School Nurse. When the nurse arrives, an assessment will be done to determine if 911 should be called.

Clinic Referral Slip

Name: _____ **Date:** _____

Teacher: _____ **Time:** _____

Check symptoms observed by student and/or teacher:

	Asthma/Wheezing		Headache		Wound
	Coughing/Sneezing		Nausea/Vomiting		Other:
	Earache		Nose Bleed		
	Eye Irritation		Rash		
	Fever		Sore Throat		
	Head Lice		Toothache		

Symptoms/Data noted by Healthcare Provider:

Referral Resolution Check Applicable Interventions

	Return to Class		**Going Home**
	Rest in Clinic		**Unable to Contact Parent**
Person(s) Contacted:			**Phone Numbers:**
	In Person	**By Telephone**	**Time Contacted:**
Remarks:			

Time Left Clinic: _____ **Signature** _____

SAFETY REMINDERS FOR NON-NURSING STAFF WHEN GIVING MEDICATION

ALL PERSONAL HEALTH INFORMATION IS CONFIDENTIAL AND CANNOT BE SHARED WITH STAFF UNLESS AUTHORIZATION IS GIVEN, EXCEPT IN THE CASE OF EMERGENCY RESPONSE.

All drugs have the potential for causing side effects

1. Report adverse changes in behavior or rash complaints to nurse and parents.
2. If a student develops a rash, do not give the next dosage of medication until the doctor has been contacted.

Check storage requirements – refrigeration, heat, light, moisture

1. Most medications need to be stored in a cool, dry place.
2. ALL medications need to be stored in locked cabinet.
3. On campus, only designated medication personnel may remove and replace medication from the cabinet, not a student.

Before giving medication:

1. Check the medication log for the student's name, the medication and the dosage.
2. Remove the medication from the medication cabinet, check the medication container to verify the student's name, the right medication and the right dosage.
3. Ask the student when the last dose was given, to avoid over dosage.
4. A "no show" is not acceptable, especially for seizure or diabetes medications and antibiotics. The student must be contacted and given the medication as close to the time requested as possible.
5. Document the time and the dosage given on the medication log and sign your initials.

THE ONLY MEDICATION THAT CAN BE GIVEN TO THE STUDENT IS THE MEDICATION PROVIDED SPECIFICALLY FOR THAT STUDENT, DO NOT GIVE ANOTHER PERSON'S MEDICATION TO ANYONE.

Give medication exactly as ordered by the physician

1. If it is a PRN (as needed) medication, it can only be given as often as safely. recommended by the drug manufacturer.
2. If it is an OTC (over the counter medication, it can not exceed the dosage recommended on the original container for the student's age.

Oral medications

1. Should be accompanied with a full glass of water, unless otherwise ordered.
2. You should witness the student taking the medication.
3. When necessary, request the child to open their mouth to make sure the medication has been swallowed.
4. When measuring liquid medication, use standard measuring devices, not a tableware. spoon. Place measuring device at eye level, on a straight, firm surface.

If a medication error or omission occurs:

1. Document on the medication error form.
2. Contact parents, campus principal and campus nurse, regarding the error or omission.
3. Contact the student's physician or poison control in the case of an overdose.

Tips From the Nurse

Don't:

1. Medicate student with your own medications. (ex. Tylenol)

2. Allow student to use phone from other locations for medical needs or concerns. (ex. From classroom or cell phone)

3. Administer care for a student without the nurse's assessment first.

Do:

1. Send students to clinic using your guidelines carefully, accompanied by someone if necessary.

2. Communicate with nurse regarding a student's health.

3. Do ask questions about your student and share any information that may help with the student's health. (Make sure that it's within HIPAA Guidelines).

FIELD TRIP PROTOCOL

PRIOR TO DEPARTURE FOR FIELD TRIP:

- The campus clinic should be notified at least **TWO DAYS** in advance of field trip, including planned departure and return to campus times.
- Send a list of all students attending the field trip, in case that the staff member is not aware that a certain student takes medications.
- Staff person, in charge of giving medications on the field trip, should be the person that comes to the clinic to get student's medications, so any special instructions and medication logs can be given to the staff person at that time.
- Medication should be picked up at least **15-30 minutes** before leaving on field trip, but not earlier than prior dose is to be given.

DURING FIELD TRIP:

- Medications should be carried by designated staff member only, unless student is authorized to self medicate with emergency medications, such as asthma inhalers, insulin, glucometer for measuring blood glucose, EpiPens, etc.
- Medication logs must be maintained, with the date and time given, and the initials of the person that gave the medication.
- If a problem or question arises, please contact campus nurse, call parent or 911, according to student's emergency action plan, if there is not a school nurse.

RETURN TO CAMPUS:

- Medications, medication logs and permission slips should be returned to campus clinic, by the designated staff person as soon as the students have returned to campus.
- Do not keep medication unsupervised, in the classroom or overnight.

Health Services Fact Sheet

Bloodborne Pathogens are microorganisms such as viruses or bacteria that are carried in blood and can cause disease in people.

Bloodborne Pathogens may include:

- Malaria
- Syphilis
- Brucellosis
- Hepatitis B
- Human Immunodeficiency Virus

Bloodborne Pathogens can be transmitted through contact with infected human blood and other potentially infectious body fluids

Infected body fluids can transmit the pathogen(s) through:

- Accidental puncture from contaminated needles, broken glass or other sharps
- Broken or damaged skin (open sores, cuts, abrasions, acne, blisters)
- Mucous membranes of the mouth, eyes or nose

ALWAYS WEAR GLOVES**IN ALL EMERGENCY SITURATIONS INVOLVING BLOOD OR POTENTIALLY INFECTIOUS MATERIALS TO TRY TO MINIMIZE YOUR EXPOSURE. REMOVE GLOVES INSIDE OUT AND DISPOSE OF THEM. WASH HANDS THOROUGHLY WITH SOAP AND RUNNING WATER FOR AT LEAST 15 SECONDS.

If you are exposed:

- Wash the exposed area thoroughly with non-abrasive, anti-bacterial soap and running water.
- If blood has splashed in the eye or mucous membrane, flush the affected area with running water for at least 15 minutes.
- Report the exposure to your supervisor as soon as possible. Fill out an exposure report form.

**If you are latex sensitive or have a student with a latex allergy, please notify health services. Vinyl gloves are available.

Guidelines for Handling Blood and Other Body Fluids in Schools

- Wear disposable, waterproof gloves.
- Dispose of the gloves used, in a plastic bag or lined trash can, secure and dispose of daily.
- Wash hands for 10 seconds with soap and warm running water after disposing of used gloves.
- If gloves are not available, wash your hands and other affected skin for 10 seconds with soap and warm running water after direct contact has ended. (Wiping a runny nose does not pose a risk for HIV transmission.)
- Handle contaminated disposable items (tissues, paper towels, and diapers for example) with gloves and dispose of these items in the same manner.
- **Hand-washing:**
  Use soap and warm water and vigorous washing under a stream of running water for approximately 10 seconds. Rinse hands under running water and dry thoroughly with paper towels or a blow dryer.
- **Disinfectants:**
  99 parts water to 1 part household bleach (1/4 cup bleach to one gallon of water) or EPA-registered germicide will destroy HIV, and should be used to clean all body fluid spills.
- **Disinfecting hard surfaces and equipment:**
  After removing the soil, apply germicide (bleach/water solution) to the equipment used. Soak mops in this solution after use and rinse thoroughly with warm water. Non-disposable cleaning equipment such as dustpans and buckets should be rinsed in germicide solution.
- **Laundry instructions for soiled clothing:**
  Launder clothes with soap and water to eliminate infectious agents. The addition of bleach will further reduce number of potential infectious agents. Pre-soaking may be required for heavily soiled clothing.

The ABC's of Viral Hepatitis

	Hepatitis A (HAV)	Hepatitis B (HBV)	Hepatitis C (HCV)
What is it?	HAV is a virus that causes inflammation of the liver. It does not lead to chronic disease.	HBV is a virus that causes inflammation of the liver. The virus can cause liver cell damage, leading to cirrhosis and cancer.	HCV is a virus that causes inflammation of the liver. This infection can lead to cirrhosis and cancer.
Incubation period (time from exposure to illness)	15 to 50 days Average 30 days	4 to 25 weeks. Average 8 to 12 weeks.	2 to 25 weeks. Average 7 to 9 weeks.
How is it spread?	Transmitted by fecal/oral route, through close person to person contact (changing diapers without good handwashing), anal-oral sex, or ingestion of contaminated food and water.	Contact with infected blood, seminal fluid, vaginal secretions, contaminated needles, including tattoo/body piercing tools. Infected mother to newborn. Human bite. Sexual contact.	Contact with infected blood, contaminated IV needles, razors and tattoo/body piercing tools. Infected mother to newborn. NOT easily spread through sex.
Symptoms	May have none, especially young children. Symptoms may include light stools, dark urine, fatigue, fever, and jaundice (yellow skin). Jaundice by age group: < 6yrs: < 10% 6-14 yrs: 40-50% > 14 yrs: 70-80%	May have none, especially young children. Some persons have mild flu-like symptoms, dark urine, light stools, jaundice, fatigue and fever. Jaundice by age group: < 5 yrs: < 10% ≥ 5 yrs: 30-50%	If have symptoms, similar as with HBV. Between 30 to 40% with acute HCV develop symptoms and 20 to 30% develop jaundice.
Percent who develop chronic disease	None	Varies by age of onset of infection. < 5 yrs: 30%-90% ≥ 5 yrs: 2%-10%	75%-85%

	Hepatitis A (HAV)	Hepatitis B (HBV)	Hepatitis C (HCV)
Treatment of chronic disease	Not applicable	Anti-virals with varying success. Therapy is expensive.	Interferon alone or in combination with ribavirin with varying success. Therapy is expensive.
Vaccine	Two doses of vaccine to anyone over the age of two. Vaccine is recommended for children who live in communities that have high rates of hepatitis A.	Three doses of vaccine to all children and high risk adults.	No vaccine available.
Who is at risk?	Household or sexual contact with an infected person or living in an area with HAV outbreak. Easily spread in daycares with diapered children. Travelers to developing countries, men who have sex with men, IV drug users.	Infant born to infected mother, having sex with infected person or multiple partners, IV drug users, health care workers, men who have sex with men, and hemodialysis patients.	Anyone who had a blood transfusion prior to 1992. Contact with infected blood or contaminated needles. Infants born to infected mother, and having multiple sex partners.
Prevention	Immune globulin (IG) within 2 weeks of exposure. Vaccination. Washing hands with soap and water after using the toilet. Use household bleach to clean surfaces contaminated with feces, such as changing tables. Safe sex.	Hepatitis B immune globulin (HBIG) after known exposure. Vaccination. Safe sex. Clean up blood with bleach and wear gloves. Do not share razors, toothbrushes, needles.	Clean up spilled blood with bleach and wear gloves when touching blood. Do not share razors, toothbrushes, or needles. Safe sex.

(JDB 1/99)

Protocol For Handling Containers of Unknown Substances

Objective:

1. To assure that personnel are not exposed to harmful substances
2. To prevent destruction of evidence in a possible crime Scene

Discovery of a container of an unknown substance (powder, liquid, body fluid or flammable) should be reported to principal and _____ISD police immediately.

The container should not be moved or touched in any manner.

The container should be isolated until _____ISD police arrive, no one should be allowed in the location of container, i.e. locking closet, bathroom, etc.

If the container is discovered in a classroom, while students are present, notify principal's office of the discovery and supervise the container, assuring that it is not moved or touched, until ____ISD police arrive. If impending danger is suspected, calmly remove students from the classroom.

Persons who have knowledge about the container and its possible contents should report to principal and/ or _____ISD police.

List all people who were in the room and/or area shortly before and/or when the container was discovered. Give list to principal and/or ____ISD police.

ANAPHYLAXIS

Failure to act quickly and treat appropriately may result in permanent disability or death.

What is anaphylaxis?

Definition: Anaphylaxis is an immediate systemic hypersensitivity reaction affecting multiple systems of the body. It is the result of mediator release in cardiovascular, respiratory, gastrointestinal and cutaneous tissue.

Symptoms: The onset and course of anaphylaxis is variable. Common variable symptoms include:

- Sense of impending doom
- Skin: Generalized warmth or flush, tingling or itching, angiodema, urticaria, hives
- Upper respiratory: lump in throat, throat tightness, change of voice /hoarseness, difficulty swallowing, nasal congestion, runny nose, fullness in the ears, red, watery eyes
- Lower respiratory: stridor, coughing, chest tightness, wheezing or shortness of breath
- Cardio vascular: lightheadedness, faintness, palpitations, low blood pressure.
- Gastrointestinal: nausea, stomach cramps, bloating, vomiting, or diarrhea

The signs and symptoms of anaphylaxis usually appear rapidly, within seconds or minutes, after an exposure to an allergen, although in some cases the reaction can be delayed for up to one to three hours depending on the substance causing the reaction.

Some individuals have an anaphylactic reaction, and the symptoms go away only to return a few hours later. This is called a bi-phasic reaction. Often the symptoms of the bi-phasic reaction occur in the respiratory system and take the individual by surprise. Therefore, according to the AAAAI, after a serious reaction "observation in a hospital setting is necessary for at least four hours after initial symptoms subside because delayed and prolonged reactions may occur even after proper initial treatment."

Once anaphylaxis has begun, the treatment of choice is an immediate intramuscular injection of epinephrine, which is effective for 10 to 15 minutes (according to the manufacturer of epinephrine auto-injectors, Dey Labs), followed by emergency medical attention.

Laryngeal edema and cardiovascular collapse are the most frequent causes of death from anaphylaxis. The first warning signs may be only "a funny feeling in the mouth" or abdominal discomfort.

The most common causes of anaphylaxis in children include allergies to:

- Foods (e.g., to peanuts, tree nuts, milk, fish)
- Insect stings (e.g., yellow jackets, bees, wasps, and hornets)
- Medications (e.g. antibiotics, aspirin, and non-steroidal anti-inflammatory drugs)
- Latex

Less common causes of anaphylaxis include:

- Food-dependent exercise induced anaphylaxis (rare — occurs when an individual eats a specific food and exercises within three to four hours after eating)
- Idiopathic anaphylaxis (Unknown cause)

Exposures to allergens can be:

♦Tasting ♦ Ingesting ♦ Inhaling ♦Touching ♦ Being injected or stung

Severe allergic reactions may be at times unavoidable because foods may contain unknown or unreported allergy producing ingredients, insects range widely, latex can be found almost anywhere, and some individuals do not know that they are severely allergic to one or more allergens.

ANAPHYLAXIS

PREVENTION MEASURES:

Most anaphylactic reactions occur when a child is accidentally exposed to an offending food or is stung by a bee.

- ☐ School personnel should develop a system of identifying children with life-threatening allergies.
- ☐ A written individual health care plan for action should be devised by the school nurse in conjunction with the parent/guardian and should include:
  - o The child's name and photograph
  - o Specific offending allergens (peanuts, bee stings, etc.)
  - o Plans for preventing inadvertent contact with a life-threatening allergen at school
  - o Warning signs of a reaction.
  - o Plans for emergency treatment.
- ☐ It is useful for the child to wear a Medic-Alert bracelet or necklace or to carry a card.

- ☐ Train food service workers to avoid cross-contamination of foods (e.g., cooking, serving or cleaning up different foods with the same utensils dishes or sponges).
- ☐ "Latex gloves should be used only as mandated by accepted Universal Precautions standards. The routine use of latex gloves by food handlers and housekeeping should be discouraged" as latex sensitization or anaphylaxis can be precipitated among staff as well as students. Alternatives (e.g., vinyl gloves) can be considered. (See ACAAI and AAAAI 7/21/97 joint statement on latex gloves on their Web sites.)
- ☐ In the classroom: information should be obtained about students' food allergies, and these foods should not be used for class projects, parties, snacks, holidays and celebrations, arts and crafts, science experiments, or cooking. Educate all students and their parents, teachers, substitutes, and volunteers about the risk. Discourage sharing of food.
- ☐ Encourage washing of hands both before and after eating to avoid spreading of allergens.
- ☐ Parents of a child at risk for anaphylaxis should be invited to accompany their child on school trips, but the child's safety or attendance must not be conditioned on the parent's presence. In the absence of accompanying parents or a registered nurse, another individual must be trained and assigned the task of watching out for the child's welfare and handling any emergency.

"Epinephrine is the first drug that should be used in the emergency management of a child having a potentially life-threatening allergic reaction...There are no contraindications to the use of epinephrine for a life-threatening allergic reaction."

"All individuals receiving emergency epinephrine should immediately be transported to a hospital even if symptoms appear to have resolved... Further treatments may be required, and therefore observation in a hospital setting is necessary. ..Additional epinephrine should be available during transport."
From American Academy of Allergy, Asthma and Immunology (AAAAI) Position Statement. Treatment Strategies.

- All individuals responsible for the care of children (including teachers, school nurses, school bus drivers, coaches, counselors, lifeguards, etc.) need to have familiarity with basic first-aid and resuscitative techniques. This should include additional formal training on how to use epinephrine devices. (AAAAI Position Statement)*

Re-entry to school after a traumatic incident:

- Peer education to avoid endangering, isolating, stigmatizing or harassing children with food allergies.
- Confidentiality concerns

ANAPHYLAXIS

Protocol for emergency use of epinephrine auto-injectors:

An epinephrine auto-injector is a disposable drug delivery system that contains the proper dose of epinephrine and is used to treat anaphylaxis. It is generally recommended that two epinephrine auto-injectors be kept on-hand as back-up.

Steps in the Emergency Use of an Epinephrine Auto-Injector (EpiPen):

1. Anaphylaxis usually, but not always, occurs right after exposure to an allergen. Frequently anaphylaxis occurs in individuals who have a history of a previous reaction. If there is uncertainty about the diagnosis, but there is a reasonable probability that it is anaphylaxis, then treat as anaphylaxis.
2. If anaphylaxis symptoms occur, call 911 or activate the emergency medical system (EMS). Stay with the victim. Have others notify the paramedics, school nurse, parents and school administrator immediately.
3. Have the victim sit down. Reassure the victim and avoid moving him or her. Calming reduces the distribution of the allergen in the body.
4. Prepare to administer EpiPen.
    a. For students in 2nd grade or below, or if less than 66 lbs, use White label EpiPen Jr (0.15 mg)
    b. For adults and students in 3rd grade or above, or if more than 66 lbs, use Yellow label EpiPen (0.3 mg)
    c. The EpiPen acts immediately; however the effects last only 10—15 minutes.
    d. <u>Make sure someone has called 911.</u>

<u>EpiPen Administration Procedure:</u>

a. Grasp the EpiPen and form a fist around the unit. With the other hand, pull off the GRAY Safety Cap.
b. Hold the black tip near the outer thigh. Never put thumb, fingers, or hand over the black tip. (If an accidental injection occurs, go immediately to the nearest hospital emergency room.)
c. Swing and jab the black tip firmly into the OUTER BARE THIGH so that the auto-injector is perpendicular (at a 90° angle) to the thigh. You will hear a click. (The EpiPen can be injected through the victim's clothing, if necessary.)
d. Hold the EpiPen firmly in place for 10 seconds, and then remove it from the thigh. (After the injection, the victim may feel his or her heart pounding. This is a normal reaction.)
e. Remove the EpiPen and massage the injection area for several seconds.

- Check the black tip:
    - If the needle is exposed, the dose has been delivered
    - If the needle is not exposed, repeat steps b through e

Dispose of the EpiPen in a "sharps" container or give the expended EpiPen to the paramedics.

If the anaphylactic reaction is due to an insect sting, remove the stinger as soon as possible after administering the EpiPen. Remove stinger quickly by scraping with a fingernail, plastic card or piece of cardboard. Apply an ice pack to sting area. Do NOT push, pinch, or squeeze, or further imbed the stinger into the skin because such action may cause more venom to be injected into the victim.

ANAPHYLAXIS

FOLLOW-UP PROTOCOL AFTER INJECTING EPINEPHRINE:

a. Observe the victim for signs of shock. Cover the victim with a blanket, as necessary, to maintain body temperature and help to prevent shock.
b. Monitor the victim's airway and breathing. Begin CPR immediately if the victim stops breathing.
c. Take the victim's vital signs (if trained to do so) and record them.
d. Duplicate the emergency card for the paramedics.
e. When paramedics arrive tell them the time EpiPen was administered and the dose administered. If EpiPen has not been disposed of in a sharp's container, give the expended EpiPen to the paramedics.
f. If symptoms continue and paramedics do not arrive, use a new EpiPen and re-inject 15 to 20 minutes after initial injection. Continue to monitor the victim's airway and breathing.
g. Follow-up medical care should be obtained at the emergency room or from the victim's physician. A second delayed reaction may occur up to 6 hours after the initial anaphylaxis.
h. Document the incident and complete the accident/incident report. Include in the documentation the date and time EpiPen was administered, the victim's response, and additional pertinent information. Send a copy of the report to the school nurse.

Storage:

According to the manufacturer, epinephrine auto-injectors should be stored at room temperature until the marked expiration date, at which time the unit must be replaced. Auto-injectors should not be refrigerated as this could cause the device to malfunction. Auto-injectors should not be exposed to extreme heat, such as in the glove compartment or trunk of a car during the summer and they should not be exposed to direct sunlight. Heat and light shorten the life of the product and can cause the epinephrine to degrade. To be effective, the solution in the auto-injector should be clear and colorless. If the solution is brown, replace the unit immediately.

TRAINED STAFF MEMBERS

1. _____ Room _____

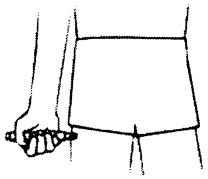
2. _____ Room _____

3. _____ Room _____

EpiPen® and EpiPen® Jr. Directions

- **Pull off gray activation cap.**

- **Hold black tip near outer thigh (always apply to thigh).**

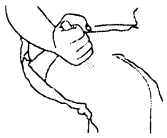


- **Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.**

Twinject® 0.3 mg and Twinject® 0.15 mg Directions

- **Remove caps labeled "1" and "2."**

- **Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.**

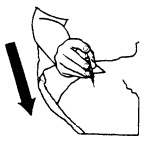


<u>SECOND DOSE ADMINISTRATION</u>:
If symptoms don't improve after 10 minutes, administer second dose:

- **Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.**

- **Slide yellow collar off plunger.**

- **Put needle into thigh through skin, push plunger down all the way, and remove.**



Once EpiPen® or Twinject® is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

***Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.*

The Food Allergy & Anaphylaxis Network

June/2007

LIFESCAN INC.
a Johnson & Johnson company

Novo Nordisk DIABETES Care

HYPOGLYCEMIA
(Low Blood Sugar)

CAUSES: Too little food, too much insulin or diabetes medicine, or extra exercise.

ONSET: Sudden, may progress to insulin shock.

BLOOD SUGAR: Below 70 mg/dL.
Normal range: 70-115 mg/dL.

SYMPTOMS

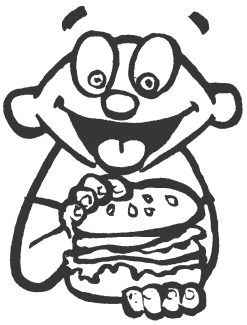
SHAKING

FAST HEARTBEAT

SWEATING

ANXIOUS

DIZZINESS


HUNGER

IMPAIRED VISION

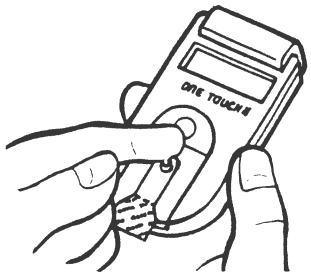
WEAKNESS, FATIGUE

HEADACHE

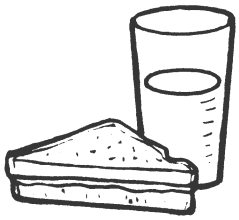
IRRITABLE

WHAT CAN YOU DO?

Drink a half a cup of orange juice or milk, or eat several hard candies.



TEST BLOOD SUGAR
If symptoms don't stop, call your doctor.


Within 30 minutes after symptoms go away, eat a light snack (half a peanut butter or meat sandwich and a half glass of milk).

Concept developed by Rhoda Rogers, RN, BSN, CDE, Sunrise Community Health Center and Northern Colorado Medical Center

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LIFESCAN INC.
a Johnson & Johnson company

Novo Nordisk DIABETES Care

HYPERGLYCEMIA
(High Blood Sugar)

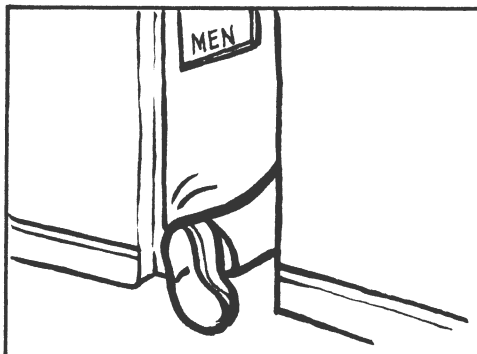
CAUSES: Too much food, too little insulin, illness or stress.

ONSET: Gradual, may progress to diabetic coma.

BLOOD SUGAR: Above 200 mg/dL.
Acceptable range: 115-200 mg/dL.

SYMPTOMS

EXTREME THIRST



FREQUENT URINATION

DRY SKIN

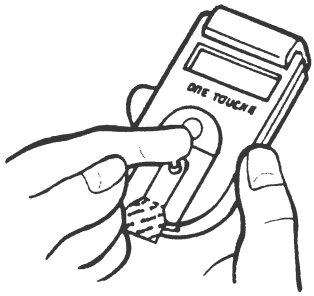
HUNGER

BLURRED VISION

DROWSINESS

NAUSEA

WHAT CAN YOU DO?



TEST BLOOD SUGAR

If over 250 mg/dL for several tests
CALL YOUR DOCTOR

Concept developed by Rhoda Rogers, RN, BSN, CDE, Sunrise Community Health Center and Northern Colorado Medical Center

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Seizure Information and First Aid Procedures

SEIZURE TYPE	WHAT IT LOOKS LIKE	WHAT IT IS NOT	WHAT TO DO	WHAT NOT TO DO
Generalized Tonic-Clonic **(Also called Grand Mal)**	Sudden cry, fall, rigidity, followed by muscle jerks, shallow breathing, or temporarily suspended breathing, bluish skin, possible loss of bladder or bowel control, usually lasts a couple of minutes. Normal breathing then starts again. There may be some confusion and/or fatigue followed by return to full consciousness.	Heart Attack Stroke	Look for medical identification. Protect form nearby hazards. Loosen ties or shirt collars. Protect head from injury. Turn on side to keep airway clear. Reassure when consciousness returns. If single seizure lasted less than 5 minutes, ask if hospital evaluation wanted. If multiple seizures, or if one seizure lasts longer than 5 minutes, call an ambulance. If person is pregnant, injured, or diabetic, call for aid at once.	Don't put any hard implement in the mouth. Don't try to hold tongue. (It can't be swallowed. Don't try to give liquids during or just after seizure. Don't use artificial respiration unless breathing is absent after muscle jerks subside, or unless water has been inhaled. Don't restrain.
Absence **(Also called Petit Mal)**	A blank stare, beginning and ending abruptly, lasting only a few seconds, most Common in children. May be accompanied by rapid blinking, some chewing movements of the mouth. Child is unaware of what's going on during the seizure, but quickly returns to full awareness once it has stopped. May result in learning difficulties if not recognized and treated.	Day dreaming. Lack of attention. Deliberate ignoring of adult instructions.	No first aid necessary, but if this is the first observation of the seizure(s) medical evaluation should be recommended.	
Simple Partial	Jerking may begin in one area of body, arm, leg, or face. Can't be stopped, but patient stays awake and aware. Jerking may proceed from one area of the body to another, and sometimes spreads to become a convulsive seizure. Partial sensory seizures may not be obvious to an onlooker. Patient experiences a distorted environment. May see or hear things that aren't there, may feel unexplained fear, sadness, anger or joy. May have nausea, experience odd smells, and have a generally "funny" feeling in the stomach.	Acting out, bizarre behavior. Hysteria. Mental illness. Psychotic illness. Para psychological or mystical experiences.	No first aid necessary unless seizure becomes convulsive, then First Aid as above. No immediate action needed other than reassurance and emotional support. Medical evaluation should be recommended.	

Seizure Information and First Aid Procedures
Continued

SEIZURE TYPE	WHAT IT LOOKS LIKE	WHAT IT IS NOT	WHAT TO DO	WHAT NOT TO DO
Complex Partial (Also Called Psychomotor or Temporal Lobe)	Usually start with blank stare, followed by chewing, followed by random activity. Person appears unaware of surroundings, may seem dazed and mumble. Unresponsive. Actions clumsy, not directed. May pick at clothing, pick up objects, try to take clothes off. May run, appear afraid. May struggle or flair at restraint. Once pattern established, same set of actions usually occur with each seizure. Lasts a few minutes, but post-seizure confusion can last substantially longer. No memory of what happened during seizure period.	Drunkenness. Intoxication on drugs. Mental Illness. Disorderly conduct.	Speak calmly and reassuringly to patient and others. Guide gently away from obvious hazards. Stay with person until completely aware of environment. Offer to help getting home.	Don't grab hold unless sudden danger (such as a cliff edge or an approaching car) threatens. Don't try to restrain. Don't shout. Don't expect verbal instructions to be obeyed.
Atonic Seizures (Also called Drop Attacks)	A child or adult suddenly collapses and falls. After 10 seconds to a minute he/she recovers, regains consciousness, and can stand and walk again.	Clumsiness. Normal childhood "stage". In a child, lack of good walking skills. In an adult, drunkenness, acute illness.	No first aid needed (unless he/she hurts himself/herself as he /she fell), but the child should be given a thorough medical evaluation.	
Myoclonic Seizures	Sudden brief, massive muscle jerks that may involve the whole body of parts of the body. May cause person to spill what they were holding or fall off a chair.	Clumsiness. Poor coordination.	No first aid needed, but should be given a thorough medical evaluation.	
Infantile Spasms	These are clusters of quick, sudden movements that start between 3 months and 2 years. If a child is sitting up, the head will fall forward, and the arms will flex forward. If lying down, the knees will be drawn up, with arms and head flexed forward as if baby is reaching for support.	Normal movements of the baby. Colic	Nor first aid, but doctors should be consulted.	

Medications

Texas Education Code, 21.905 Administration of Medication by School District Employees: Immunity from Liability Procedure Guidelines

SAMPLE _____ISD Policy FFAC: Student Medication

Employees of the district may administer medication to student provided:

- The district has received a written request to administer the medication from the parent, legal guardian, or other person having legal control of the student.
- When administering prescription medication, the medication appears to be in the original container and to be properly labeled.

If the District provides liability insurance for a licensed physician or registered nurse who provides volunteer services to the District, the Board may allow the physician or nurse to administer to any student non-prescription medication or medication currently prescribed for the student by the student's personal physician. (Education Code 21.9141)

Employees legally permitted to administer medication to students include superintendents, principals, classroom teachers, supervisors, counselors, registered nurses, teacher aides, secretaries, or any other classified personnel employed by the District.

The District, the Board, and its employees shall be immune from civil liability for damages or injuries resulting from the administration of medication to a student in accordance with this policy. (Education Code 21.905)

- Utilize appropriate _____ISD School Health Services Medication Form. (See attached form A)
- A **Parental Permission Slip** (see attached Form B), must accompany all medications to be given even if the medication is a prescription with the proper prescription label on the bottle. When possible all medication should be given at home, unless specifically stated by the physician that it is necessary for the student to take medication while at school.
- Any change in dosage must be accompanied by a physician's order and a new parent permission slip signed and sent to the school nurse. It is recommended that the purpose for medication, possible adverse reactions, and duration of therapy is included with the instructions.
- The school nurse or a designated staff member who has received instructions from the school nurse should assist a student in taking medication. It is recommended that personnel administering medication ask the student to

state his name and that the instructions for giving medication are read twice prior to administration, once before taking medication from container and again before administering the medication to the student. *Designated staff primarily consist of the school nurse, campus secretaries, and office assistants. Those giving medication must have completed medication*

- *administration training session and their training record sheet must be up to date yearly.*
- Each person administering medications must sign their initials and time on each medicine record sheet, and sign their full name at the bottom of the record.
- Each mediation should be charted separately.
- Each time a medication is administered, a record should be maintained, noting the time, name of medication, and dosage. The medication record should be retained as per the school district's retention policy.
- In the event that a student refuses to take his medication, or does not take medication as ordered, the parent is to be notified. A parent/student/teacher conference is the indicated so that a reasonable plan of action can be developed.
- A locked cabinet should be provided for the storage of medications. It is preferable in most cases for medication to be kept in the locked storage cabinet to reduce the potential for accidental loss or misuse.
- Students are not allowed to carry medication on their person during the school day without written authorization from a physician in addition to a written parental permission slip. Campus administrators must be notified of these situations.
- Staff members involved with the administration of medication should be counseled to be sensitive to, and aware of, issues of confidentiality in carrying out this responsibility.
- Unused medications must be returned home or destroyed when treatment is complete or at the end of the school year. It is recommended that an adult be responsible for this task, but independent nursing judgment can be exercised observing such factors as: age of student, type of medication, etc., in absence of district policy.
- An incident report must be complete on each medication error within 24 hours by the person giving the medication. A copy of the completed form should be sent to the Principal and the Health Services Supervisor.

SAFETY REMINDERS FOR NON-NURSING STAFF WHEN GIVING MEDICATION

ALL PERSONAL HEALTH INFORMATION IS CONFIDENTIAL AND CANNOT BE SHARED WITH STAFF UNLESS AUTHORIZATION IS GIVEN, EXCEPT IN THE CASE OF EMERGENCY RESPONSE.

All drugs have the potential for causing side effects

1. Report adverse changes in behavior or rash complaints to nurse and parents
2. If a student develops a rash, do not give the next dosage of medication until the doctor has been contacted.

Check storage requirements - refrigeration, heat, light, moisture

1. Most medications need to be stored in a cool, dry place.
2. ALL medications need to be stored in locked cabinet.
3. On campus, only designated medication personnel may remove and replace medication from the cabinet, not a student.

Before giving medication,

1. Check the medication log for the student's name, the medication and the dosage
2. Remove the medication from the medication cabinet, check the medication container to verify the student's name the right medication and the right dosage.
3. Ask the student when the last dose was given, to avoid over dosage
4. A "no show" is not acceptable, especially for seizure or diabetes medications and antibiotics. The student must be contacted and given the medication as close to the time requested as possible.
5. Document the time and the dosage given on the medication log and sign your initials.

THE ONLY MEDICATION THAT CAN BE GIVEN TO THE STUDENT IS THE MEDICATION PROVIDED SPECIFICALLY FOR THAT STUDENT, DO NOT GIVE ANOTHER PERSON'S MEDICATION TO ANYONE.

Give medication exactly as ordered by the physician.

1. If it is a PRN (as needed) medication, it can only be given as often as safely recommended by the drug manufacturer.
2. If it is an OTC (over-the counter) medication, it can not exceed the dosage recommended on the original container for the student's age.

Oral medications

1. Should be accompanied with a full glass of water, unless otherwise ordered
2. You should witness the student taking the medication.
3. When necessary, request the child to open their mouth to make sure the medication has been swallowed.
4. When measuring liquid medication, use standard measuring devices, not a tableware spoon. Place measuring device at eye level, on a straight, firm surface

If a medication error or omission occurs,

1. Document on the medication error form,
2. Contact parents, campus principal and campus nurse, regarding the error or omission,
3. Contact the student's physician or poison control in the case of an overdose

When Administering Medication
Please Remember

The Five **RIGHTS:**

RIGHT STUDENT

RIGHT DRUG

RIGHT DOSE

RIGHT ROUTE

RIGHT TIME

Tips From the Nurse

Don't:

1. Medicate student with your own medications. (ex. Tylenol)

2. Allow student to use phone from other locations for medical needs or concerns. (ex. From classroom or cell phone)

3. Administer care for a student without the nurse's assessment first.

Do:

1. Send students to clinic using your guidelines carefully, accompanied by someone if necessary.

2. Communicate with nurse regarding a student's health.

3. Do ask questions about your student and share any information that may help with the student's health. (Make sure that it's within HIPAA Guidelines).

FIELD TRIP PROTOCOL

PRIOR TO DEPARTURE FOR FIELD TRIP:

- The campus clinic should be notified at least **TWO DAYS** in advance of field trip, including planned departure and return to campus times.

- Send a list of all students attending the field trip, in case that the staff member is not aware that a certain student takes medications.

- Staff person, in charge of giving medications on the field trip, should be the person that comes to the clinic to get students' medications, so any special instructions and medication logs can be given to the staff person, at that time.

- Medication should be picked up at least **15 – 30 MINUTES** before leaving on field trip, but not earlier than prior dose is to be given.

DURING FIELD TRIP:

- Medications should be carried by designated staff member only, unless student is authorized to self medicate with emergency medications, such as asthma inhalers, insulin, glucometer for measuring blood glucose, epi-pens, etc.

- Medication logs must be maintained, with the date and time given, and the initials of the person that gave the medication.

- If a problem or question arises, please contact campus nurse, call parent or 911, according to student's emergency action plan, if there is not a school nurse.

RETURN TO CAMPUS:

- Medications, medication logs and permission slips should be returned to campus clinic, by the designated staff person as soon as the students have returned to campus.

- Do not keep medication unsupervised, in the classroom or overnight.

_____ Independent School District

Medication Administration Incident Report

Name of school:_____ Date:_____

Name of student:_____

Date and time of error:_____

Name of person administering medication:_____

Name of medication:_____ Dosage prescribed:_____

Name of physician:_____

Describe circumstances leading to error:_____

_____

_____

_____

Person(s) notified of error:

Supervisor:_____ Date:_____

Principal:_____ Date:_____

Physician:_____ Date:_____

Signature (person completing report)_____

Follow-up information if applicable:_____

_____

Medication Training Record

School Year:_____Campus:_____

Medication Training to staff:
Verbal instruction and written packet given to each staff member trained, including demonstration of medication administration and return demonstration by trainee.

Name and credentials of person conducting training:

Name and job title of person trained:
By signing this training record, I agree that I have reviewed the written packet and have had opportunity to ask questions and understand the procedure that I have been trained to provide.

Name (print)	Job Title	Signature	Initial

Letter to Parent Regarding Administration of Medication in School

Dear Parent:

In case you are unfamiliar with the school's policy on the administration of medication to students by school personnel, we would like to bring you up to date on this matter. There is not always a school nurse on duty at school, and in her absence the office staff (or their substitutes) will be giving the medication.

If your child must have medication of any type given during school hours, including over-the-counter drugs, you have the following choices:

1. You may come to school and give the mediation to your child at the appointed time.
2. You may obtain a copy of a medication permission slip from the school office. Complete the form by listing the medication(s) needed, dosage, and number of times per day the medication is to be administered.
3. You may discuss with your doctor an alternative schedule for administering medication. (eg., outside of school hours).
4. Over the counter drugs can be given 3 consecutive days only.

School personnel will not administer any medication to students unless they have received a medication form properly completed and signed by the parent/guardian, and the medication has been received in the original container, appropriately labeled, and FDA approved. Medication purchased in a foreign country will not be given. Any change in dosage or medication must be accompanied by a written permission slip and properly labeled. In fairness to those giving the medication and to protect the safety of your child, there will be no exceptions to this policy.

_____ does not provide medication for student use, including Tylenol and Aspirin.

If you have any questions about the policy, or other issues related to the administration of medication in the schools, please contact the school nurse at the following number_____.

Thank you for your cooperation,

_____

School Nurse

Departamento de Servicios de Salúd

Estimados Padres:

En caso de que ústed no esté familiarizado con la póliza de administración de medicamentos a los estudiantes por el personal de la escuela, nos gustaria ponerlos al corriente. No siempre hay una enfermera en la escuela, y en su ausencia el personal de la oficina (ó sus substitutos) darán los medicamentos.

Si su hijo/a tiene que tomar medicinas de cualquier tipo, durante las horas escolares, incluyendo medicinas no recetadas, ústed tiene las siguientes opciones:

1. Usted puede venir a la escuela y darle la medicina a su hijo/a a la hora indicada.
2. Usted puede obtener una forma en la oficina de la escuela, para autorizar la administración de medicamentos en la escuela. Llene dicha forma, anote el medicamento(s) necesario, la dosis, y cuantas veces al dia su hijo/a va a tomar dicho medicamento.
3. Quizá ústed quiera discutir con su doctor un horario álternativo para administrar el medicamento (fuera de las horas escolares).

El personal de la escuela no administrará ningún medicamento a los estudiantes, a menos que hayan recibido la forma de autorización llenada y firmada por los padres, y el medicamento en el envase original con todas las indicaciones y aprovado por la FDA. No se administrará ningún tipo de medicamento comprado en otros paises. Cualquier cambio en dosis ó medicamento debe ser acompañado por un permiso escrito y nuevas indicaciones. Como medida de seguridad para aquellos que administran los medicamentos y para seguridad de su hijo/a no habrá excepciones en esta póliza.

_____no proveé medicamentos para el uso de los estudiantes, incluyendo Tylenol y Aspirina.

Si tiene preguntas acerca de esta póliza ó otra inquietúd relacionada con la administración de medicamentos en la escuela, por favor comuniquese con la enfermera de la escuela al número_____.

Gracias por su cooperación.

_____

Enfermera de la escuela

HEALTH SERVICES DEPARTMENT

PHOTO

MEDICATION PERMISSION SLIP

Dear Parent/Guardian,

According to Texas State law and _____Independent School District policy, all medications that are to be administered at school must comply with the following guidelines:

1. All medication given must be in the original container. This includes both prescription and over-the-counter medicines. The medication has to be FDA approved with dosage information clearly marked on the container.
2. All medication must be accompanied by a dated permission slip signed by the parent/legal guardian. Please include instructions for over-the counter medication. Prescription drugs will be given as indicated on the label.
3. The over-the-counter medication may not be given more than three consecutive school days without physician's orders to do so.
4. Medications purchased in a foreign country (for example, Mexico) cannot be given.
5. No medication is supplied by the schools.

Please help us to assure the health and safety of your child by following the above guidelines.

Student _____ **Teacher** _____ **Rm.#** _____

Medication	**Dosage**	**Time to be given**	**Pill count** *(if controlled drugs)*	**Parent-Student Initial/ Nurse Initial** *(for pill count only)*

I request that the above medications be given to my child as directed. I hereby give permission to the school nurse to contact the prescribing physician with any questions relating to the above medications.

( ) *Child to carry empty bottle home for refill* _____
Initial

( ) *Child to take medication home at end of school year* _____
Initial

( ) *Medication to be discarded at the end of the school year if not picked up by child or parent* _____
Initial

_____ *Parent/Guardian Signature*

_____ *Date*

_____ *Daytime Phone Number #1*

_____ *Daytime Phone Number #2*

For Clinic use only:
( ) Med sent home with student (Date_____)
( ) Med sent home with parent (Date_____)

DEPARTAMENTO DE SERVICIOS DE SALUD

PHOTO

FORMA DE PERMISO PARA MEDICAMENTO

Estimado Padre/Madre/Tutor,

Conforme a la ley del estado de Texas y la póliza del distrito escolar independiente de _____, todo tipo de medicamentos administrados en la escuela deben de cumplir con los siguientes reglamentos:

1. Todo tipo de medicamentos deben de estar en el envase original. Esto incluye medicinas con receta ú otras medicinas compradas en la tienda sin receta médica. Los medicamentos deben de ser aprobados por la FDA, con la información de la dosis claramente marcada en el envase.
2. Todo tipo de medicamentos deben de tener una forma de permiso con fecha y firma de Padre/Madre/Tutor. Favor de incluir las instrucciones para otros medicamentos que hayan sido comprados sin receta médica. Los medicamentos con receta se le administraran al estudiante como se indique en las instrucciones.
3. Las medicinas sin receta médica, no se podran suministrar por tres dias consecutivos sin instrucciones médicas.
4. No se administran medicinas que hayan sido compradas en otro país (como por ejemplo, México).
5. La escuela no facilitará medicamentos.

Por favor ayúdenos a asegurar la salud y seguridad de su hija/o siguiendo estos reglamentos.

Estudiante **Maestra/o** **#del Salón**

Medicamento	**Dosis**	**Tiempo de administración**	**Conteo de píldoras** *(en caso de pastillas controladas)*	**Inicial Padre-Estudiante Inicial Enfermera** *(solo en caso de conteo de píldoras)*

Solicito que el medicamento mencionado se administre a mi hijo/a como está indicado. Doy permiso para que la enfermera escolar se comunique con el médico que suministró la receta con preguntas relacionadas a los medicamentos mencionados.

( ) *Niño/a que lleve el envase vacío a casa para rellenar.* _____ *Inititial*

( ) *Niño/a que lleve medicamento a casa al final del año escolar.* _____ *Inititial*

( ) *Tirar medicamento al final del año escolar si no lo recoge el/la niño/a o* Padre/Madre/Tutor._____ *Initial*

_____ *Firma del Padre/Madre/Tutor*

_____ *Fecha*

_____ *# de telefono (#1)*

_____ *# de telefono (#2)*

For Clinic use only:

Health Services

Date_____ Grade_____

Dear Parent/Guardian of _____

We have received your medication permission slip and medications that are to be given for your child during the school day.

The medications are:

Name of Medication	Amount Received

Please let us know, in writing, by your physician, if any prescription medications are to be changed.

_____

ISD Health Services

AUTHORIZATION FOR STUDENT SELF-MEDICATION

The following section is to be completed by the parent:

Child's name:_____ Date of Birth:_____ School:_____

Physician:_____ Telephone:(parent)_____ (Doctor)_____

I request that my child be permitted to self-medicate her/himself as authorized by me and my physician.

Parent signature:_____ Date:_____

The following section is to be completed by the physician:

Diagnosis:_____ Name of medication:_____

Route:_____ Dose:_____

If medicine is to be given daily, at what time?_____

If medicine is to be given WHEN needed, describe indications:_____

_____

How soon can it be repeated:_____

Is child allowed to carry medication on his/her person?_____

List significant side effects:_____

_____

Length of time this treatment is recommended?_____

Other information:_____

_____

_____

Physician signature:_____ Date:_____

Medication Log

A. **Update Every Friday**

1. Check each page carefully for any updated or changed information.
2. Make sure each medication has the dosage. Example: Tylenol 500 mg 1 tab. every 4 hours.
3. Highlight every daily medication to be given.

B. **Adding New Medications**

1. Parent fills out Permission Slip Form (PSF).
2. Make sure medication is properly labeled.
3. Make sure it is age appropriate.
4. Check expiration date.
5. Assign the medication a bin #. Double check medication log and medication folder to ensure the bin # has not previously been assigned.
6. Write the bin # at the top right hand corner of the PSF before filing in medication folder.
7. Add new medication to the medication log on last page in extra slots. Highlight if to be given daily.

C. **Discontinued Medications**

1. Pull PSF and document. Examples: (date) out of medicine, (date) mom took home.
2. Mark a line through name and medication on log and write D/C.
3. File in back of medication folder after discontinued medications.

Name_____ Medication_____

Teacher_____ Dose_____ Date_____

Signature(s)_____ _____

_____ _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8/19	8/20	8/21	8/22	8/23	8/26	8/27	8/28	8/29	8/30
9/2 Holiday	9/3	9/4	9/5	9/6	9/9	9/10	9/11	9/12	9/13
9/16	9/17	9/18	9/19	9/20	9/23	9/24	9/25	9/26	9/27
9/30	10/1	10/2	10/3	10/4	10/7	10/8	10/9	10/10	10/11
10/14	10/15	10/16	10/17	10/18	10/21	10/22	10/23	10/24	10/25
10/28	10/29	10/30	10/31	11/1	11/4	11/5	11/6	11/7	11/8
11/11	11/12	11/13	11/14	11/15	11/18	11/19	11/20	11/21	11/22
11/25	11/26	11/27 THANKSGIVING	11/28 HOLIDAYS	11/29	12/2	12/3	12/4	12/5	12/6
12/9	12/10	12/11	12/12	12/13	12/16	12/17	12/18	12/19	12/20
1/6	1/7	1/8	1/9	1/10	1/13	1/14	1/15	1/16	1/17
1/20 Holiday	1/21	1/22	1/23	1/24	1/27	1/28	1/29	1/30	1/31
2/3	2/4	2/5	2/6	2/7	2/10	2/11	2/12	2/13	2/14
2/17 Holiday	2/18	2/19	2/20	2/21	2/24	2/25	2/26	2/27	2/28
2/24	2/25	2/26	2/27	2/28	3/3	3/4	3/5	3/6	3/7
3/10 S	3/11 P R I	3/12 N G	3/13 B R E	3/14 A K	3/17	3/18	3/19	3/20	3/21
3/24	3/25	3/26	3/27	3/28	3/31	4/1	4/2	4/3	4/4
4/7	4/8	4/9	4/10	4/11	4/14	4/15	4/16	4/17	4/18 Holiday
4/21 Holiday	4/22	4/23	4/24	4/25	4/28	4/29	4/30	5/1	5/2
	5/6	5/7	5/8	5/9	5/12	5/13	5/14	5/15	5/16
5/19	5/20	5/21	5/22	5/23	5/26	5/27	5/28	5/29	5/30

Sample Medication Log

_____ ISD MEDICATION ADMINSTRATION LOG

_____ SCHOOL

_____ WEEK ENDING

STUDENT'S NAME	MED-TIME	RM #	MEDICATION NAME	MON	TUES	WED	THUR	FRI

_____ SIGNATURE

_____ SIGNATURE

Drugs That Don't Mix

Some drug combinations are dangerous. Other combinations lessen or even eliminate one drug's effectiveness. This chart l· the most common drugs and combinations to avoid. Note that alcohol, in combination with many other drugs, presents serio.. risks. Phone Poison Control Center, for quick and expert advice on possibly dangerous combinations.

DON'T TAKE	WITH	POSSIBLE REACTIONS
Aminophyllin (for asthma)	Inderal (for high blood pressure, migraine headaches)	Breathing difficulty
Antihistamines (even some over-the-counter drugs)	Alcohol	Excessive sedation, lack of concentration, breathing difficulty
Aspirin	Alcohol	Stomach bleeding
Aspirin	Anticoagulants (blood thinners such as Coumadin, Panwarfin)	Serious stomach bleeding
Aspirin	Oral diabetic drugs (e.g., Orinase, Tolinase)	Dangerously low blood sugar, dizziness, headache, rash, stomach upset
Barbiturates (sleeping pills)	Alcohol	Overdose can cause death
Butazolidin (anti-inflammatory pain reliever)	Oral diabetic drugs (e.g., Orinase, Tolinase)	Hypoglycemia, vertigo, headache, etc. from dangerously low blood sugar
Codeine (in cough syrup or prescribed for pain)	Alcohol	Acute drowsiness, inability to concentrate, hallucinations, rapid heartbeat, rashes
Decongestants (as in cold remedies like Actifed)	Antidepressants (e.g., Elavil, Amitril Adapin)	High blood pressure
Diet pills (over-the-counter)	Antidepressants (e.g., Elavil, Amitril, Adapin, Tofranil)	High blood pressure, which could lead to heart and brain damage
Digitalis (for heart)	Most diuretics, such as Furosemide (if not taken with potassium)	A toxic reaction to the digitalis, vomiting, diarrhea, blurred vision

DONT TAKE	WITH	POSSIBLE REACTIONS
‹gitalis (for heart)	Laxatives (over-the-counter)	Nausea, visual disturbances, fatigue
Estrogen (for birth control and menopause)	Oral anticoagulants (blood thinners like Dicumarol, Coumadin, Panwarfin)	Dangerous blood clots which could affect heart and brain function
Flagyl (for amebic infections)	Alcohol	Cramps, nausea, acute headaches, flushing
Indocin (for arthritis)	Aspirin	Stomach irritation, internal bleeding
Iron (as in Geritol, vitamin supplements)	Tetracycline	Decreased antibiotic effect in controlling serious infections
Lithium (for depression)	Thiazide diuretics (to rid body of excess fluid, e.g., Hydrodiuril)	A toxic reaction to the lithium: seizures, tremors, stupor, coma
Motrin (for relief of ‹thritic pain or ‹amps)	Aspirin	Often results in continuing pain; stomach upset; anaphylaxis
Penicillin	Tetracycline	Decreased penicillin effect, allowing dangerous spread of infections specifically controlled by penicillin
Potassium (prescribed with certain diuretics, salt substitutes)	Dyazide (a specific type of diuretic)	A toxic reaction to the potassium: weakness, confusion, spasms, heartbeat abnormalities
Tagamet (the most popular new prescription for ulcers)	Valium (the most prescribed mild tranquilizer)	Hazardous sedation, disorientation, blurred vision
Tagamet	Aminophyllin (for asthma)	Anxiety, depression, inability to sleep
Tagamet	Inderal (for high blood pressure, migraine)	Slower pulse, lightheadedness, short-term memory loss
Tagamet	Tobacco (smoking)	May decrease inhibition of nocturnal gastric acid secretion
Valium (and other tranquilizers)	Alcohol	Dangerous drowsiness, lack of coordination, diminished sex drive, even coma and death
Zinc (a popular new	Tetracycline	Decreased antibiotic effect in-

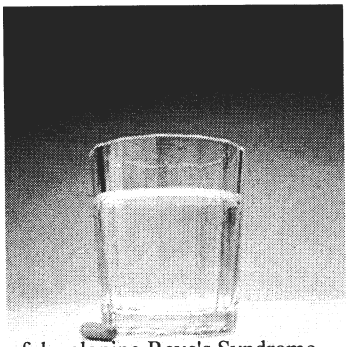
DON'T TAKE	WITH	POSSIBLE REACTIONS
Penicillin	Estrogen-containing oral contraceptives	May decrease effectiveness of oral contraceptive; menstrual irregularities
Tetracycline	Children under 8 years of age	May cause permanent discoloration of teeth
Tetracycline	Milk, antacids	Decreased absorption of antibiotic
Dilantin	Antidepressants-Isoniazid (INH)	May lower seizure threshold, alter drug metabolism, or cause excessive sedation/uncoordination
Oral contraceptives containing estrogen	Dilantin, barbiturates, Rifampin	May decrease effectiveness of oral contraceptive
Oral contraceptives containing estrogen	Tobacco (smoking)	Increased risk of blood clots, stroke, heart attack

Source: North Carolina School Health Program Manual, 1991.
adapted from South Carolina School Health Program Manual.

National Reye's Syndrome Foundation, Inc.

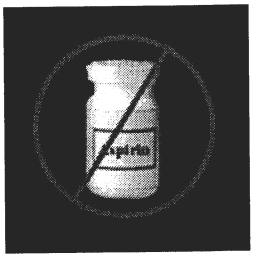
Home | Reye's Syndrome | Report A Case | Aspirin Link | Resources
NRSF | Support NRSF | Schedule Of Events | Catalog

What is the Role of Aspirin?



Epidemiological research has shown an association between the development of Reye's Syndrome and the use of aspirin (a salicylate compound) for treating the symptoms of influenza-like illnesses, chicken pox, colds, etc. The U.S. Surgeon General, the Food and Drug Administration, the Centers for Disease Control and Prevention, and the American Academy of Pediatrics recommend that aspirin and combination products containing aspirin not be given to children under 19 years of age during episodes of fever-causing illnesses. Acetylsalicylate is another word for aspirin; some medicine labels may use the words acetylsalicylate, acetylsalicylic acid, salicylic acid, or salicylate instead of the word aspirin. Always ask your doctor or pharmacist before taking any medication.

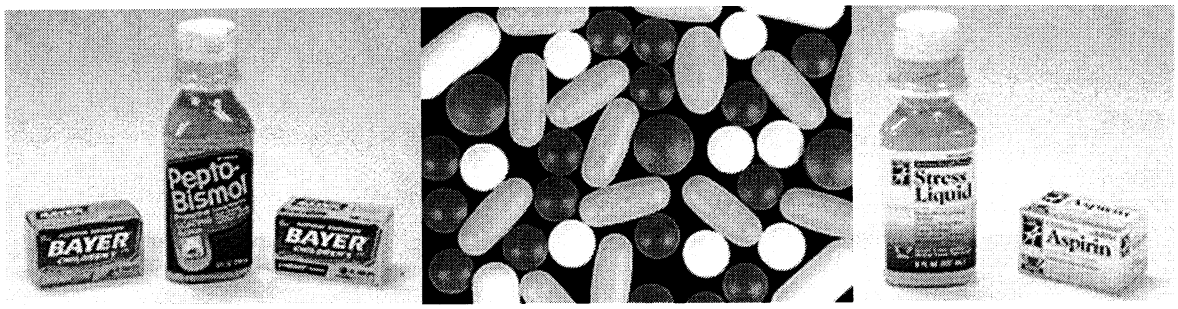
It **is possible** to develop Reye's Syndrome without taking aspirin. However, the chances of developing Reye's Syndrome can be reduced by not giving aspirin to individuals for relief of discomfort or fever without first consulting a physician for each specific use. **Anti-nausea medications may also contain salicylates, and may mask the symptoms of Reye's Syndrome.**



Teenagers and adults are especially at risk of developing Reye's Syndrome due to self-medication. Too often, teenagers are ingesting aspirin-type products without parental knowledge. Teenagers should be made aware of the different forms of pain relievers on the market and make certain they check with a parent before using any medications.

Aspirin or Salicylate-Containing Medications

Epidemiologic research has shown an association between the development of Reye's Syndrome and the use of aspirin-type products for treating the symptoms of influenza-like illnesses and chicken pox. The National Reye's Syndrome Foundation, U.S. Surgeon General, the Food and Drug Administration and Centers for Disease Control and Prevention recommend that aspirin and combination products containing aspirin not be given to children or teenagers who are suffering from one of these illnesses. This listing shows products containing aspirin or salicylate compounds. **THIS IS NOT A COMPLETE LIST!** Some medication labels may use the words acetylsalicylate, acetylsalicylic acid, salicylic, salicylamide, phenyl salicylates, etc., instead of the word aspirin. There is not data as to other forms of salicylate other than aspirin associated with the development of Reye's Syndrome, but until further research has answered this question, we recommend products listing these substances not be used at all in children and adolescents, because a virus may already be present before symptoms appear. Product ingredients may be reformulated periodically, so always check the label. When in doubt ask your doctor or pharmacist.



Non-Prescription Products

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Alka-Seltzer	Alka-Seltzer Original Effervescent Antacid and Pain Reliever	Alka-Seltzer Cherry Effervescent Antacid and Pain Reliever	Alka-Seltzer Extra Strength Effervescent Antacid and Pain Reliever	Alka-Seltzer Lemon Lime Effervescent Antacid and Pain Reliever (Bayer)		
Anacin	Anacin Tablets (Whitehall Robins)					
Ascriptin	Ascriptin Regular Strength	Ascriptin Arthritis Pain	Ascriptin Enteric	Ascriptin Maximum Strength (Novartis)		
Bayer	8-Hour Bayer Timed Release	Bayer Extra Strength Arthritis Pain Regimen Formula	Bayer Genuine Aspirin Tablets and Caplets	Bayer Extra Strength Aspirin Caplets and Tablets	Bayer Aspirin Regimen Regular Strength 325 mg. Caplets	Bayer Aspirin Regimen Adult Low Strength 81 mg. Tablets
	Bayer Aspirin Regimen Children's Chewable Aspirin (Orange or Cherry Flavored)	Bayer Aspirin Regimen 81 mg. Tablets with Calcium	Bayer Extra Strength Plus Caplets	Bayer Extra Strength PM Aspirin Plus Sleep Aid	Bayer Therapy (Bayer)	
BC	BC Powder	BC Allergy Sinus Cold Powder	BC Arthritis Strength Powder	BC Sinus Cold Powder (Block)		

Bufferin	Bufferin Analgesic Tablets (Bristol-Myers)		
Doan's	Doan's Extra Strength Analgesic Caplets	Doan's Regular Strength Analgesic Caplets	Doan's Extra Strength PM (Novartis)
Dristan	Dristan Regular	Dristan Formula P (Whitehall Robins)	
Ecotrin	Ecotrin Enteric Coated Aspirin Low Strength Tablets	Ecotrin Enteric Coated Aspirin Maximum Strength Tablets	Ecotrin Enteric Coated Aspirin Regular Strength Tablets (SK Beecham)
Excedrin	Excedrin Extra Strength Analgesic Tablets, Caplets and Geltabs	Excedrin Migraine Tablets (Bristol-Myers)	
Goody's	Goody's Extra Strength Headache Powder	Goody's Extra Strength Pain Relief Tablets (Block)	
Kaopectate	Kaopectate New & Improved	Childrens Cherry Flavor (Pharmacia)	
Norwich	Norwich Aspirin (Chattem)		
Pamprin	Pamprin Maximum Cramp Relief Two Pain Relievers Caplets (Chattem)		
Pepto-Bismol	Pepto-Bismol Original Liquid, Original and Cherry Tablets, and Easy-to-Swallow	Pepto-Bismol Maximum Strength Liquid (Proctor &	

	Caplets	Gamble)
Sine-Off	Sine-Off Sinus Medicine (Hogil Pharmaceutical)	
St. Joseph	St. Joseph Adult Chewable Aspirin Tablets (Schering-Plough)	
Vanquish	Vanquish Analgesic Caplets (Bayer)	
YSP	YSP Aspirin Capsules (Carlsbad Technology)	

Topical Products

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The following topical products are listed as they also contain forms of salicylates. While these products are not ingested through the mouth, certain ingredients may be absorbed through the skin and therefore a potential risk where Reye's Syndrome is concerned. Be sure to check ingredient labels. These products are not ingested and as such, not required to carry the aspirin warning.

Acne Cleaners

Acne Creams

Arthritis Pain Rubs

Astringents

Dandruff Shampoos

Exfoliating Moisturizers

Facial Scrubs

Facial Masques

Muscle Pain Relief Creams

Sport Strength Sun Block

Wart Removers

Wintergreen Scented Oils

Prescription Products

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Acuprin 81	Adult Low Dose Aspirin (Richwood)	
Aggrenox	Capsules (Boehringer-Ingelheim)	
Butalbital	Aspirin, Caffeine and Codeine Phosphate Capsules, USP (Watson)	
Carisoprodol	Carisoprodol and Aspirin Tablets (Par)	
Darvon	Compound-65 (Lilly)	
Disalcid	Capsules and Tablets (3M)	
Easprin	Delayed-Release Tablets (Lotus Biochemical)	
Endodan	Tablets, USP CII (Endo Generics)	
Equagesic	Tablets (Wyeth-Ayerst)	
Fiorinal	Capsules and Tablets	With Codeine Capsules (Novartis)
Fiortal	With Codeine Capsules (Geneva)	
Gelpirin	Tablets (Alra)	
Halfprin	Tablets (Kramer)	
Helidac	Helidac Therapy (Prometheus Labs)	
Lobac	Capsules and Tablets (Seatrace)	

Lortab	ASA Tablets (UCB)	
Magan	Tablets (Savage)	
Magsal	Tablets (U.S.)	
Methocarbamol	Methocarbamol and Aspirin Tablets (Par)	
Mono-Gesic	Tablets (Schwarz)	
Norgesic	Tablets	Forte Tablets (3M)
Percodan	Tablets (Endo Labs)	
Propoxyphene	Compound 65 Capsules (CIU) (Teva)	
Robaxisal	Tablets (Robins)	
Roxiprin	Tablets (Roxane)	
Salflex	Tablets (Carnrick)	
Salsalate	Tablets (Duramed)	
Soma	Compound Tablets	Compound with Codeine Tablets (Wallace)
Synalgos-DC	Capsules (Wyeth-Ayerst)	
Talwin	Compound (Sanofi-Winthrop)	
Trilisate	Liquid and Tablets (Purdue Frederick)	

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Telephone: 1-419-636-2679
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Keep in a handy place for easy reference.
Please copy and pass on.

* REYE'S SYNDROME *

Reye's Syndrome is a very serious disease that you should know about. Some people develop Reye's Syndrome as they are getting over a viral illness, such as the flu or chicken pox. Reye's Syndrome usually affects people from infancy through young adulthood; however, **no age group is immune.** Although Reye's generally occurs when someone is recovering from any viral illness, it can develop 3 to 5 days after the onset of the illness. Its main targets are the liver and brain, it is noncontagious, and too often is misdiagnosed as encephalitis, meningitis, diabetes, poisoning, drug overdose, or sudden infant death.

Early diagnosis is crucial. An individual should be watched during the next 2 to 3 weeks following a viral illness for these symptoms, usually occurring in this order:

*Relentless or continuous vomiting
*Listlessness *(loss of pep and energy with little interest in their environment)*
*Drowsiness *(excessive sleepiness)*
*Personality change *(such as irritability, slurred speech, sensitivity to touch)*
*Disorientation or confusion *(unable to identify whereabouts, family members, or answer questions)*
*Combativeness *(striking out at those trying to help them)*
*Delirium, convulsions, or loss of consciousness

Reye's Syndrome should be suspected in anyone who vomits repeatedly. Phone your doctor immediately if these symptoms develop. Voice your concern about Reye's Syndrome. If your physician is unavailable, take the person to an Emergency Room promptly. Two liver function tests (SGOT, SGPT) can be done to determine the possibility of Reye's Syndrome. There is a 90% chance of recovery when the syndrome is treated in its earliest stages by physicians and nurses experienced in the treatment of Reye's.

Studies have shown that using aspirin or aspirin-containing medications to treat the symptoms of viral illnesses increases the chance of developing Reye's Syndrome. If you or a member of your family have a viral illness, **do not use aspirin or aspirin-containing medications.** In fact, you should consult your physician before you take any drugs, particularly aspirin or anti-nausea medicines, to treat the flu, chicken pox, or any viral illness. Anti-nausea medicines may mask the symptoms of Reye's Syndrome.

The National Reye's Syndrome Foundation (NRSF), the U.S. Surgeon General, the Food and Drug Administration, and the Centers for Disease Control and Prevention recommend that aspirin and combination products containing aspirin not be taken by anyone under 19 years of age during fever-causing illnesses.

Aspirin is a part of the salicylate family of medicines. Another name for aspirin is acetylsalicylate; some drug labels may use the words acetylsalicylate, acetylsalicylic acid, salicylic acid, salicylate, etc., instead of the word aspirin. Currently, there is no conclusive data as to whether other forms of salicylates are associated with the development of Reye's Syndrome. Until further research has answered this question, the NRSF recommends that products containing any of these substances not be taken during episodes of viral infections.

The NRSF is a nonprofit, tax-exempt organization with affiliates located in 44 states. The NRSF has pioneered the movement to disseminate knowledge about the disease in an effort to aid in early diagnosis and also provides funds for research into the cause, cure, care, treatment, and prevention of Reye's Syndrome.

For additional information, please contact:

National Reye's Syndrome Foundation
P.O. Box 829, Bryan, Ohio 43506-0829
1-800-233-7393 or 419-636-2679
Fax: 419-636-9897
E-mail:nrsf@reyessyndrome.org
Website: http://www.reyessyndrome.org

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Protocol for Students with Medications and Other Medical Needs during DAEP

OBJECTIVE:
To assure consistent medical regimen is followed, as prescribed by a physician, during DAEP assignment.

Preparation for DAEP assignment **shall include** notification of Health Services staff so that they can plan for medication and other nursing procedures that are provided for the student during the school day.

If student is assigned to DAEP at home campus:

- Medications will continue to be provided by campus nurse.
- Medication permission slips are kept on file in campus clinic and nurse assesses the appropriateness of the medication and dosage.
- DAEP teacher notifies nurse when student is leaving DAEP to come to clinic. Nurse notifies DAEP teacher when student is returning to DAEP.
- If student cannot leave DAEP to come to clinic, nurse brings medication to student at scheduled time.
- If nurse is unable to bring medication to DAEP, principal's designee will give the medications and keep proper documentation on medication log while student is in DAEP. The mediation is kept in a locked cabinet. The principal's designee has been oriented in the proper medication procedure by campus nurse. This orientation should include epi-pen or other emergency medications which may have to be given before nurse arrives when summoned for an emergent condition.

If student is assigned to DAEP at an off campus site where ISD Health Services staff are available;

- Parent or campus administrator delivers medication to DAEP campus.
- Home campus nurse notifies DAEP campus nurse that the student being sent to DAEP has medications and/or daily nursing procedures.
- A copy of the health history card, the medication permission slips, medication logs, emergency plans and any other pertinent information is given to the DAEP campus nurse.
- Campus nurse will conduct and document pill counts on controlled substances before leaving home campus and when received at the DAEP campus delivered by either campus administrator or parent.
- Medication permission slips are kept on file in campus clinic and nurse assesses the appropriateness of the medication and dosage.

- DAEP teacher notifies nurse when student is leaving DAEP to come to clinic. Nurse notifies DAEP teacher when student is returning to DAEP.

- If student cannot leave DAEP to come to clinic, nurse brings medication to student at scheduled time.

- If nurse is unable to bring medication to DAEP, principal's designee will give the medications and keep proper documentation on medication log while student is in DAEP. The medication is kept in a locked cabinet. The principal's designee has been oriented in the proper medication procedure by campus nurse. This orientation should include epi-pen or other emergency medication which may have to be given before nurse arrives when summoned for an emergent condition.

If medication prescription is changed while in attendance at DAEP site:

- DAEP campus nurse documents the change appropriately after assessing that the changes are safe.

- If it is a new medication, the nurse should give the first dose, at least, to observe for any potential side effects. Clarification is established as to whether the new medication is to be given in addition to or in place of current medication regiment.

- Pill count should be conducted and documented. Parent signs medication permission slip for new medication and regular procedure for medications in DAEP setting is followed.

When student is returning to home campus:

- Medications are turned into the clinic if they have been kept in the DAEP classroom.

- Book bag is marked SEE NURSE so that medications can be picked up from DAEP campus clinic and returned to home campus.

- DAEP nurse conducts final pill count on controlled substances.

- DAEP nurse notifies nurse at home campus that medications are being returned. All documentation is returned with medications for home campus nurse to file with home campus health records.

- Home campus nurse conducts pill count on controlled substance when medications are received from campus administrator or parent and files documentation appropriately.

If student is assigned to DAEP at an off campus site where ISD HEALTH Services staff are NOT available.

- DAEP staff will give the medications and keep proper documentation on medication log while student is in DAEP.

- The medication is kept in a locked cabinet.

- The principal's designee has been oriented in the proper medication procedure by campus nurse assigned to supervise that campus. This orientation should include epi-pen or other emergency medications which may have to be given before nurse arrives when summoned for an emergent condition.

- Campus nurse assigned to supervise DAEP campus will be on call for emergencies.

When student is returning to home campus fro DAEP site not staffed by ____ ISD Health Services:

- DAEP staff notifies nurse at home campus that medications are being returned.

- All documentation is returned with medications for home campus nurse to file with home campus health records.

- Home campus nurse conducts pill count on controlled substances when medications are received from campus administrator or parent and files appropriate documentation.

Specialized procedures other than medications should be conducted by ____ ISD Health Services staff:

- If DAEP campus has _____ISD health Services staff then DAEP campus nurse will conduct procedure.

- If DAEP campus does not have _____ISD Health Services staff member on site, then home campus nurse will be responsible for conducting the procedure.

Emergency Protocol for
Ingestion of Drugs of Unknown Origin

Objective: To assure that immediate medical attention is provided to prevent further damage of medications that were ingested.

When a student admits recent ingestion of drugs of unknown origin, the campus Health Services staff person will conduct a physical and neurological assessment to determine emergent status of individual. Due to the potential of side effects due to drug interaction, amount ingested and individual medical and mental history, immediate assessment is required.

- If student's condition is determined to be emergent or urgent, 911 will be called immediately. Parents will be notified and advised of the ambulance transport.
- If the student's condition is determined to be non-urgent, parents and or parent designee will be notified as soon as they can be reached by phone and a request for further physician evaluation will be made.
- _____ISD Security brought the student to the clinic for evaluation, the campus nurse who did the assessment will notify security and campus administration of whether student's condition is urgent, emergent or non-urgent.

IMPORTANT MEDICATION NOTICE

****

Dear Parent/Guardian:

If the school has medication for your child in the clinic, please make arrangements to have the medicine taken home. After_____, all medications left at the school will be disposed of as per _____ ISD policy.

Thank you,

_____
School Nurse

AVISO IMPORTANTE SOBRE MEDICAMENTO

****

Querido Padr/Guardian:

Si tenemos medicamento para su niño(a) en la clinica, favor haga los arreglos necesarios para que usted o su niño(a) lo recoja a las _____.
Si no lo recoge durante la fecha mencionada arriba, tendremos que disponer de este medicina por la poliza de _____ISD.

Gracias,

_____
Enfermera de la escuela

Confidentiality

Student Health Information

Student's Name | Date of Birth | ID# | Grade | Teacher

Mother's Name | Work Number | Home Number | Other (Beeper, Cellular, etc.)

Father's Name | Work Number | Home Number | Other (Beeper, Cellular, etc.)

Person to notify in an emergency if unable to reach parent:

Name | Relationship | Phone Number

I, the undersigned, do hereby authorize _____ISD to contact directly the person named on this form, and authorize the named physician to render treatment as may be deemed necessary in an emergency, for the health of said child. I also give permission for the School Nurse to contact Dr._____with any questions regarding the health care of my child, and for the School Nurse to share the following information with classroom teachers, or others who will be caring for my child while he/she is in school attendance.

Parent/Guardian Signature_____ Date_____

List any medications that your child takes at home or at school: _____

_____

Asthma:_____ Mild_____ Moderate _____Severe Allergies (Insect bites, food, etc.)_____

_____

Seizure disorder? _____ Type of seizures_____ Date of last seizure_____

Vision problems: _____Hearing Problems: _____

Other significant health problems that you feel we should know about: _____

_____

HIPAA and Confidentiality

A student's health condition is very private. HIPPA compliance is required by all staff. Do not discuss a student's health condition casually, only on a "need to know" basis. Before discussing, it would be highly recommended that you check with the campus nurse to make sure a HIPAA compliance form has been signed.

Thanks,

Nurse_____/Nurse_____

_____ISD School Health Services

Dear Parent/Guardian:

The Health Insurance Portability and Accountability Act (HIPPA) of 1996 was amended in April 2003. In order to adhere to the amendment _____ISD Health Services must now do two things:

1. Receive "authorization for release of protected health information" from each parent regarding your child.

2. Provide parents with a 'HIPPA notice of privacy acts"

Please sign and date both forms and return to your campus nurse as soon as possible. You may keep a copy of the "HIPPA notice of privacy practices" for your records. Feel free to contact your campus nurse if you have questions.

Departamento de Servicios Para La Salud de
_____ISD

Estmado Padre/Madre/Tutor:

El Acta de la Transportabilidad y Responsabilidad del Seguro de enfermedad (HIPPA) de 1996 fue ammendada en abril des 2003. En orden de seguir los nuevos reglamentos, el departamento de Servicios para la Salud de _____ISD deberá de hacer dos cosas:

1. Recibir por parte de cada padre la "autorización para la revelación de información protegida de salud" relacionado con su niño(a).

2. Proporcionar a padres con una "noticia de HIPPA de las acciones de privacidad"

Favor de firmar y fechar las dos formas y devolverlas a la enfermera de la escuela lo más pronto possible. Favor de quedarse con una copia de la "noticia de HIPPA de las acciones de privacidad" para sus archivos. Comuníquese con la enfermera de la escuela en caso de alguna pregunta.

_____Independent School District
Health Services Department

Authorization for Release of Protected Health Information (2)

This authorization is provided in accordance with the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Standards") issued under the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"), that went into effect on April, 2003.

I, _____, am the parent/guardian
Name of Parent/Guardian
of _____ the individual receiving treatment and I hereby
Name of Student
authorize the use or disclosure of his or her protected health information as described in this Authorization.

This document authorizes the staff of _____ to receive health information,
Name of Campus
on a "need to know" basis, with the intent of providing consistent and quality health care assistance, while in attendance at this specified campus and field trips which have been parent authorized.

The campus nurse can receive and send communication regarding any medical examination reports and conclusions, to and/or from the student's healthcare provider, when such knowledge would impact the health care of this student while attending school.

This specified information will be used for the purpose of providing appropriate health care for this student, classroom modifications, other campus activities and emergency response.

Right to revoke: I understand that I have the right to revoke this Authorization at any time by notifying the school, in writing. I understand that the revocation is only effective after it is received and logged by campus nurse or authorized designee. I understand that I cannot revoke this Authorization to the extent that the school has taken action in reliance of this Authorization.

I understand that this Authorization is not required for _____ISD to use or disclose this information for purposes of treatment, or if the use or disclosure is otherwise permitted by the Privacy Standards, and that any revocation of this Authorization will have no effect on such uses or disclosures.

I understand that I am entitled to receive a copy of this Authorization.

I understand that this Release of Information Form can be reviewed in 6 months.

_____ _____
Date Parent/Guardian

_____Independent School District
Health Services Department

Autorización Para Revelar Información Protegida de Salud (2)

Esta Autorición es proporcionada de acuerdo con los Estándares para la Privacidad de Información de Salud Individualmente Identifcable (Estándares de Privacidad) que fueron publicados bajo el Acta De Transportabilidad y Responsabilidad de Seguro de enfermedad de 1996, amendada ("HIPAA"), y que entró en vigor en abril del 2003.

Yo, _____, soy el padre/madre/tutor
Nombre del Padre/Madre/Tutor

De _____, de la persona que recibe tratamiento y
Nombre del Estudiante

autorizo el uso y revelación de su información de salud protegida como lo describe esta Autorización.

Este documento autoriza al personal de _____ para recibir información de salud,
Nombre de la Escuela

en base a la"necesidad de saber", con la intención de proporcionar ayuda constante y asistencia médica de calidad, mientras atienda esta escuela y durante los viajes de estudio autorizados por el padre/madre/tutor.

La enfermera de la escuela podrá recibir y enviar correspondencia con respecto a caulquier resultado de examenes médicos y sus conclusiones para el/o del proveedor de asistencia médica del estudiante, cuando tal conocimiento impactaría la asistencia médica de estudiante, mientras asiste a la escuela.

Esta información específica se utilizará con el propósito de proporcionar asistencia médica apropiada al estudiante, modificaciones de salón de clase, otras actividades escolares y pronta respuesta a emergencias.

Derecho a Revocar: Entiendo que tengo el derecho a revocar esta Autorización en cualquier momento, notificando por escrito a la escuela. Entiendo que la revocación sólo sera efectiva después de haber sido recibida por la enfermera de la escuela o su designado autorizado. Entiendo que no puedo revocar esta Autorización hasta que la escuela haya tomado medidas de confianza de esta Autoricazión.

Entiendo que esta Autorización no es requerida por _____ISD para el uso y revelación de esta información por razones de tratamiento, o si el uso y revelación es permitida por otro motivo de los Estándares de Privacidad, y que ninguna revocación de esta Autorización no tendrá efecto en tales usos ni revalaciones.

Entiendo que tengo el derecho de recibir una copia de esta Autorización.

Entiendo que esta forma de Revelación de Información podrá ser revisada en seis meses.

_____ _____
Fecha Padre/Madre/Tutor

SIGNIFICANT HEALTH INFORMATION SHEET

Student Name:_____ID#_____Date of Birth:_____

Age of student at onset of condition:_____Date last seen by primary health care provider:_____

Primary Health Care Provider_____

PHC Address:_____Phone #_____

Description of condition/course of treatment:_____

_____

_____

_____

_____

Summary of treatment:_____

_____

Other significant illnesses:_____

_____

Significant Emergency Information

Preferred Hospital:_____

What constitutes a medical emergency for this child?_____

_____

_____

What orders, supplies, or medications are needed for medical emergencies for this student's condition.?_____

_____

_____

_____

FORM #6036

INDEPENDENT SCHOOL DISTRICT

PERMANENT HEALTH RECORD

NAME _____
LAST FIRST MIDDLE

ID# _____ DOB _____ SEX _____

PARENT/GUARDIAN _____

IMMUNIZATIONS

DATE	VACCINE	DATE	VACCINE	DATE	VACCINE
	DTP/DTaP/DT/Td		MMR		HEPATITIS A
	DTP/DTaP/DT/Td		MMR		HEPATITIS A
	DTP/DTaP/DT/Td				
	DTP/DTaP/DT/Td		MEASLES		VARICELLA
	DTP/DTaP/DT/Td		MUMPS		Hx of Chickenpox DS
			RUBELLA		
	POLIO				HIB
	POLIO		HEPATITIS B		HIB
	POLIO		HEPATITIS B		HIB
	POLIO		HEPATITIS B		HIB

VALIDATION:

DATE	Grade	DENTAL		VISION				HEARING					ACANTHOSIS NIGRACANS		SCOLIOSIS		SIGNATURE
		DATE	RESULTS	DATE	RT	LT	RESULTS	DATE	1000	2000	4000	RESULTS	DATE	RESULTS	DATE	RESULTS	
					20	20			R								ht._____ wt._____
									L								
					20	20			R								ht._____ wt._____
									L								
					20	20			R								ht._____ wt._____
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									L								
					20	20			R								ht._____ wt._____
									L								
					20	20			R								ht._____ wt._____
									L								
					20	20			R								ht._____ wt._____
									L								

Nurses Notes

Nurses Notes

DATE	Grade	DENTAL		VISION				HEARING					ACANTHOSIS NIGRACANS		SCOLIOSIS		SIGNATURE
		DATE	RESULTS	DATE	RT	LT	RESULTS	DATE	1000	2000	4000	RESULTS	DATE	RESULTS	DATE	RESULTS	
					20	20			R								ht._____ wt._____
									L								
					20	20			R								ht._____ wt._____
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					20	20			R								ht._____ wt._____
									L								

Nurses Notes

Nurses Notes

CONFIDENTIALITY IN THE SCHOOL SETTING

Scenaro 1:

A student comes to the nurse and says that she is pregnant. The nurse encourages her to tell her parents so that she can get prenatal care. The student refuses. The nurse says that she is going to contact the parent if the student does not in two weeks. The student states that she will sue the nurse if she does.

Confidentiality Standard: A minor can consent for prenatal or STD care without parental consent. 42 CFR §59.5(a)(4); 42 USCA §1396d(a)(4)(C); Texas Family Code §32.003

Recommendation: If a student wants to share information with you and asks you not to disclose the information to anyone, our response should be, "I am glad that you want to share this information with me. I will listen, however, I will be obligated to inform those that can help you, beyond my services, including parents, if the information you are about to share with me would possibly cause you or someone else any harm. Can you tell me why you do not want your parents to know?"
You should also be aware that if the case involves sexual abuse, such as incest, that the offending parent would not be informed, but it should be referred to Child Protective Services.

Scenario 2:

A secretary notices a student with circular lesions on her forearm, suspects child abuse because they look like cigarette burns, and sends her to the nurse,. The nurse contacts the parent who, in turn, takes the child to a physician. The physician diagnoses the child with a specific skin disorder and treats it. In the meantime, the secretary continues to discuss her suspicions of cigarette burns with others in the office, until several people are aware of the situation. Someone tells the parents about the secretary's accusations. The parent approaches the nurse and requests that the accusations cease.

Confidentiality Standard: Confidentiality provisions help protect families from embarrassing disclosures, discrimination against themselves or their children, differential treatment and threats to family and job security. (See School policy regarding FERPA, HIPAA) Anyone suspecting child abuse is obligated to report, but the report should still remain confidential. (Texas Family Code, Chapter 261)

Recommendation: A confidentiality provision is not a blanket prohibition against school staff talking together to coordinate services, in a private setting, on a "need to know" basis. Sharing information that does not serve the purpose of being in the student or the family's best interest, should be kept confidential.

CONFIDENTIALITY IN THE SCHOOL SETTING

Scenario 3:

A teacher reports to the nurse that one of her 5th grade students is claiming to be pregnant by a 7th grade boy. Both students and faculty are talking about it. The nurse asks the 5th grade student if the rumors are true. The student denies it. The principal insists that the nurse call the student's parent and tell her that her daughter may be pregnant, The nurse does what the principal has requested, but is afraid that she has broken confidentiality.

Confidentiality Standard: Educators are free to share information with agencies or individuals regarding the best interest of the student or family and on a "need to know" basis. Personal observation, not hearsay, should direct our referrals with other agencies or personnel. The duty to warn outweighs the need to maintain confidentiality if there is a potential for harm to the person or others.

Recommendation: The student is not obligated to reveal personal information, such as sexual activity to school personnel. The nurse did not "break confidentiality" because she was not "confided in." The parent could be informed of rumors that were impacting her child's learning environment. This could take on other avenues, if it is found to malicious gossip due to be a victim of bullying or if the student started the story, what her intention was with spreading such information. No adult, in this situation, had any knowledge that the student was actually pregnant. If not handled in a supportive manner with student and parent, the student is not likely to see confidential assistance in the future.

Scenario 4:

A teacher tells a bus driver that a student has a rash. The bus driver refuses to take the student to school because he/she thinks the student might be contagious. The nurse had not seen the student, nor had a physician, so there was no diagnosis of a contagious rash and no recommendation for exclusion from school.

Confidentiality Standard: The teacher, nor the bus driver, are qualified to determine if a rash is contagious or not. No exclusion from school was requested by medical personnel or family. Confidentiality prevents the improper dissemination of information about students and families that increase the likelihood of discrimination against them. Refusal to provide school bus transportation, based on hearsay, is unacceptable.

Recommendation: If a rash is observed by school personnel, parents should be notified and request a diagnosis from a physician. A request for exclusion from school, by the physician, can be shared at the time of the official diagnosis, and a release to return to school should be issued, also. Not all rashes are contagious.

CONFIDENTIALITY IN THE SCHOOL SETTING

Scenario 5:

A new student registers at school. He gives his records to his new teacher. The records include his immunization record, which states that he is "exempt from further immunizations due to an auto-immune disease." The teacher is in the Teacher's Lounge sharing the news about her new student with other teachers. She states that she refuses to have that student in her class because that probably means the student has HIV and she is pregnant and does not want her baby to get it.

Confidentiality Standard: Sharing the HIV status of another person with others without their permission is breaking a confidentiality law and illegal. HIV does not spread by casual contact. BBP precautions should be practiced with all student at all times. There are many auto-immune conditions, beside HIV.

Recommendation: Health Services can approach the parent regarding the immune disorder, to see if there are any precautions to take to protect the student. By the parent sharing the diagnosis and implications, the staff may be informed on a "need to know" basis, with parent permission.

Acute Care

Campus Nurse - Provide pre-hospital care in the school setting until help arrives

- Take "Crash" kit to scene
- Assess safety before entering trauma scene
- Distinguish emergent situation from myriad of complaints
- Call for the most appropriate help
- If multiple casualty, assign person to write down names of inured and give short assessment statement to be taken to administrator upon completion
- Manage the emergency care until relieved by emergency medical personnel, including maintaining airway, breathing, c-spine and control bleeding
- Gather student medications and medial alert listings in case of an evacuation, also provide special assistance for students that are handicapped or have other needs
- Follow-up with parents and health care provider

Health Services Supervisor – Facilitate a coordinated nursing response to assure quality care in the broadest scope required

- Assist campus nurse as needed
- Assign additional school health personnel and materials as needed to the trauma scene or to the alternate site to receive students and faculty that require non-urgent care until parents arrive
- Alert other campus nurses whose campus may also be affected by the crisis
- Establish and maintain lines of communication with hospital staff and primary care providers to assure up to date and accurate information on health status of victims
- Coordinate release of information and permission to treat forms for the injured if all emergent cases are being treated
- Debrief with health services staff that assisted following the incident
- Coordinate with Guidance and Counseling Dept. to provide post trauma care and counseling
- Report all findings to principal/superintendent

Assessment Tips

As the student walk in:

- Color
- Gait
- Posture
- Facial Expression
- Eyes
- Diaphoresis

90 Second Assessment

S – Signs and symptoms
A – Allergies
M – Medications
P – Past medical history
L – Last meal
E – Expectations

Orthopedic Injury Assessment

- Functionality
- Color/Temp/Refill
- Weight Bearing
- Resistance strength
- Range of motion
- Pain
- Pallor
- Parasthesia
- Paralysis

If the limb is functional, it isn't a medical emergency requiring medical transport to an ER.

REMEMBER: Documentation of findings proves that you did the assessment.

Accident Reports

Whenever you are the witness for an accident, or incident, such as seizure, then you are responsible for completing an accident report form. You will need to report how the injury occurred. The highlighted portion of the following page is where you will document how the accident occurred while student was under your supervision. There are extra forms located in the back pocket of your clinic handbook.

ACCIDENT/911 INCIDENT REPORT

TYPE OF INCIDENT: ___ACCIDENT ___CALLED 911___CHRONIC HEALTH RELATED___EMERGENT CONDITION OF SUDDEN ONSET___OTHER

NAME OF INJURED/ILL_____STUDENT ID#_____ D.O.B.:_____

CAMPUS:_____KNOWN ALLERGIES:_____

CLASSIFICATION OF INJURED/ILL(circle one): student teacher staff member parent other:_____

DATE OF INCIDENT:_____LOCATION OF INCIDENT:_____

DESCRIPTION OF INCIDENT AND ITS IMPACT ON STUDENT:

_____

_____

_____

_

Name of person in charge when accident occurred: _____

TRIAGE REPORT

DATE:_____TIME:_____

Primary complaint:_____

Please circle one: A V P U

PERRLA: Normal_____ Abnormal findings_____

ROM: Normal_____ Abnormal findings_____

INJURY: indicate type of injury, i.e. laceration, fracture, burn; describe specific location, i.e. right, left, upper, lower, side, back, specific digit

Check location of injury		Rt/Lt	Type of injury and Description	Pain Scale for each site 1 2 3 4 5 6 7 8 9 10	Vital Signs
Head					BP
Face					Pulse
Eye					Resp
Neck					
Chest					
Back					
Shoulder					
Collar Bone					
Arm					
Wrist					
Hand					
Finger					
Leg					
Ankle					
Foot					
Other					

EMOTIONAL STATE: CALM___, UNRESPONSIVE__, AGITATED___, DISORIENTED____

OTHER (please describe)_____

TRIAGE ASSESSMENT: URGENT _____ EMERGENT____ NON-URGENT___ NO INJURY____

CARE GIVEN AFTER TRIAGE:_____

_____

CARE CONDUCTED BY:_____

Signature

RESOLUTION: NAME OF STAFF MEMBER WHO CALLED:

	RETURN TO CLASS	PERSON CONTACTED:			
	GOING HOME	PHONE NUMBER:			
	PARENT TRANSPORT TO PHYSICIAN	TIME CONTACTED:			
	TRANSPORTED TO HOSPITAL BY EMS		IN PERSON		ANSWERING MACHINE

PHYSICIAN'S DIAGNOSIS:_____ # DAYS LOST FROM SCHOOL:_____

CAMPUS PREVENTION STRATEGY:_____

_____

PRINCIPAL'S SIGNATURE:_____

_____ISD – Documentation of Injury Management/Vital Signs

Patient's Last Name:_____ First Name: _____
Date:_____ Campus: _____

Vital Signs				Injury Management
Pulse/Time	Pulse/Time	Pulse/Time	Pulse/Time	__CPR __Would Management __Shock Management __First Aid
Resp./Time	Resp./Time	Resp./Time	Resp./Time	__CPR __Would Management __Shock Management __First Aid
AVPU/Time	AVPU/Time	AVPU/Time	AVPU/Time	__CPR __Would Management __Shock Management __First Aid
A = Awake V = Responds to Verbal Stimuli P = Responds to painful stimuli U = Unresponsive				RN/LVN/First Responder Signature:

Transported to: _____ By: _____

Sent Home Per: (Name) _____

Patient's Last Name:_____ First Name: _____
Date:_____ Campus: _____

Vital Signs				Injury Management
Pulse/Time	Pulse/Time	Pulse/Time	Pulse/Time	__CPR __Would Management __Shock Management __First Aid
Resp./Time	Resp./Time	Resp./Time	Resp./Time	__CPR __Would Management __Shock Management __First Aid
AVPU/Time	AVPU/Time	AVPU/Time	AVPU/Time	__CPR __Would Management __Shock Management __First Aid
A = Awake V = Responds to Verbal Stimuli P = Responds to painful stimuli U = Unresponsive				RN/LVN/First Responder Signature:

Transported to: _____ By: _____

Sent Home Per: (Name) _____

BBP
Bloodborne Pathogens

Bloodborne Pathogens

Bloodborne Pathogens are microorganisms such as viruses or bacteria that are carried in blood and can cause disease in people.

Bloodborne Pathogens may include:

- Malaria
- Syphilis
- Brucellosis
- Hepatitis B
- Human Immunodeficiency Virus

Bloodborne Pathogens can be transmitted through contact with infected human blood and other potentially infectious body fluids

Infected body fluids can transmit the pathogen(s) through:

- Accidental puncture from contaminated needles, broken glass or other sharps
- Broken or damaged skin (open sores, cuts, abrasions, acne, blisters)
- Mucous membranes of the mouth, eyes or nose

ALWAYS WEAR GLOVES**IN ALL EMERGENCY SITURATIONS INVOLVING BLOOD OR POTENTIALLY INFECTIOUS MATERIALS TO TRY TO MINIMIZE YOUR EXPOSURE. REMOVE GLOVES INSIDE OUT AND DISPOSE OF THEM. WASH HANDS THOROUGHLY WITH SOAP AND RUNNING WATER FOR AT LEAST 15 SECONDS.

If you are exposed:

- Wash the exposed area thoroughly with non-abrasive, anti-bacterial soap and running water.
- If blood has splashed in the eye or mucous membrane, flush the affected area with running water for at least 15 minutes.
- Report the exposure to your supervisor as soon as possible. Fill out an exposure report form.

**If you are latex sensitive or have a student with a latex allergy, please notify health services. Vinyl gloves are available.

Guidelines for Handling Blood and Other Body Fluids in Schools

- Wear disposable, waterproof gloves.
- Dispose of the gloves used in a plastic bag or lined trash can, secured and dispose of daily.
- Wash hands for 10 seconds with soap and warm running water after disposing of used gloves.
- If gloves are not available, wash your hands and other affected skin for 10 seconds with soap and warm running water after direct contact has ended. (Wiping a runny nose does not pose a risk for HIV transmission.)
- Handle contaminated disposable items (tissues, paper towels, and diapers for example) with gloves and dispose of these items in the same manner as used gloves.
- **Handwashing:**
  Soap and warm water and vigorous washing under a stream of running water for approximately 10 seconds. Rinse hands under running water and dry thoroughly with paper towels or a blow dryer.
- **Disinfectants:**
  99 parts water to 1 part household bleach (1/4 cup bleach to one gallon of water) or EPA-registered germicide will destroy HIV, and should be used to clean all body fluid spills.
- **Disinfecting hard surfaces and equipment:**
  After removing the soil, apply germicide (bleach/water solution) to the equipment used. Soak mops in this solution after use and rinse thoroughly with warm water. Non-disposable cleaning equipment such as dustpans and buckets should be rinsed in germicide solution.
- **Laundry instructions for soiled clothing:**
  Launder clothes with soap and water to eliminate infectious agents. The addition of bleach will further reduce number of potential infectious agents. Pre-soaking may be required for heavily soiled clothing.

The ABC's of Viral Hepatitis

	Hepatitis A (HAV)	Hepatitis B (HBV)	Hepatitis C (HCV)
What is it?	HAV is a virus that causes inflammation of the liver. It does not lead to chronic disease.	HBV is a virus that causes inflammation of the liver. The virus can cause liver cell damage, leading to cirrhosis and cancer.	HCV is a virus that causes inflammation of the liver. This infection can lead to cirrhosis and cancer.
Incubation period (time from exposure to illness)	15 to 50 days Average 30 days	4 to 25 weeks. Average 8 to 12 weeks.	2 to 25 weeks. Average 7 to 9 weeks.
How is it spread?	Transmitted by fecal/oral route, through close person to person contact (changing diapers without good handwashing), anal-oral sex, or ingestion of contaminated food and water.	Contact with infected blood, seminal fluid, vaginal secretions, contaminated needles, including tattoo/body piercing tools. Infected mother to newborn. Human bite. Sexual contact.	Contact with infected blood, contaminated IV needles, razors and tattoo/body piercing tools. Infected mother to newborn. NOT easily spread through sex.
Symptoms	May have none, especially young children. Symptoms may include light stools, dark urine, fatigue, fever, and jaundice (yellow skin). Jaundice by age group: < 6yrs: < 10% 6-14 yrs: 40-50% > 14 yrs: 70-80%	May have none, especially young children. Some persons have mild flu-like symptoms, dark urine, light stools, jaundice, fatigue and fever. Jaundice by age group: < 5 yrs: < 10% ≥ 5 yrs: 30-50%	If have symptoms, similar as with HBV. Between 30 to 40% with acute HCV develop symptoms and 20 to 30% develop jaundice.
Percent who develop chronic disease	None	Varies by age of onset of infection. < 5 yrs: 30%-90% ≥ 5 yrs: 2%-10%	75%-85%

	Hepatitis A (HAV)	Hepatitis B (HBV)	Hepatitis C (HCV)
Treatment of chronic disease	Not applicable	Anti-virals with varying success. Therapy is expensive.	Interferon alone or in combination with ribavirin with varying success. Therapy is expensive.
Vaccine	Two doses of vaccine to anyone over the age of two. Vaccine is recommended for children who live in communities that have high rates of hepatitis A.	Three doses of vaccine to all children and high risk adults.	No vaccine available.
Who is at risk?	Household or sexual contact with an infected person or living in an area with HAV outbreak. Easily spread in daycares with diapered children. Travelers to developing countries, men who have sex with men, IV drug users.	Infant born to infected mother, having sex with infected person or multiple partners, IV drug users, health care workers, men who have sex with men, and hemodialysis patients.	Anyone who had a blood transfusion prior to 1992. Contact with infected blood or contaminated needles. Infants born to infected mother, and having multiple sex partners.
Prevention	Immune globulin (IG) within 2 weeks of exposure. Vaccination. Washing hands with soap and water after using the toilet. Use household bleach to clean surfaces contaminated with feces, such as changing tables. Safe sex.	Hepatitis B immune globulin (HBIG) after known exposure. Vaccination. Safe sex. Clean up blood with bleach and wear gloves. Do not share razors, toothbrushes, needles.	Clean up spilled blood with bleach and wear gloves when touching blood. Do not share razors, toothbrushes, or needles. Safe sex.

(JDB 1/99)

Protocol For Handling Containers of Unknown Substances

Objective:

1. To assure that personnel are not exposed to harmful substances
2. To prevent destruction of evidence in a possible crime Scene

Discovery of a container of an unknown substance (powder, liquid, body fluid or flammable) should be reported to principal and _____ISD police immediately.

The container should not be moved or touched in any manner.

The container should be isolated until _____ISD police arrive, no one should be allowed in the location of container, i.e. locking closet, bathroom, etc.

If the container is discovered in a classroom, while students are present, notify principal's office of the discovery and supervise the container, assuring that it is not moved or touched, until ____ISD police arrive. If impending danger is suspected, calmly remove students from the classroom.

Persons who have knowledge about the container and its possible contents should report to principal and/ or _____ISD police.

List all people who were in the room and/or area shortly before and/or when the container was discovered. Give list to principal and/or ____ISD police.

Chronic Disorders

Illness, Injury and Disease

Early Signs of an Asthma Episode

Students who have asthma often learn to identify their early warning signs which are the physical changes that occur in the early stage of airway obstruction. These early warning signs usually happen long before more serious symptoms occur. Being aware of these early warning signs allows the student to take medication at a time when asthma is easiest to control. Teachers should encourage students to be aware of these early symptoms, and to take the proper action immediately.

Knowing the signs of a beginning episode will help you and other staff to take appropriate measures to avoid a more serious medical emergency. There should be no delay once a student has notified the teacher of a possible problem.

A student may exhibit one or more of these signs during the initial phase of an asthma episode:

1. Changes in breathing may include:
   coughing
   wheezing
   breathing through the mouth
   shortness of breath, and/or
   rapid breathing.

2. Verbal complaints. Often a student who is familiar with asthma will know that an episode is about to happen. The student might tell the teacher that:
   the chest is tight
   the chest hurts
   he/she cannot catch a breath
   the mouth is dry
   the neck feels funny, and/or
   a more general "I don't feel well.

3. Other signs may be:
   an itchy chin or neck-some people may rub their chin or neck in response to this feeling, or
   "clipped" speech- the student may speak in very short, choppy sentences."

Sample I

_____ISD Asthma Action Plan

School Year: _____

Name: _____ Grade: ___ Teacher: _____
Parent/Guardian: _____
Home: _____ Work: _____ Cell: _____
Emergency Contact: _____
Home: _____ Work: _____ Cell: _____
Common asthma triggers for my child: _____

- ☐ Allergies:_____
- ☐ Food:_____
- ☐ Exercise Induced

Daily asthma medications my child takes: _____

GREEN Good to Go Zone

Breathing is good
No cough or wheeze
Can work or play

Peak Flow _____to_____

Use this medication 20 minutes before sports or PE: _____

YELLOW Hello Caution Zone

Take Reliever Medication

Coughing
Wheezing
Tight Chest
Pulse Ox <90

Peak Flow _____to_____

Medication How Much When

_____

_____

**If symptoms do not improve with reliever medication give: _____
Call parent to pick up child and consult physician.

RED I NEED HELP Zone

SEEK HELP FROM A DOCTOR NOW!!!!!!

Medicine is not helping
Breathing is hard and fast
Can't walk
Pulse Ox <90
Can't talk well

Peak flow < _____

Medication How Much When

_____

_____

Parent Signature: _____ Date: _____
Physician Comments/Other Special Instructions: _____

_____

I have reviewed the above Asthma Action Plan for the current school year.
Physician Signature: _____ Date: _____

Plan de Acción de _____ISD
Año Escolar: _____

Nombre: _____ Grado: _____ Maestro(a): _____
Padre/Tutor: _____
Casa: _____ Trabajo: _____ Cell: _____
Contacto de Emergencia: _____
Casa: _____ Trabajo: _____ Cell: _____
Causas comunes del asma a mi hijo(a): _____

- Alergias: _____
- Comidas: _____
- Ejercicios: _____

Medicamentos que mi hijo(a) toma diariamente: _____

VERDE — **ZONA DE SEGURIDAD**

Respiración Normal
No tós/tiene dificultad para respirar
Puede trabajar y jugar

Máximo flujo _____a_____

Administrar este medicamento 20 minutos ántes de cualquier deporte: _____

AMARILLO — **ZONA DE PRECAUCION**

Tós
Dificultad para respirar
Opresión en el pecho
Pulso Ox <90

Tomar medicamento para aliviar

Máximo flujo _____a _____

Medicamento	Cuánto	Cuándo

**Si los sintomas persisten y no siente alivio con el medicamento, administre: _____
Llamar al padre para que recojer al niño(a) y consultar con el médico.

ROJO — **ZONA DE NECESITO AYUDA**

¡¡¡BUSCAR AYUDA DE UN DOCTOR PRONTO!!!

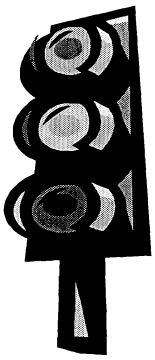
No está ayudando el medicamento
La respiración es dificil y rápida
No puede caminar
Pulso Ox <90
No puede hablar bien

Máximo Flujo < _____

Medicamento	Cuánto	Cuándo

Firma del Padre: _____ Fecha: _____
Comentarios del Médico/Instrucciones especiales: _____
_____
He revisado el Plan de Acción para el Asma para el año en curso.
Firma del Médico: _____ Fecha: _____

Sample 2



The colors of a traffic light will help you use your asthma medicines.

Green = Go Zone!
Use preventive medicine.

Yellow = Caution Zone!
Add quick-relief medicine.

Red = Danger Zone!
Get help from a doctor.

PREDICTED NORMAL PEAK FLOW READING:

_____ *lpm*

CENTRAL TEXAS ASTHMA ACTION PLAN

To be completed by Physician Designee and signed by Physician Date _____

Patient Name_____ Date of Birth _____

Has the patient ever been admitted to ICU? ( ) Yes ( ) No
Has the patient ever required mechanical ventilation? ( ) Yes ( ) No
Grade in School _____

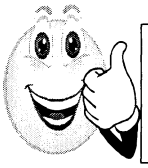
Please classify this patient's asthma. *Refer to these choices adopted from the NIH Asthma Management Guidelines.*
Asthma Classification by Physician: **( ) Mild intermittent** **( ) Moderate persistent** **( ) Mild persistent** **( ) Severe persistent**

Classification	Days with symptoms	Nights with symptoms	FEV1 or PEF (% pred. normal)
Severe persistent	Continual	Frequent	≤ 60%
Moderate persistent	Daily	≥ 5/month	> 60% to <80%
Mild persistent	> 2/week	3 to 4/month	≥ 80%
Mild intermittent	≤ 2/week	≤ 2/month	≥ 80%

GREEN ZONE: *No signs or PF 80-100% of Predicted Normal or Personal Best – Take Preventative Medication*

PEAK FLOW FROM _____ TO _____

You have all of these



- Breathing is good
- No cough or wheeze
- Sleep through night
- Can work and play

1. What preventative medications are prescribed and how often are they given? Name and Dose:

_____

2. Does this patient have Exercised Induced Asthma? ( ) Yes ( ) No If yes, what medication should be given for EIA?
Take only one of the treatments 15-20 minutes before physical activity as needed.
❑ ALBUTEROL 2 puffs MDI & chamber ❑ ALBUTEROL 1 vial in nebulizer

❑ XOPENEX 2 puffs MDI & chamber ❑ XOPENEX 1 vial in nebulizer

❑ OTHER: _____

YELLOW ZONE: *Caution Signs or PF 50 – 79% of Predicted Normal or Personal Best – Continue Preventative Medication*

PEAK FLOW FROM _____ TO _____

You have ***any*** of these:

- First signs of a cold
- Exposure to known trigger
- Coughing doesn't stop
- Mild wheeze
- Chest tightness

In case of an asthma exacerbation, what quick-relief medication should be used?
Take one treatment every 4-6 hours as needed for 24-48 hours.
Recheck peak flow 15 minutes after treatment
❑ ALBUTEROL _____ puffs MDI & chamber ❑ ALBUTEROL 1 vial in nebulizer

❑ XOPENEX _____ puffs MDI & chamber ❑ XOPENEX 1 vial in nebulizer

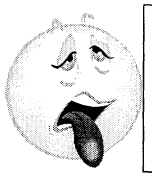
❑ OTHER: _____

If treatments are needed for longer than 24-48 hours, call your doctor.

RED ZONE: *Danger Signs or PF Below 50% of Predicted Normal or Personal Best – Continue Preventative Medication*

PEAK FLOW BELOW _____

Your asthma is getting worse fast:



- Medicine isn't helping
- Breathing is hard and fast
- Nose opens wide
- Ribs show during breathing
- Can't talk well.
- **Inhale & exhale wheeze**

1. In case of an asthma exacerbation, what quick-relief medication should be used?
Take one treatment every 20 minutes for up to three treatments only.
Recheck peak flow 15 minutes after treatment
❑ ALBUTEROL _____ puffs MDI & chamber ❑ALBUTEROL 1 vial in nebulizer

❑ XOPENEX _____ puffs MDI & chamber ❑XOPENEX 1 vial in nebulizer

❑ OTHER: _____

2. Get **immediate** medical attention – Call your doctor. If at school, go to the nurse. Or, call 911.

Physician signature: _____ Physician name: _____ Telephone(____)_____ Date:_____

For children in school: ***School Name:*** _____ ***School district:*** _____

I, the above signed physician, certify that the above named student has asthma and is capable of carrying and self-administering the above quick-relief asthma medication. (Texas Inhaler Law.) **( ) Yes ( ) No**

I give permission for the school nurse to administer the above physician orders and to communicate with my child's health care provider concerning my child's asthma.

Parent signature: _____ Parent name: _____ Telephone: (____)_____ Date:_____

Sample 3

Northside Independent School District-Health Services Department

SCHOOL ASTHMA ACTION PLAN

This plan is in accordance with new legislation, HB 1688, which passed during the 2001 Texas Legislative Session. This bill allows students to self-administer asthma medications while at school or school functions with permission from parent/guardian and physician.

(To be completed at the beginning of each school year and kept on file with the school nurse or office of the principal)

Student's Name:_____ Grade:_____ DOB: _____
Teacher's Name: _____ School Year: _____
Parent/Guardian: _____ Campus: _____
Address:_____ Home phone: _____Work phone: _____
Emergency Contact:

_____

Name Relationship Phone

Physician student sees for asthma: _____ Phone: _____
Other physician: _____ Phone: _____

DAILY TREATMENT PLAN DURING SCHOOL

Please list any medications taken daily to manage asthma, including PRN Nebulizer treatments and inhalers.

	Name	Purpose	Dosage	When to use
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

These medications are prescribed for the time period _____ until _____
Rescue inhaler can be repeated for severe breathing difficulty_____times_____minutes apart.

Medical Equipment

Please list any medical equipment this student will need to treat his/her asthma at school (i.e. spacer, Nebulizer, O2, etc)

_____
_____

PHYSICIAN PLEASE INITIAL STATEMENT 1 OR STATEMENT 2

_____(Statement 1)
I have instructed _____(student's name) in the proper way to use his/her medications. It is my professional opinion that _____(student's name) should be allowed to carry and self-administrative any of his/her asthma medications while on school property or at school related events.
_____(Statement 2)
It is my professional opinion that _____(student's name) should NOT be allowed to carry and self-administer any of his/her asthma medications while on school property or at school related events.

EMERGENCY PLAN

Emergency action is necessary when this student has symptoms such as:

1. _____ 3. _____
2. _____ 4. _____

Seek emergency medical care if this student experiences any of the following:

- If no improvement 15-20 minutes after initial treatment with medication and a relative cannot be reached.
- Student exhibits:
  - o Chest and neck pulled in with breathing
  - o Struggling to breathe
  - o Hunched over while breathing
  - * Lips or fingernails turn gray or blue
  - * Stops playing and cannot start activity again
  - * Trouble walking and talking

_____ _____
Physician's Signature Date

Dear Parent or Guardian and Student's Physician,

The school district has developed a plan to respond to high concentration of ground-level ozone. The district plan follows the recommendation from Alamo Area Council of Governments. When the ground-level ozone reaches unhealthy levels in the district's geographic area, campuses will be notified of the specific ozone warning level of Orange or Red. In San Antonio, Orange days may occur during late May, June, July, August and early September. Based on the Ozone warning level, certain strenuous outdoor activities, such as physical education and recess, will be curtailed for students with asthma or respiratory and heart problems. Elementary students should be given alternative indoor fun activities for recess.

If you wish to waiver Northside procedure, for having your child stay inside, during Orange Air Quality Alert Days, your child's physician will need to complete and sign the waiver below.

AIR QUALITY ALERT

_____ _____
Student's Name Campus

PHYSICIAN PLEASE INITIAL ONE OF THE STATEMENTS BELOW:

_____During Air Quality Alert Orange Days this student may continue to participate in outdoor activities with no restrictions.

_____During Air Quality Alert Orange Days this student may **NOT** participate in outdoor activities.

_____ _____
Physician's Signature Date

I agree with the recommendations of my child's physician as noted above and have informed my student that in school he/she may be kept inside the building, on Orange Air Quality Alert Days doing alternative indoor fun activities for recess.

_____ _____
Parent/Guardian Signature Date

SAMPLE

_____Independent School District
Health Services Department

Standing Orders

1. **Standing Orders for Over-the Counter Medications From Home:**
The school nurse and/or other school employees may administer the following OTC medications in the original container and provided by the parent/guardian. The parent/guardian must also sign a medication permission slip for the medication to be given. The OTC may not be given more than three consecutive school days without physician's orders to do so. The following OTC medications may only be given within the guidelines as directed on the medication bottle:
   A. Pain medication (Ibuprofen, acetaminophen)
   B. Decongestants/Antihistamines/Cough medicine
   C. Cough drops/Throat lozenges

2. **Standing Orders For First Aid Treatment**
   A. **RICE** method of treatment for sprains or soft tissue injuries
      (Rest, Ice, Compression and Elevation)
   B. First Aid treatment as outlined in the Midland ISD School Emergency Manual

3. **Standing Order For Impending Respiratory/Circulatory Collapse:**
(To be administered ONLY by a Registered Nurse or Licensed Vocational Nurse)
   A. Administer as per sliding scale below for signs of severe respiratory distress, impending shock or collapse
   B. Monitor vital signs, administer CPR p.r.n.
   C. Call EMS immediately for assistance.
   D. Dosage may be repeated p.r.n. within 8-10 minutes

Epinephrine (Adrenaline) (dilution 1:1000) Subcutaneously

Below 20 pounds	0.1 ml
20-34 pounds	0.1 – 0.2 ml
35-49 pounds	0.2 – 0.3 ml
50 pounds and over	0.3 ml

When using an EPI-PEN, use as directed:

EPI-PEN	66 pounds or over
EPI-PEN Jr.	Between 33-66 pounds

_____ _____

Physician's Signature Date

ANAPHYLAXIS

Failure to act quickly and treat appropriately may result in permanent disability or death.

What is anaphylaxis?

Definition: Anaphylaxis is an immediate systemic hypersensitivity reaction affecting multiple systems of the body. It is the result of mediator release in cardiovascular, respiratory, gastrointestinal and cutaneous tissue.

Symptoms: The onset and course of anaphylaxis is variable. Common variable symptoms include:

- Sense of impending doom
- Skin: Generalized warmth or flush, tingling or itching, angiodema, urticaria, hives
- Upper respiratory: lump in throat, throat tightness, change of voice /hoarseness, difficulty swallowing, nasal congestion, runny nose, fullness in the ears, red, watery eyes
- Lower respiratory: stridor, coughing, chest tightness, wheezing or shortness of breath
- Cardio vascular: lightheadedness, faintness, palpitations, low blood pressure.
- Gastrointestinal: nausea, stomach cramps, bloating, vomiting, or diarrhea

The signs and symptoms of anaphylaxis usually appear rapidly, within seconds or minutes, after an exposure to an allergen, although in some cases the reaction can be delayed for up to one to three hours depending on the substance causing the reaction.

Some individuals have an anaphylactic reaction, and the symptoms go away only to return a few hours later. This is called a bi-phasic reaction. Often the symptoms of the bi-phasic reaction occur in the respiratory system and take the individual by surprise. Therefore, according to the AAAAI, after a serious reaction "observation in a hospital setting is necessary for at least four hours after initial symptoms subside because delayed and prolonged reactions may occur even after proper initial treatment."

Once anaphylaxis has begun, the treatment of choice is an immediate intramuscular injection of epinephrine, which is effective for 10 to 15 minutes (according to the manufacturer of epinephrine auto-injectors, Dey Labs), followed by emergency medical attention.

Laryngeal edema and cardiovascular collapse are the most frequent causes of death from anaphylaxis. The first warning signs may be only "a funny feeling in the mouth" or abdominal discomfort.

The most common causes of anaphylaxis in children include allergies to:

- Foods (e.g., to peanuts, tree nuts, milk, fish)
- Insect stings (e.g., yellow jackets, bees, wasps, and hornets)
- Medications (e.g. antibiotics, aspirin, and non-steroidal anti-inflammatory drugs)
- Latex

Less common causes of anaphylaxis include:

- Food-dependent exercise induced anaphylaxis (rare — occurs when an individual eats a specific food and exercises within three to four hours after eating)
- Idiopathic anaphylaxis (Unknown cause)

Exposures to allergens can be:

♦Tasting ♦ Ingesting ♦ Inhaling ♦Touching ♦ Being injected or stung

Severe allergic reactions may be at times unavoidable because foods may contain unknown or unreported allergy producing ingredients, insects range widely, latex can be found almost anywhere, and some individuals do not know that they are severely allergic to one or more allergens.

ANAPHYLAXIS

PREVENTION MEASURES:

Most anaphylactic reactions occur when a child is accidentally exposed to an offending food or is stung by a bee.

- ☐ School personnel should develop a system of identifying children with life-threatening allergies.
- ☐ A written individual health care plan for action should be devised by the school nurse in conjunction with the parent/guardian and should include:
  - o The child's name and photograph
  - o Specific offending allergens (peanuts, bee stings, etc.)
  - o Plans for preventing inadvertent contact with a life-threatening allergen at school
  - o Warning signs of a reaction.
  - o Plans for emergency treatment.
- ☐ It is useful for the child to wear a Medic-Alert bracelet or necklace or to carry a card.

- ☐ Train food service workers to avoid cross-contamination of foods (e.g., cooking, serving or cleaning up different foods with the same utensils dishes or sponges).
- ☐ "Latex gloves should be used only as mandated by accepted Universal Precautions standards. The routine use of latex gloves by food handlers and housekeeping should be discouraged" as latex sensitization or anaphylaxis can be precipitated among staff as well as students. Alternatives (e.g., vinyl gloves) can be considered. (See ACAAI and AAAAI 7/21/97 joint statement on latex gloves on their Web sites.)
- ☐ In the classroom: information should be obtained about students' food allergies, and these foods should not be used for class projects, parties, snacks, holidays and celebrations, arts and crafts, science experiments, or cooking. Educate all students and their parents, teachers, substitutes, and volunteers about the risk. Discourage sharing of food.
- ☐ Encourage washing of hands both before and after eating to avoid spreading of allergens.
- ☐ Parents of a child at risk for anaphylaxis should be invited to accompany their child on school trips, but the child's safety or attendance must not be conditioned on the parent's presence. In the absence of accompanying parents or a registered nurse, another individual must be trained and assigned the task of watching out for the child's welfare and handling any emergency.

"Epinephrine is the first drug that should be used in the emergency management of a child having a potentially life-threatening allergic reaction...There are no contraindications to the use of epinephrine for a life-threatening allergic reaction."

"All individuals receiving emergency epinephrine should immediately be transported to a hospital even if symptoms appear to have resolved... Further treatments may be required, and therefore observation in a hospital setting is necessary. ..Additional epinephrine should be available during transport."
From American Academy of Allergy, Asthma and Immunology (AAAAI) Position Statement. Treatment Strategies.

- All individuals responsible for the care of children (including teachers, school nurses, school bus drivers, coaches, counselors, lifeguards, etc.) need to have familiarity with basic first-aid and resuscitative techniques. This should include additional formal training on how to use epinephrine devices. (AAAAI Position Statement)*

Re-entry to school after a traumatic incident:

- Peer education to avoid endangering, isolating, stigmatizing or harassing children with food allergies.
- Confidentiality concerns

ANAPHYLAXIS

Protocol for emergency use of epinephrine auto-injectors:

An epinephrine auto-injector is a disposable drug delivery system that contains the proper dose of epinephrine and is used to treat anaphylaxis. It is generally recommended that two epinephrine auto-injectors be kept on-hand as back-up.

Steps in the Emergency Use of an Epinephrine Auto-Injector (EpiPen):

1. Anaphylaxis usually, but not always, occurs right after exposure to an allergen. Frequently anaphylaxis occurs in individuals who have a history of a previous reaction. If there is uncertainty about the diagnosis, but there is a reasonable probability that it is anaphylaxis, then treat as anaphylaxis.
2. If anaphylaxis symptoms occur, call 911 or activate the emergency medical system (EMS). Stay with the victim. Have others notify the paramedics, school nurse, parents and school administrator immediately.
3. Have the victim sit down. Reassure the victim and avoid moving him or her. Calming reduces the distribution of the allergen in the body.
4. Prepare to administer EpiPen.
    a. For students in 2nd grade or below, or if less than 66 lbs, use White label EpiPen Jr (0.15 mg)
    b. For adults and students in 3rd grade or above, or if more than 66 lbs, use Yellow label EpiPen (0.3 mg)
    c. The EpiPen acts immediately; however the effects last only 10—15 minutes.
    d. <u>Make sure someone has called 911.</u>

<u>EpiPen Administration Procedure:</u>

a. Grasp the EpiPen and form a fist around the unit. With the other hand, pull off the GRAY Safety Cap.
b. Hold the black tip near the outer thigh. Never put thumb, fingers, or hand over the black tip. (If an accidental injection occurs, go immediately to the nearest hospital emergency room.)
c. Swing and jab the black tip firmly into the OUTER BARE THIGH so that the auto-injector is perpendicular (at a 90° angle) to the thigh. You will hear a click. (The EpiPen can be injected through the victim's clothing, if necessary.)
d. Hold the EpiPen firmly in place for 10 seconds, and then remove it from the thigh. (After the injection, the victim may feel his or her heart pounding. This is a normal reaction.)
e. Remove the EpiPen and massage the injection area for several seconds.

- Check the black tip:
    - If the needle is exposed, the dose has been delivered
    - If the needle is not exposed, repeat steps b through e

Dispose of the EpiPen in a "sharps" container or give the expended EpiPen to the paramedics.

If the anaphylactic reaction is due to an insect sting, remove the stinger as soon as possible after administering the EpiPen. Remove stinger quickly by scraping with a fingernail, plastic card or piece of cardboard. Apply an ice pack to sting area. Do NOT push, pinch, or squeeze, or further imbed the stinger into the skin because such action may cause more venom to be injected into the victim.

ANAPHYLAXIS

FOLLOW-UP PROTOCOL AFTER INJECTING EPINEPHRINE:

a. Observe the victim for signs of shock. Cover the victim with a blanket, as necessary, to maintain body temperature and help to prevent shock.
b. Monitor the victim's airway and breathing. Begin CPR immediately if the victim stops breathing.
c. Take the victim's vital signs (if trained to do so) and record them.
d. Duplicate the emergency card for the paramedics.
e. When paramedics arrive tell them the time EpiPen was administered and the dose administered. If EpiPen has not been disposed of in a sharp's container, give the expended EpiPen to the paramedics.
f. If symptoms continue and paramedics do not arrive, use a new EpiPen and re-inject 15 to 20 minutes after initial injection. Continue to monitor the victim's airway and breathing.
g. Follow-up medical care should be obtained at the emergency room or from the victim's physician. A second delayed reaction may occur up to 6 hours after the initial anaphylaxis.
h. Document the incident and complete the accident/incident report. Include in the documentation the date and time EpiPen was administered, the victim's response, and additional pertinent information. Send a copy of the report to the school nurse.

Storage:

According to the manufacturer, epinephrine auto-injectors should be stored at room temperature until the marked expiration date, at which time the unit must be replaced. Auto-injectors should not be refrigerated as this could cause the device to malfunction. Auto-injectors should not be exposed to extreme heat, such as in the glove compartment or trunk of a car during the summer and they should not be exposed to direct sunlight. Heat and light shorten the life of the product and can cause the epinephrine to degrade. To be effective, the solution in the auto-injector should be clear and colorless. If the solution is brown, replace the unit immediately.

TRAINED STAFF MEMBERS

1. _____ Room _____

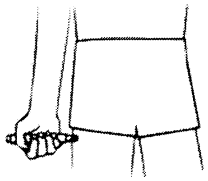
2. _____ Room _____

3. _____ Room _____

EpiPen® and EpiPen® Jr. Directions

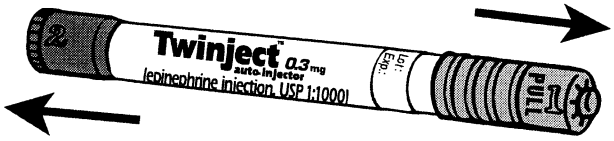
- **Pull off gray activation cap.**

- **Hold black tip near outer thigh (always apply to thigh).**



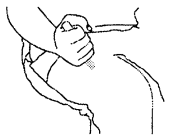
- **Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.**

Twinject® 0.3 mg and Twinject® 0.15 mg Directions



- **Remove caps labeled "1" and "2."**

- **Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.**

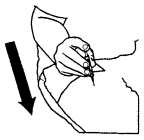


<u>SECOND DOSE ADMINISTRATION</u>:
If symptoms don't improve after 10 minutes, administer second dose:

- **Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.**

- **Slide yellow collar off plunger.**

- **Put needle into thigh through skin, push plunger down all the way, and remove.**



Once EpiPen® or Twinject® is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

***Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.*

The Food Allergy & Anaphylaxis Network

June/2007

Food Allergy Action Plan

Place Child's Picture Here

Student's Name:_____ **D.O.B:**_____ **Teacher:**_____

ALLERGY TO:_____

Asthmatic Yes* ☐ No ☐ *Higher risk for severe reaction

◆ STEP 1: TREATMENT ◆

Symptoms:		**Give Checked Medication**:** **(To be determined by physician authorizing treatment)
▪ If a food allergen has been ingested, but *no symptoms*:		☐ Epinephrine ☐ Antihistamine
▪ Mouth	Itching, tingling, or swelling of lips, tongue, mouth	☐ Epinephrine ☐ Antihistamine
▪ Skin	Hives, itchy rash, swelling of the face or extremities	☐ Epinephrine ☐ Antihistamine
▪ Gut	Nausea, abdominal cramps, vomiting, diarrhea	☐ Epinephrine ☐ Antihistamine
▪ Throat†	Tightening of throat, hoarseness, hacking cough	☐ Epinephrine ☐ Antihistamine
▪ Lung†	Shortness of breath, repetitive coughing, wheezing	☐ Epinephrine ☐ Antihistamine
▪ Heart†	Weak or thready pulse, low blood pressure, fainting, pale, blueness	☐ Epinephrine ☐ Antihistamine
▪ Other†	_____	☐ Epinephrine ☐ Antihistamine
▪ If reaction is progressing (several of the above areas affected), give:		☐ Epinephrine ☐ Antihistamine

†Potentially life-threatening. The severity of symptoms can quickly change.

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg
(see reverse side for instructions)

Antihistamine: give_____
medication/dose/route

Other: give_____
medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

◆ STEP 2: EMERGENCY CALLS ◆

1. Call 911 (or Rescue Squad: _____). State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ Phone Number: _____

3. Parent_____ Phone Number(s) _____

4. Emergency contacts:

Name/Relationship	Phone Number(s)	
a. _____	1.)_____	2.) _____
b. _____	1.)_____	2.) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian's Signature_____ Date_____

Doctor's Signature_____ Date_____
(Required)

Administrative Recommendations

1. Building Principal Responsibilities
    - The Principal at each public elementary or secondary school which has a student with diabetes enrolled is responsible for making certain that unlicensed, non-healthcare employees are selected and trained to provide appropriate care for the student with diabetes. These trained employees will be referred to as the Unlicensed Diabetes Care Assistant (UDCA).
    - The UDCA will serve under the supervision of the Principal.
        - At least one UDCA is required – if a full-time nurse assigned to a school
        - At least three UDCA are required - if a full–time nurse is not assigned to a school
2. Selection Criteria for the UDCA
    - Aptitude to learn a technical skill, i.e. injections, insulin pump, glucometer testing
    - Ability to communicate with parents/teachers/student
    - Ability to think and act calmly in an emergency situation
    - Knowledgeable about the student with diabetes
    - Has a schedule in school that makes them readily accessible
    - Generally on the campus during the school day
    - Willingness to learn about diabetes
    - Willingness to perform tasks associated with the student's Individualized Healthcare Plan
3. Qualifications of trainer of UDCA
    - Requires a RN, a certified diabetes educator, or physician with current expertise and knowledge in the care of diabetes.
    - Content of the training must meet the mandates of HB 984 and provide current knowledge and information
4. Parameters of the Training Program
    - It is recommended that the training of an UDCA must be at least 2 hours in length
    - The trained UDCA must be evaluated to show competency to perform the required skills
    - The full training must be provided on an annual basis with periodic skills checks to monitor competency
    - The competency must be maintained through a review of skills and by the provision of opportunities to interact with the student with diabetes during procedures
5. Unlicensed Diabetes Care Assistant (UDCA) must receive training to be able to:
    - Recognize the symptoms of hypoglycemia/hyperglycemia
    - Understand the proper action to take if the blood glucose levels of a student with diabetes are outside the target ranges, indicated by the student's diabetes management and treatment plan
    - Understand the details of the student's individualized health plan
    - Perform finger-sticks to check blood glucose levels and record results
    - Check urine ketone levels and record results
    - Properly administer injections of glucagons or insulin and record the results of the administration
    - Recognize complications that require emergency assistance
    - Understand the recommended schedules and food intake for meals/snacks for a student with diabetes
    - Understand the effects of physical activity on blood glucose levels
    - Understand the proper actions to take if a student with diabetes schedule is disrupted

Guidelines for Unlicensed Diabetes Care Assistant Requirement

1. Contact the parent/guardian of the student with diabetes, who is requesting care for the child with diabetes to:
    - determine the type and level of care that the parent is seeking for their student
    - discuss current health status and management of diabetes care at home
    - discuss the supplies/equipment that the parent will be required to provide
    - discuss the training and role of the UDCA
    - obtain signed authorization for this supportive care

2. Inform the parent/guardian that they must provide a "Diabetes Management and Treatment Plan" which is includes the physician's authorization and parent's written consent to identify the health care services to be received at school. This also describes the student's ability to understand and manage his/her diabetes care. This authorization is essential in order to begin services.

3. Collaborate with the student, the parent/guardian as well as the student's teachers, and physician to develop the details of an "Individualized Health Plan" (IHP). This plan will incorporate the components of the student's "Diabetes Management and Treatment Plan" and will include the following:
    - Potential interventions related to the diabetic symptoms
    - Protocol for obtaining emergency help in the nurse's absence (nurse partner/team leader/EMS/parent)
    - Location of diabetic and emergency supplies
    - Procedures for daily management and for all school-related activities
    - Protocol to follow in emergencies:
        1. for the trained UDCA *(Quick Reference Emergency Action Plan for a Student with Diabetes),*
        2. for the untrained school personnel with a "need to know"
        3. for the Transportation/Bus Driver
        4. for the Supervisor of Student with Diabetes on outside school activities

4. Refer the student to the appropriate Campus Intervention Team to determine 504 eligibility and/or evaluation for Special Education.

5. If a school nurse is available, the nurse may assist the school principal in selecting the UDCA staff that will be trained to provide the required care for all students with diabetes.

6. If a school nurse is unavailable, the principal will be responsible for implementing the training. In addition, the principal is responsible for the selection of the UDCA, the supervision of the UDCA, and the maintenance of records/documentation associated with the training. If a school nurse is unavailable to provide the training for an UDCA, the training must be provided by a health care professional with expertise in diabetes (diabetes educator, child's physician, Health Department, etc.)

7. The trained UDCA must have access to a physician, registered nurse, certified diabetic educator or licensed dietician if a school nurse is not assigned to the campus. The Principal must have access to the student's physician responsible for the diabetic care of the student.

8. Training Levels:
   - **Level 1** – District-Wide Information – Basic information on diabetes that can be provided to all the personnel with a school district to increase the knowledge level and raise awareness regarding diabetes. Possible training options for this level, could be:
     - Send a power point presentation to all staff via email (see Richardson ISD program)
     - Send an information sheet or brochure about diabetes via email (see Richardson ISD)
     - Show a video "Taking Diabetes Back to School" – Driscoll Children's Hospital in Corpus Christi – The Texas Lion's Foundation

   - **Level II – Need to Know**
     - This level of employee is associated with the student with diabetes, but is not a UDCA. These employees require "need to know" information about diabetes (Level I) and are to be provided with the student's Individual Health Plan, including the Diabetes Management and Treatment Plan. A *Quick Reference Emergency Plan - Level II* is provided.
     - The regular Bus Driver requires "need to know" information about diabetes (Level I) and is to be provided with a one-page *Quick Reference Emergency Plan – Transportation/Bus driver.*
     - A Sponsor/Supervisor who is supervising a student with diabetes during off-campus activities requires "need to know" information about diabetes (Level I) and is provided with a one-page *Quick reference Emergency Plan – Off Campus Activity Supervisor.* This supervisor may be provided with the student's Individual Health Plan.

   - **Level III a – Knowledge and skills training with written test and practicum** This level of training is provided one or more employees that have been designated by the Principal to serve as the UDCA on the campus. This training may be provided to the principal, assistant principal, office staff, coach, trainer, sponsor, teacher of the students with diabetes. This training includes the basic care that will be provided to the identified student with diabetes either by the campus nurse or by a UDCA when the nurse is not on the campus, or on all school sponsored activities. This training will address nutrition, exercise, blood glucose testing and administration of glucose gel, glucagons and insulin.
     - Level IIIa Power Point presentation (Richardson ISD)
     - Level IIIa Skills check-off sheets.
     - Diabetes Care Tasks at School: What Key Personnel Need to Know (eight Power Point training modules- www.diabetes.org/schooltraining.)

   - **Level III b - Student Specific needs of the assigned campus** This training is done by the school nurse for Level IIIa trained school personnel who have direct contact with the student with diabetes. This training will review each individual student's specific Diabetes Management and Treatment Plan and specific diabetes supplies and equipment to address the specific protocols that have been developed.
     - Review each student's specific plan, equipment, supplies
     - Level IIIb Diabetes training Skills/Information Check-off sheets (Richardson ISD)

9. Provide supervision and retraining of UDCA during the school year and annually in each school year.

_____ INDEPENDENT SCHOOL DISTRICT

Authorization for Administration of Diabetes Management and Care Services By Unlicensed Diabetes Care Assistant

Information to Parents: The health and safety of each student is always of paramount importance to every _____ISD employee. The District is committed to providing a high level of care to meet any special medical needs students exhibit. To help carry out that commitment, _____ISD ensures that a Registered Nurse is assigned to each campus. The 79th Texas Legislature, through Houses Bill 984, amended the Health and Safety Code to provide more specific requirements for the provision of diabetes management and care services to students in public schools who seek care for the student's diabetes while at school. The school, in conjunction with the parent, will develop for each student who seeks care for diabetes at school an Individualized Health Plan that will specify the diabetes management and care services the student requires at school. Traditionally, the school nurse has provided any medical care students might require at school. Under HB 984, each school also must train other employees to serve as Unlicensed Diabetes Care Assistants who can provide diabetes management and care services if a nurse is not available when a student needs such services. Such services include the administration of insulin or, in an emergency, glucagon. _____ISD has trained staff at each school to provide such services. HB 984 further specifies that an Unlicensed Diabetes Care Assistant exercises his or her judgment and discretion in providing diabetes care services and that nothing in the statute limits the immunity from liability afforded to employees under section 22.0511 of the Texas Education Code.

Under HB 984, an Unlicensed Diabetes Care Assistant may only administer diabetes care and management services if the student's parent/guardian authorizes an Unlicensed Diabetes Care Assistant to assist the student and confirms his or her understanding that an Unlicensed Diabetes Care Assistant is immune from liability for civil damages under section 22.0511 of the Texas Education Code.

Please check the appropriate boxes below to indicate your election whether to allow 1. an Unlicensed Diabetes Care Assistant to provide services to your child; 2. self-care; 3. disclosure of your child's condition:

☐ **YES** Agreement for Services: I authorize an Unlicensed Diabetes Care Assistant to provide diabetes management and care services to my child at school. I understand that an Unlicensed Diabetes Care Assistant is immune from liability for civil damages under section 22.0511 of the Texas Education Code.

☐ **NO** I **DO NOT** authorize an Unlicensed Diabetes Care Assistant to provide diabetes management and care services to my child at school.

☐ **YES** My child can manage his/her diabetes independently and will not seek assistance for his/her diabetes while at school. I understand the school nurse will provide emergency care as needed. This information will be shared with school district personnel as needed.

☐ **YES** I request that my child's classmates be informed that my child has diabetes, and given age-appropriate instruction regarding diabetes care, so that they understand the importance of symptoms and the types of intervention that may occur in the classroom.

_____ _____

STUDENT NAME *(Please Print)* **SCHOOL**

_____ _____

Signature of Parent/Legal Guardian **Date Signed**

_____ INDEPENDENT SCHOOL DISTRICT

Diabetes Management and Treatment Plan

*Annual Health Service Prescription - Physician/Parent Authorization for Diabetic Care

*This form is to be renewed at the beginning of the school year: DATE OF PLAN _____

Student:_____ Birth date:_____

TO BE COMPLETED BY PHYSICIAN:

Please respond to the following questions based on your records and knowledge of the student.

1. Procedures: (parent to provide supplies for procedures):

Test blood glucose before lunch and as needed for signs/symptoms of hypoglycemia.

Test urine ketones when blood glucose is hyperglycemic, and/or when child is ill.

2. Medication: (Child may ___ may not ___ prepare/administer insulin injection).

Rapid Acting Insulin [Regular/Humalog/Novolog] given subcutaneously prior to lunchtime (within 30 minutes prior to lunch) based on the following guidelines:

a. Fixed dose: _____units plus insulin correction scale; *OR*

b. Insulin to Carbohydrate Ratio: 1 unit insulin per _____ grams carbohydrate plus insulin correction scale

Insulin Correction Scale

Blood glucose below _____ = no additional insulin

Blood glucose from _____ to _____=____ unit(s) insulin subcutaneously

Blood glucose from _____ to _____=____ unit(s) insulin subcutaneously

Blood glucose from _____ to _____=____ unit(s) insulin subcutaneously

Blood glucose over _____=____ unit(s) insulin subcutaneously

(Notify parent if blood glucose is over _____.)

c. Oral Diabetes medication: _____ Dose _____ Time _____

d.. Student is to eat lunch following pre-lunch blood test and required medication.

e. Parent/family instructed in diabetes self-management. Parent may _____ may not _____ adjust pre-lunch insulin dosage by up to 10% every 4 to 5 days as indicated by glucose trends. **Parent will communicate changes to school health services personnel.**

4. Precautions:

Refer to the physician's orders for Guidelines for Responding to Blood Glucose Test Results on the following page:

a.Hy poglycemia: Signs of hypoglycemia include trembling, sweating, shaking, pale, weak, dizzy, sleepy, lethargic, confusion, coma, or seizures.

b. Hyperglycemia: Signs include frequency of urination, excessive thirst and positive urinary ketones.

5. Meal Plan:

a. The *Constant Carbohydrate Diet* emphasizes consistency in the number of grams of carbohydrate eaten from day to day at each meal or snack. Proteins and fats are "free foods" in that they have minimal effect on the blood glucose level. The child and parent can chose the carbohydrate product that they wish to use for meals or snacks. **Parent will communicate meal plan changes to school personnel.**

Breakfast _____ grams at _____(time) Mid AM snack _____grams at _____(time)

Lunch _____ grams at _____(time) Mid PM snack _____ grams at _____ (time).

b. The *Insulin to Carbohydrate Ratio Meal Plan* allows a variable amount of carbohydrate to be eaten at any meal or snack, but requires appropriate insulin to balance the carbohydrate. The ratio is listed above at # 2-b.

Does this student have an insulin pump? Yes ___ No ___. If yes, please attach student's pump guidelines.

FOR DIABETIC SELF-CARE ONLY

Does this student have physician permission to provide self-care? Yes_____ No_____

This student has been provided instruction/supervision in recognizing signs/symptoms of hypoglycemia and is capable of doing self-glucose monitoring and his/her own insulin injections/insulin pump care, including using universal precautions and proper disposal of sharps? Yes___ No___

This student requires the **supervision** of a designated adult ____ This student requires the **assistance** of a designated adult ___

Physician portion continued on following page

GUIDELINES FOR RESPONDING TO BLOOD GLUCOSE TEST RESULTS

1. **If glucose is BELOW _____:** (hypoglycemia or low blood sugar)
   - A. Give child 15 grams carbohydrate, i.e.:
     - 6 lifesavers
     - 6 ounces of regular soda
     - 4 ounces of juice
     - 3 – 4 glucose tabs
   - B. Allow child to rest for 10 – 15 minutes, and retest glucose.
   - C. If glucose is above _____, allow student to proceed with scheduled meal, class or snack.
   - D. If symptoms persist (or blood glucose remains below _____), repeat A and B.
   - E. If symptoms still persist, notify parent and keep child in clinic.

2. **If blood glucose is BELOW _____ and the child is unconscious or seizing:**
   - A. Call emergency medical services.
   - B. Rub a small amount of glucose gel (or cake frosting) on child's gums and oral mucosa.
   - C. If available, inject Glucagon _____mg. SQ.
   - D. Notify parent.

3. **If blood glucose is FROM _____ to _____: Follow usual meal plan and activities** (unless otherwise directed by insulin correction scale for insulin administration)

4. **If blood glucose is OVER _____:**
   - A. If within 30 minutes prior to lunch, nurse or unlicensed diabetes care assistant to be called if student unable to administer correction dose of insulin per student's sliding scale orders.
   - B. Student checks urine ketones.

     <u>If Ketones are negative or small</u>
     - Encourage water until ketones are negative.

     <u>If Ketones are moderate or large:</u>
     - Student should remain in clinic for monitoring.
     - Notify parent for pick up.
     - Give 1-2 glasses of water every hour.
     - If student remains at school, retest glucose and ketones every 2-3 hours or until ketones are negative.
   - C. Student not to participate in PE or other forms of exercise if blood sugar is above 250 and ketones are present.
   - D. If student develops nausea/vomiting, rapid breathing, and/or fruity odor to the breath, call 911, the nurse and the parents.

Physician signature _____ Date _____

Clinic/facility _____ Phone _____ Fax _____

Nurse or Certified Diabetes Educator: Name _____ Phone _____

Clinical Dietitian: Name _____ Phone _____

TO BE COMPLETED BY THE PARENT:

We (I) the undersigned, the parents/guardians of _____ request that the above Diabetes Management and Treatment Plan be implemented for our (my) child. Delivery of this form to the school nurse constitutes my participation in developing this Plan, and is my consent to implement this Plan. I will notify the school immediately if the health status of my child changes, if I change physicians or emergency contact information, or if the procedure is canceled or changes in any way. Information concerning my child's diabetes health management may be shared with/obtained from the diabetes health care providers.

Signature _____ Relationship _____

Date _____ Phone (Hm) _____ (Wk) _____

Revised September 19, 2005

INDIVIDUAL HEALTHCARE PLAN

CAMPUS _____

Student: _____ D.O.B:_____ ID#: _____

Medical Diagnosis: Diabetes_____

Initiated by:_____ Date: _____

GOAL: Student maintains optimal level of health.

A. GENERAL OVERVIEW OF CONDITION AND INDIVIDUAL HEALTHCARE PLAN

Diabetes is a condition that causes the pancreas to produce insufficient amounts of insulin, which affects the body's metabolism of fats, proteins, and carbohydrates. All staff who will work with this student have received training about diabetes, including the symptoms and treatment for hypoglycemia and hyperglycemia.

Include history information, current health status and management at home, student's ability to participate in self-care, students ability to recognize symptoms, arrangements made for diabetic supplies.

B. DAILY CARE

1. General

Written instructions for administering this student's care plan will be located in the clinic and with the Level II and III care providers. A one page information sheet will also be provided to district employees who are responsible for transporting or supervising a student with diabetes during off-campus activities. The classroom teacher shall include information about this plan in the substitute folder to ensure substitute teachers are aware of the instructions in the event of the regular teacher's absence. Diabetic students will be permitted to use the bathroom as needed and keep a water bottle with them at all times. If a water bottle is unavailable, this student should be permitted unlimited use of the water fountain. If student is experiencing symptoms of hypoglycemia/hyperglycemia, the student will be escorted to the clinic for assessment.

Supplies for this student will be provided by the parent and kept in the following locations. It is important that these supplies accompany the student on any field trips.

Supplies	**Location**
Blood Glucose Testing Supplies	
Sources of carbohydrates	
Ketone testing strips	
Insulin and syringes	
Pump supplies	
Glucagon	

2. Testing Procedures

a) Blood sugar testing:

Indicate when testing should be done during the day, i.e. lunchtime and when feeling symptomatic. Be specific about when lunch is, who performs the testing (nurse, paraprofessional, student) and where (classroom, clinic, student's locker) this testing is to take place. Also include where the results are recorded. Indicate how much supervision is needed for this student to perform this procedure.

b) Ketone testing:

Indicate at what blood sugar level ketones should be tested. Refer to student's individual orders. Indicate how much supervision is needed for this student to perform this procedure.

3. Medications

Refer to Physican's orders for student's sliding scale correction dosage administered

- generally before lunch
- for blood glucose levels significantly above target range
- for increased urinary ketones

(ATTACH A COPY)

Indicate type of insulin used and student's ability to measure and safely administer insulin to himself/herself. If the physician has a glucagon order and parent does not provide it, document your attempts to get it. If the parents does not want the child to have glucagon, then state, "the parent elects not to provide glucagon. The other emergency measures have been discussed." Document this in the 504 intervention plan as well to indicate that glucagon administration is not part of the student's 504 plan. Notify physician's office, in writing, of what the parent has elected to do. Keep notification documentation.

4. Meal Plan

Note where snacks are stored and where they are to be eaten (classroom, clinic, student's locker). Indicate who supplies the lunch and snacks and if student needs monitoring to be sure all CHO is ingested.

- Breakfast *Indicate time and CHO content of meals.*
- Mid AM snack
- Lunch
- Mid PM snack

5. Procedural Guidelines for Responding to Blood Glucose Test Results

Refer to Standard Procedure for Low and High Blood Sugar (attached), and physician's orders.

6. Medically related accommodations

This diabetic student will be allowed unlimited access to the restroom and drinking water. This student should be allowed to carry a water bottle at all times. *It will be necessary for this student to have a snack in the classroom at prescribed snack times, and during times of feeling symptomatic.* This student should be allowed to go to the clinic if feeling symptomatic and should be accompanied for safety.

7. **Procedure to follow for school-related activities, parties, field trips**

a) Teachers will notify the school nurse 2 weeks in advance of all field trips, sporting events and competitions.
b) The parent will contact the nurse to inform her of all school-sponsored extra-curricular events.
c) The assigned supervising sponsor will contact the school nurse to review the Level II *Quick Reference Emergency Plan – Off-Campus Activity Supervisor* sheet, and the *Quick Reference Emergency Plan – Transportation/Bus Driver* sheet will be provided for the Bus Driver, if transportation to the event is provided by the school.
d) Arrangement will be made with parent, nurse and Level II staff to ensure that the student's diabetic/emergency supplies accompany the student to the event.

Indicate parent's instructions for field day, unscheduled special snacks in the classroom, scheduled parties, etc. Will the parents send instructions or will you need to call them? Can the student go ahead and have the special snack, then notify parents, so that they may adjust the insulin/evening meal?

8. **Protocol to follow in case of pump failure**

Indicate specific instructions here.

D. TRAINING FOR SCHOOL PERSONNEL

a) School campus employees receive annual education regarding diabetes. This includes general information, signs and symptoms of hyper/hypoglycemia, blood glucose testing, Universal Precautions, insulin, resources available when questions/problems arise, and emergency measures. Each employee receives **"A Guide to Diabetes Management In the School Setting"**.

b) Level II (See Guidelines for Managing students with Diabetes in the School)
c) Level III (See Guidelines for Managing students with Diabetes in the School)

E. EMERGENCY CONTACTS.

The school nurse will leave the DMTP and IHP for review by substitute nurse or UDCA (if parent authorized) for the care of the student in her absence.

1. School Contacts

Position	Name	Pager	Phone
Partner			
Team Leader.			
Trained Staff			

2. Family/Physicians Contacts

	Name	Email	Home phone	WK phone	Cell phone
Parent					
Emergency Cont.					
Physicians					
Endocrinologist					
Diabetes Educator					
Dietitian					

This information is confidential and can only be shared on a "need to know" basis.

Quick Reference Emergency Plan – Transportation/Bus Driver

for a Student with Diabetes

Hypoglycemia

(Low Blood Sugar) **Bus # _____**

Student's Name: _____

Grade/Teacher: _____ Date of Plan: _____

Emergency Contact Information:

Mother/Guardian _____

Home phone: _____ Work phone: _____ Cell phone: _____

Father/Guardian _____

Home phone: _____ Work phone: _____ Cell phone: _____

School Phone: _____ School nurse phone: Clinic _____ Cell: _____

Trained Diabetes personnel: _____

Is student self care? _____ Yes _____ No

Never send/leave a student with suspected low blood sugar anywhere alone

Causes of Hypoglycemia
- Too much insulin
- Missed food
- Delayed food
- Too much or too intense exercise
- Unscheduled exercise

Onset
- Sudden

Symptoms

Mild
- •Hunger
- •Shakiness
- •Weakness
- •Paleness
- •Anxiety
- •Dizziness
- •Sweating
- •Drowsiness
- •Personality change
- •Unable to concentrate
- •Irritability
- •Other:_____

circle student's usual symptoms

Moderate
- •Headache
- •Behavior change
- •Poor coordination
- •Able to swallow
- •Other: _____
- •Blurry vision
- •Weakness
- •Slurred speech
- •Confusion

circle student's usual symptoms

Severe
- •Loss of consciousness
- •Seizure

circle student's usual symptoms

Actions Needed

WHEN IN DOUBT, ALWAYS TREAT FOR HYPOGLYCEMIA

Mild / Moderate
- Ask student if quick sugar source is in backpack
- Provide quick sugar source:
  4-6 Life savers
  or 3 teaspoons of glucose gel
  or 3-4 glucose tablets
  or 4 oz juice
  or 6 oz regular (not diet) soda
- Call Dispatch to contact parent/guardian, school nurse/school
- Repeat quick-sugar source if symptoms persist
- If student is self care, allow student to check blood sugar and eat a quick sugar source if necessary, according to plan of care

Severe
- Don't attempt to give anything by mouth
- If unconscious, position on side, if possible
- Call Dispatch to contact 911, parent/guardian, school nurse/school
- Stay with student

This information is confidential and can only be shared on a "need to know" basis.

Quick Reference Emergency Plan – Transportation/Bus Driver

for a Student with Diabetes

Hyperglycemia

(High Blood Sugar)

Bus # _____

Student's Name: _____

Grade/Teacher: _____ Date of Plan: _____

Emergency Contact Information:

Mother/Guardian _____

Home phone: _____ Work phone: _____ Cell phone: _____

Father/Guardian _____

Home phone: _____ Work phone: _____ Cell phone: _____

School Phone: _____ School nurse phone: Clinic _____ Cell: _____

Trained Diabetes Personnel: _____

Is student self care? _____ Yes _____ No

Causes of Hyperglycemia

- Too much food
- Too little insulin
- Decreased activity
- Illness/Infection
- Stress

Onset

- Over time-several hours or days

Symptoms

Mild

- Thirst
- Frequent Urination
- Fatigue/sleepiness
- Increased hunger
- Blurred vision
- Stomach pains
- Flushing of skin
- Lack of concentration
- Other: _____

circle student's usual symptoms

Moderate

- Mild symptoms plus:
- Dry mouth
- Nausea
- Stomach cramps
- Vomiting
- Sweet, fruity breath
- Other: _____

circle student's usual symptoms

Severe

- Mild and Moderate symptoms plus:
- Labored breathing
- Very weak
- Confused
- Unconscious

circle student's usual symptoms

Mild/Moderate

- On long trips, provide frequent bathroom breaks
- Encourage student to drink water or sugar-free drinks
- If student is self care, allow student to check blood sugar and administer insulin if necessary, according to plan of care

Severe

- Don't attempt to give anything by mouth
- If unconscious, position on side, if possible
- Call Dispatch to contact 911, parent/guardian, school nurse/school
- Stay with student

This information is confidential and can only be shared on a "need to know" basis.

Quick Reference Emergency Plan – Off-Campus Activity Supervisor

for a Student with Diabetes

Hypoglycemia

(Low Blood Sugar)

Student's Name: _____

Grade/Teacher: _____ Date of Plan: _____

Emergency Contact Information:

Mother/Guardian _____

Home phone: _____ Work phone: _____ Cell phone: _____

Father/Guardian _____

Home phone: _____ Work phone: _____ Cell phone: _____

School Phone: _____ School nurse phone: Clinic _____ Cell: _____

Trained Diabetes personnel: _____

Is student self care? _____ Yes _____ No

Never send/leave a student with suspected low blood sugar anywhere alone

Causes of Hypoglycemia

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

Onset

- Sudden

Symptoms

Mild

- Hunger
- Shakiness
- Weakness
- Paleness
- Anxiety
- Dizziness
- Sweating
- Drowsiness
- Personality change
- Unable to concentrate
- Irritability
- Other:_____

circle student's usual symptoms

Moderate

- Headache
- Behavior change
- Poor coordination
- Able to swallow
- Other: _____
- Blurry vision
- Weakness
- Slurred speech
- Confusion

circle student's usual symptoms

Severe

- Loss of consciousness
- Seizure

circle student's usual symptoms

Actions Needed

WHEN IN DOUBT, ALWAYS TREAT FOR HYPOGLYCEMIA

Mild / Moderate

- Ask student if quick sugar source is in backpack
- Provide quick sugar source:
  4-6 Life savers
  or 3 teaspoons of glucose gel
  or 3-4 glucose tablets
  or 4 oz juice
  or 6 oz regular (not diet) soda
- Contact parent/guardian, school nurse/school
- Repeat quick-sugar source if symptoms persist
- If student is self care, allow student to check blood sugar and eat a quick sugar source if necessary, according to plan of care

Severe

- Don't attempt to give anything by mouth
- If unconscious, position on side, if possible
- Contact 911, parent/guardian, school nurse/school
- Stay with student

This information is confidential and can only be shared on a "need to know" basis.

Quick Reference Emergency Plan – Off-Campus Activity Supervisor

for a Student with Diabetes

Hyperglycemia

(High Blood Sugar)

Student's Name: _____

Grade/Teacher: _____ Date of Plan: _____

Emergency Contact Information:

Mother/Guardian _____

Home phone: _____ Work phone: _____ Cell phone: _____

Father/Guardian _____

Home phone: _____ Work phone: _____ Cell phone: _____

School Phone: _____ School nurse phone: Clinic _____ Cell: _____

Trained Diabetes Personnel: _____

Is student self care? _____ Yes _____ No

Causes of Hyperglycemia

- Too much food
- Too little insulin
- Decreased activity
- Illness/Infection
- Stress

Onset

- Over time-several hours or days

Symptoms

Mild

- Thirst
- Frequent Urination
- Fatigue/sleepiness
- Increased hunger
- Blurred vision
- Stomach pains
- Flushing of skin
- Lack of concentration
- Other: _____

circle student's usual symptoms

Moderate

- Mild symptoms plus:
- Dry mouth
- Nausea
- Stomach cramps
- Vomiting
- Sweet, fruity breath
- Other: _____

circle student's usual symptoms

Severe

- Mild and Moderate symptoms plus:
- Labored breathing
- Very weak
- Confused
- Unconscious

circle student's usual symptoms

Mild/Moderate

- Allow free use of the bathroom
- Encourage student to drink water or sugar-free drinks
- If student is self care, allow student to check blood sugar and administer insulin if necessary, according to plan of care

Severe

- Don't attempt to give anything by mouth
- If unconscious, position on side, if possible
- Contact 911, parent/guardian, school nurse/school
- Stay with student

This information is confidential and can only be shared on a "need to know" basis.

Quick Reference Emergency Plan – Level II

for a Student with Diabetes

Hypoglycemia

(Low Blood Sugar)

Student's Name: _____

Grade/Teacher: _____ Date of Plan: _____

Emergency Contact Information:

Mother/Guardian _____

Home phone: _____ Work phone: _____ Cell phone: _____

Father/Guardian _____

Home phone: _____ Work phone: _____ Cell phone: _____

Trained Diabetes personnel: _____

Scheduled classroom snack: _____

Is student self care? _____ Yes _____ No

Never send/leave a student with suspected low blood sugar anywhere alone

Causes of Hypoglycemia

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

Onset

- Sudden

Symptoms

Mild

- Hunger
- Shakiness
- Weakness
- Paleness
- Anxiety
- Dizziness
- Sweating
- Drowsiness
- Personality change
- Unable to concentrate
- Irritability
- Other: _____

circle student's usual symptoms

Moderate

- Headache
- Behavior change
- Poor coordination
- Able to swallow
- Other: _____
- Blurry vision
- Weakness
- Slurred speech
- Confusion

circle student's usual symptoms

Severe

- Loss of consciousness
- Seizure

circle student's usual symptoms

Actions Needed

WHEN IN DOUBT, ALWAYS TREAT FOR HYPOGLYCEMIA

Mild / Moderate

- Allow student to eat a quick sugar source. The student may have this sugar source in a backpack or teacher may have been provided an appropriate sugar source (4-6 life savers, glucose gel, glucose tablets)
- If the student is self-care, allow student to check blood sugar and eat quick sugar source if necessary, according to plan of care
- Please allow immediate access to the clinic if needed. Student will need to be escorted or may send another student for the nurse or trained diabetes personnel.

Severe

- Don't attempt to give anything by mouth
- If unconscious, position on side, if possible
- Send a runner for the school nurse or trained diabetes personnel
- Keep calm and reassure other people nearby
- Stay with student

This information is confidential and can only be shared on a "need to know" basis.

Quick Reference Emergency Plan – Level II

for a Student with Diabetes

Hyperglycemia

(High Blood Sugar)

Student's Name: _____

Grade/Teacher: _____ Date of Plan: _____

Emergency Contact Information:

Mother/Guardian_____

Home phone: _____ Work phone: _____ Cell phone: _____

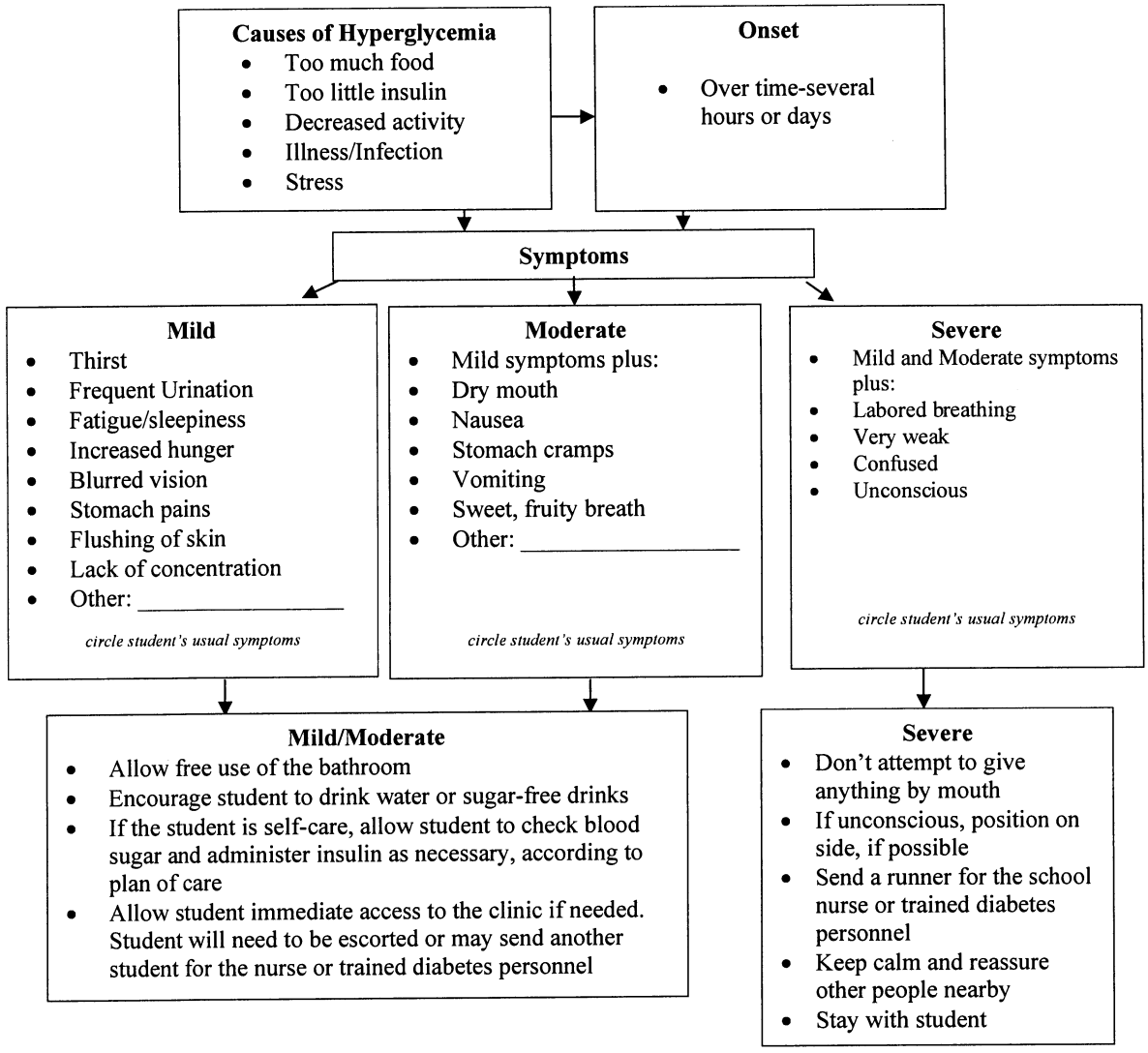
Father/Guardian _____

Home phone: _____ Work phone: _____ Cell phone: _____

Trained Diabetes Personnel: _____

Scheduled classroom snack: _____

Is student self care? _____ Yes _____ No



This information is confidential and can only be shared on a "need to know" basis.

Quick Reference Emergency Plan – Level III (UDCA)

for a Student with Diabetes

Hypoglycemia

(Low Blood Sugar)

Student's Name: _____

Grade/Teacher: _____ Date of Plan: _____

Emergency Contact Information:

Mother/Guardian _____

Home phone: _____ Work phone: _____ Cell phone: _____

Father/Guardian _____

Home phone: _____ Work phone: _____ Cell phone: _____

Trained Diabetes personnel: _____

Scheduled classroom snack: _____

Is student self care? _____ Yes _____ No

Never send/leave a student with suspected low blood sugar anywhere alone

Causes of Hypoglycemia

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

Onset

- Sudden

Symptoms

Mild

- Hunger
- Shakiness
- Weakness
- Paleness
- Anxiety
- Dizziness
- Sweating
- Drowsiness
- Personality change
- Unable to concentrate
- Irritability
- Other: _____

circle student's usual symptoms

Moderate

- Headache
- Behavior change
- Poor coordination
- Able to swallow
- Other: _____
- Blurry vision
- Weakness
- Slurred speech
- Confusion

circle student's usual symptoms

Severe

- Loss of consciousness
- Seizure

circle student's usual symptoms

Actions Needed: Check blood glucose, refer to Diabetes Management & Treatment Plan
WHEN IN DOUBT, ALWAYS TREAT FOR HYPOGLYCEMIA

Mild / Moderate

- Student may/may not treat self
- Provide quick sugar source:
  - 3-4 glucose tablets, or
  - 4 oz juice, or
  - 6 oz. regular (not diet) soda, or
  - 3 teaspoons of glucose gel
- Wait 10-15 minutes
- Recheck blood glucose
- Repeat quick sugar source if symptoms persist or blood glucose is less than _____ (per Diabetes Management & Treatment Plan)
- Allow to eat meal or snack if available

Severe

- Call 911
- Position on side, if possible
- Rub small amount of gel on student's gums
- Administer glucagon, as prescribed, per Diabetes Management & Treatment Plan
- Contact parent/guardian
- Contact school nurse
- Stay with student

Quick Reference Emergency Plan – Level III (UDCA)

for a Student with Diabetes

Hyperglycemia

(High Blood Sugar)

Student's Name: _____

Grade/Teacher: _____ Date of Plan: _____

Emergency Contact Information:

Mother/Guardian _____

Home phone: _____ Work phone: _____ Cell phone: _____

Father/Guardian _____

Home phone: _____ Work phone: _____ Cell phone: _____

Trained Diabetes Personnel: _____

Scheduled classroom snack: _____

Is student self care? _____ Yes _____ No

Causes of Hyperglycemia

- Too much food
- Too little insulin
- Decreased activity
- Illness/Infection
- Stress

Onset

- Over time-several hours or days

Symptoms

Mild

- Thirst
- Frequent Urination
- Fatigue/sleepiness
- Increased hunger
- Blurred vision
- Stomach pains
- Flushing of skin
- Lack of concentration
- Other: _____

circle student's usual symptoms

Moderate

- Mild symptoms plus:
- Dry mouth
- Nausea
- Stomach cramps
- Vomiting
- Sweet, fruity breath
- Other: _____

circle student's usual symptoms

Severe

- Mild and Moderate symptoms plus:
- Labored breathing
- Very weak
- Confused
- Unconscious

circle student's usual symptoms

Mild/Moderate

- Check blood glucose
- Check urine for ketones
- Refer to Diabetes Management & Treatment Plan
- If within 30 min prior to lunch, administer correction dose according to Diabetes Management & Treatment Plan
- Allow free use of the bathroom
- Encourage student to drink water or sugar-free drinks
- If the student is self-care, allow student to check blood sugar and administer insulin as necessary

Severe

- Call 911
- Don't attempt to give anything by mouth
- If unconscious, position on side, if possible
- Check blood glucose
- Refer to Diabetes Management & Treatment Plan
- If within 30 min prior to lunch, administer correction dose according to Diabetes Management & Treatment Plan
- Call parent/guardian and school nurse
- Keep calm and reassure other people nearby
- Stay with student

LIFESCAN INC.
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Novo Nordisk DIABETES Care

HYPOGLYCEMIA
(Low Blood Sugar)

CAUSES: Too little food, too much insulin or diabetes medicine, or extra exercise.

ONSET: Sudden, may progress to insulin shock.

BLOOD SUGAR: Below 70 mg/dL.
Normal range: 70-115 mg/dL.

SYMPTOMS

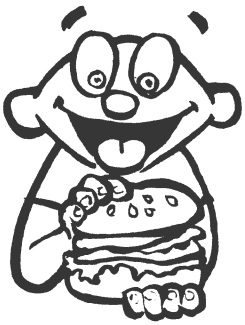
SHAKING

FAST HEARTBEAT

SWEATING

ANXIOUS

DIZZINESS


HUNGER

IMPAIRED VISION

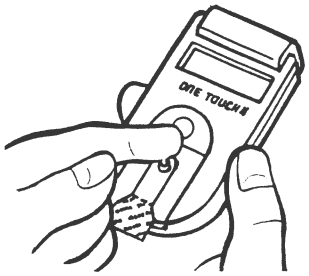
WEAKNESS, FATIGUE

HEADACHE

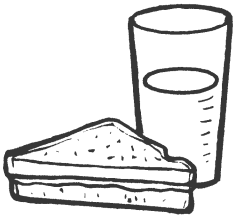
IRRITABLE

WHAT CAN YOU DO?

Drink a half a cup of orange juice or milk, or eat several hard candies.



TEST BLOOD SUGAR
If symptoms don't stop, call your doctor.


Within 30 minutes after symptoms go away, eat a light snack (half a peanut butter or meat sandwich and a half glass of milk).

Concept developed by Rhoda Rogers, RN, BSN, CDE, Sunrise Community Health Center and Northern Colorado Medical Center

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Novo Nordisk DIABETES Care

HYPERGLYCEMIA
(High Blood Sugar)

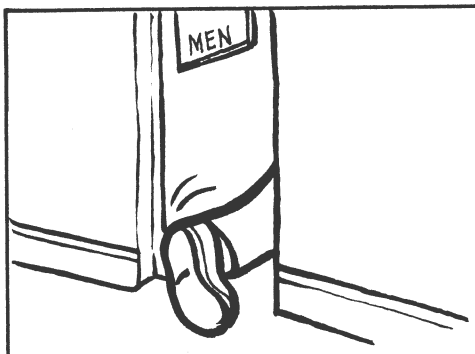
CAUSES: Too much food, too little insulin, illness or stress.

ONSET: Gradual, may progress to diabetic coma.

BLOOD SUGAR: Above 200 mg/dL.
Acceptable range: 115-200 mg/dL.

SYMPTOMS

EXTREME THIRST



FREQUENT URINATION

DRY SKIN

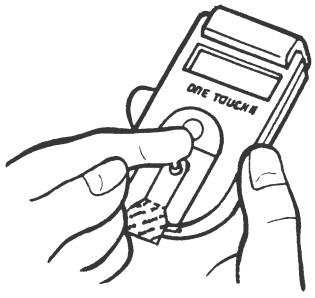
HUNGER

BLURRED VISION

DROWSINESS

NAUSEA

WHAT CAN YOU DO?



TEST BLOOD SUGAR

If over 250 mg/dL for several tests
CALL YOUR DOCTOR

Concept developed by Rhoda Rogers, RN, BSN, CDE, Sunrise Community Health Center and Northern Colorado Medical Center

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Insulin Pumps in the School Setting

A student in your school has diabetes and is on an insulin pump. An insulin pump is a device that continuously infuses a very small amount of fast-acting insulin through a small catheter under the skin. The student then takes additional insulin through the pump for meals and snacks. We would like to emphasize that problems and complications with insulin pumps are very seldom seen. For the most part, you will not be aware that the student is using the pump, although you may hear an occasional quiet beep or click when insulin is being dispensed by the pump. The following information may assist you in helping the student wearing an insulin pump.

Blood Sugar Testing

When a student is on an insulin pump, more frequent blood sugar testing may be necessary. If the testing can be done in the classroom, which would be preferred, as the student will miss less classroom time. Testing can also be done in the office or clinic if necessary.

Low Blood Sugar

If a student who is on an insulin pump experiences a low blood sugar reaction, these guidelines should be followed:

- ✓ If the blood sugar is between 50-70mg/dl, the student needs to take about 15 grams of carbohydrate, which is the equivalent to 4 oz. of juice, 3-4 glucose tablets, or 4 oz. of regular pop.
- ✓ If the blood sugar is less than 50mg/dl, the student may need to eat as much as 30 grams of carbohydrate (15 grams of one of the above in addition to 15 grams of a small snack, i.e., cheese crackers, or a granola bar).
- ✓ If the student should experience a severe low blood sugar where the student is unconscious or is having a convulsion, 911 should be called or Glucagon may be given by appropriately trained staff. **The pump should not be removed and the pump dosage should not be adjusted in any way.**

High Blood Sugars

High blood sugars over 300mg/dl may be an early indication that the pump is not infusing the insulin as it should or that the child is ill. If the student's blood sugar is over 300dl at mealtime, urine ketones should be checked. If the urine ketones are negative, the student can give an additional insulin dose through the insulin pump along with the usual lunch insulin dose. The student should then recheck a blood sugar in 1 hour to be sure it is coming down. If the blood sugar is above 300mg/dl and the ketones are small, moderate, or large, the student will need to be given an insulin dose with a syringe and drink 8 oz. of water an hour until the ketones disappear. The student will also have to change the infusion site and tubing for the insulin pump. The student should have a vial of fast-acting insulin and insulin syringes available in the clinic in case they need to give an additional injection.

- continued on back -

Exercise

During times of vigorous exercise, the student may need to disconnect from the pump. For this, the student needs to place the pump in a safe place where it will not be damaged. During prolonged exercise, many students reconnect the pump periodically and take insulin. Some students wear their pump during exercise and use a special case to protect it.

Questions?

If you have any questions, speak with the student and the student's family. They can be a tremendous resource for you. You may also contact the pump manufacturer for resource information for school health personnel.

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SUPPLEMENTAL INFORMATION SHEET FOR STUDENT WEARING AN INSULIN PUMP AT SCHOOL
School Year _____

Student Name:_____ Date of Birth:_____ Pump Brand/Model:_____

Pump Resource Person:_____ Phone/Beeper _____(See diabetes care plan for parent phone#)

Blood Glucose Target Range:_____-_____ Pump Insulin: Humalog Regular

Insulin Correction Factor for Blood Glucose Over Target:_____

Insulin: Carbohydrate Ratios: _____

(Student to receive insulin bolus for carbohydrate intake *immediately before* / _____*minutes* before eating. Circle appropriate interval)

Location of Extra Pump supplies _____

☐ **INDEPENDENT MANAGEMENT**

This student has been trained to independently perform routine pump management and troubleshoot problems, including but not limited to:

- Giving boluses of insulin for both correction of blood glucose above target range and for food consumption.
- Changing of insulin infusion sets using universal precautions
- Switching to injections, should there be a pump malfunction.

Parents will provide extra supplies to include infusion sets, reservoirs, batteries, pump insulin, syringes.

☐ **NON INDEPENDENT MANAGEMENT (Child Lock On? Yes No)**

Because of young age or other factors, this student cannot independently evaluate pump function nor independently change infusion sets.

- **Insulin for meals and snacks** will be given and verified as follows: _____
- **Insulin for correction of blood glucose over**_____ will be given and verified as follows: _____

PARENT NOTIFICATION: *Refer to basic diabetes care plan and check ✓ all others that apply. Contact parent in event of:*

- ☐ Pump alarms/malfunction
- ☐ Soreness or redness at site
- ☐ Detachment of dressing/infusion set out of place
- ☐ Leakage of insulin
- ☐ Student must give insulin injection
- ☐ Student has to change site
- ☐ Corrective measures do not return blood glucose to target range within ___ hrs.
- ☐ Other:_____

MANAGEMENT OF HIGH/VERY HIGH BLOOD GLUCOSE: ***Refer to previous sections and to basic Diabetes Care Plan***

MANAGEMENT OF LOW BLOOD GLUCOSE *Follow instructions in basic Diabetes Care Plan, but in addition:*

If low blood glucose recurs without explanation, notify parent/diabetes provider for potential instructions to suspend pump.

If seizure or unresponsiveness occurs:

1. Give Glucagon and/or glucose gel (See basic Diabetes Health Plan)
2. Call 911
3. Notify parent
4. Stop insulin pump by:
   - Placing in "suspend" or stop mode
   - Disconnecting at pigtail or clip
   - Cutting tubing
5. If pump was removed, send with EMS to hospital.

COMMENTS:_____

Effective Dates: From_____ To_____

Parent's Signature:_____ Date:_____

School Nurse's Signature:_____ Date:_____

Diabetes Care Provider Signature:_____ Date:_____

Emergency Treatment
Seizure

1. Protect child during seizure:
   - Do not attempt to restrain child or use force.
   - If child is standing or sitting in a chair, ease child down so that he or she will not fall.
   - When possible, place cushion or blanket, etc. under child's head. If this is not available, sit on floor with child's head in your lap.
2. **DO NOT** put anything in child's mouth.
3. Prevent child from hitting hard or sharp objects that might cause injury during uncontrolled movements.
4. Always allow seizure to end without interference.
5. When seizure has stopped, check for breathing and observe color of skin, lips, and nail beds. Many children do not breathe during a seizure and may turn blue, however, immediately (within 30 seconds) after seizure activity, they should begin breathing and color will "pink-up."
6. If child does not begin breathing spontaneously, have someone call 911. If able, begin mouth-to-mouth resuscitation. Remain with child.
7. If child begins breathing spontaneously after seizure activity, briefly observe/assess mouth for any signs of injury (i.e., bitten tongue or cracked tooth). Assess for injury to head which may have occurred during seizure.
8. Always allow child to rest quietly with very little stimulation (lights out, reduced noise, etc.).
9. Remain with child or close by; he or she may have a series of seizures.
10. Once child has regained full consciousness and is reoriented to his surroundings (explain to child that he has had a seizure and that everything is all right; reorient him/her to environment, time, day, etc.) he or she may go back to class.
11. Trust your instinct; if you feel the child's parent(s) should be notified, call them!

EPILEPSY FOUNDATION QUESTIONNAIRE FOR PARENT OF A STUDENT WITH SEIZURES

Please complete all questions. This information is essential for the school nurse and school staff in determining your student's special needs and providing a positive and supportive learning environment. If you have any questions about how to complete this form, please contact your child's school nurse.

CONTACT INFORMATION:

Student's Name:_____ School Year:_____ Date of Birth:_____

School:_____ Grade:_____ Classroom:_____

Parent/Guardian Name:_____ Tel. (H):_____ (W):_____ (C):_____

Other Emergency Contact:_____ Tel. (H):_____ (W):_____ (C):_____

Child's Neurologist:_____ Tel:_____ Location:_____

Child's Primary Care Dr.:_____ Tel:_____ Location:_____

Significant medical history or conditions:

SEIZURE INFORMATION:

1. When was your child diagnosed with seizures or epilepsy?_____
2. Seizure type(s):

Seizure Type	*Length*	*Frequency*	*Description*

3. What might trigger a seizure in your child?_____
4. Are there any warnings and/or behavior changes before the seizure occurs? YES NO
   If YES, please explain:_____
5. When was your child's last seizure?_____
6. Has there been any recent change in your child's seizure patterns? YES NO
   If YES, please explain:_____
7. How does your child react after a seizure is over?_____
8. How do other illnesses affect your child's seizure control?_____

BASIC FIRST AID: Care and Comfort Measures

9. What basic first aid procedures should be taken when your child has a seizure in school?_____
   _____
   _____
   _____
   _____

Basic Seizure First Aid:
- ✓ Stay calm & track time
- ✓ Keep child safe
- ✓ Do not restrain
- ✓ Do not put anything in mouth
- ✓ Stay with child until fully conscious
- ✓ Record seizure in log

For tonic-clonic (grand mal) seizure:
- ✓ Protect head
- ✓ Keep airway open/watch breathing
- ✓ Turn child on side

10. Will your child need to leave the classroom after a seizure? YES NO
    If YES, What process would you recommend for returning your child to classroom:_____
    _____

SEIZURE EMERGENCIES

11. Please describe w hat constitutes an emergency for your child? (Answer may require consultation with treating physician and school nurse.)_____

_____

_____

_____

_____

12. Has child e ver been hospitalized for continuous seizures? YES NO

If YES, please explain: _____

_____

A Seizure is generally considered an Emergency when:

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

SEIZURE MEDICATION AND TREATMENT INFORMATION

13. What medication(s) does your child take?

Medication	Date Started	Dosage	Frequency and time of day taken	Possible side effects

14. What emergency/rescue medications needed medications are prescribed for your child?

Medication	Dosage	Administration Instructions (timing* & method**)	What to do after administration:

* *After 2nd or 3rd seizure, for cluster of seizure, etc.* ** *Orally, under tongue, rectally, etc.*

15. What medication(s) will your child need to take during school hours?_____

16. Should any of these medications be administered in a special way? YES NO

If YES, please explain:_____

17. Should any particular reaction be watched for? YES NO

If YES, please explain:_____

18. What should be done when your child misses a dose?_____

19. Should the school have backup medication available to give your child for missed dose? YES NO

20. Do you wish to b e called before backup medication is given for a missed dose?

21. Does your ch ild have a Vagus Nerve Stimulator? YES NO

If YES, please describe instructions for appropriate magnet use:_____

_____

SPECIAL CONSIDERATIONS & PRECAUTIONS

22. Check all that apply and describe any considerations or precautions that should be taken

- ❑ General health_____
- ❑ Physical functioning_____
- ❑ Learning:_____
- ❑ Behavior:_____
- ❑ Mood/coping:_____
- ❑ Physical education (gym)/sports:_____
- ❑ Recess:_____
- ❑ Field trips:_____
- ❑ Bus transportation:_____

Other:_____

GENERAL COMMUNICATION ISSUES

23. What is the best way for us to communicate with you about your child's seizure(s)?_____

_____

24. Can this information be shared with classroom teacher(s) and other appropriate school personnel? YES NO

Parent/Guardian Signature:_____ Date:_____ Dates Updated:_____, _____

EPILEPSY FOUNDATION

SEIZURE ACTION PLAN

Effective Date_____

THIS STUDENT IS BEING TREATED FOR A SEIZURE DISORDER. THE INFORMATION BELOW SHOULD ASSIST YOU IF A SEIZURE OCCURS DURING SCHOOL HOURS.

Student's Name:_____ Date of Birth:_____

Parent/Guardian:_____ Phone: _____Cell:_____

Treating Physician:_____ Phone: _____

Significant medical history:_____

SEIZURE INFORMATION:

Seizure Type	*Length*	*Frequency*	*Description*

Seizure triggers or warning signs:_____

Student's reaction to seizure:_____

BASIC FIRST AID: CARE & COMFORT: *(Please describe basic first aid procedures)*

Basic Seizure First Aid:
- ✓ Stay calm & track time
- ✓ Keep child safe
- ✓ Do not restrain
- ✓ Do not put anything in mouth
- ✓ Stay with child until fully conscious
- ✓ Record seizure in log

For tonic-clonic (grand mal) seizure:
- ✓ Protect head
- ✓ Keep airway open/watch breathing
- ✓ Turn child on side

Does student need to leave the classroom after a seizure? YES NO

If YES, describe process for returning student to classroom

EMERGENCY RESPONSE:

A "seizure emergency" for this student is defined as:

A Seizure is generally considered an Emergency when:
- ✓ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- ✓ Student has repeated seizures without regaining consciousness
- ✓ Student has a first time seizure
- ✓ Student is injured or has diabetes
- ✓ Student has breathing difficulties
- ✓ Student has a seizure in water

Seizure Emergency Protocol: *(Check all that apply and clarify below)*

☐ Contact school nurse at _____
☐ Call 911 for transport to _____
☐ Notify parent or emergency contact
☐ Notify doctor
☐ Administer emergency medications as indicated below
☐ Other_____

TREATMENT PROTOCOL DURING SCHOOL HOURS: (include daily and emergency medications)

Daily Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Emergency/Rescue Medication

_____

Does student have a **Vagus Nerve Stimulator (VNS)**? YES NO

If YES, Describe magnet use_____

SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS: *(regarding school activities, sports, trips, etc.)*

Physician Signature:_____ **Date:**_____

Parent Signature:_____ **Date:**_____

EPILEPSY FOUNDATION®

Seizure Observation Record

Student Name:				
Date & Time				
Seizure Length				
Pre-Seizure Observation (Briefly list behaviors, triggering events, activities)				
Conscious (yes/no/altered)				
Injuries (briefly describe)				
Muscle Tone/Body Movements	Rigid/clenching			
	Limp			
	Fell down			
	Rocking			
	Wandering around			
	Whole body jerking			
Extremity Movements	(R) arm jerking			
	(L) arm jerking			
	(R) leg jerking			
	(L) leg jerking			
	Random Movement			
Color	Bluish			
	Pale			
	Flushed			
Eyes	Pupils dilated			
	Turned (R or L)			
	Rolled up			
	Staring or blinking (clarify)			
	Closed			
Mouth	Salivating			
	Chewing			
	Lip smacking			
Verbal Sounds (gagging, talking, throat clearing, etc.)				
Breathing (normal, labored, stopped, noisy, etc.)				
Incontinent (urine or feces)				
Post-Seizure Observation	Confused			
	Sleepy/tired			
	Headache			
	Speech slurring			
	Other			
Length to Orientation				
Parents Notified? (time of call)				
EMS Called? (call time & arrival time)				
Observer's Name				

Please put additional notes on back as necessary.

Seizure Information and First Aid Procedures

SEIZURE TYPE	WHAT IT LOOKS LIKE	WHAT IT IS NOT	WHAT TO DO	WHAT NOT TO DO
Generalized Tonic-Clonic **(Also called Grand Mal)**	Sudden cry, fall, rigidity, followed by muscle jerks, shallow breathing, or temporarily suspended breathing, bluish skin, possible loss of bladder or bowel control, usually lasts a couple of minutes. Normal breathing then starts again. There may be some confusion and/or fatigue followed by return to full consciousness.	Heart Attack Stroke	Look for medical identification. Protect form nearby hazards. Loosen ties or shirt collars. Protect head from injury. Turn on side to keep airway clear. Reassure when consciousness returns. If single seizure lasted less than 5 minutes, ask if hospital evaluation wanted. If multiple seizures, or if one seizure lasts longer than 5 minutes, call an ambulance. If person is pregnant, injured, or diabetic, call for aid at once.	Don't put any hard implement in the mouth. Don't try to hold tongue. (It can't be swallowed. Don't try to give liquids during or just after seizure. Don't use artificial respiration unless breathing is absent after muscle jerks subside, or unless water has been inhaled. Don't restrain.
Absence **(Also called Petit Mal)**	A blank stare, beginning and ending abruptly, lasting only a few seconds, most Common in children. May be accompanied by rapid blinking, some chewing movements of the mouth. Child is unaware of what's going on during the seizure, but quickly returns to full awareness once it has stopped. May result in learning difficulties if not recognized and treated.	Day dreaming. Lack of attention. Deliberate ignoring of adult instructions.	No first aid necessary, but if this is the first observation of the seizure(s) medical evaluation should be recommended.	
Simple Partial	Jerking may begin in one area of body, arm, leg, or face. Can't be stopped, but patient stays awake and aware. Jerking may proceed from one area of the body to another, and sometimes spreads to become a convulsive seizure. Partial sensory seizures may not be obvious to an onlooker. Patient experiences a distorted environment. May see or hear things that aren't there, may feel unexplained fear, sadness, anger or joy. May have nausea, experience odd smells, and have a generally "funny" feeling in the stomach.	Acting out, bizarre behavior. Hysteria. Mental illness. Psychotic illness. Para psychological or mystical experiences.	No first aid necessary unless seizure becomes convulsive, then First Aid as above. No immediate action needed other than reassurance and emotional support. Medical evaluation should be recommended.	

Seizure Information and First Aid Procedures
Continued

SEIZURE TYPE	WHAT IT LOOKS LIKE	WHAT IT IS NOT	WHAT TO DO	WHAT NOT TO DO
Complex Partial (Also Called Psychomotor or Temporal Lobe)	Usually start with blank stare, followed by chewing, followed by random activity. Person appears unaware of surroundings, may seem dazed and mumble. Unresponsive. Actions clumsy, not directed. May pick at clothing, pick up objects, try to take clothes off. May run, appear afraid. May struggle or flair at restraint. Once pattern established, same set of actions usually occur with each seizure. Lasts a few minutes, but post-seizure confusion can last substantially longer. No memory of what happened during seizure period.	Drunkenness. Intoxication on drugs. Mental Illness. Disorderly conduct.	Speak calmly and reassuringly to patient and others. Guide gently away from obvious hazards. Stay with person until completely aware of environment. Offer to help getting home.	Don't grab hold unless sudden danger (such as a cliff edge or an approaching car) threatens. Don't try to restrain. Don't shout. Don't expect verbal instructions to be obeyed.
Atonic Seizures (Also called Drop Attacks)	A child or adult suddenly collapses and falls. After 10 seconds to a minute he/she recovers, regains consciousness, and can stand and walk again.	Clumsiness. Normal childhood "stage". In a child, lack of good walking skills. In an adult, drunkenness, acute illness.	No first aid needed (unless he/she hurts himself/herself as he /she fell), but the child should be given a thorough medical evaluation.	
Myoclonic Seizures	Sudden brief, massive muscle jerks that may involve the whole body of parts of the body. May cause person to spill what they were holding or fall off a chair.	Clumsiness. Poor coordination.	No first aid needed, but should be given a thorough medical evaluation.	
Infantile Spasms	These are clusters of quick, sudden movements that start between 3 months and 2 years. If a child is sitting up, the head will fall forward, and the arms will flex forward. If lying down, the knees will be drawn up, with arms and head flexed forward as if baby is reaching for support.	Normal movements of the baby. Colic	Nor first aid, but doctors should be consulted.	

_____ SCHOOL HEALTH SERVICES

AUTHORIZATION FOR ANMINISTRATION OF RECTAL DIASTAT

Student Name _____ **DOB** _____ **Date** _____

School _____ **Ph #**_____ **Fax**_____

The following authorization must be completed by the physician prior to administering Diastat. ***I understand that this medication may be administered by non-medical school personnel trained in the administration of Diastat.***

1. **Diagnosis** _____
2. **Name of medication**_____ **Strength** _____
   Dosage_____ **Route** ***RECTAL***
3. **Specific instructions for administration:**
   a. **Describe type and frequency of seizures that require administration of medication:**
      Type: _____
      Frequency: _____
   b. **Diastat should be administered after____ minutes of seizure activity.**
   c. **Time before seizure stops or decreases in intensity or frequency after administration of Diastat**_____
   d. **If seizures do not stop within in ____ minutes after the administration of Diastat, procedure to follow:**_____
4. **List any significant side effects to this medication**_____

Physician signature_____ **Date**_____
Printed name_____
Ph. #_____ **Fax**_____

The following is to be completed by the parent/guardian.

Parent/guardian signature _____
Printed name_____
Relationship to student_____
Home phone _____**Work phone**_____
Cell phone_____ **Other**_____

Communicable
Disorders

EXCLUSION POLICY

A student should not attend school if he or she has the following symptoms/and or diseases.

1. *Fever – 100.4° F or above oral temperature; or 102° F or above rectal temperature; or 100° F above auxiliary temperature.

2. Vomiting and/or diarrhea (abnormally loose, water stool), with accompanying abdominal pain.

3. Thick yellow or green discharge from the nose or eyes.

4. Persistent cough or increasing severity of cough, not improving after 4 to 5 days.

5. Unusual spots or rashes accompanied by fever or behavior changes indicating illness.

6. Severe itching of body or scalp, or scratching of scalp.

7. Behavior indicating that he or she is not well. For example, child is cranky or less active than usual; child cries more than usual.

8. If the child is diagnosed with any of the contagious conditions listed below please notify your Teacher/Child and Family Advocate as soon as possible. Your Teacher/Child and Family Advocate will then let you know approximately when your child may return to school.

Chicken Pox	Mumps
Cold Sores	Pink Eye
Diphtheria	Pertussis (Whooping cough)
Head Lice	Rubella
Hepatitis	Scabies
Impetigo	Strep Throat (any strep infection)
Measles	Tuberculosis
Meningitis	

A child with any of these symptoms or diseases may cause other children to get sick. If **ALL** parents keep sick children at home, everybody's children will stay healthier.

*"Recommendations for the Prevention and Control of Communicable Diseases in a Group-Care Setting" – Department of State Health Services

A NOTE FROM THE NURSE

Remember, **communication is very important**. Call the school office _____ **every day** that your child does not attend school. Please call the school nurse if you take your child to the doctor/clinic, especially if she referred your child. It the doctor/clinic gives your child any important report/result that the nurse need to document in your child's record, please bring it to her as soon as possible or send it with your child when he/she returns to school.

Listed below are some guidelines you might consider in determining whether you should keep your child home from school:

1. Oral temperature of 100.4 or higher. Keep your child home until they have been free of fever for 24 hours.

2. Sore, red and/or swollen throat.

3. Head lice. (Primary symptom is persistent head scratching).

4. Any unexplained rash.

5. Eyes that are red, swollen, painful and matted together.

6. Vomiting and diarrhea.

7. Hepatitis A symptoms (abrupt onset of fever, lack of appetite, nausea, vomiting, jaundice (yellow-tinged skin and/or yellowing in eyes).

8. Any questionable contagious symptoms or if your child is especially droopy, lack of energy or just not his/her usual, regular self.

These are very general guidelines. If you have any questions regarding your child's health, please call your family physician or me at _____.

Thank you for your cooperation.

Una Nota De La Enfermera

Recuerde, **comunicación es muy importante.** Llame a la oficina de la escuela al numero_____ **cada día** que su hijo(a) no atienda a clase. Por favor, informe a la enfermera de la escuela si llevó a su hijo(a) al médico/clínica, especialmente si ella lo envío. Si tiene un reporte importante del médico o clínica que la enfermera necesita anotar, favor de traerlo a la oficina cuanto antes o puede mandarlo con us hijo(a) al regresar a clase.

Aqui esta una lista de guías que puede utilizar para determinar si su hijo(a) debe quedarse en casa y faltar a clase:

1. Temperatura oral de 100.4 o mas. Se le recomienda que mantenga a su hijo(a) en casa hasta que este libre de fiebre por 24 horas.

2. Dolor de garganta o si tiene roja o hinchada la garganta.

3. Piojos. (El síntoma mayor es de comezón constante en la cabeza.)

4. Erupción de piel sin explicación.

5. Ojos rojos, hinchados y con dolor o si se le pegan los ojos con legañas.

6. Diarrea y/o vómito.

7. Sintomas de Hepatitis-A (fiebre abruptamente, falta de apetito, nausea, vómito y color amarillo en la piel y en lo blanco de los ojos.

8. Cualquier síntoma contagioso questionable o si el niño se ve decaido, sin energía o no es su persona normal.

Estas son guías generales. Si tiene preguntas sobre la salud de su hijo(a), favor de llamar a su médico o a mi al número directo _____. Gracias por su cooperación.

Enfermera escolar

Head Lice (P. Humanus Capitis)

A. Characteristics

1. Occur in all socioeconomic levels regardless of age, sex, or standards of personal hygiene.
2. Are dependent on human blood for nourishment and can live off hose for only 48 hours.
3. Do not jump, hop, or fly.
4. Do not transmit communicable diseases.
5. Are spread by direct and indirect contact.
6. Females are infested more frequently than males.
7. Occurrence rates do not significantly differ between long and short hair.
8. Occurrence rate highest in elementary school children and special education classes.
9. Uncommon in blacks.

B. Description

1. Head lice are two to four mm. in length, wingless, gray-brown, hairy, flat, six-legged insects that are difficult to see because of their size and coloring.
2. Eggs are laid by the adult female louse at a rate of eight to 10 per day. They hatch in even to 10 days from a nit (egg casing) which appears as a clear, graying white ellipsoid, firmly attached to the hair shaft at the junction of the scalp. Hatched or empty nits can be distinguished by their milky color and missing top.

C. Symptoms

1. Itching of the scalp especially back of neck and behind ear, is caused by bite and blood sucking activity.
2. Secondary excoriations, rash, and enlarged cervical lymph nodes may be noted as a result of scratching to relieve itching.

D. Mode of Transmission

1. Direct contact (i.e., head to head with infested person)
2. Indirect contact (i.e., Using infested combs and brushes; wearing infested clothing, especially hats, scarves, and coats, lying on infested carpets, beds, or upholstered furniture.

E. Screening Procedure

Directly inspect the hair and scalp, using separate applicator stick, toothpicks, student's own pencil, etc. of each student, to detect the presence of crawling lice or nits, especially at the nape of neck and behind ears.

Staff Health Training

I have been informed regarding the health situation of my student,

_____ on _____, _____

by _____,_____

I understand the signs and symptoms of _____

_____

and have received a packet of information to read. I also understand that I may visit the nurse at any time for information.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Health Services
Personnel

Interview Report

Name:	Date of Interview
Address:	Daytime Phone #

Characteristics	Outstanding (5)	Above Average (4)	Acceptable (3)	Limited Potential (2)	Not Acceptable (1)
Physical Appearance					
Asked Pertinent Questions					
Job Skills					
Verbal Communication					
Confidence					
Answered with Good Judgment					
Sincerity/Honesty					
Motivated					
Overall Qualifications					
Degree/Certifications					
Years of Experience					
Rank	Favorable	5	4	3	2	1	Unfavorable
Comments:							

Interview Questions

1. Why do you want to be a school nurse?

2. Describe your nursing education and experience. How does that experience fit into school nursing?

3. Have you worked for any community agencies, volunteer organizations or spoken for any health education programs?

4. What has been your most rewarding nursing experience?

5. What has been your biggest frustration in nursing?

6. Describe your last manager; your co-workers.

7. Give 3 adjectives that describe who you are.

8. Describe your experience in writing individualized healthcare plans.

9. What type of experience have you had in providing health information during in-service or the classroom?

Describe how you might handle the following situations:

A. Your principal asks you why she has to take blood pressure medicine when she is feeling fine. The doctor wrote a prescription when she went in for an annual checkup.

B. You find out that a student has fifth disease. Her teacher is pregnant. What are your next steps?

C. The secretary has just notified you that a school bus, that has been in an accident, is headed to the school with a busload of students. What should you do to prepare for their arrival?

D. A parent sends 2 prescription bottles of medications for her child and requests that her child be given the medication before lunch. One is Ritalin and one is methylphenidate, what do you do next?

E. After referring a child who has head lice, the parent is very angry with the school because "the school has given her child head lice, so the school can pay for her treatment." What is your response to the parent?

F. A staff member comes into the clinic while you are caring for a student and says to the student, "Why are you in here?" What is your response?

Interview Questions

Describe how you might handle the following situations:

A. A 13 year old female student tells you she thinks she is pregnant.

B. A parent tells you their child is HIV positive, but asks you not to tell anyone.

C. A student suffers a severe arterial bleed after being thrown through a plate glass window.

D. A parent requests that you give another inhaler dose to her child, who has asthma, 30 minutes after you gave a dose and the child is showing no signs of relief.

E. After referring a child who has head lice, she returns to school the following Monday and there is no indication that she was treated.

F. A staff member asks you to look in his throat and tell him if he has strep throat.

Job Description

Registered Nurse

Dept./School:	School Health Services	
Job title:	School Nurse RN	
Reports to:	Campus Principal Health Services Supervisor	
Level/Grade:	**Type of position:** ☐ **Full-time**	**187 Days** **Contract**

General Description:

The registered profession school nurse has as her primary purpose the strengthening of the educational process through improvement of the health status and learning of children. In order to meet this purpose, the registered nurse:

- Sets and maintains standards of emergency care to minimize the effects of accidents and illness in the school
- Provides quality in-depth physical assessment of students, and to improve the delivery of health care
- Assists in the appropriate placement of students with exceptional needs
- Organizes a plan of action for those students with medication and specialized treatment needs due to chronic disabilities or illness.

Qualifications:

Minimum Education/Certification:

- Registered Professional Nurse with academic preparation at the diploma, associate degree, or baccalaureate level
- Current Texas license issued by the Board of Nurse Examiners
- Current certification in CPR and Basic First Aid
- Texas Department of Health Certification in vision, hearing, and spinal screening is required

Special Knowledge/Skills

- Experience in community health or pediatric nursing preferred
- Courses of study which strengthen growth in nursing, education, special education, health education, and other health related fields is recommended

Minimum Experience:

- Two years of supervised nurse practice preferably in community health prior to entry into school nursing.

Major Responsibilities and Duties:

Health Clinic Management

1. Provide assessment and nursing care for ill and injured students.
2. Complete vision, hearing, spinal and dental screening.
3. Initiate appropriate and timely referral and follow-up relevant to the student's needs.
4. Anticipate supply and equipment needs to maintain and adequate health care facility.
5. Identify signs and symptoms of communicable disease and follow appropriate infectious disease control procedures.
6. Demonstrate and utilize current knowledge of drug and treatment protocols when administering medications and treatments.

7. Maintain current student records documenting screening results and pertinent health information.
8. Maintain current immunization records on each pupil and notify parent of needed immunization.
9. Develop individual health care plans when indicated.
10. Inform Principal and school Health Supervisor of school health concerns.
11. Provide information and support to students and families with acute and chronic illnesses and disabilities.
12. Provide appropriate intervention for crisis situations.
13. Provide health care, guidance and education to students, families and staff as requested.
14. Serve as a resource person to students and staff members.
15. Assist families in accessing community health care resources.

School/Organization Climate:

1. Participate in activities which promote optimal health care and education for students and staff members.
2. Establish and maintain open lines of communication with students, parents, staff and community members.
3. Comply with state, district, and accept various committee assignments as indicated.

Personnel Management:

1. Provide appropriate orientation and development of clinic assistants and nurse-extenders.
2. Demonstrate positive leadership and management skills in supervision of clinic assistants and nurse-extenders

Professional Growth and Development:

1. Participate in the district staff development program.
2. Demonstrate interest and initiative in professional improvement.
3. Observe professional and ethical standards in accordance with generally accepted community standards, the Texas Education Agency code of ethics and the Texas Nurse Practice Act.

Supervisory Responsibilities:

Supervise student clinic assistants and nurse-extenders as assigned.

The above statements are intended to describe the general purpose and responsibilities assigned to this job and are not intended to represent an exhaustive list of all responsibilities, duties and skills required.

Approved by:

Title:

Date posted:

Job Description

Supervisor (RN)

Dept./School:	School Health Services
Job title:	Supervisor of LVN School Nurse Extender
Reports to:	Campus Principal Health Services Supervisor

Level/Grade:	**Type of position:** ☐ **Full-time**	**187 Days** **Contract**

General Description:

The registered professional school nurse has as her primary purpose the strengthening of the educational process through improvement of the health status and learning of children. As supervisor of LVN/Nurse Extenders, the RN performs the active process of directing, guiding and influencing the outcome of an individual's performance of an activity. Supervision is generally categorized as on-site (the RN being physically present or immediately available while the activity is being performed) or off-site (the RN has the ability to provide direction through various means of written and verbal communication). In order to meet this purpose, the registered nurse will perform the following elements of supervision, in addition to regularly assigned duties as campus nurse:

- Motivates the LVN/Nurse Extender to achieve their fullest potential as part of the school health services team
- Sets and maintains standards of care to minimize the effects of accidents and illness in the school setting for the LVN/Nurse Extender's campus
- Observes professional and ethical standards for supervision in accordance with the Texas Nurse Practice Act.
- Organizes a plan of action to be followed by the LVN/Nurse Extender and staff of the treatment needs due to chronic disabilities or illness.
- Serve as a resource person to LVN/Nurse Extender.

Qualifications:

Minimum Education/Certification:

- Registered Professional Nurse with academic preparation at the diploma, associate degree or baccalaureate level
- Current Texas license issued by the Board of Nurse Examiners
- Current certification in CPR and Basic First Aid
- Texas Department of Health certification in vision, hearing and spinal screening

Special Knowledge/Skills

- Experience in nursing supervision is preferred
- Has demonstrated positive leadership and clinical management skills as a campus nurse
-

Minimum Experience:

- Two years of school nurse practice in _____I.S.D.

Major Responsibilities and Duties:

Health Clinic Management

1. Provide appropriate intervention for crisis situations, such as administering epinephrine for anaphylaxis on the LVN/Nurse Extender's assigned campus when necessary.
2. The RN will attend A.R.D./504 meetings on the LVN/Nurse Extender's assigned campus as needed to coordinate plans for special needs students with other campus team members.

School/Organization Climate:

1. The RN will write the individualized health care plans for students on the LVN/Nurse Extender's campus who have special health care needs during the school day that may impact the learning environment, including but not limited to: medications, nebulizer treatments, suctioning, tube feedings, catheters, ect. Such plans must be written by an RN for Federal reimbursement programs.
2. Develop lesson plans and demonstrate health education and health promotion activities that are to be implemented to students, families and staff as requested on the LVN/Nurse Extender's campus.

Personnel Management:

1. Demonstrate positive leadership and management skills in supervision of LVN/Nurse Extenders.
2. Provide appropriate orientation and training of LVN/Nurse Extenders, according to assigned nursing tasks. The RN will make an assessment before delegating a nursing task to an LVN/Nurse Extender to determine if the task can be delegated safely. The delegated task should have a predictable outcome.
3. The RN will determine if the delegated nursing task is within the scope of the LVN's parameters of educational background and their demonstrated abilities. (Licensed individuals operate under the authority of their own license and delegation is not required for them to perform tasks falling within the scope of their practice).
4. Assists the Health Services Supervisor in evaluating the job performance of the LVN/Nurse Extender.

The above statements are intended to describe the general purpose and responsibilities assigned to this job and are not intended to represent an exhaustive list of all responsibilities, duties and skills required.

Approved by:

Title:

Date posted:

Job Description

Licensed Vocational Nurse

Dept./School:	School Health Services	
Job title:	School Nurse-Extender (LVN)	
Reports to:	Campus Principal Health Services Supervisor	
Level/Grade:	**Type of position:** **☐ Full-time**	**187 Days** **Contract**

General Description:
Licensed Vocational Nurses serve under the immediate guidance and supervision of a Registered Professional Nurse in the capacity of a nurse-extender. Nurse-extenders provide assistance to the school nurse by assuming routing record-keeping activities, medication administration and minor first aid duties.

Qualifications:
Minimum Education/Certification:

- Texas LVN license issued by the Board of Vocational Nurse Examiners
- Current CPR and First Aid Certification
- Current certification by the Texas Department of Health for vision, hearing and spinal screening

Special Knowledge/Skills

- Two years experience in community health, pediatric nursing, or office nursing which includes contact with school-aged children
- Clerical/computer experience desired

Major Responsibilities and Duties:
Health Clinic Management

1. Provide minor emergence and illness care in accordance with MISD policy.
2. Perform vision, hearing and spinal screening in accordance with the TDH standards.
3. Administer medications and treatments as ordered by the physician which are in accordance with MISD policy and health care plan provisions.
4. Keep appropriate supplies and equipment on hand to maintain an adequate health care facility.
5. Identify signs and symptoms of disease and make appropriate referral interventions.
6. Maintain current student records, documenting screening results and other pertinent health information.
7. Maintain current immunizations of each pupil and notify parents of needed immunizations.
8. Document observations/interventions on Clinic Referral Slips.
9. Document individual and classroom health inspections and communicate Reportable Infectious Disease information to Principal, School Health Supervisor and Health Department.
10. Keep accurate record of medication and treatment administration.

School/Community Relations:

1. Prepare needed materials and provide assistance to supervising nurse for formal/comprehensive health teaching.
2. Assist families in accessing Community Health Care resource.
3. Provide health care and guidance to students, families and staff as indicated.
4. Refer to supervising nurse those situations necessitating professional nursing assessment/intervention.
5. Serve as a resource person to students and staff.

School/Organization Climate:

1. Participate in activities that promote optimal health care and education for students and staff members.
2. Establish and maintain open lines of communication with students, parents, staff and community members.
3. Comply with state, district and school regulations and policies for school district personnel.
4. Attend and participate in faculty and nursing staff meetings and accept various committee assignments as requested.

Personnel Management:

1. Keep Principal and supervising nurse informed of health care concerns and illness trends occurring on campus.
2. Demonstrate a positive and helpful approach in dealing with students and staff members.

Professional Growth and Development:

1. Maintain a record of attendance and punctuality that contributes to an efficient Health Service program.
2. Participate in the district Staff Development program.
3. Demonstrate interest and initiative in professional self-improvement

The above statements are intended to describe the general purpose and responsibilities assigned to this job and are not intended to represent an exhaustive list of all responsibilities, duties and skills required.

Approved by:

Title:

Date posted: