

CARE COORDINATION

Chapter 2

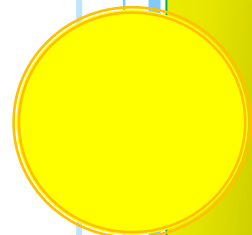
Care Coordination is the most visible part of school nursing practice seen by the public. It also encompasses the unseen work that school nurses do in planning care, identifying resources, connecting families to services, and ensuring the student's healthcare needs are met in the school setting. This chapter, Care Coordination, addresses how school nurses provide direct care for illnesses and injuries, both chronic and acute. It considers chronic and acute conditions, both the physical and emotional, that are commonly seen in the school setting; but this is not an exhaustive overview nor is it meant to replace Standing Orders, individual medical plans, or protocols. Each child is an individual with unique strengths and challenges and thus it is essential that individualized interventions be provided through the direction and collaboration of the primary healthcare provider, the primary caregiver, and the student. School nurses can be proactive in caring for the physical and mental health needs of students through education, emergency planning, and effective communication.

Linda C. Wolfe, EdD, RN, NCSN, FNASN & Susan Hoffmann, MSN, RN, NCSN

Reviewed by: Charlene Bieber, RN; Michelle C. Bridge, RN, MSN, APRN, CFNP;
Jane C. Boyd, MSN, RN, NCSN; Megan S. Fioravanti, RN, NCSN; &
Rebecca Gravatt, MSN, RN, NCSN

Advisory Team: Charlene Bieber, RN; Michelle C. Bridge, RN, MSN, APRN, CFNP;
Joan Bloom, RN; & Megan S. Fioravanti, RN, NCSN

March 2017



Care Coordination

Table of Contents

Care Coordination	3
Student-centered Care, Student Self-empowerment, & Transition Planning	6
Direct Care for Acute Illness, Injury & Emotional Needs	10
• Emergency/Nursing Treatment Card & Student Health History Update	14
• Office Visits – Illnesses, Injuries, & Emotional Needs	18
• Emergency Care	38
• Medication & Treatment Administration	47
Chronic Conditions Management	73
• Student Health and Education Plans	90
• Emergency Planning	94
• Specialized Nursing Procedures	102
Collaborative Communication & Interdisciplinary Teams	106
Counseling & Motivational Interviewing	109
• Health Counseling	111
Education	114
Revisions	117

CARE COORDINATION

Components

- Care Coordination
- Chronic Disease Management
- Collaborative Communication
- Direct Care
- Education
- Interdisciplinary Teams
- Motivational Interviewing / Counseling
- Nursing Delegation¹
- Student Care Plans
- Student-centered Care
- Student Self-empowerment
- Transition Planning

Care Coordination is one of the five principles within the National Association of School Nurses (NASN) Framework for 21st Century School Nursing Practice™ (NASN, 2016). “Care coordination provides for the direct care needs of the student” (NASN, 2016). The specific care that nurses provide to students includes routine treatments, medication administration, and addressing acute/urgent needs.

The Framework has twelve components, as identified above. The *Delaware School Nurse Manual* has combined these twelve into six:

- Student-centered Care, Student Self-empowerment, Transition Planning
- Direct Care for Acute Illness, Injury, & Emotional Needs
- Chronic Conditions² Management
- Collaborative Communication & Interdisciplinary Teams
- Counseling & Motivational Interviewing

¹ Delegation is not discussed in this chapter as Delaware does not delegate care in the school setting.

² Delaware uses the term “chronic conditions” in place of “chronic illness”.

Direct Care for students is addressed in two sections: one specific to acute illness, injury, and emotional needs (Direct Care for Acute Illness, Injury, & Emotional Needs) and the other for chronic conditions (Chronic Conditions Management). Information on Student Care Plans, i.e., Emergency Care Plans and Individualized Healthcare Plans, is provided in the section on Chronic Conditions Management & Direct Care.

The American Nurses Association (ANA) recognizes and promotes the integral role of registered nurses in the care coordination process to improve healthcare consumers' care quality and outcomes across patient populations and health care settings, while stewarding the efficient and effective use of health care resources (ANA, 2012). The healthcare consumer in the school setting is primarily the individual student; however, the family, group, community, or population may be the school nurse's focus of attention and the client for whom the school nurse is providing services (ANA & NASN, 2011). NASN defines school nursing as a practice that "protects and promotes student health, facilitates optimal development and advances academic success" (NASN, 2017). Further school nurses "provide care coordination . . . that allow[s] individuals and communities to develop their full potential" (NASN, 2017).

In daily practice, school nurses implement some or all of the practice components of the Framework's principle of Care Coordination based on assessment of the student and family needs. A school nurse-led case management program for students improves outcomes, fosters self-management and family support, and improves health care coordination (Engelke, Swanson, & Guttu, 2008). The school nurse facilitates the student and family preferences, and needs are obtained by intentionally organizing and sharing information among appropriate persons and sites (ANA, 2012). Care Coordination is an action oriented process that represents the full scope of practice for school nurses that are community- based public health professionals (ANA & NASN, 2011; NASN, 2013).

The terms care coordination and case management are used interchangeably by some school nurses, insurance companies, and hospitals (McClanahan & Weismuller, 2015). Case management is defined as "a process in which the school nurse identifies children who are not achieving their optimal level of health or academic success because they have a chronic illness that is limiting their potential. It is based on a thorough assessment by the school nurse and involves activities that not only help the child deal with problems but also prevent and reduce their occurrence. Case management includes direct nursing care for the child and coordination and communication with parents, teachers, and other care providers. Interventions are goal oriented based on the specific needs of the child and evaluated based on their impact on the child. School nurses engage in chronic disease management activities to provide for the best health, academic, and quality-of life outcomes possible, with emphasis on efficient care and student education leading to self- management. Effective school nurses are skilled in collaborating with parents, educators and medical providers" (Engelke, Guttu, Warren, and Swanson, 2008).

Care coordination brings together health services, health education and the school environment to address the health and safety of all students with an emphasis on each student's unique needs and risk factors. This role of the school nurse has become increasingly important to make connections between a student's health and well-being and academic achievement.

References and Resources

American Nurses Association [ANA]. (2012). *Position statement: Care Coordination and Registered Nurses' essential role*. Retrieved November 11, 2017 from <http://nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Care-Coordination-and-Registered-Nurses-Essential-Role.html>.

ANA & National Association of School Nurses. (2011). *School Nursing: Scope and Standards of Practice, 2nd Ed*. Silver Spring, MD: Nursebooks.org.

Engelke, M. K., Guttu, M., Warren, M. B., & Swanson, M. (2008). School nurse case management for children with chronic illness: Health academic, and quality of life outcomes. *Journal of School Nursing, 24*(4), 205-214.

McClanahan, R. & Weismuller, P.C. (2015). School nurses and care coordination for children with complex needs: An integrative review. *Journal of School Nursing, 31*(1), 34-43.

National Association of School Nurses. (2013). Public health as the foundation of school nursing practice. Retrieved June 17, 2016 from <http://www.nasn.org/Portals/0/statements/resolutionph.pdf>.

NASN. (2016). Framework for 21st century school nursing practice: National Association of School Nurses, *NASN School Nurse, 31*, 45-53.

NASN. (2017). *Role and Career: Definition*. Retrieved February 24, 2017 from <https://www.nasn.org/RoleCareer>.

Student-centered Care, Student Self-empowerment, & Transition Planning

The Framework's principles of Student-centered Care, Student Self-empowerment and Transition Planning are grouped together in this chapter. All three focus on the student as an individual with physical and emotional needs that are unique to him/herself. School nurses can support and respect their students by providing care that addresses goals set and valued by the student, enables the student to care for him/herself, and assists the student to plan for his/her future.

Student-centered Care

"Student-centered Care is provided at the individual or school wide level, e.g., caring for students with special health care needs, promoting a positive school climate" (National Association of School Nurses [NASN]). The IOM (Institute of Medicine) defines patient-centered care as "providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions" (2001b). School nurses work in partnership with students and their families and caregivers to ensure that decisions include students' needs and that their desires are addressed (Institute of Medicine, 2011). Student-centered Care includes individual health education, helping students to be involved in making decisions about their health care (NASN, 2016). "Student-centered care promotes student self-empowerment by respecting student autonomy and by helping students realize their own power and capabilities in managing their health conditions" (NASN, 2016).

Research by the Picker Institute and the Harvard Medical School identified eight characteristics of patient-centered care (National Research Corporation, 2016). These characteristics are referred to as the Eight Dimensions of Patient Care by the National Research Corporation (2016) and the Picker Principles by the National Council of State Board of Nursing (2011). These are the core of what matters most to patients, impacts their "quality of care" and influences their ability to heal faster (National Research Corporation, 2016).

1. Patient's Preferences
2. Emotional Support
3. Physical Comfort
4. Information & Education
5. Continuity & Transition
6. Coordination of Care
7. Access to Care
8. Family & Friends

Student self-empowerment

Closely related to Student-centered Care is the component of Student Self-empowerment. The idea of patient self-empowerment was first introduced in the 1990's in the diabetes education community and was defined as "the discovery and development of one's inherent capacity to be responsible for one's own life" (Funnell, 2003). Patients (students) are empowered when they have the knowledge, skills, attitudes and self-awareness necessary to influence their own behavior and that of others to improve the quality of their lives. To be self-empowered is "deriving the strength to do something through one's own thoughts and based on the belief that one knows what is best for oneself" (dictionary.com, 2014). As the school nurse adopts an understanding of student self-empowerment and applies this component to practice, the interventions and goals shift to collaborative care focused on the student. Self-empowerment comes from within oneself. Therefore, school nurses cannot empower students, but school nurses can give students the information and skills they need to manage their own health. The school nurse facilitates, informs, and supports the student's and family's efforts to identify and obtain their own goals. This approach is consistent with the ASCD's Whole School, Whole Community, Whole Child (WSCC) model, which is a "collaborative approach to learning and health" (ASCD, 2016). The WSCC model is discussed in Chapter 3, [Community/Public Health](#).

Transition Planning

"Transitioning from teenage years to adulthood can be stressful for teens with chronic conditions and their families. Teens and young adults need to assume more responsibility for self-management and make more independent judgments about their health care needs" (National Institute of Diabetes and Digestive and Kidney Diseases, 2016.) Concurrently, the student's medical providers are changing from pediatric specialists to adult care practitioners. School nurses should begin planning for this transition process on the first day the student enters high school so that upon graduation the student is well prepared for the college or career years.

"Transition Planning refers to two different transitions. In the health care arena, transition planning refers to a patient transferring from one health care setting to another" (Geary & Schumacher, 2012, in NASN, 2016). In the school setting, transitions occur as a student moves from one school to another and at the time of graduation as the student leaves the school setting. School nurses support students returning to school after discharge from healthcare facilities. This requires planning and coordination prior to the student's return as the nurse coordinates what care or accommodations will be needed to ensure the student can fully participate in the education process. School nurses also assist students to transition, in other words plan and prepare, for their life after graduation. Under the federal law, the Individuals with Disabilities Education Act (IDEA), schools are required to provide transition planning for "all students who have an Individualized Education Program (IEP) in K-12 education. The purpose is to facilitate the student's move from school to post-school activities "(Learning Disabilities Association of America, 2017). Transitions, like change, occur many times during a student's school-age years. This includes any transition related to school entry or within the school, e.g., kindergarten entry, graduating to middle

school, getting a new teacher, or moving to a new school. Emotional and physical needs, especially if the child has a chronic health conditions, must be met.

“It is the position of the NASN that all children with chronic health conditions should receive coordinated and deliberate transition planning to maximize lifelong functioning and well-being” (NASN, 2014). “Transition planning refers to a coordinated set of activities to assist students with chronic health conditions to begin in school, and then move from one school to another, from hospitalization back to school, and from the secondary school system into their next stage of life” (Selekman, Bochenek, & Lukens, 2013, in NASN, 2016).

School Nurse Role

- Work closely with students to understand their individual needs, along with their personal goals
- Work closely with the IEP team to support transition planning at every stage
- Support students in advocating for themselves and learning self-care
- Understand the WSCC model

Laws & Regulations

- [Individuals With Disabilities Education Act \(IDEA\)](#)

References and Resources

ASCD. (2016). Whole school, whole community, whole child. *Learning and Health*. Retrieved October 25, 2016 from <http://www.ascd.org/programs/learning-and-health/wsc-model.aspx>.

dictionary.com (2014). *self-empowered*. Retrieved November 18, 2016 from <http://www.dictionary.com/browse/self-empowered>.

Funnell, M.M., Anderson, R.M. (2003). Patient empowerment: a look back, a look ahead, *Diabetes Education*, 29, pp. 454 -462. Retrieved April 23, 2016 from http://tde.sagepub.com/content/29/3/454.full.pdf+html?ijkey=f845f4296ba2d506ee0a3c733570feadecf7d782&keytype2=tf_ipsecsha.

Geary, C. R. & Schumacher, K. L. (2012). Care transitions: Integrating transition theory and complexity science concepts. *ANS Advanced Nursing Science*, 35(3), 236-248.

Institute of Medicine (IOM). (2001a). *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, D.C: National Academy Press.

IOM. (2011b). *The Future of Nursing: Leading Change, Advancing Health*. Washington, D. C.: The National Academies Press.

Learning Disabilities Association of America (2017) *Transition Planning Requirements of IDEA 2004*. Retrieved February 24, 2017 from <https://ldaamerica.org/transition-planning-requirements-of-idea-2004/>.

National Association of School Nursing [NASN]. (2014). *Position statement: Transition planning for students with chronic health conditions*. Silver Spring, MD: Author. Retrieved November 19, 2016 from <https://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/644/Transition-Planning-for-Students-with-Chronic-Health-Conditions-Adopted-January-2014>.

NASN. (2016). Framework for 21st century school nursing practice. *NASN School Nurse*, 31(1), pp. 45-53.

National Council of State Boards of Nursing. (2011). New nurse toolkit: Picker Principles. *Transition to Practice*. Retrieved November 18, 2016 from <https://ncsbn.org/PCC-PickerPrinciple.pdf>.

National Research Center. (2016). *Eight Dimensions of PCC*. Retrieved November 18, 2016 from <http://www.nationalresearch.com/products-and-solutions/patient-and-family-experience/eight-dimensions-of-patient-centered-care/>.

National Institute of Diabetes and Digestive and Kidney Diseases. (2016). Transitions: From pediatrics to adult health care. *U.S. Department of Health & Human Services*. Retrieved November 20, 2016 from <https://www.niddk.nih.gov/health-information/health-communication-programs/ndep/living-with-diabetes/youth-teens/transition-adult-health-care/Pages/index.aspx>.

Selekman, J., Bochenek, J., & Lukens, M. (2013). Children with chronic conditions. In J. Selekman (Ed.), *School Nursing: A Comprehensive Text*, 2nd Ed., pp. 700-783. Philadelphia, PA: F.A. Davis Company.

Direct Care for Acute Illness, Injury, & Emotional Needs

Providing direct care is a primary responsibility of Delaware school nurses who provide full-time coverage of the health office. Nursing care is not delegated, although staff is an essential part of emergency plans and identification of symptoms that may need to be referred to the school nurse for evaluation. The school nurse is the health expert in the school and is responsible for providing direct care to students who become ill or are injured at school. Direct care services include responses to acute illnesses and injuries that range from minor stomach aches and knee abrasions to appendicitis and fractured limbs. The school nurse's clinical skills are critical to a prompt nursing diagnosis and intervention. This also includes educating and communicating with students, families and staff regarding illnesses and/or injury.

Activities (Information on each of the following activities is provided in this section on Direct Care for Acute Illness, Injury, & Emotional Needs.)

- Maintain student Emergency/ Nursing Treatment Cards and Student Health History Updates
- Office Visits - Illnesses, Injuries & Emotional Needs (refer to a later section in this chapter with same title, the *2016 School Nurse Resource: A Guide to Practice, 9th Edition*, and *School Nursing: A Comprehensive Text*)
 - First Aid
 - Emergency Care
- Provide a temporary excuse from Physical Education (The form, Temporary Medical Excuse for Physical Education Modification, is provided in this chapter.)
- Provide Medication & Treatment Administration – Routine and Emergency

School Nurse Role

The school nurse provides direct care to address the health and safety needs of all students. In many cases, this care also extends to staff and visitors. Providing direct care has become increasingly important as families rely on the school nurse to provide the first healthcare assessment and determine if further evaluation through referral is needed. The school nurse must be prepared to provide care that follows the nursing process and includes a thorough assessment in order to deliver evidence-based treatment for common illnesses and injuries that are both minor or severe, and initial or ongoing. The school nurse is responsible for the administration of medications and treatments as prescribed by a licensed healthcare provider for the treatment of illness or injury. Competent nursing skills, a current pediatric assessment text, and current pediatric nursing care texts are essential for the school nurse office.

The school nurse communicates with those responsible for the student's well-being regarding the need for ongoing observation, evaluation, or referral to other healthcare professionals. Appropriate confidentiality is maintained for the protection of the student, staff, or visitor. (This is discussed in

Chapter 1, [Standards of Practice](#).) School nursing standards call for individualized documentation of student encounters that is in a retrievable manner using standardized language or recognized terminology (National Association of School Nurses, 2011). The school nurse also reviews data regarding patterns of office visits and other indicators for safety or disease issues. (Both documentation and data analysis are discussed in Chapter 5, Quality Improvement.) This information on unusual patterns or severity of occurrences is critical for the school nurse, school administration and public health. (Refer to Chapter 3, [Community/Public Health](#) for information on contagious disease and the requirement to work with the Delaware Division of Public Health.)

The student's primary caregiver should be notified of any serious accident, illness, or necessary exclusion as promptly as possible. To facilitate prompt communication, information should be secured early in the school year from the family and kept current on the Emergency/Nursing Treatment Card, which should be maintained in the health room for easy accessibility, and in the electronic health record. (More information on the Card is provided under the Emergency/Nursing Treatment Card in this section.) The school nurse should contact the parent/guardian/Relative Caregiver or emergency contact (provided by the parent) to coordinate who will pick up the child and assume responsibility for his/her care. If the student's symptoms are related to a current diagnosis or prescription, or if the situation is an emergency, EMS may be activated and the student's healthcare provider may be contacted. At the beginning of each school year, the school nurse and administration should agree on communication and protocols related to routine and emergency responses. The first consideration must always be the welfare of the student. Additional information on communication is discussed under Office Visits: Illness, Injury, & Emotional Needs and the sections on Collaborative Communication & Interdisciplinary Teams and Motivational Interviewing & Counseling.

In working with students and families, the school nursing actions should always be culturally congruent. Further, the nurse should be aware of unique risk factors for the student. Risk factors, including child abuse, are presented in Chapter 3, [Community/Public Health](#). Setting up the health office to provide efficient services is discussed in Chapter 4, Leadership.

The *Delaware School Nurse Manual* provides an overview and resources for major aspects of school health services; however, best practice for nursing care, first aid care and emergency response are constantly changing to improve outcomes. The school nurse should refer to the most up-to-date information to ensure current and individualized care. The individual student's healthcare plans or prescriptions/directives, school physician standing orders for all students, the *2016 School Nurse Resource: A Guide to Practice, 9th Edition* (2016), pediatric emergency texts, first aid manuals and trusted websites are primary references. If in doubt, seek medical consultation from the primary healthcare provider or EMS.

Laws & Regulations

School Nurse ([§1310](#))

School Attendance – contagious disease ([§2706](#))

References & Resources

American Academy of Pediatrics [APA]. (2012). *Pediatric First Aid for Caregivers and Teachers (PedFACTs) Participant Manual*. Burlington, MA: Jones and Bartlett Learning.

APA & Pickering, L. K. (2009). *Redbook: Report of the Committee on Infectious Disease, 28th Edition*. Elk Grove, IL: American Academy of Pediatrics.

American Nurses Association & National Association of School Nurses. (2011). *School Nursing: Scope and Standards of Practice, 2nd Edition*. Silver Spring, MD: American Nurses Association.

Cosby, M. F., Miller, N. B., Youngman, K. (2013). Acute measures for emergent problems. In J. Selekman, *School Nursing: A Comprehensive Text*, pp. 516-577. Philadelphia, PA: F.A. Davis.

Delaware Division of Public Health. (2011). Diseases and Conditions. Retrieved December 21, 2016 from <http://www.dhss.delaware.gov/dhss/dph/diseasesandconditions.html>.

Delaware Division of Public Health. (2011). Control of Communicable & Other Disease Conditions [Regulation 4202]. Retrieved December 21, 2016 from <http://regulations.delaware.gov/AdminCode/title16/Department%20of%20Health%20and%20Social%20Services/Division%20of%20Public%20Health/Health%20Promotion%20and%20Disease%20Prevention/4202.shtml>.

Doyle, J. (2013). Emergency Management, Crisis Response, and the School Nurse's Role. In J. Selekman (Ed.), *School Nursing: A Comprehensive Text, 2nd Ed.*, pp. 1216-1244. Philadelphia, PA: F.A. Davis Company.

Drug reference text for nurses (current), e.g., *Nursing Drug Handbook* (Wolters Kluwer), or *PDR Nurse Drug Handbook* (PDR)

Heyman, D. C. (2008). *Control of Communicable Diseases Manual, 21st Edition*. Washington, D.C.: American Public Health Association.

John, R. & Chewey, L. (2013). Common complaints. In J. Selekman, *School Nursing: A Comprehensive Text*, pp. 516-577. Philadelphia, PA: F.A. Davis.

National Association of School Nurses. (2016). *Position statement: The role of the 21st century school nurse*. Retrieved February 11, 2017 from <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/87/Role-of-the-School-Nurse-Revised-2011>.

Pediatric nursing assessment reference text (current), e.g., *Assessment of the School-Age Child and Adolescent* (Colyar)

Pediatric nursing care reference text (current), e.g., *Nursing of Infants and Children* (Wong)

Ross, L. & Graham, M. C. (2013). Skin disorders. In J. Selekman, *School Nursing: A Comprehensive Text*, pp. 678-699. Philadelphia, PA: F.A. Davis.

Selekman, J. (2013). Part V, Children with chronic conditions in *School Nursing: A Comprehensive Text*, pp. 700-1063. Philadelphia, PA: F.A. Davis.

Taliaferro, V. & Resha, C. (Eds.) (2016). *2016 School Nurse Resource: A Guide to Practice, 9th Edition*. Nashville, TN: School Health Alert.

Taras, H., Duncan, P., Luckenbill, D., Robinson, J., Wheeler, L., & Wooley, S. (Eds.). (2004). *Health, Mental Health, and Safety Guidelines for Schools*. Elk Grove Village, IL: American Academy of Pediatrics.

Emergency/Nursing Treatment Card & Student Health History Update

School-age children spend a significant amount of time in school, which means that their healthcare oversight is provided by the school nurse during those hours. For this reason, maintaining current health information on students is important. Chapter 3, [Community/Public Health](#) discusses school entry and entering Grade 9 requirements, e.g., health examination and immunizations. Ongoing information is obtained through the annual collection of Emergency/Nursing Treatment Cards and periodic Student Health History Updates. Each public school student must have an Emergency/Nursing Treatment Card on file in the office of the school nurse. The Emergency Treatment Card is defined and described within Regulation 811, [School Health Recordkeeping Requirements](#).

“Emergency/Nursing Treatment Card” means a form containing contact information and general school emergency procedures for the care of a student who becomes sick or injured at school. The card contains the following information: the student's name, birth date, school district, school, grade or class assignment, home address, and telephone number; the name, place of employment and work telephone number of the parent, guardian or Relative Caregiver; two other names, addresses, and telephone numbers of individuals who can be contacted at times when the parent, guardian or Relative Caregiver cannot be reached; the name and telephone number of the primary health care provider and family dentist; any medical conditions or allergies the student has; and the student's medical insurance.

The Emergency/Nursing Treatment Card is referred to as the “Emergency Card.” In general, it is a form that describes school emergency procedures that will be taken in the event of serious illness or injury. The card contains contact information for the parent/guardian and for additional persons in the event the parent/guardian cannot be reached. This information is used to contact parents for any health-related matter and can be shared on a need-to-know basis.

The following sample meets all the requirements included in the regulation; however, schools may choose to add content. Some districts/charters have added to the card, e.g., parent permission to administer over the counter medication. Some also print the Student Health History Update on the reverse side of the card. Both changes are acceptable, but not required by regulation. If a district chooses to add components, the information is student health documentation and must be retained.

The Student Health History Update form is also defined and described within Regulation 811, [School Health Recordkeeping Requirements](#).

“Student Health History Update” means a form developed by the Department that is used to obtain current student health information from the parent, guardian, or Relative Caregiver or the student if 18 years or older or an unaccompanied homeless youth.

Per the regulation, “the school nurse shall use the Student Health History Update to keep health records current”. Information obtained from the Update form may require follow-up for clarification or referral for care. Like other health documents, the information is confidential. The form follows the Emergency/Nursing Treatment card in this section.

According to the archive retention schedule, the most current card must be retained with the student’s medical records in the cumulative folder for 100 years unless permission is granted for destruction. For more information on student records, including school health records, refer to Regulation 252, [Required Educational Records and Transfer and Maintenance of Educational Records](#).

SAMPLE

DELAWARE EMERGENCY/NURSING TREATMENT CARD

<School Year> <District/Charter>

LAST NAME: _____ FIRST NAME: _____ DATE OF BIRTH: ____/____/____

School Name: _____ Homeroom or Teacher: _____

PARENT/GUARDIAN INFORMATION	
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Home Address: _____	Home Address: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Place of Employment: _____	Place of Employment: _____
Work Phone: _____ Ext.: _____	Work Phone: _____ Ext.: _____

If PARENTS/GUARDIANS CANNOT BE REACHED, CALL:

1. _____
Name Address Phone

2. _____
Name Address Phone

Physician: _____ Phone: _____ Family Dentist: _____ Phone: _____

Indicate student's serious medical diagnoses: _____

Student is allergic to: Medicine: _____ Food: _____ Other: _____

Medical Insurance: Medicaid No. _____ Other: _____
Certificate No. Group No. Type

The purpose of this form is to provide the school with information to be used for the care of a student who becomes sick or injured at school. This information may be shared only on a "need to know" basis with school personnel and emergency medical staff.

SCHOOL PRODEDURES

Your school has adopted the following procedures that will normally be followed in caring for your child when he/she becomes sick or injured at school. In extreme emergencies the school will seek immediate medical care.

In case of emergency and/or need of medical or hospital care the school will call EMS (911) for transport to the nearest medical facility:

1. The school will contact the parents/guardian utilizing all numbers available listed on this emergency card.
2. The school will call the other telephone number(s) listed.
3. Based upon the medical judgment of the attending physician, the student may be admitted to a local medical facility.
4. The school will continue to call the parents or guardians until one is reached.

If I cannot be reached and the school authorities have followed the procedures described, I agree to assume all expenses for transporting and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician.

By signing this form, I acknowledge understanding the purpose of the form and attest to the accuracy of the information.

Parent/Guardian Signature _____ Date _____

STUDENT HEALTH HISTORY UPDATE

This information will be shared on a need to know basis with staff, administration and emergency medical staff in the case of an emergency unless you notify us otherwise.

Date _____ Parent/Guardian's Signature _____

Student _____ DOB: _____ Grade _____ Teacher _____

PLEASE CHECK IF CHILD HAS HAD DIFFICULTY WITH ANY OF THE FOLLOWING. GIVE DATES AND ADDITIONAL INFORMATION UNDER COMMENTS.

- | | | | |
|---|--|--|----------------------------------|
| 1. <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Bone/Spine | <input type="checkbox"/> Heart | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Bowel/Bladder | <input type="checkbox"/> Infections | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Emotional | <input type="checkbox"/> Physical Disability | |
| <input type="checkbox"/> Body Piercing/Tattoo | <input type="checkbox"/> Hearing | <input type="checkbox"/> Seizures | |
| <input type="checkbox"/> OTHER _____ | | | |

Comments: _____

2. Does your child have allergies to medicine, food, latex or insect bites?
NO ☐ YES ☐ To What _____ What happens? _____
Treatment _____
3. Has your child had any illnesses since school ended in June?
NO ☐ YES ☐ Type of illness, with date(s) _____
4. Has your child had surgery since school ended in June?
NO ☐ YES ☐ Type of surgery, with date(s) _____
5. Has your child received any immunizations since school ended in June?
NO ☐ YES ☐ List immunizations, with dates _____
6. Is your child being treated or evaluated for any health conditions?
NO ☐ YES ☐ List condition _____
7. Is your child on any medication or treatment?
NO ☐ YES ☐ Name of medication and/or treatment _____
Does your child need medicine during school hours?
NO ☐ YES ☐ ****If yes, please contact the school nurse to make arrangements.***
8. Has your child ever been examined by an eye doctor?
NO ☐ YES ☐ Date of last exam _____
NO ☐ YES ☐ Glasses Prescribed _____
If your child wears glasses or contact lenses, when was the prescription last changed _____
9. Has your child had any emotional upsets (recent move, death, separation, divorce) since school ended in June?
NO ☐ YES ☐ List _____
10. What is the name of your child's dentist? _____
What is the date of his/her last dental exam? _____
11. What is the name of your child's primary healthcare provider? _____
What is the date of his/her last physical exam? _____

Thank you.

Office Visits – Illnesses, Injuries, & Emotional Needs

Overview

Office visits make up the majority of the school nurse's day. The role of the school nurse is to provide direct care in addition to being responsible for collaborating with student and families, referring students for healthcare consultation, helping families navigate the healthcare system for sources of treatment, and planning for the health and safety of students and staff.

The school nurse assesses students and staff who present with symptoms of illness, injury, or emotional needs using the nursing process for both initial and ongoing nursing care. The school nurse must be prepared to deliver prevention and treatment for common illnesses and injuries. The nurse must also be prepared to provide emergency care for severe and life-threatening symptoms. Timely and appropriate nursing interventions are provided within the scope of school nursing practice. Referral to, and collaboration with, other healthcare providers is critical to the health of the student or staff. If in doubt, the nurse should always seek medical consultation from the primary healthcare provider or Emergency Management System (EMS) as initial symptoms of seemingly *minor* illnesses and injuries can be subtle signs of something severe or life-threatening and vice-versa. Additionally, health education is needed when working with students and families to facilitate understanding of the student's healthcare needs and appropriate follow-up.

Activities

- Use nursing process: Assessment, Nursing Diagnosis, Intervention, Evaluation
- Maintain current Emergency/Nursing Treatment Card for each student (refer to Emergency/Nursing Treatment Card earlier in this Chapter)
- Maintain current health records on student health with periodic use of Student Health History Update
- Managing injuries
 - First Aid
 - Emergency Care (refer to Emergency Care that follows)
- Managing illness and contagious disease
- Responding to emotional needs
- Conditions common to Delaware and/or the school setting
 - Allergies
 - Mosquitos and ticks
 - Rashes
- Referral and follow-up
 - Accident Report

School Nurse Role

The school nurse uses the nursing process to assess clients and limits activities/interventions to the usual and accepted practices of first aid and acceptable protocols or Standing Orders in managing illness, injury, or emotional needs. Additionally, the school nurse considers any pre-existing medical conditions and any individual emergency plans or individual healthcare plan. The school nurse updates the health record annually, or as needed, from information received from parent, healthcare provider, Emergency/Nursing Treatment Card, or Student Health History Update. The *2016 School Nurse Resource: A Guide to Practice, 9th Edition* is a resource that should be an accessible resource in every school nurse office. In some cases, standing or individual orders may be needed to carry out all the activities described in any reference text. School nurses should be competent in preparing a student Individualized Healthcare Plan (IHP) and Emergency Care Plan (ECP) and diligent in obtaining healthcare provider directives and Emergency Action Plans (EAP) when needed. Further, these plans should be easily accessible for reference and for a substitute school nurse. (Refer to Chapter 4, Leadership, for information on planning for a substitute school nurse.) Current pediatric reference materials assist the nurse to maintain up-to-date skills and knowledge.

Nursing Judgment & Communication

In some cases, the decision is made to exclude a child from the classroom or school activity due to illness, injury or presenting emotional needs. This decision should be based on the individual student's needs, e.g., not participating in physical education due to a sprained ankle; risk to other students, e.g., exclusion for contagious disease; or risk to the individual student, e.g. emergency care for reports of suicide ideation. The school nurse must make a nursing judgment relative to the presenting symptoms, health history, and known diagnosis of the student in order to determine if exclusion, a referral to a healthcare provider, or other intervention is needed. Below are references and information for several commonly seen conditions.

The school nurse's expert assessment skills determine what interventions are needed for the student to return safely to class, to send him/her home for rest and observation, or to refer him/her for an immediate evaluation. A sample Medical Referral form and the state Accident Report Form follow this Section. The referral form facilitates communication between the provider and the school. The [SchoolNurse.com website](#) provides a School to EMS/Hospital Transfer Sheet that can be adapted for the school nurse; however, the first priority in an emergency is to activate EMS and provide emergency care. There may not be sufficient time to complete a document to accompany transport. The Accident Report Form is a state requirement (Regulation 811, [School Health Record Keeping Requirements](#)) for use when a student is referred for medical evaluation or misses more than one half day of school because of a school-based accident. Current student electronic health systems can create a report for this form. The information is included in the student's health record, but the form is submitted and stored per district policy. The school may ask the nurse to complete insurance paperwork for student, staff, or visitor injuries that occur at school. The school nurse can also provide temporary physical education excuses for up to three consecutive days of modified activity for minor illness or injury. The school nurse can also assist the physical education teacher with program modifications for the student who is restricted in physical

education activities based on a licensed healthcare provider directive. A form, Temporary Medical Excuse for Physical Education Modification is provided on the following pages of this section.

The school nurse will want to work with administration to determine the best way to communicate with families. Minor illnesses and injuries can progress to more acute and parents will want to monitor their child at home. Information on when (i.e., signs and symptoms) to seek additional medical care or keep their child home should be shared at that same time. Maintaining a current Emergency/Nursing Treatment card is important to facilitate communication. Updating health information, through the Student Health History Update, provides current information on students' health status and parental concerns. Both forms are in the following pages of this section. The [SchoolNurse.com website](#) provides several forms for "Health Room Visit Forms" that can be adapted to the local school or district. The [Clinic Pass](#) is a short form that staff can use to communicate the reason a student is being sent to the school nurse. A Delaware form, Referral to the School Nurse, is more comprehensive. It follows in this Chapter. The [Clinic Visit Front Side and Clinic Visit Reverse](#) side can be adapted to communicate with families. Some schools also use students' communication books or calendar/journals. Guidelines on confidentiality are provided in Chapter 1, [Standards of Practice](#).

Injuries, Illnesses & Emotional Needs

Illnesses – Stomach aches, headaches, and general malaise are common chief complaints of students seen by school nurses. These vague signs can be symptoms ranging from class avoidance to appendicitis. Guidelines on identification and response to communicable disease are provided in Chapter 3, [Community/Public Health](#).

Injuries - Integral to a comprehensive school health services program is the management of injuries. While the primary "client" of the school nurse is the student, others (staff, visitors, volunteers) may require prompt attention from the school nurse. The school nurse should be proficient in providing first aid for people of all ages and able to provide lifesaving measures until Emergency Medical Services (EMS) assumes care. The goal of school health services is to support the optimal health of students. The school nurse assesses the health status, identifies health needs, triages care, provides appropriate nursing interventions to alleviate or stabilize the condition, and returns the student to full activity or refers him/her for medical evaluation/treatment. Many school nurses hold certification in first aid. All public school nurses must hold current CPR/AED certification. These types of specialized trainings augment up-to-date information found in current pediatric emergency texts, first aid manuals, and trusted websites. University of Maryland Medical Center provides an online [Medical Encyclopedia](#), which includes first aid and emergency response guidelines. If in doubt, seek medical consultation from the primary healthcare provider or EMS.

Injuries may be a result of safety issues in the home, school, or community environment. Collaborating with others to address these concerns is imperative to reducing, or eliminating, both minor and severe future injuries. Chapter 5, Quality Improvement, discusses using student data to identify patterns or trends that relate to student safety and well-being. The mechanism of injury or patterns associated with injuries may be indicative of child abuse or neglect. In 2012, "of the child victims, 78% were victims of neglect; 18% of physical abuse; 9% of sexual abuse; and 11% were victims of other types of maltreatment, including emotional and threatened abuse, parent's drug/alcohol abuse, or lack of supervision" (Centers

for Disease Control & Prevention [CDC], 2014a). In that same year, maltreatment resulted in the death of 1640 children (CDC, 2014a). Schools and school nurses see children on a day-to-day basis and should have a heightened awareness of the need to observe and report any suspicious findings. School nurses and all school employees are mandatory reporters. Refer to the section on Child Abuse & Neglect in Chapter 3, [Community/Public Health](#).

See the Signs – Make the Call
Report Child Abuse: 1-800-292-9582

Emotional Needs – Students may self-identify their need for emotional support and come to the nurse’s office for assistance. The school health office should be a “safe place” for them to express themselves and receive nursing care or assistance. More likely students will present with complaints of vague illness or injury symptoms, which may have accompanying or underlying emotional health needs. The nurse’s receptivity to and skill in identifying emotional needs will influence the interaction and resolution. Some symptoms are self-limiting and require short interventions, e.g., the student is upset because he/she received a failing grade, forgot their lunch money, or broke up with his/her boy/girlfriend; however, some symptoms and responses are indicators of acute conditions requiring immediate referral to the counselor or a mental health crisis unit. Additionally, some students have higher risk factors, such as LGBTQ students who are at increased risk for “bullying, teasing, physical assault, and suicide-behaviors” (CDC, 2014b). (For more information on LGBTQ students, refer to Chapter 3, [Community/Public Health](#), LGBTQ Students). It is not the incident that determines the severity and amount of support needed; it is the student’s coping skills in responding to it. Courses on Mental Health First Aid can be helpful for the school nurse to enhance his/her skills in caring for students with acute emotional needs.

Below is information and resources on: abdominal pain; allergic reaction; anger, fear, stress, worry, & more; colds, flu, viruses, & other communicable conditions; dental injuries & infection; head trauma; mosquitos & ticks; pain; Pediculosis; puncture wounds; rashes; sadness & grief; and substance. However, there are many additional acute conditions in schools. The school nurse should become familiar with the conditions, know how to respond with evidence-based practice interventions, and implement prevention programs and activities.

Abdominal Discomfort/Pain

- Gastrointestinal problems can present as pain, constipation, diarrhea, nausea, vomiting, and reflux.
- Resources
 - [Abdominal Pain](#) (The Mayo Foundation for Medical Education and Research [Mayo Foundation])
 - Cosby, M. F., Miller, N. B., & Youngman, K. (2013). Abdominal emergencies. In J. Selekman, *School Nursing: A Comprehensive Text*, pp. 554-556. Philadelphia, PA: F.A. Davis.

- John, R. & Chewey, L. (2013). Gastrointestinal Problems. In J. Selekman, *School Nursing: A Comprehensive Text*, pp. 611-620. Philadelphia, PA: F.A. Davis.
- Taliaferro, V. & Resha, C. (Eds.) (2016). Abdomen, pp. 1-2, Abdominal Pain/Appendicitis, pp. 3-7, Constipation, 90-95, Diarrhea, pp. 133-135, Encopresis, 150-153, and Foodborne Illness, pp. 173-176, in *2016 School Nurse Resource: A Guide to Practice, 9th Edition*. Nashville, TN: School Health Alert.

Allergic Reaction

- The section, Chronic Conditions Management & Direct Care, in this chapter provides information on working with students with known allergies.
- The Delaware Division of Public Health annually provides medical emergency Standing Orders for allergic reactions in previously undiagnosed individuals for use by public/charter school registered nurses (16 DelCode §3003E).
- The *I'm Ready!* Program is described in the Medications & Treatments section within this chapter. *I'm Ready!* prepares staff to administer life-saving medication to a student, with a known medical condition and individual prescription, while at an approved school activity.
- Emergency Care, a section in this chapter, provides additional information on working with a student with known life-threatening allergies that may lead to anaphylaxis.

Anger, Fear, Stress, Worry, & More

- “Many children have fears and worries, and will feel sad and hopeless from time to time”, but these same symptoms may be indicative of an anxiety disorder or depression (CDC, 2016).
- These emotions may be appropriate or inappropriate response, e.g., anger at racial bias, fear over being bullied/hazed, and stress over an upcoming exam. It is not the event, but the individual’s actions and coping skills that indicate the severity of the symptom and the school nurse’s intervention. Does the anger or fear motivate the person to contact the school nurse for corrective action or lead the person to punch the offender? Does the stress or worry cause gastrointestinal discomfort that can be alleviated with a peppermint and motivational interviewing, or is the student incapacitated or showing signs of long term stress/anxiety such as a stomach ulcer?
- Anxiety symptoms include, but are not limited to: fear, worry, irritability, anger, trouble sleeping, fatigue, headaches, and stomachaches (CDC, 2016). A referral is indicated if symptoms are severe, change, interfere with daily activities, or do not resolve quickly.
- References
 - [Children’s Mental Health: Anxiety & Depression](#) (CDC, 2016)

Colds, Flu, Viruses, & Other Communicable Conditions

- Promoting healthy habits helps students and staff to boost their immune systems and thus reduce the number of upper respiratory illnesses in the school. School nurses are healthy role models in

the school and are positioned to promote annual flu vaccination, routine hand-washing, cough etiquette, healthy eating, physical activity, and adequate sleep.

- Students who have symptoms which may be contagious should not attend school.
- Resources
 - [Common Cold](http://KidsHealth.org) (KidsHealth.org)
 - Communicable Disease Prevention, Chapter 3, Community/Public Health, *Delaware School Nurse Manual*. This section includes information on responding to communicable disease, like Zika virus or Meningitis infection symptoms.
 - [Influenza \(flu\)](http://CDC) (CDC)
 - Taliaferro, V. & Resha, C. (Eds.) (2016). Influenza, pp. 226-228, Pneumonia, pp. 283-285, Sinusitis/Rhinosinusitis, pp. 333-335, and Upper Respiratory Infection, pp. 385-386, in *2016 School Nurse Resource: A Guide to Practice, 9th Edition*. Nashville, TN: School Health Alert.

Dental Injuries & Infection

- Resources
 - [Delaware Division of Public Health Dental Clinics](#)
 - [Delaware Division of Public Health Oral Health Program](#)
 - [Delaware Division of Public Health Oral Health Resources](#)
 - Taliaferro, V. & Resha, C. (Eds.) (2016). Dental Emergencies in *2016 School Nurse Resource: A Guide to Practice, 9th Edition*, pp. 107-111. Nashville, TN: School Health Alert.

Head Trauma

- Resources
 - [Concussions – The Role of the School Nurse](#) (NASN Position Statement, 2016)
 - [Diseases & Conditions – Concussions](#) (Mayo Clinic, 2014)
 - Taliaferro, V. & Resha, C. (Eds.) (2016). Concussion in *2016 School Nurse Resource: A Guide to Practice, 9th Edition*, pp. 82-86. Nashville, TN: School Health Alert.
 - [Traumatic Brain Injury & Concussion](#) (CDC, 2016)

Mosquitos & Ticks

- Delaware, as other mid-Atlantic states, has significant numbers of mosquitos and ticks. In recent years, the scientific understanding of diseases spread by insects has grown.
- The Zika virus is spread by infected mosquitos. It is a particular threat to fetuses through infection of the mother. Avoidance is the primary prevention method. The CDC provides Zika [information and updates](#), in addition to [guidelines for schools](#). The Delaware Division of Public Health maintains a webpage, [What You Need to Know About Zika](#).

- Most ticks do not carry infection, but can infect humans with Lyme Disease or Rocky Mountain Spotted Fever. Approximately 20,000 new cases are reported each year. Delaware has one of the highest percentages of Lyme Disease in the U.S.
 - Early Symptoms
 - Rash – Lyme disease is frequently characterized by an expanding red rash, commonly referred to as a bull’s - eye rash. Rashes can occur anywhere on the body, and vary in size and shape. The rash can be warm to the touch, but usually not painful or itchy. Not all patients will develop the characteristic rash.
 - Fever and/or chills
 - Fatigue
 - Muscle and joint aches
 - Headache
 - Untreated infections can lead to a variety of symptoms, some of which can be very serious and debilitating. These symptoms can include:
 - Severe joint pain and swelling (usually large joints, particularly the knees)
 - Loss of muscle tone on one or both sides of the face (called, “Bell’s palsy”)
 - Heart palpitations and dizziness
 - Severe headaches and neck stiffness due to meningitis
 - Neurological problems (i.e., numbness or tingling in the hands or feet, problems with concentration and short term memory)
- Resources
 - [Lyme Disease](#) (CDC)
 - [Lyme Disease](#) (Delaware Division of Public Health)
 - Taliaferro, V. & Resha, C. (Eds.) (2016). Lyme Disease, pp. 244-247, Mosquito-Borne Diseases, pp. 259-261, and Tick-borne Diseases/Tick Removal, pp. 377-380 in *2016 School Nurse Resource: A Guide to Practice*, 9th Edition. Nashville, TN: School Health Alert.

Pain

- Pain should be assessed and documented based on a scale. The most reliable for working with children and youth is the Wong-Baker Faces Pain Rating Scale which is copyrighted, but can be accessed at the [Wong-Baker FACES Foundation](#). It should be noted that this scale is effective in measuring pain, but not fear (Garra, G., Singer, A. J., Domingo, A., Thode, H.C., 2013).
- Resources
 - Taliaferro, V. & Resha, C. (Eds.) (2016). Chest Pain, pp. 67-70, Ear Pain, pp. 139-142, Headaches, pp. 186-190, and Sore Throat, pp. 341-343, in *2016 School Nurse Resource: A Guide to Practice* 9th Edition 9th Edition. Nashville, TN: School Health Alert.

Pediculosis

- Refer to the Pediculosis section in Chapter 3, [Community/Public Health](#). NOTE: Pediculosis is not considered a communicable disease. Mandatory Exclusion from school is not recommended by

the Centers for Disease Control and Prevention (CDC) or the National Association of School Nurses (NASN).

- Resources
 - [Head Lice – Pediculosis Capitis](#) (NASN, 2013 – educational materials and resources)
 - [Parasites-Lice \(CDC\)](#)
 - Taliaferro, V. & Resha, C. (Eds.) (2016). Lice (Head) – Pediculosis Capitis in *2016 School Nurse Resource: A Guide to Practice, 9th Edition*, pp. 239-243. Nashville, TN: School Health Alert.

Puncture Wounds

- Refer to the Delaware Division of Public Health recommended guidelines. The four pages, titled Recommendations for Effective Management of Puncture Incidents in Schools (2017) are provided later in this section and includes template letters: Delaware Puncture Wound Letter to Parents and Puncture Wound in a School Setting.
- Resource
 - Taliaferro, V. & Resha, C. (Eds.) (2016). Puncture Wounds (minor, foot) in *2016 School Nurse Resource: A Guide to Practice, 9th Edition*, pp. 295-297. Nashville, TN: School Health Alert.

Rashes

- Skin assessments can be challenging, but are critical assessment because of the risk of communicable disease.
- Resources
 - [Common skin rashes slide show](#) (Mayo Foundation)
 - Ross, L. & Graham, M. C. (2013). Skin disorders. In J. Selekman (Ed.), *School Nursing: A Comprehensive Text*, 2nd Ed., pp. 700-783. Philadelphia, PA: F.A. Davis Company.
 - Taliaferro, V. & Resha, C. (Eds.) (2016). Eczema, pp. 147-149, Rashes, pp. 298-302, Skin and Soft Tissue Infection, pp. 336-340, Poison Ivy, pp. 286-288, Shingles, pp. 327-329, and Urticaria, pp. 387-389, in *2016 School Nurse Resource: A Guide to Practice, 9th Edition*. Nashville, TN: School Health Alert.

Sadness & Grief

- “Many children have fears and worries, and will feel sad and hopeless from time to time,” but these same symptoms may be indicative of an anxiety disorder or depression (CDC, 2016).
- With family and school support, a student may be able to cope with sadness and grief; however, these symptoms may indicate something more significant needing emergency response (such as suicidal thoughts) or a prompt referral to a healthcare provider (such as severe anxiety).
 - Suicide is the 3rd leading cause of death for 10 – 24 year olds (CDC, 2015). For more information on suicide, refer to Suicide/Threats, Statements, or Behaviors provided later

in this chapter in the section on Chronic Conditions Management, subsection Emergency Care.

- Depression symptoms include, but are not limited to: disinterest in things that were previously enjoyed, helplessness, sadness, hopelessness, irritable, change in eating pattern, change in sleep pattern, change in energy level, inattentive, self-injury, unmotivated, discipline issues (CDC, 2016). A referral may be indicated.
- [Suicide Warning Symptoms: FACTS](#) – Feelings, Action, Changes, Threats, Situations. Examples would be statements that people or the world would “be better off without me”, writing about feeling helpless or hopeless, and giving away prized possessions.

**• Delaware’s 24-hour Child Priority Response Hotline:
1-800-969- HELP (4357) or dial 9-1-1 for emergency response.
Crisis Text Line: Text DE to 741741**

- References
 - [Children’s Mental Health: Anxiety & Depression](#) (CDC, 2016)
 - [Crisis Intervention](#)
 - [Injury Prevention & Control: Suicide Prevention](#) (CDC, 2105)
 - Taliaferro, V. & Resha, C. (Eds.) (2016). Depression, pp. 112-116, Self-injurious/Self-mutilation Behavior, pp. 319-321, and Suicide Ideation/Threats in *2016 School Nurse Resource: A Guide to Practice, 9th Edition*. Nashville, TN: School Health Alert.
 - [Youth Suicide Prevention and Response](#) (Division of Substance Abuse Department of Services for Children, Youth, & their Families [DSCYF])

Substance Abuse

- “Guidelines for Students Who Appear to be Under the Influence of Drugs or Alcohol” is provided on a following page in this section.
- Information on opioid overdose and schools’ response (naloxone in high schools) is provided later in this chapter under Emergency Care.
- Resources
 - [Delaware Division of Substance Abuse & Mental Health](#) (Delaware Health & Social Services)
 - [Drug Testing in Schools](#) (NASN, 2013)
 - [Illegal Drug Use](#) (CDC, 2016)
 - [Persons Who Use Drugs](#) (CDC, 2016)
 - Taliaferro, V. & Resha, C. (Eds.) (2016). Substance Abuse in *2016 School Nurse Resource: A Guide to Practice, 9th Edition*, 360-365. Nashville, TN: School Health Alert.

References & Resources

American Academy of Pediatrics. (2012). *Pediatric First Aid for Caregivers and Teachers (PedFACTs) Participant Manual*. Burlington, MA: Jones and Bartlett Learning.

Centers for Disease Control & Prevention. (2014a). *Child Maltreatment: Facts at a Glance*. Retrieved January 25, 2017 from <https://www.cdc.gov/violenceprevention/pdf/childmaltreatment-facts-at-a-glance.pdf>.

Centers for Disease Control & Prevention. (2014b). *LGBT Youth*. Retrieved February 25, 2017 from <https://www.cdc.gov/lgbthealth/youth.htm>.

Cosby, M. F., Miller, M. B., & Youngman, K. (2013). Acute measures for emergent problems. In J. Selekman (Ed.), *School Nursing: A Comprehensive Text*, 2nd Ed., pp. 516-577. Philadelphia, PA: F.A. Davis Company.

Gatta, G., Singer, A. J., Domingo, A., & Thode, H.C., Jr. (2013). The Wong-Baker pain FACES scale measures pain, not fear. *Pediatric Emergency Care*, 29(1), 17-20.

John, R. & Chewey, L. (2013). Common complaints. In J. Selekman, *School Nursing: A Comprehensive Text*, pp. 516-577. Philadelphia, PA: F.A. Davis.

Mayo Foundation for Medical Education and Research [Mayo Foundation]. (2016). *For Medical Professionals*. Retrieved December 21, 2016 from <http://www.mayoclinic.org/medical-professionals>.

Mayo Foundation. (2016). *Patient Care and Health Information*. Retrieved December 21, 2016 from <http://www.mayoclinic.org/patient-care-and-health-information>.

National Association of School Nurses [NASN] (2014). *Position statement: Care of victims of child maltreatment, the school nurse's role*. Retrieved January 25, 2017 from <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/639/Child-Maltreatment-Care-of-Victims-of-The-School-Nurse-s-Role-Adopted-January-2014>.

Nemours Foundation. *KidsHealth® from Nemours*. Retrieved December 21, 2016 from www.kidshealth.org.

Taliaferro, V. & Resha, C. (Eds.) (2016). *2016 School Nurse Resource: A Guide to Practice*, 9th Edition. Nashville, TN: School Health Alert.

University of Maryland Medical Center. (2016) *Medical Encyclopedia*. Retrieved December 21, 2016 from <http://umm.edu/health/medical/ency>.

Although teachers cannot diagnose a child's medical condition or recommend treatment, they are many times the first ones to note that a child is not performing like his/her peers or is having difficulty in the classroom. This information is valuable in facilitating the nurse's assessment and possible referral for further evaluation. The School Nurse values your input and comments. Please complete this form with your concerns and return it to the School Nurse. Listed below are some signs of conditions and examples of behavior that may provide clues to physical and emotional problems. While none of these are infallible, none should be overlooked. Extremes such as constantly disruptive behavior, continual unhappiness, inability to learn, are especially significant. Please remember that this information is **confidential**.

Student _____ Grade/Section _____

Date _____ Student Achievement: Good _____ Fair _____ Poor _____

General Appearance

- _____ Facial tic
- _____ Lethargic, unresponsive
- _____ Poor posture
- _____ Radical changes in weight
- _____ Unusual gait or limp
- _____ Unclean/unkempt
- _____ Very pale or flushed
- _____ Very thin or overweight

Ears

- _____ Asking to have things repeated
- _____ Discharge
- _____ Speaking loudly
- _____ Turning head to hear

Eyes

- _____ Crossed or turned out
- _____ Frequent styes
- _____ Holding page/book too close
- _____ Inflamed, watery
- _____ Squint, frown, scowl

Nose and Throat

- _____ Chronic cough
- _____ Enlarged glands in neck
- _____ Frequent colds
- _____ Nasal discharge
- _____ Persistent mouth breathing

Skin or Scalp

- _____ Bald spots
- _____ Frequent scratching
- _____ Nits on hair
- _____ Numerous pimples, blackheads
- _____ Patches of very dry skin
- _____ Rashes, sores or bruises

Teeth and Mouth

- _____ Bad bite
- _____ Cracked lips, esp. at corners of mouth
- _____ Dental caries
- _____ Inflamed or bleeding gums
- _____ Irregular teeth
- _____ Speech problem, hard to understand

School Performance

- _____ Compulsive neatness to the point that assignments are never completed
- _____ Excuses from P.E.
- _____ Failure to achieve
- _____ Frequent absences
- _____ Marked deterioration in work
- _____ Poor memory
- _____ Poor reasoning
- _____ Very careless work

General Behavior

- _____ Aggressive, cruel
- _____ Always tired
- _____ Constant need for attention
- _____ Cries easily
- _____ Depressed, unhappy
- _____ Destructive
- _____ Docile, apathetic
- _____ Excessive daydreaming, inattentive
- _____ Excessive requests to leave classroom
- _____ Restless, hyperactive
- _____ Temper tantrums
- _____ Unusually timid, fearful

Behavior at Play

- _____ Breathless after moderate exercise
- _____ Difficulty playing with other
- _____ Easily fatigued
- _____ Extremely excitable
- _____ Lack of interest
- _____ Poor coordination
- _____ Very clumsy

See reverse side →

Brief description of health problem(s):

Signature of Person Referring

Response to referral:

Signature of School Nurse

Date

MEDICAL REFERRAL FORM

Name _____ Date of Birth _____ Male _____ Female _____

Injury

Date _____ Time _____ a.m./p.m.

Where did injury occur? _____

How did injury occur? Collision with _____

Hit by _____ Fell on/from _____

Other _____

Date of last known tetanus shot: _____

Part of body injured (indicated L or R for left or right when applicable):

- | | | | |
|--|---------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> Ankle | <input type="checkbox"/> Eye | <input type="checkbox"/> Hip | <input type="checkbox"/> Nose |
| <input type="checkbox"/> Arm | <input type="checkbox"/> Face | <input type="checkbox"/> Knee | <input type="checkbox"/> Scalp |
| <input type="checkbox"/> Back | <input type="checkbox"/> Finger | <input type="checkbox"/> Leg | <input type="checkbox"/> Shoulder |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Foot | <input type="checkbox"/> Lip | <input type="checkbox"/> Stomach |
| <input type="checkbox"/> Collar Bone | <input type="checkbox"/> Hand | <input type="checkbox"/> Mouth | <input type="checkbox"/> Tooth |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> Head | <input type="checkbox"/> Neck | <input type="checkbox"/> Wrist |
| <input type="checkbox"/> Other (specify) _____ | | | |

Illness

Complaint _____

Assessment _____

Comments: _____

Nursing Intervention/Comments: _____

Parent/guardian/Relative Caregiver advised: _____ of injury/illness Yes _____ No _____

to seek medical attention: Yes _____ No _____

School Nurse Signature: _____ Date: _____

Phone: _____

PLEASE COMPLETE AND RETURN TO SCHOOL NURSE:

Examining Licensed Healthcare Provider: _____ Date: _____

Diagnosis: _____

Treatment: _____

Send copy of emergency card if transporting to Emergency Room.

Accident Report Form*

This form, or a similar one preferred by the district, is to be completed on each injury which occurs in the school building, on the school grounds, while the student is on his/her way to or from school activities that result in one-half or more day's absence from school or requires a doctor's attention. This form can be created electronically with eSchool Plus. Submit all completed reports to the designated office in the school district. It is recommended that a duplicate copy of this report be prepared for the school's file. The nurse may be asked by the district/charter to complete additional medical insurance documents.

1. Name: _____ Sex: _____ Grade: _____ Student: _____
2. District: _____ School: _____
3. Date/Time Accident Occurred: _____
Date/Time Accident Reported: _____
4. Nature of Accident: _____
Name of Injury: _____ Part of Body Injured: _____
5. Reason for Nurse Assessment: _____

Nurse Assessment: _____

Date of Last Tetanus Shot: _____

Nurse's Note: _____

Intervention: _____
6. How did the accident happen? List specifically any unsafe act(s) and/or unsafe condition(s). Specify any tool, machine, or equipment involved.
7. What action(s) was taken and by whom?
8. Was the parent/guardian notified? Yes / No
Who: _____ Relationship: _____
When: _____ How: _____
9. Please complete below:
Location: _____ Activity: _____ Areas: _____
To and From School: _____
10. Total Number of School Days Lost: _____ (To be recorded when the student returns to school)

**Some districts use this form to document staff accidents.*

Temporary Medical Excuse for Physical Education Modification (2011)

School District _____ School Name _____

Student's Name _____ Grade _____

Address _____

Student Referred by _____ Date _____
(School staff member and title)

Nature of disease or injury _____

Length of time for modification _____

Will re-examination be necessary? _____ Date _____

Student is able to do the following activities:

_____ No physical activity

_____ Moderate physical activity

_____ Vigorous physical activity

_____ Participation such as _____

Beginning _____ (date), this student would benefit from exercises such as _____, which may be taken during physical education class.

_____ Date

_____ Name of Physician (M.D. or D.O., N.P. APRN, or School Nurse)

_____ Address



Recommendations for Effective Management of Puncture Incidents in Schools

Objective: Adherence to the Division of Public Health's recommendations for effective management of puncture incidents.

Recommended Action Steps for School Personnel:

- 1) Ensure affected individual(s) receives prompt attention from the school nurse.
- 2) Immediately report the puncture incident to your school principal. The principal will then be responsible for notifying your District Office, the Department of Education, and law enforcement officials as appropriate.
- 3) Review the immunization status of affected students for documentation of hepatitis B and tetanus containing vaccines.
- 4) Most school children today have received the full series of hepatitis B vaccine. They are not at risk and do not require hepatitis B vaccine or HBIG in the event of a puncture wound. School health records and the DPH Immunization Registry are available to schools or DPH officials to confirm that the children are protected. Only if the child has slipped through the cracks and is not vaccinated against hepatitis B, should the steps recommended for hepatitis B post-exposure management be carried out. Refer to *School Incident* letter sample.
- 5) A puncture of most types (pencil, pen, lancet, etc.) ordinarily poses little risk of spread of hepatitis C or HIV. Unless there is a known hepatitis C or HIV case involved in the puncture(s), neither hepatitis C testing nor HIV testing is warranted. Puncture wounds involving a hollow needle, syringes, or other device should be evaluated on a case by case basis.
- 6) A tetanus booster is recommended for persons if more than 5 years have elapsed since their last dose (DTaP, DT or Td).
- 7) Notify the Division of Public Health, Office of Infectious Disease Epidemiology at 1-888-295-5156 or (302) 744-4990.

- 8) The school authority, upon advice from the Division of Public Health, will then notify families of affected student(s) to inform them of blood-borne pathogen recommendations. Communications should be in accordance with established school policy.
 - 9) Please use the Division of Public Health sample letter, Delaware Puncture Wound Letter to Parents, as a guide should your school decide upon widespread notification of families. Note: you should modify the sample letter to address your school's specific incident as warranted.
- Note:** The parent/guardian/relative caregiver of affected student(s) needs to consult with their child(ren)'s primary health care provider to determine counseling, testing and vaccine recommendations.

SAMPLE
School District Letterhead
Delaware Puncture Wound Letter to Parents
[date]

2017

Dear Parent:

RE: School Incident

On [date], a student brought a _____ to school. Your child/ward _____ was one of the children struck by this object. Please discuss this incident with your child.

We have been in contact with the Division of Public Health. Public Health recommends the following steps for your child's protection:

Contact your child's doctor immediately to discuss this incident including:

- ☐ Our records show that your child has not received a tetanus booster in the last 5 years and will need one as soon as possible.
- ☐ Our records show that your child was previously vaccinated against hepatitis B (3 doses). For most *vaccinated children no treatment is necessary for protection against hepatitis B infection.
- ☐ Our records show that your child is not fully vaccinated against hepatitis B and will need to start or complete the hepatitis B vaccine series (3 doses) and receive hepatitis B Immune globulin as soon as possible.
- ☐ Your doctor will decide on the need for further testing for HIV and/or Hepatitis C.

After you see the doctor, please contact the school nurse at [nurse's number] by the close of the next school day.

If your child does NOT have a doctor or you are unable to reach the doctor, please contact the school nurse as soon as possible at _____.

Please feel free to call the school at _____ if you have any questions.

Thank you for your help in this important matter.

Sincerely,

Principal

**(Note: If your child has a medical condition which makes him/her a non-responder to hepatitis B vaccination, your doctor will arrange for him/her to receive hepatitis B Immune globulin.)*



Puncture Incident in a School Setting

I hereby give permission for my child _____
to receive the following services from the Division of Public Health. Only those services that are
authorized by means of a check mark in the box next to the service will be provided.

- ☐ • Information pertaining to Hepatitis B and HIV (the virus that causes AIDS)
- ☐ • Hepatitis B immunization
- ☐ • Tetanus booster
- ☐ • Hepatitis B Immune Globulin
- ☐ • A blood test for previous hepatitis B exposure
- ☐ • A baseline testing for anti-hepatitis C virus and a follow-up testing at 4-6 months for
anti-HCV and/or testing for HCV RNA at 4-6 months
- ☐ • A blood test for HIV exposure ... **OR**
- ☐ • All procedures noted above as recommended by the DPH

Signature of parent or legal guardian

Date

For Use by Division of Public Health Staff Only

Weight _____ Amount of HBIG Administered _____ Site _____

Manufacturer _____ Lot # _____

Signature _____ Date _____

Guidelines for Students* Who Appear to be Under the Influence of Drugs or Alcohol

School nurses may be asked to determine if a student is under the influence of drugs or alcohol. It is not uncommon for students to use alcohol, marijuana or prescription drugs without a doctor's order, or other illicit substances; however, school nurses should note that some medical conditions can present with similar symptoms and should be considered during the nursing assessment.

1. A student whose behavior and appearance seem inappropriate for that particular individual to the teacher, administrator, or other school personnel should be sent to the school nurse.
2. The teacher or staff member should accompany the student to the health room. If the teacher is unable to leave his/her area, his/her observation should be written and sent to the health room.
3. The principal or school administrator should be notified of the observation made by the teacher and school nurse.
4. The nurse will determine through observation and information supplied by the teacher if immediate medical attention is or is not needed.
 - a. For emergency situations (based on vital signs and threat of danger to self): Nurse or school administrator should follow School Emergency Procedures as outlined on the Emergency Card
 - b. For non-emergency situations, the nurse will:
 - (1) Inform the parent/guardian/relative caregiver of student's symptoms.
 - (2) Request parent/guardian/relative caregiver to come to school.
 - (3) Inform parent/guardian/relative caregiver of observations and suggest examination by family health care provider.

Behavior and physical findings will dictate urgency of medical referral. The procedure for treating and excluding students under the influence of drugs or alcohol are basically the same as those used in the school district for any student showing signs of illness.

5. The nurse should keep accurate, objective and detailed records of such incidents including referrals. Students who become involved in substance abuse may be unstable or seriously disturbed youths whose plight deserves treatment not censure. Note: Some medical conditions can present with similar symptoms and should be considered during the nursing assessment.

Some Signs & Symptoms to Consider:

Eyes	<ul style="list-style-type: none"> • Pupils dilated or constricted • Red and watery • Glassy 		
Respiration	<ul style="list-style-type: none"> • Rapid, shallow, labored 		
Pulse	<ul style="list-style-type: none"> • Rapid, shallow, slow pulse • Change in blood pressure 		
Skin	<ul style="list-style-type: none"> • Color: pale, cyanotic, florid • Dry and itchy • Unusual marks 		
Speech	<ul style="list-style-type: none"> • Slurred • Incoherent 		
Odor	<ul style="list-style-type: none"> • Breath • Clothes 		
Behavioral Changes	<ul style="list-style-type: none"> • Restlessness • Irritability • Lethargy • Depression 	<ul style="list-style-type: none"> • Memory impairment • Change in appetite/thirst • Personality changes • Change in physical appearance 	<ul style="list-style-type: none"> • Hyperactivity • Withdrawal from responsibility

* Protocols for staff & visitors should be determined by the District/Charter Human Resources Department.

Overview

Crucial care by school nurses includes provision of emergency care for acute illness or injury. While the majority of office visits to the school nurse are students seeking routine care of minor illnesses and injuries, severe and life-threatening illnesses and injuries are not uncommon. Others, in addition to students, may also require prompt attention from the school nurse. These may include educational staff, contracted personnel, volunteers and visitors. Therefore, the school nurse should be adept at first aid for people of all ages and able to provide lifesaving measures until Emergency Medical Services (EMS) assumes care. The goal of school health services relative to acute care is to quickly identify and respond to severe and life-threatening symptoms. The school nurse assesses the health status, identifies health needs, triages care, provides appropriate nursing interventions to alleviate or stabilize the condition, and returns the student to full activity or refers him/her for additional medical evaluation/treatment.

“Schools are not immune from the threat of fatal injury or death of school-age children” (National Association of School Nurses [NASN], 2012). The school nurse must be prepared to provide and manage emergency care at the school for both individuals and groups. The previous topic in this chapter, Office Visits – Illnesses, Injuries, & Emotional Needs, should be reviewed as initial symptoms of seemingly *minor* illnesses and injuries can be subtle signs of something *severe or life-threatening* and vice-versa. Therefore, the school nurse should maintain a current list of student Health Alerts and continue to update his/her emergency response skills. University of Maryland Medical Center provides an online [Medical Encyclopedia](#), which includes first aid and emergency response guidelines. The Mayo Clinic has a website on [Diseases and Conditions](#) that includes a [Symptom Checker](#). Other online references from medical universities or hospital systems are also good references, e.g., [KidsHealth.org](#) (Nemours). If in doubt, the school nurse should seek and activate EMS (911) right away. Refer to overview in the section on Chronic Conditions Management of this chapter for information on emergency planning for students with chronic health conditions.

Each school is required to have a Crisis Plan. The school nurse should be familiar with the Plan and understand his/her role in a school wide emergency. It is important to consider ahead of time what equipment will be needed, how students and medical supplies will be transported, and who will be assigned to support the nurse during an emergency. Likewise, students who have known life-threatening conditions should have individual emergency plans. (Refer to the section in this chapter on chronic health conditions.)

Activities

- Emergency Preparedness Plans & Equipment

- Provision of care for severe injuries
- Provision of emergency nursing care
- Coordination and referral to EMS (911)
- Maintaining current Emergency/Nursing Care Cards for each student (refer to Emergency/Nursing Treatment Cards earlier in this Section, Direct Care for Illness, Injury, & Emotional Needs).
 - It is also helpful to have emergency contact information and medical history on staff members.

School Nurse Role

- Prevention, health promotion, safety precautions and eliminating environmental hazards to reduce the risk of emergencies. The first consideration is to prevent an injury from occurring.
- Follow general principles of first aid and emergency care.
 - Consider the patient's pre-existing medical conditions and any individual emergency plans or individual healthcare plan.
- Obtain emergency plans and protocols from licensed healthcare provider of any student with a life-threatening condition. Plans should be up-to-date and renewed annually (minimally). These directions take priority over other guidelines.
- Review the school's Crisis Plan with administrators prior to an emergency to determine the school's response to emergencies and the expected role of the school nurse. Questions to be considered:
 - Have known safety issues been addressed?
 - Are emergency supplies adequate and up-to-date?
 - Are, or should there be, additional school personnel trained in first aid and/or CPR?
 - How (and who) will call 911 to activate EMS? Who will meet EMS responders and guide them to the student?
 - Who will assist the school nurse in the event of an evacuation or mass casualty?
 - Does district policy address reporting of severe injuries or illness?
 - Under what circumstances does administration want to be notified, and how?
 - Are current communication systems adequate?
- Periodically (minimally at the beginning of each school year) check all emergency equipment and supplies. These should be up-to-date and in working order. The school nurse should be comfortable with their use.
- Notify parents/guardians/Relative Caregiver of acute, or potentially, acute conditions or situations. Information on when (i.e., signs and symptoms) to seek additional medical care should be reviewed at that same time.
- Notify administration when 911 is called and for any serious illness/injury. For other situations, follow district policy or administrative directives.
- Be familiar with both state and local school/district policy regarding emergency procedures, including appropriate state/district documentation after the incident.
- Document in the electronic health record all aspects of assessment, interventions, notifications, and student responses.

Responding to Severe or Life-Threatening Illnesses & Injuries

The effectiveness of the school nurse's response is related to his/her skills, emergency equipment, and preparedness. Response must be prompt. CPR/AED certification is a requirement for school nurse employment and continued hire. Additionally, the Delaware Division of Public Health provides annual medical emergency Standing Orders for allergic reactions in previously undiagnosed individuals for use by public/charter school registered nurses (16 DelCode §3003E) and naloxone Standing Orders for school nurses (registered nurses) working in Delaware public schools serving high school students. Delaware provides a 24-hour hotline for child crises, including responding to students who indicate they want to harm themselves.

Airway Obstruction

- University of Maryland Medical Center provides an overview of [Blockage of an Upper Airway](#) in their Medical Encyclopedia.

Anaphylaxis

- The Delaware Division of Public Health provides annual medical emergency Standing Orders for allergic reactions [including anaphylaxis] in previously undiagnosed individuals for use by public/charter school registered nurses (16 DelCode §3003E). Equipment and supplies must be provided by the school.
- Schools are responsible for identifying sufficient staff or contracted employees for training to become Trained Persons (who can administer epinephrine to diagnosed and undiagnosed individuals showing symptoms of anaphylaxis) and Trained Assistants (who can administer life-saving medication such as epinephrine to students with individual prescribed medication at an approved school activity). Information on working with students who have known life-threatening allergies, is under Allergies in the Chronic Conditions Management section in this chapter.
- Resource
 - Taliaferro, V. & Resha, C. (Eds.) (2016). *Anaphylaxis in 2016 School Nurse Resource: A Guide to Practice*, 9th Edition, pp. 20-27. Nashville, TN: School Health Alert.

Child Abuse

- Everyone is a mandatory reporter of child abuse ([16 Del. C § 904](#)). The school nurse should promptly report any suspicious findings. Refer to the section on Child Abuse & Neglect in Chapter 3, [Community/Public Health](#), for information on the role of the school and the Memo of Understanding between Local Education Agencies and the Division of Children, Youth, & Their Families (DSCYF) relative to child abuse. After reporting the suspected abuse, the nurse will need to work with DSCYF as indicated by the child's unique needs. The nurse will also need to submit a [written report](#). When reporting a finding/suspicion to DSCYF.

See the Signs – Make the Call Report Child Abuse: 1-800-292-9582

- Resource
 - [Crisis Help](#) – Delaware Department of Services for Children, Youth and their Families
 - [Delaware Office of the Child Advocate](#)
 - National Association of School Nurses [NASN] (2014). *Position statement: Care of victims of child maltreatment, the school nurse's role*. Retrieved January 25, 2017 from <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/639/Child-Maltreatment-Care-of-Victims-of-The-School-Nurse-s-Role-Adopted-January-2014>.
 - Taliaferro, V. & Resha, C. (Eds.) (2016). *Child Maltreatment in 2016 School Nurse Resource: A Guide to Practice, 9th Edition*, pp. 441-444. Nashville, TN: School Health Alert.

Opioid Overdose

- Access to naloxone in the schools has been recognized by the Delaware General Assembly as an important step in the on-going work to reduce the risk of opioid overdose in Delaware. (Resolution: [Endorsing Increased Access to Naloxone in Schools in Delaware](#), 2015)
- The Delaware Division of Public Health provides a Standing Order for school nurses, working in a public school serving high school age students, to administer naloxone for symptoms of opioid overdose.
- It is the position of The National Association of School Nurses (NASN, 2015) that the safe and effective management of opioid pain reliever (OPR)-related overdose in schools be incorporated into the school emergency preparedness and response plan.
- Resource
 - [Naloxone Use in the School Setting: The Role of the School Nurse](#) (NASN Position Statement, 2015)

Suicide Threats, Statements, or Behaviors

- Suicide is the 3rd leading cause of death for children and youth between 10 to 24 years of age (Centers for Disease Control and Prevention [CDC], 2015).
- “Some groups [of youth] are at higher risk than others”: males, Native American/Alaskan youth, U.S. Hispanic Youth (CDC, 2015).
- “Get immediate attention for a child who is making direct statement or behaviors related to being dead” ([Suicide Warning Symptoms: FACTS](#))
- [Suicide Warning Symptoms: FACTS](#) – Feelings, Action, Changes, Threats, Situations

**Delaware's 24-hour Child Priority Response Hotline:
1-800-969- HELP (4357) or dial 9-1-1 for emergency response.
Crisis Text Line: Text DE to 741741**

- References & Resources
 - [Injury Prevention & Control: Suicide Prevention](#) (CDC, 2015)
 - [Suicide Warning Signs \(FACTS\)](#) (FACTS is from [Lifelines: A Suicide Prevention Program](#) developed by the national [Suicide Prevention Resource Center](#). Lifelines is available through the Delaware Division of Prevention and Behavioral Health Services.)
 - Taliaferro, V. & Resha, C. (Eds.) (2016). Depression, pp. 112-116, Self-injurious/Self-mutilation Behavior, pp. 319-321, and Suicide Ideation/Threats, 457-460 in *2016 School Nurse Resource: A Guide to Practice*, 9th Edition. Nashville, TN: School Health Alert.

Laws & Regulations

- [16 DelCode 30C Automatic External Defibrillators \(AEDS\)](#)
- [16 DelCode 30E School Access to Emergency Medication Act](#)
- [16 DelCode 30G Naloxone](#)
- [Regulation 817 Medications and Treatments](#), Department of Education Regulation

References & Resources

American Academy of Pediatrics. (2012). *Pediatric First Aid for Caregivers and Teachers (PedFACTs) Participant Manual*. Burlington, MA: Jones and Bartlett Learning.

[American Red Cross](#)

[American Heart Association - CPR](#)

Emergency or EMT-Basic Textbook

KidsHealth.org (2017). *First Aid & Safety: Emergencies*. Retrieved January 15, 2017 from <http://kidshealth.org/en/parents/firstaid-safe/>.

NASN. (2014). *Position statement: Emergency preparedness and response in the school setting*. Retrieved January 25, 2017 from <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/297/Child-Mortality-in-the-School-Setting-Adopted-2012>.

North Carolina Department of Health & Human Services. (2009). *North Carolina Emergency Guidelines for Schools: 2009 Edition*. Retrieved January 15, 2017 from <http://www.ncdhhs.gov/dhsr/EMS/pdf/kids/guidelines.pdf>.

Preparing for an Emergency

Health rooms should be equipped with standard emergency and first aid equipment, in addition to necessary assessment tools. It is recommended that a “Go Bag” (School Nurse Emergency Kit) is easily accessible, transportable and fully stocked for use in a school evacuation or for carrying to the site of an emergency. The following list should be reviewed periodically. Based on the needs of the school, the list may be shortened or lengthened.

Ace wrap, various sizes	
Ambu Bag, with mask	
Bandage scissors	
Blanket	
Disposable hand wipes	
Disposable vinyl gloves	
Epinephrine, auto-injector or with syringe & filter needles	
Eye wash for irrigation	
Flashlight with batteries	
Glucose tablets and/or glucose gel	
Gauze pads, sterile, 4” x 4”	
Gauze, roller bandage	
Instant ice	
Large and regular size Band-Aids	
Large plastic trash bag	
Markers: black, red, & yellow (for triaging)	
Naloxone (if high school with Standing Order)	
Non-stick gauze pads	
Note pad/pen	
Paper tape, 1”	
Permanent marker	
Safety glasses or goggles	
Safety pins	
Sanitary napkins (for pressure dressing)	
Sling	
Splint(s)	
Sphygmomanometer	
Standing Orders: diphenhydramine (Benadryl) 12.5 mg/5 ml for allergic reaction	
Standing Orders: epinephrine for anaphylaxis	
Standing Orders: naloxone for opioid overdose)	
Sterile saline	
Stethoscope	
Thermal reflective blanket	
Thermometer	
Towel	
Tweezers	
Water	

In the event of an emergency evacuation, additional items should be accessible and easily transportable:

All student emergency cards	
All staff emergency cards	
Cell phone, walkie/talkie, or other communication device	
Bottle of water	
Plastic cups	
Emergency and other critical medications (individual students & school stock)	

School Nurse Role

Any client seen by the school nurse should be fully assessed using the nursing process. This is especially important in providing emergency care. The school nurse should work with the scope of usual and accepted practices of first aid and acceptable protocols or Standing Orders. The Delaware Division of Public Health annually provides medical emergency Standing Orders for allergic reactions in previously undiagnosed individuals for use by public/charter school registered nurses (16 DelCode §3003E). School nurses (registered nurses) working with students in Delaware public high schools are also provided with naloxone Standing Orders. It is imperative that the nurse is fully aware of what is required by the Standing Order and is prepared to respond within its guidelines in an emergency. This means ensuring competency in delivering the care and keeping medications and equipment up-to-date. Individual student healthcare and emergency plans should be current and easily accessible.

The student's primary caregiver should be notified of any serious accident, illness, or necessary exclusion as promptly as possible; however, emergency care or transport for emergency care should not be delayed for any reason. Emergency contact information should be collected at the beginning of each school year and kept current. The emergency card should be maintained in the "office of the school nurse" for easy accessibility (Regulation 811.2.1, [School Health Record Keeping Requirements](#)). The school nurse should contact the parent/guardian/Relative Caregiver or designee identified by the parent to report any emergency situation as soon as possible. If necessary, the student's healthcare provider may be contacted. At the beginning of each school year, the school nurse and administration should agree on communication and protocols related to routine and emergency responses. The first consideration must always be the welfare of the student.

Oxygen Administration for an Emergency

Description

Oxygen is a licensed drug under FDA standards, complete with indications, contraindications, dosage ranges and potential for toxicity. As a drug, its dosage and administration must be directed by the prescription of a licensed healthcare provider. **Prescription for the use of oxygen when responding to anaphylaxis is provided annually by the Division of Public Health.**

Symptoms

Follow directives within the healthcare provider's Standing Order. When the order is PRN, assess the following:

- Respiratory rate
- Presence of pre-existing condition (asthma, cardiac etc.)
- Oxygen saturation (pulse oximetry)
- Grunting and/or nasal flaring
- Change in skin color or nail beds (cyanosis)
- Level of consciousness
- Signs and symptoms of shock

Nursing Assessment and Intervention

Maintenance of Equipment

Safe usage requires following the healthcare provider's directions and the manufacturers' recommendations, instructions or operating manual. Individuals who assume the responsibility for oxygen equipment and its use must be familiar with the hazards of oxygen, the operational characteristics of the equipment, and the precautions to be observed while using oxygen. Some areas to be aware of include:

- a. If using a disposable cylinder, do not refill under any circumstances.
- b. Oxygen cylinders **in use** must be secured in an upright position.
- c. All oxygen cylinders **not in use** must be stored in a well ventilated area and safe from environmental hazards, tampering, or the chance of accidental damage to the stem. If stored upright, the cylinders need to be secured. If stored horizontally, the cylinders must be on a level surface where they will remain stationary.
- d. The content indicator should be checked at least monthly to determine amount of oxygen in the cylinder. This should be documented.
- e. Common hazards associated with oxygen are ignition or heating sources. Friction toys can create sparks that can ignite oxygen. Cylinders must be kept away from these hazards.
- f. Oxygen cylinders are required to have an expiration date. Equipment will need to be recertified periodically.

Emergency Equipment/Procedures

- a. **Have a standing order or PRN for emergency oxygen.**
- b. All valves on portable oxygen cylinders must be open
- c. Select appropriate size mask or cannula.
- d. Check tubing and cannula to be sure it is not twisted or kinked.
- e. Attach cannula and tubing to oxygen source securely. (Some units also have humidification attachments.)
- f. Administration set up per manufacturer's instructions
- g. Initiate and maintain oxygen flow rate and concentration
- h. Check for oxygen coming out of source.
- i. Oxygen should be delivered at the lowest concentration possible and for the shortest possible time
- j. Monitor vital signs, level of consciousness and responsiveness during the administration of oxygen
- k. All oxygen therapy administered must be documented.

Role of the School Nurse

The need for oxygen administration may cause anxiety for anyone. The placement of a mask or nasal cannula may add additional fear to someone who is already experiencing breathing difficulties. Clearly the role of the school nurse during oxygen administration is providing continuous nursing assessment of vital signs and physical assessment of respiratory status while reassuring the patient.

Guide for the Safe Storage, Handling and Use of Liquid Oxygen in Health Care Facilities, 2nd Edition, (2000). Compressed Gas Association (CGA), Pamphlet CGQ p 2-7.

AARC Clinical Practice Guideline: Selection of an Oxygen Delivery Device for Neonatal and Pediatric Patients. (2002). Respiratory Care. 47(6), 707-716.

Medication & Treatment Administration

Overview

Students may need to take medications during schools hours. These may be: periodic, e.g., short term antibiotic for an infection; routine, e.g., insulin for diabetes; or periodic, e.g., analgesic for occasional headaches. Administration of any medication or treatment in any Delaware public school is regulated through Regulation 817, [Medications and Treatments](#). This regulation articulates requirements for the school setting based on Delaware Code. In general, all prescribed medications and treatments must be:

- prescribed currently (within a year and preferable within the current school year) by a licensed healthcare provider
- provided, in the original labeled container, to the school by the parent/guardian or responsible adult
- not expired or outdated
- accompanied with current written permission for administration from the parent/guardian
- counted by the parent/guardian and school nurse when received or returned by the school nurse
- administered by the school nurse

Over-the-counter medications require only parent/guardian permission for administration by the school nurse; however, when assistance is provided at an Approved School Activity, the over-the-counter medication must be prescribed by a licensed healthcare provider. All administration should be preceded by the nurse's assessment and documented in the student's school health record.

Information on working with students with chronic conditions is in the following section, including information on Specialized Nursing Procedures.

Controlled Medications

Regulation 817 defines controlled medications as “those prescribed drugs regulated by Federal (CSA of 1970) and/or state Controlled (dangerous) Substances Act.” The Act can be accessed at <http://delcode.delaware.gov/title16/c047/sc01/index.shtml>. Controlled substances are categorized into five schedules. Some examples include:

Schedule I: Marijuana, Heroin (not legally prescribed)

Schedule II: Adderall, Codeine, Risperdone, Methylphenidine, Dexedrine, Concerta, Vyvanse

Schedule III: Vicodin, Tylenol with Codeine #3

Schedule IV: Ativan, Xanax, Valium, Diastat

Schedule V: Lomotil and cough syrups with codeine

Information on the schedules can be reviewed at <http://www.dea.gov/druginfo/ds.shtml>.

Controlled medications must be stored under double lock and reconciled monthly (minimum) by the school nurse. The storage cabinet plus locked rooms are considered a double lock, but additional security may be needed. Only authorized licensed personnel should have access to the area. Further, both locks must be locked when the school nurse is not present and keys must be securely stored.

Districts are encouraged to establish uniform guidelines for how schools will: receive medications from parents, including transport; count and document medication upon receipt; storage and accessibility of medication during and after school hours; returning medication to parent or safe disposal.

Approved School Activities

The Delaware Department of Education defines an Approved School Activity as “a school-sponsored field trip or approved school activity outside of the traditional school day or off-campus.” This includes field trips, athletic events, and any activity sponsored by the school. These activities are part of the education program and all students must have access to them. Students needing medications during the regular school day will likely also need medications during an Approved School Activity. The nurse will need to work with the school administration and staff to determine the best way to provide continuity of nursing care for each student. A school nurse is responsible for planning this care and must work to identify the best way to provide prescribed medications and treatments. Educators and contracted employees may receive training from the school nurse to: assist a student with self-administration of medication at an approved school activity, including administration of a life-saving medication in the event the student is unable to self-administer at the time of the emergency; and administer prescribed, life-saving medication to a student with a diagnosed and known life-threatening condition. Under [Regulation 817, Medication and Treatments](#), these two trainings are only for approved school activities that occur “outside of the traditional school day or off-campus”. Refer to the flow sheet, Training Staff (Educators & Other School Employees) to Assist or Administer Medication (RX) to Students that follow in this section.

Anaphylaxis in Schools

School nurses lead the management of students with life-threatening allergies in the school setting. This includes working with the student, family, healthcare provider, and staff to identify ways to prevent exposure to allergens, prepare for possible anaphylaxis, and to respond quickly if a student shows signs and symptoms of anaphylaxis. For students with known life-threatening allergies, medication should be provided by the family for school nurse or student administration. For students with unknown allergies, the Division of Public Health provides an annual Standing Order for the treatment of allergic and anaphylactic reactions (16 DelCode §3003E). The school maintains stock epinephrine, diphenhydramine (Benadryl), and oxygen for use under this Order. Information on oxygen administration is provided previously in this chapter under Emergency Care.

In 2014, the Delaware legislature enacted a law ([16 Del.C. Ch. 30E](#)) requiring schools to have a sufficient number of Trained Persons in the school to administer epinephrine to diagnosed and undiagnosed individuals showing symptoms of anaphylaxis. In response to this law, the Delaware Department of Education collaborated with the Delaware Division of Public Health to develop guidelines/protocols and training. This is referred to as the Epinephrine for Anaphylaxis in Schools (EAS) Program. Information on EAS training is included in the next paragraph and on the grid titled Medication Courses for Staff & Contracted Employees. School nurses must complete the EAS training prior to working with staff and administrators in selecting and training staff. The EAS training is part of the School Nurse Certification Program.

Medication Trainings for Schools

All medication trainings for educators and other school employees must be overseen by the school nurse in the school where the student who will receive assistance or administration of a medication, attends. School nurses receive training in these programs through the School Nurse Certification Program, which is required for School Nurse Certification through the Delaware Department of Education. The *different* trainings prepare staff members for *different* responsibilities. A flow sheet, Training Staff (Educators & Other School Employees) to Assist or Administer Medication (RX) to Students, is provided to assist in identifying when and who to train.

Assistance with Medication on Field Trips – This course is an online self-study that trains an educator or other school employee to assist a student with self-administration of medication at an approved school activity. This person is referred to as a Trained Assistant for Self-Administration and is authorized to assist a student. The Trained Assistant for Self-Administration may also render emergency care, including injection, to any student unable to self-administer medication at the time of an emergency for life-threatening symptoms of a diagnosed condition based on the healthcare provider's order and parent permission.

I'm Ready! is an online and one-on-one school nurse instructed program for educators and other school employees who have been identified by the school nurse and administrator, and agree to be trained (or training is required by contract) on administering a life-saving medication to a student with a known, life-threatening condition and individually prescribed medication by his/her healthcare provider. This person is a Trained Assistant for Self-Administration & Life-Saving Administration who can provide emergency care at an approved school activity.

Epinephrine for Anaphylaxis in Schools (EAS) Program is an online and one-on-one school nurse instructed program for educators and other school employees who have been identified by the school nurse and administrator to become a Trained Person. Upon successful completion of the four part training, the Trained Person can administer auto-injectable epinephrine to diagnosed and undiagnosed students with symptoms of a life-threatening allergic reaction in the school setting.

Documentation

All nursing care provided or planned for students should be documented. Mandatory forms for medication assistance and administration educational staff (as described in previous paragraphs) are provided in this Chapter. Refer to the forms: Field Trip Medical Record, Emergency Medical Summary Sheet – Trained Person and School Nurse; Medication/Treatment Administration Summary Sheet – *I'm Ready!*; and templates for Parent/Guardian Permission for Assistance with Medication on Field Trip or Approved School Activity. Guidelines for documentation are provided in Chapter 4, Quality Improvement Chapter 5, Quality Improvement.

Activities

- Medication administration, monitoring , storage
- *I'm Ready!* program

- Epinephrine for Anaphylaxis in Schools Program [EAS] (Refer to information provided under Medication & Treatment Administration.)
- Documentation

School Nurse Role

- Establish health office routine for administering and storing medications
 - Sample form, Parental Request/Permission to Have Medication Administered in School is provided in this section.
- Administer medications, as ordered, and assess response. The most common medication error in the school setting is missed doses (AFT, 2003). Be proactive in avoiding medication errors. The following list is adapted from a patient fact sheet [20 Tips to Help Prevent Medical Errors](#) (Agency for Healthcare Research and Quality, U.S. Department of Health & Human Services, 2011).
 - Know all the medications (including over-the-counter, herbal, and dietary supplements) the student is taking.
 - Help the student learn to recognize his/her medication and how/when it should be taken.
 - Check for student allergies and previous responses/reactions to medication.
 - Make sure you accurately read a handwritten prescription order or parent direction as it may be illegible.
 - Educate, as needed, the student and parent on the medication: why it is used, how/when to take it, possible side effects, foods/activities to use or avoid
 - Confer, as needed, with the prescribing healthcare provider and pharmacist.
 - Check the medication label for accuracy, current prescription and expiration date.
 - Respond and report medication errors using Medication/Treatment Error Report.
- Work with parents, students, and school staff to support students who self-administer a quick-relief inhaler, auto-injector epinephrine, or insulin pump.
 - Obtain prescription/written directive from state licensed healthcare provider that allows student to possess and self-administer.
 - Obtain written permission from parent/guardian that allows student to possess and self-administer.
 - Conduct a nursing assessment to determine if student can safely possess and self-administer.
 - Obtain release of liability form from parent.
 - District/charter determines what form must be used.
 - Student with IEPs may not be required to provide.
 - Sample student agreement forms follow:
 - Self-Administration of Asthma Inhaler Student Agreement
 - Self-Administration of Emergency Medication: Auto-injectable Epinephrine

Neither form is required; however, some schools have found them to be helpful tools in working with students and families to ensure understanding of the student's responsibility.
- Work with school administration to implement and monitor the Epinephrine for Anaphylaxis in Schools Program [EAS] (Refer to information provided under Medication & Treatment Administration.)
- Oversee training and activities of staff regarding Assistance with Self-Administration of Medication and administration of life-saving medication at an Approved School Activity

- Document all medication administration and response in the student's electronic health record.
- Maintain up-to-date prescription orders. Refer to information on Nemours Students Health Collaboration – NemoursLink, which is in the section on Collaborative Communication & Interdisciplinary Teams.
- Review sample forms are provided in the following pages.

Regulations

[Regulation 817 Medications and Treatments](#), Department of Education Regulation

SAMPLE

**Parental Request/Permission to Have Medication
Administered in School**

If it is necessary for your child to receive medication during the school day, please do the following:

- Send the medication to school with a responsible individual if you are unable to take it to school.
- Send the medication in the original container. If a prescription, the container must be properly labeled with correct name, time, dose, date, and prescribing licensed healthcare provider.
- Count the tablets (unless the number of tablets is the exact number on the label) or approximate amount of liquid in the bottle.
- Pick up the medication from school at the end of the school year.

Date _____

Student's Name _____

Medication _____

Dose _____ Time _____

Reason for Medication _____

Allergies to any medications _____

Number of tablets sent _____

Amount of liquid _____

I am aware that the school nurse may need to contact the prescribing healthcare provider or pharmacist relative to the medication/treatment and that he/she is required to use nursing judgment regarding all medication administration. I give my permission for medication administration by the school nurse.

Parent/Guardian Signature _____

Nurse's Signature _____

Number of tablets/amount of liquid received _____

SAMPLE
Self-Administration of Asthma Inhaler
Student Agreement

Name: _____

Grade: _____

Inhaled Medication: _____

Date: _____

I agree to:

- Follow my prescribing health professional's medication order.
- Use correct medication administration technique.
- Not allow anyone else to use my medication under any circumstances.
- Keep the medication with me in school and on field trips.
- Inform the school nurse of the time and reason for taking the inhaler.
- Notify (or have someone else notify) the school nurse immediately if the following occurs:
 - My symptoms continue to get worse after taking the medication.
 - My symptoms reoccur within 2-3 hours after taking the medication.
 - I think I might be experiencing side effects from my medication.
 - Other _____
- I understand that permission for self-administration of medication may be discontinued if am unable to follow the safeguards established above.

Signature of Student

Date

Signature of Parent/Guardian/Relative Caregiver

Date

-
- ☐ Student verbalizes dose _____
 - ☐ Student demonstrates proper technique
 - Removes cap and shake if applicable
 - Attaches spacer if applicable
 - Breathes out slowly
 - Presses down inhaler to release medication
 - Breathes in slowly
 - Holds breath for 10 seconds
 - Repeats as directed
 - ☐ Student verbalizes safe use
 - ☐ Student verbalizes symptoms/signs of when medication is needed & when to notify school nurse
 - ☐ Parent permission to self-administer

The student has demonstrated knowledge about the proper use of his/her medication and necessary permissions (parent and licensed healthcare provider) are on file.

Signature of School Nurse

Date

Revised from American Lung Association 2012

SAMPLE
Self-Administration of Emergency Medication:
Auto-injectable Epinephrine
Student Agreement

Name: _____

Grade: _____

Medication: Epinephrine Auto-injector

Date: _____

I agree to:

- Follow my prescribing health professional's medication order.
- Use correct medication administration technique.
- Not allow anyone else to use my medication under any circumstances.
- Keep the medication with me at all times.
- Let someone know, if possible, when I need to take the epinephrine or immediately after taking it.
 - Someone needs to call 911 right away.
 - An adult needs to be informed of what is happening and the school nurse needs to be contacted if during the school day.
- The school nurse will:
 - Call 911 and arrange transportation to Emergency room. (Injected epinephrine only lasts 20-30 minutes.)
 - Contact Parent/Guardian/Relative Caregiver.
 - Stay with student. Keep student quiet, monitor symptoms, until paramedics arrive.
 - Observe for severe allergic reaction, hives, wheezing, difficulty breathing, swelling (face, neck), tingling/swelling of tongue, vomiting, signs of shock, loss of consciousness.
 - Other _____
- I understand that permission for self-administration of medication may be discontinued if am unable to follow the safeguards established above.

Signature of Student

Date

Signature of Parent/Guardian/Relative Caregiver

Date

-
- ☐ Student verbalizes Dose _____
 - ☐ Student Demonstrates proper Technique
 - ☐ Student verbalizes symptoms/signs of when medication is needed & when to notify school nurse
 - ☐ Student verbalizes Safe Use
 - ☐ Parent and licensed healthcare provider permission to self-administer

The student has demonstrated knowledge about the proper use of his/her medication.

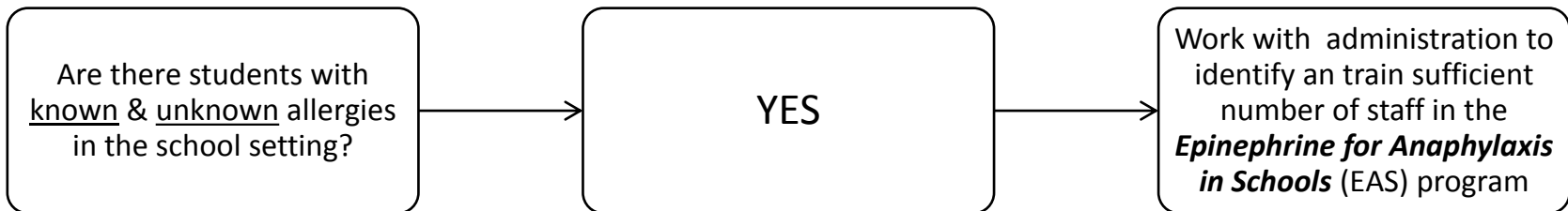
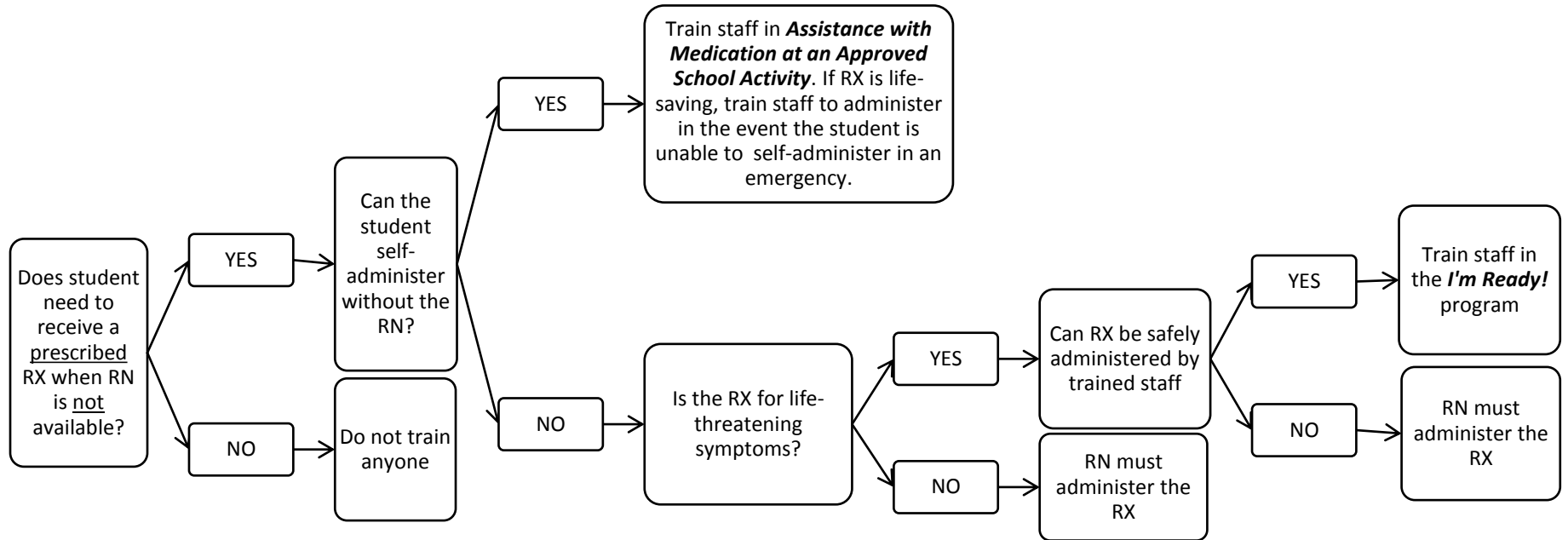
Signature of School Nurse

Date

Modified from School Health Alert 2010

Training Staff (Educators & Other School Employees) to Assist or Administer Medication (RX) to Students

FLOW SHEET for Determining When and Who to Train



Medication Courses for Staff & Contracted Employees

Assistance with Medication

In response to Regulation 817, Medications & Treatments (<http://regulations.delaware.gov/AdminCode/title14/800/817.shtml#TopOfPage>), the Assistance with Self-Administration of Medication training was updated to include all school-sponsored activities outside of the traditional school day and additional school staff. The training is a self-study course, which must be taken *prior* to any assistance being provided to a student who will be self-administering during a field trip or school-sponsored activity. **Any staff member, or contracted employee, providing assistance must take the training. This training is not for instruction of school nurses.** It is advised that this course be taken when the assistance is anticipated, not months prior. The staff member will need to download a copy of the self-study course and then read it independently. Upon completion, he/she will be asked to acknowledge reading the self-study, understanding it, agreeing to follow its content, and knowing to contact the school nurse with any questions. This acknowledgement will complete the course (.5 DOE contact hours will be awarded through PDMS). Each staff member will receive a certificate of completion. The school nurse must receive a copy of the certificate *prior* to allowing the person to assist with medication. Currently, this course is valid for five years once completed.

<i>Name of PDMS Course</i>	<i>ATTACHMENTS</i>	<i>Recording Y/N</i>	<i>Questions Y/N</i>	<i>Certificate Y/N</i>
Assistance with Self Administration of Medication for School Employees & Contracted Staff	<ul style="list-style-type: none"> Self-study Assistance with Medication document Training Assurance 	N	Y	Y

Epinephrine for Anaphylaxis in Schools (EAS) Training Program

Anaphylaxis is severe allergic reaction that can be life-threatening. It is estimated that between 400 – 800 Americans die annually from anaphylaxis. One in every thirteen children has a food allergy and 25% of school-aged children have their first anaphylactic reaction in school. When anaphylactic symptoms occur they are sudden, worsen quickly, and are intense. The only treatment for anaphylaxis is the immediate administration of epinephrine by injection. In the event of anaphylaxis, there are no contraindications to giving this life-saving medication.

Delaware statute, 16 Del. Code §3001E, directs the development and implementation of a school program to ensure the administration of epinephrine by the School Nurse or a Trained Person to diagnosed and undiagnosed individuals in a Delaware school setting.

In February 2015, the Delaware Department of Education (DDOE) revised Regulation #817, Medications and Treatments (<http://regulations.delaware.gov/AdminCode/title14/800/817.shtml#TopOfPage>), to align with the statutory requirement. This training program was approved by the DPH in February 2016.

Title of PDMS Course	ATTACHMENTS	Recording Y/N	Questions Y/N	Certificate Y/N
<p><u>Epinephrine for Anaphylaxis in Schools (EAS) for the School Nurse Instructor</u></p> <p>This course and accompanying documents cover the schools preparation and response to anaphylaxis in individuals with both known and unknown histories of life-threatening allergy. The training for School Nurse to become an EAS Instructor has TWO components:</p> <ul style="list-style-type: none"> • EAS Instructor Preparation, Online Course and Test • Part I. Epinephrine for Anaphylaxis in Schools Training Program, Online Course and Test 	<p><u>For Both Components:</u></p> <ul style="list-style-type: none"> • PowerPoint (<i>one for EAS Instructor Preparation & One for Part I</i>) • Epinephrine for Anaphylaxis in Schools Training Overview • Emergency Medication Summary Sheet • Part II Medication Treatment Training Checklist • Part III Student Review List • School Administration Checklist • EAS School Nurse Instructor Quiz and Part I EAS Quiz 	N	Y	Y

<p><u>Epinephrine for Anaphylaxis in Schools (EAS) for the Trained Person</u></p> <p>Educators, coaches, or persons hired or contracted by schools serving students in pre-kindergarten through grade 12 are eligible to take the training if selected by the School Nurse and school administrator. The training for the Trained Persons consists of FOUR components:</p> <ul style="list-style-type: none"> • Part I. Epinephrine for Anaphylaxis in Schools Training Program – Online Course and Test • Part II. Epinephrine for Anaphylaxis in Schools Check List – completed face-to-face with EAS Instructor • Part III. Epinephrine for Anaphylaxis in Schools Confidential Student Review List – completed face-to-face with EAS Instructor • Part IV. Epinephrine for Anaphylaxis in School Verification and Assurances – Online 	<ul style="list-style-type: none"> • PowerPoint • EAS Multiple Choice Questions and Verification 	Y	Y	Y

I'M READY! PROGRAM

In Delaware, the Department of Education's Regulation 817 establishes the guidelines for medications for students in public schools. This regulation permits a "Trained Assistant" to assist a student to **"self-administer"** and also to **"administer"** medication for life threatening symptoms of a diagnosed condition. The authority to assist with self-administration is based on the Nurse Practice Act [Title 24, Chapter 19, Section 1921 for assistance in schools and for "rendering of assistance by anyone in the case of an emergency." The regulation requires training for administration of emergency medication such as epinephrine, glucagon and other lifesaving medication to a student with known diagnosis when the school nurse is not available. A prescription for the medication must be written by a medical doctor, nurse practitioner or physician's assistant and parent permission is also necessary. The "Trained Assistant" may administer this emergency medication at an "Approved School Activity", such as a field trip or before or after the school day at an athletic practice, club meeting or as directed in a student's 504 plan. The "Trained Assistant" needs to complete the Assistance with Medication training in PDMS along with the *I'm Ready!* Part I - overview, Part II – training with the school nurse and Part III- the verification and post-test. .5 DOE professional development hours and a certificate will be awarded through PDMS.

In February 2015, the Delaware Department of Education (DDOE) revised Regulation #817, Medications and Treatments (<http://regulations.delaware.gov/AdminCode/title14/800/817.shtml#TopOfPage>), to align with the statutory requirement. This *I'm Ready!* training program was approved by the Division of Public Health in February 2016.

Title of PDMS Course	ATTACHMENTS	Recording Y/N	Questions Y/N	Certificate Y/N
<i>I'M READY – Instructor of Educators and Other School Employees</i> This course trains School Nurses to become Instructors of Educators and Other School Employees in the <i>I'M READY!</i> PROGRAM.	<ul style="list-style-type: none"> • PowerPoint • Decision Flow Sheet • Checklist • Summary Sheet • Regulation 817 • Training Links • Questions 	Y	Y	Y
<i>I'M READY (Part 3) - Educators and Other School Employees</i> This course completes the three-part training for an Educator or Other School Employee who is a Trained Assistant for Self-Administration to be prepared to administer an emergency medication for a diagnosed condition.	No PowerPoint <ul style="list-style-type: none"> • Summary Sheet • Regulation 817 • Questions 	N	Y	Y

<p><i>I'M READY (Part 1) - Epinephrine</i> This trains the Educator or Other School Employee who is a Trained Assistant for Self-Administration to administer epinephrine, a life-saving medication, in an emergency.</p>	<ul style="list-style-type: none"> • PowerPoint – It's an Emergency – I'M READY to Save a Life <p>It's time for you to get prepared to administer an epinephrine auto-injector in an emergency!</p> <ul style="list-style-type: none"> • Checklist • Summary Sheet • Regulation 817 • Questions 	Y	Y	Y
<p><i>I'M READY (Part 1) - Glucagon</i> This trains the Educator or Other School Employee who is a Trained Assistant for Self-Administration to administer glucagon, a life-saving medication, in an emergency.</p>	<ul style="list-style-type: none"> • PowerPoint - It's an Emergency – I'M READY to Save a Life <p>It's time for you to get prepared to administer glucagon in an emergency!</p> <ul style="list-style-type: none"> • Checklist • Summary Sheet • Regulation 817 • Questions 	Y	Y	Y
<p><i>I'M READY (Part1) - Life Saving Medication</i> This trains the Educator or Other School Employee who is a Trained Assistant for Self-Administration to administer a prescribed life-saving medication, in an emergency.</p>	<ul style="list-style-type: none"> • PowerPoint - It's an Emergency – I'M READY to Save a Life <p>It's time for you to get prepared to administer a life-saving medication or treatments!</p> <ul style="list-style-type: none"> • Checklist • Summary Sheet • Regulation 817 • Questions 	Y	Y	Y

Assistance with Medication Information for School Staff

*(For Field Trip or Approved School Activity * Only)*

When assisting with medications, it is expected that assistance will be given in a manner which protects the student from harm. It is expected both from a legal and ethical standpoint that you will not knowingly participate in practices which are outside your legally permissible role or which may endanger the well-being of the student.

Medication is given to the right student, at the right time, in the right amount (dose), and by the right route (such as orally, topically, by inhalation). The following information is developed around these FIVE RIGHTS:

- AT THE RIGHT TIME
- THE RIGHT STUDENT
- THE RIGHT MEDICATION
- AT THE RIGHT DOSE
- BY THE RIGHT ROUTE

- **THE RIGHT TIME**

Routine medications are taken at established times. This helps to insure that the desired levels of medication will be maintained and doses will not be given dangerously close to each other.

Medications may be given ½ hour before or after the indicated time except for medications to be given with meals. These may be medications which must be given with food.

Some medications should not be given at the same time or in combination with other medications. If two or more practitioners prescribe medications, the person assisting must check medication compatibility with the nurse, pharmacist, or poison control center.

- **THE RIGHT STUDENT**

Unlike acute care medical facilities, most schools and other institutions do not require personal identification tags. This presents a problem in assisting with medications as levels of communication and cooperation vary. Even a student may answer to another student's name. Basic rules are:

- a. Never assist with medication unless you know the student.
- b. Use the student's name during the assistance process.
- c. Only deal with one student at a time to prevent other students from interfering with the medication process.

*24DelCode §1921(a)(12): Educators, coaches, or persons hired or contracted by schools serving students in kindergarten through grade 12 who assist students with medications that are self-administered during school field trips and approved school activities outside the traditional school day or off-campus that have completed a Board of Nursing approved training course developed by the Delaware Department of Education.

- d. Pre-fill water cups to avoid distractions; **do not ever turn away from the student** during the medication process.

- **THE RIGHT MEDICATION**

Before leaving on the field trip, check the parent/guardian's permission slip and the prescription bottle to be sure the correct medication was sent. For this reason it would be a good practice to have all medication on the day before the field trip.

Pill bottles should contain one drug and one drug only. If a prescription is received which appears **strange** and unlike what you remember seeing before, check with the school nurse. It may be another drug company's product, a generic drug or a mistake. **NEVER** mix the contents of an old pill bottle with the contents of a new pill bottle; there may be a change in the brand or dose which will create confusion and error.

Read the prescription label and check against the medication log sheet.

- **THE RIGHT DOSE**

All medications, including over-the-counter (OTC) products, are given in some measured amount. Common measurement terms and their abbreviations for tablets, pills and capsules are milligrams (mg or mgm), grams (GM) and grains (gr). The prescription will indicate how many pills have to be given so you will not need to figure out the number of milligrams. For example, the prescription may read: "Tegretol 200 mg tablets; give two tablets daily." You would give two tablets. The actual milligram dosage is 400 mg daily but you are not asked to compute this, only to comply with the label.

Common measurement terms and their abbreviations for liquids are: ounce (oz), tablespoon (Tbsp.), and teaspoon (tsp.). Some prescriptions may indicate a measurement in milliliters (ml).

5 mls = 1 teaspoon; however, teaspoons can vary in size and should not be used routinely. Liquid medication measuring cups/containers are available and should be used.

Ear and eye liquids are usually measured in drops (gtt or gtts) or droppers full. Droppers should be included in the medication package.

Prescriptions will state the specific amount of medication to be measured out. If confused about a measurement, **DO NOT GIVE** until you have checked with the parent/guardian or school nurse or the pharmacist. Follow the practitioner's orders carefully.

When assisting with medications, you are legally responsible for making sure that you comply with the requirements that medications be in original containers.

- **THE RIGHT ROUTE**

Lay assistants are not to assist with injections. **The one exception is in use of the lifesaving medications, where standard emergency procedures prevail in lifesaving circumstances.** The teacher, guidance counselor or administrator should be informed about the medication instructions.

For your information, the routes appropriate for lay assistance are:

- a. oral b. topical c. inhalants

Generally oral, inhalant, and topical medications will be considered for field trip purposes.

- a. ORAL: (by mouth)

Types of oral medications are:

- (1) Tablets: Pressed powders which are usually acted upon in the stomach. You may crush between two spoons and unless otherwise indicated, mix with a small amount of food such as pudding if client has difficulty swallowing. You must make sure he/she swallows everything.
- (2) Capsules/Caplets: Gelatin coated powders or tiny time released beads as in spansules. Caplets are replacing many capsules in over-the-counter products as caplets resist tampering. Caplets have the medication in a very highly compressed form with the outer covering resisting digestion until the intestines are reached. These should not be crushed or mixed with food.
- (3) Enteric Coated Tablets: These have a hard often colored coat on them (similar to the M&M candies). This is to prevent them from releasing the medication too soon in the GI tract and causing irritation. **DO NOT CRUSH.**
- (4) Liquids: Pour liquids away from the labeled side to keep the label legible. Two types of oral liquids exist for our purposes: liquids with a short shelf life, and liquids with a long shelf life.
 - (a) **Short shelf life:** Most prescription antibiotics have a short shelf life and frequently have to be either refrigerated or kept away from heat and out of direct sunlight. They should be used completely and the container discarded. The printed expiration date on these bottles indicates the life of the DRY medication. The pharmacy label gives the date when the mixed solution will expire. **DO NOT USE BEYOND THE PHARMACIST'S LABEL OF EXPIRATION DATE.**
 - (b) **Long shelf life.** Most over-the-counter (OTC) liquids have a long shelf life. The label expiration date should be checked periodically to insure freshness.

- b. TOPICAL: Medications which are applied to surfaces (skin, eyes, ear canals)

- (1) Topical skin/hair medications may be creams, liquids, powders, soaps, shampoos, ointments.
 - (a) Wear gloves when assisting with topical medications.
 - (b) Never dip anything (for example a Q-tip) into the medication. Pour (or with a clean spoon) dip out just enough of the medication for one application into a clean container and use from there. Never put unused medication back into its original container.
 - (c) Ointment in a tube can be squeezed onto a sterile gauze pad or a bandage.
 - (d) Avoid splashing facial medications into eyes; they can be very irritating.

- (e) Do not share tubes of ointment or liquid medications between students to avoid spreading infections.
- c. **INHALANTS:**
 - (1) Nasal Inhalants: Follow the directions on the package insert exactly. **DO NOT** place the tip of the inhaler deeply into the nose, place the inhaler tip just at the opening of the nose.
 - (2) Oral Inhalants such as mist asthma inhalants: Follow the directions on the package insert exactly. Be very aware of discard dates on these medications as they **MUST** be discarded and replaced promptly.

QUICK CHECK

Wash your hands before and after assisting a student.

Identify the right student.

Read the parent/guardian's request and medication label.

STOP and obtain guidance if you have any questions.

Follow medication instructions.

Record medication assistance to the student on the medication sheet.

Report observations.

ERRORS

Errors do occur despite training and precautions. For the student's safety, errors should be reported immediately upon discovery. 911, the Poison Control Center, practitioner, parent/guardian or school nurse should be contacted depending upon the nature of the error. All cases of errors reported by the person assisting will be kept on file by the school nurse.

RESPONSES TO MEDICATIONS

For the safety of the student, the first dose of any medication should be given under the supervision of the parent/guardian or school nurse.

- a. DESIRED: good response, mission accomplished, the medication bringing desired results
- b. NO RESPONSE: medication does not seem to be working
- c. ADVERSE REACTIONS: (This is to alert you to potential difficulties, even though no problems have been documented on field trips.)
 - (1) ALLERGY: medication causes rashes (sometimes with itching), hives, fatal shock. An allergy can occur several days after a student has been on a medication or from a medication the client has had many times before. **IF THE STUDENT IS HAVING TROUBLE BREATHING, CALL "911"**; otherwise, call the healthcare provider and parent/guardian.
 - (2) UNTOWARD REACTION: This means the effect of the medication is the opposite of what is expected and desired. Examples are: giving an antihistamine for a cough but

having the student become behaviorally out of control or giving a medication to control nausea but vomiting occurs instead. Treat as you would an illness that develops on a field trip.

- (3) **SIDE EFFECTS:** These are undesirable but known reactions to the medication. Report observations to the parent/guardian and school nurse.

RESOURCES ON DRUG INFORMATION

It is the responsibility of every individual who assists with medication to review possible side effects of the medication being given. Information on medication side effects should be available as part of the medication log.

For over-the-counter (OTC) medications, the information concerning how to use the medication and how to properly store it is printed on the package or bottle. Also, any pharmacist can provide answers to questions on use and storage.

- a. For **prescription medications**, the following resources are available concerning how to use the medication and how to properly store it:
 - (1) The container label will give directions for use including whether it should be taken with or without food. If a drug must be refrigerated or has to have special handling, the pharmacist indicates that on the container.
 - (2) The pharmacy listed on the container can be called if information is needed concerning use and storage.
 - (3) The person's practitioner listed on the container can be contacted for information in accordance with school policy.
- b. **Written information references** about medications are available upon request from the following sources:
 - (1) The pharmacy: Upon request a package insert from particular medications can be provided. Usually the insert will describe the drug, its intended use, side effects which can occur with use, side effects which warrant immediate medical consultation, warnings about individuals who should not be using the drug, and any special handling or storage directions as appropriate.
 - (2) The insert is available for prescription medications. Similar information can be found on the packaging of over-the-counter medications.

MEDICATION STORAGE AND SAFETY

Medication storage and safety indicate a two fold obligation:

- a. Medication must be carried in such a manner as to protect it from being accessed by unauthorized persons – a situation which could lead to misuse/abuse. Medications taken on a field trip should be in the personal possession of the person assisting with the medication and secure from unauthorized use.
- b. Medication must be carried in a manner that protects the product from deterioration or container breakage.

- (1) Medications which need refrigeration or storage away from light should be appropriately labeled by the pharmacy and stored accordingly. If medication needs to be refrigerated, it should be carried in a cooler.
- (2) Medications **MUST** be stored in their original containers. Should an adaptation of a container be needed, it **MUST** be obtained from a pharmacist and it must bear the appropriate pharmacy label. This includes over the counter medications. No medication may be stored in a container other than the original container. Only a pharmacist or practitioner can generate a container other than that in which the medication was originally distributed from the manufacturer.

DISPOSAL OF MEDICATION CONTAINERS

Medication containers should be returned to the parent/guardian or the school nurse.

MEDICATION RECORDS

Records pertaining to medication use include: parent/guardian's written permission, the pharmacy label (original container label), and any other records such as a medication log sheet which are required by your school.

The medication log sheet is a record sheet which you initial/sign after each student has received the appropriate medication. (A signature sheet identifying the initials must be included on the sheet.)

The log sheet must show the student's name, name of the medication, dose, route of administration, and time received by the student.

Example: John Doe – ampicillin 250 mg by mouth at 1:00 p.m.

The log should be returned to the school nurse and attached to the regular daily log.

For the reader's information: Controlled substances must be counted and accounted for to conform with federal law, state law, and school policy. Ritalin is a controlled substance.

Errors in recording medication information should be handled according to school policy.

24 Delaware Code Section 1921 (a) (12) allows for assistance in self administering medication during school field trips or approved school activities outside the traditional school day or off campus upon completion of a training course. The law does not guarantee that one will not be held liable, and thereby protected from litigation.

2015: All certificates are awarded through DDOE PDMS system. The nurse can use this if the trained educator has completed the training, but is having difficulty accessing PDMS to verify training. However, this sheet will not be accepted by DDOE. All staff must verify in PDMS and print off a copy of their certificate.

SIGN-OFF SHEET

SCHOOL EMPLOYEE "ASSISTANCE WITH MEDICATION"* INFORMATION

I received, read, and understand the medication information in the
"Assistance with Medication Information for School Staff."
I will abide by the safe practices and procedures set forth therein. I am aware that any
questions regarding this information or the medication should be discussed with the School
Nurse.

Printed Name of School Employee

Signature of School Employee

Date Information
Received and Read

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Staff Instructor** : _____

* School employees may assist on a field trip or approved school activity.

** The Staff Instructor is a School Nurse who has completed the DOE training. Only educational staff, not school nurses, can be trained by this Instructor.

SAMPLE

**Parent/Guardian Permission for Assistance with Medication
on Field Trip or Approved School Activity**

I give permission for a trained staff member to assist my child _____
(Student's Name)

with self-administration of his/her medication on _____.
(date)

Information about the medication that needs to be taken by is as follows:

Name of medication _____

Dose (amount to be taken) _____

Time to be taken _____

How it is taken _____

I understand I must send the medication in the original container.

All of the above information is on the label on the container prepared by the
pharmacist as prescribed by

(Doctor's Name)

The following are any allergies or health conditions my child has: _____

Date _____ Parent/Guardian Signature _____

Please contact your school nurse _____ if you have any questions.

School _____ District _____

District _____

SAMPLE

Field Trip Medication Record*

Trip _____

School _____

Date _____

Student's Name	Medication	Dose Amount Given	Route: By mouth or inhalation, etc.	Time	Assisted by

* To be kept in the school nurse's office. The school nurse needs to document activity in the student's electronic health record.

**EMERGENCY MEDICATION SUMMARY SHEET
TRAINED PERSON* & SCHOOL NURSE**

TO BE COMPLETED BY THE SCHOOL NURSE

Client's Name _____
 Client's Address _____
 Birthdate _____ Age _____
 Did the client have known allergies? ☐ Yes ☐ No
 If yes, list allergens: _____

TO BE COMPLETED BY THE TRAINED PERSON and SCHOOL NURSE (INITIAL BESIDE ENTRY)

List and/or describe allergen or situation before reaction noted:

Signs and Symptoms of Anaphylaxis:

OBSERVATIONS AND TREATMENT AFTER REACTION NOTED:

TIME	VITAL SIGNS	MEDICATIONS (dosage and route of administration)	NOTES

EMS Called (time) _____ Arrived (time) _____ Departed (time) _____
 EMS Unit Name/# _____

Follow-up and/or Plan of Correction:

Trained Person's Signature/Initials _____ Date _____

Trained Person's Name (print) _____

Nurse's Signature/Initials _____ Date _____

Nurse's Name (print) _____

Nurse's Email _____ Phone Number: _____

Name of School/District _____

Please add any additional information on the back of this form. Mail/FAX copies to both

Jane C. Boyd, MSN, RN, NCSN
 School Health Services, DOE
 35 Commerce Way, Suite 1
 Dover, DE 19904
 FAX: 302-739-6397

and

Rebecca King, MSN, RN
 Director of Nursing, Division of Public Health
 41 Federal Street
 Dover, DE 19901
 FAX: 302-739-3313

February 2016
 Revised January 2017

* A Trained Person must have completed the Epinephrine for Anaphylaxis in Schools (EAS) training with the school nurse.

EMERGENCY MEDICATION/TREATMENT ADMINISTRATION SUMMARY SHEET
I'M READY!

Student Name: _____ Birthdate/Age: _____ Grade: _____

Diagnosis: _____

List and/or describe situation before life-threatening symptom/reaction occurred, specifically noting student's Chief Complaint and Symptoms:

OBSERVATIONS AND TREATMENT AFTER REACTION NOTED

TIME	SYMPTOMS	MEDICATIONS/TREATMENTS (dosage and route of administration)	NOTES

EMS Notification:

EMS Called (time): _____ Arrived (time): _____ Departed (time): _____ via: _____

EMS Unit Name/#: _____

Parent/Guardian Notification:

Name: _____ Relationship to student: _____

Notified by: _____ via: _____ Time: _____

Follow-up: _____

Person Administering Signature _____ Date _____

Name (print) _____

School Nurse Signature _____ Date _____

Name (print) _____

Email: _____ Phone Number: _____

Name of School/LEA: _____

Please add any additional information on the back of this form. Mail/FAX copies to:

Jane C. Boyd, MSN, RN, NCSN

School Health Services, DOE

35 Commerce Way, Suite 1, Dover, DE 19904

FAX: 302-739-6397

Medication/Treatment Error Report

A medication or treatment error is the failure to administer a prescribed medication within the appropriate time frame, in the correct dosage, in accordance with accepted practice and/or to the correct student. Appropriate documentation should be entered into the student's electronic health record. This form should be completed by the person responsible for the error. The form should be maintained in the same manner as student Accident Report Forms, unless directed otherwise by district/charter administration.

Date of report _____ School _____

Student's name _____ DOB _____ Sex _____ Grade _____

Home address _____

Home telephone _____

Date error occurred _____ Time noted _____

Person administering medication _____

Licensed _____ prescriber _____ (name _____ and _____ address) _____

Reason medication was prescribed _____

Date of order _____ Instructions for administration _____

Medication _____ Dose _____ Route _____ Scheduled time _____

Describe the error, how it occurred, and reason/events surrounding the error (use reverse side if necessary):

Action taken PRN _____

Licensed prescriber notified: Yes ☐ No ☐ Date _____ Time _____

Parent/Guardian notified: Yes ☐ No ☐ Date _____ Time _____

School Administration notified: Yes ☐ No ☐ Date _____ Time _____

Other person(s) notified: _____ (Name)

Yes ☐ No ☐ Date _____ Time _____

Outcome: _____

Name (type or print) _____ Signature _____

Title _____ Date _____

Received by: _____

(Administrator or Lead School Nurse Name/Title)

Corrective Action: ☐ N/A

☐ Action (describe)

Chronic Conditions Management

Increased numbers of students with compromised health, both medically fragile and with chronic health conditions, require increasingly complex care in the school (National Association of School Nurses [NASN] 2016). Thus, chronic conditions management is a significant responsibility in school health services and requires a full-time school nurse (NASN, 2012). These conditions can be physical or emotional and “may affect the student’s ability to be in school and ready to learn” (NASN, 2016). Without oversight their healthcare status may be affected. “The National Survey of Children with Special Healthcare Needs has determined that 11.2 million U.S. children are at risk for chronic physical, developmental, behavioral, or emotional conditions . . . that may require health related services in schools” (U.S. Department of Health and Human Services, 2013). Every school and every classroom is impacted to some degree.

“The school nurse coordinates and conducts assessment, planning, and implementation of individualized health care plans for safe and effective management of students with health conditions during the school day” (NASN, 2012). Delaware does not allow for delegation of nursing care in the school setting, therefore the school nurse is directly responsible for management, monitoring, and direct care of all students, including those with chronic health conditions. Quality management involves working with the education team, the family, and community programs to plan to support the student’s immediate and preventative needs.

Individualized student care plans, which address both educational and health care needs, are integral to the process of care coordination. School nurses develop health care plans, including the Individualized Health Care Plan (IHP) and Emergency Care Plan (ECP), and also contribute to the development of student educational plans (e.g., 504 Plan, Individualized Education Program). The school nurse is responsible for developing student-centered health documents, based on his/her nursing assessment, healthcare provider orders, and collaboration with the student and family. An IHP should include activities needed to assist the student to meet optimal health status and participate in schools, including transitioning out of school. ECPs should address what to do during a health emergency/ crisis situation based on the student’s unique needs and Emergency Action Plans (EAPs) provided by the student’s healthcare provider. Information on Individualized Student Healthcare Plans and EAPs follow this introduction to Chronic Disease Management. It should be noted that many texts use the terms ECP and EAP interchangeably. In this text, ECPs are nurse-developed and EAPs are healthcare provider-developed. Refer to the pages on Student Health and Emergency Plans in this section of the chapter for more information on EAP, ECP, IEP, and IHP

Chronic health conditions may be mild or intermittent, such as seasonal allergies, or life-threatening. Regardless of the severity, the school nurse will need updated medication information and healthcare plans if the condition is life-threatening or interferes with the student’s ability to fully participate in the educational process. Nurses will need to work with families to obtain necessary prescriptions, treatment plans, and emergency action plans.

Some students may be medically fragile and require one-on-one care provided by an outside agency. In this case, the school nurse is not the primary nurse, but will need to be familiar with the student's healthcare plan in the event of an emergency. All students should have current, up-to-date health records (refer to previous section on Direct Care for Acute Illnesses, Injuries, & Emotional Needs) and medications, if prescribed. [SchoolNurse.com website](http://SchoolNurse.com) provides a Check List for "Managing the Needs of Students with Chronic Diseases in a School Emergency." It includes information on communication planning, emergency action plans, supplies, staff training, psycho-social implications, and evaluation.

Under the topic, Office Visits – Illnesses, Injuries, & Emotional Needs, "Nursing Judgment and Communication" was discussed. This subject is equally important in working with families regarding students with chronic conditions. Maintaining a current Emergency/Nursing Treatment Card (refer to earlier Section for information on the Card and the form) and up-to-date electronic health records assists the nurse to provide effective nursing care management during the school day and at approved school activities. Effective school nurses also find ways to communicate and collaborate with other agencies and providers who work with the student. This exchange of information may require written consent. (Refer to Confidentiality of School Health Information in Chapter 1, [Standards of Practice](#) and Nemours Student Health Collaboration in a following section, Collaborative Communication & Interdisciplinary Teams, in this chapter.) A sample form, Interagency Consent to Release Information, follows. Before using this form it is recommended that you have your administration and the agency you wish to obtain information from review it to ensure that it meets their established privacy standards.

Activities

- Continuing education related to chronic disease management and children with special healthcare needs
- Ongoing communication and collaboration with families and community providers
- Development of student healthcare plans (IHPs and ECPs)
- Participation in student educational and accommodation plan development (IEPs and 504 Plans)
- Implementation of EAPs provided by student's individual healthcare provider

School Nurse Role

The school nurse plays a critical role in connecting students and families with resources. Delaware has a number of quality public and private programs for children with special health care needs, e.g. [Family SHADE](#), or chronic health condition, e.g., [Epilepsy Foundation of Delaware](#).

The impact of a chronic condition may be easily observed because it limits physical participation in school and other developmentally appropriate activities. Its impact may also be subtle, as with a student wearing contact lens for distance vision, or even not noticeable, as with well-managed cystic fibrosis. General guidelines for working with any student with a chronic condition are:

- Individualized Healthcare Plans (IHPs) and Emergency Care Plans (ECPs) should be developed by the school nurse, when indicated.

- An Emergency Action Plan (EAP) and any necessary medical directives should be provided by the student's primary healthcare provider or specialist.
- The family is responsible for providing medication and equipment if prescribed for use during school hours.
- Depending upon the chronic condition and the student, it may be necessary for the school nurse to notify people outside of the direct teaching staff and cafeteria staff. This could be done through general information sessions on the condition without identifying specific students. It may also need to be done one-on-one where the student(s) is identified. Based on Department of Education regulation ([Regulation 817, Medications & Treatments](#)) and in collaboration with the student, family, and administration, the school nurse determines the appropriate training, who needs to be trained, and who can receive information about the student's medical conditions.
- Families may need assistance in accessing care, information/education, equipment, medications, and education. School nurses should be familiar with Delaware resources.
- Delaware regulation ([Regulation 817, Medications & Treatments](#)) supports training staff to assist with self-administration of medication at an approved school activity, e.g., field trip or afterschool activity, and to administer life-saving medication individually prescribed for a student. Refer to the *I'm Ready!* program under Medications & Treatments section in this chapter.
- National guidelines and resources may refer to delegation of care for students with chronic conditions. In Delaware schools, delegation is not permitted.
- "Schools that receive federal funding need to meet the needs of students with diabetes as well as they meet the needs of students without disabilities" (ADA, 2015). This means all students.
- The district/charter/school may choose to develop district/charter/school policies to address the unique needs of their students.

Below is information and resources on: allergies, anxiety disorders, asthma, Attention Deficit Disorder (ADD) / Attention Deficit Disorder with Hyperactivity (ADHD), autism spectrum disorders, cancer, depression, diabetes, Do Not Attempt to Resuscitate (DNAR), epilepsy, hearing impaired, HIV, and sickle cell. However, there are many additional chronic conditions in schools. The school nurse should become familiar with the conditions and how they impact individual student who will have varying degrees of symptoms and unique symptom management.

Allergies

- Allergies can be mild, as with seasonal allergies, to life-threatening, as with anaphylaxis. Delaware Division of Public Health (DPH) provides Standing Orders for the treatment of allergic anaphylactic reaction [16 DelCode §3003E]. The school is responsible for following the Order and stocking the prescribed medications [16 DelCode §3004E (b)].
- Delaware Department of Education provides two trainings related to responding to anaphylaxis.
 - *I'm Ready!* (For description of the program, refer to Medications & Treatments earlier in this chapter.)
 - Epinephrine for Anaphylaxis in Schools (EAS Program) - (Refer to information provided under Medication & Treatment Administration.)

- Delaware regulation ([Regulation 612.4.2](#)), supports students carrying and self-administering auto-injectable epinephrine for anaphylaxis.
 - Support students to learn to identify their triggers and early signs of an allergic reaction, and to self-administer as appropriate. Refer to the section on Office Visits – Illnesses, Injuries, & Emotional Needs for information on medication administration.
- District/Charter/School may develop policies to address allergen exposure.
- Food Allergies
 - 1 in 13 children have food allergies (Food Allergy & Research, 2016)
 - Students eligible for free or reduced meals under the United States Department of Agriculture (USDA) School Breakfast/Lunch Programs are entitled to food substitutions in the event the student is allergic to a food product (Rehabilitation Act of 1973, Section 504, and 7 CFR Part 15b and other 7 CFR Sections).
 - Documentation from the healthcare provider is required. The Delaware Department of Education, School Health Services, and the Delaware School Nutrition Supervisors developed a single form for use by both the school nurse and cafeteria. The form, Prevention & Emergency Response Plan for Students with Allergies, is provided under Emergency Planning later in this chapter. It has been approved and reviewed by USDA for compliance with federal requirements.
 - The Delaware Prevention & Emergency Response form is also helpful in providing information to staff about food in the classroom, Trained Persons (refer to information on the EAS Program), Trained Assistants for Self-Administration (refer to Assistance with Medication at an Approved School Activity), and Trained Assistants of Self-Administration trained to administer emergency care (refer to *I'm Ready!* program).
 - The district/charter/school may choose to develop a food allergy policy to address the unique needs of their students.
 - In the event it is necessary to notify families of students in the same classroom as the student with a life-threatening allergy, a sample Notification of Child Food Allergy letter is provided as a template in the subsection on Student Individualized Plans – Health & Education.
 - Resources
 - [Diseases & Conditions: Food Allergy](#) (Mayo Clinic)
 - [Food Allergies in Schools](#) (Centers for Disease Control & Prevention [CDC])
 - [Food Allergy & Anaphylaxis Tool Kit](#) (NASN)
 - [Food Allergy Research & Education](#)
 - Taliaferro, V. & Resha, C. (Eds.) (2016). Allergies, Food in *2016 School Nurse Resource: A Guide to Practice, 9th Edition*, pp. 169-172. Nashville, TN: School Health Alert.
- Latex Allergies
 - Schools are encouraged to limit student, school nurse, and staff exposure to latex products. The National Institute of Occupational Safety and Health (NIOSH) provides a list of latex safe products.
 - Resources
 - [Diseases & Conditions: Latex Allergy](#) (Mayo Clinic)
 - [Latex Allergy](#) (American Academy of Allergy, Asthma, and Immunology [AAAAI])

- Taliaferro, V. & Resha, C. (Eds.) (2016). Allergies, Latex in *2016 School Nurse Resource: A Guide to Practice, 9th Edition*, pp. 18-19. Nashville, TN: School Health Alert.
- Resources for Allergies
 - [Allergy and Asthma Network](#)
 - [Allergy and Asthma Network – Mothers of Asthmatics](#)
 - [American Academy of Allergy, Asthma and Immunology \(AAAAI\)](#)
 - [American College of Allergy, Asthma, and Immunology \(ACAAI\)](#)
 - [Asthma](#) (NASN Resources)
 - [Have Allergies? Read the Label](#) (U.S. Food & Drug Administration, 2016)
 - Hogan, S., Giel, J., & Selekman, J. (2013). Student health and education plans. In J. Selekman (Ed.), *School Nursing: A Comprehensive Text, 2nd Ed.*, pp. 784-816. Philadelphia, PA: F.A. Davis Company.
 - [School Access to Emergency Medication Act](#) (16 DelCode 30E)
 - Taliaferro, V. & Resha, C. (Eds.) (2016). Allergies in *2016 School Nurse Resource: A Guide to Practice, 9th Edition*, pp. 14-17. Nashville, TN: School Health Alert.

Anxiety Disorders

- When symptoms of anxiety “interfere with school, home, or play activities, the child may be diagnosed with an anxiety disorder” (CDC, 2016). Types of anxiety:
 - separation anxiety
 - phobia
 - social anxiety
 - panic disorder (CDC, 2016)
- The section on Office Visits – Illnesses, Injuries, & Emotional Needs provides information on symptoms of anxiety.
- Students with significant, debilitating, or chronic symptoms should be referred for an evaluation. The school nurse should work closely with the school counselor or school psychologist.
- Guidelines for healthcare providers exist for diagnosing and treating anxiety disorders in children (CDC, 2016).
- References & Resources
 - [Anxiety Disorders](#) (KidsHealth.org)
 - [Children’s Mental Health: Anxiety & Depression](#) (CDC, 2016).
 - Taliaferro, V. & Resha, C. (Eds.) (2016). Stress Disorders/Post Traumatic in *2016 School Nurse Resource: A Guide to Practice, 9th Edition*, pp. 354-357. Nashville, TN: School Health Alert.

Asthma

- 7.7% of Americans and 8.8% of Delawareans are diagnosed asthma; 8.6% of children less than 18 years of age are diagnosed (CDC, 2014).
- Asthma is one of the leading causes of school absenteeism.

- Children living in “low-income populations, minorities and . . . inner cities experience more emergency department visits, hospitalizations, and deaths due to asthma than in the general population” (American Lung Association, 2009).
- “Asthma is a leading cause of school absenteeism, accounting for about 14 million absences each school year, or one-third of all school days missed” (Healthy School Campaign, 2015).
- Schools can support students with asthma through school nursing services, environmentally healthy environments, education for students and staff, working with communities, and establishing supportive policies.
- Asthma Action Plans are critical in preparing for the management of asthma, including the emergency response to an asthma crisis. A Delaware form, developed by the Delaware Department of Education and the Delaware Chapter of the American Lung Association, is provided under Emergency Planning that follows in this Chapter.
- Delaware regulation ([Regulation 612.4.2](#)), supports students carrying and self-administering a quick relief inhaler during school hours and approved school activities.
 - Support students to learn to understand asthma and self-administer as appropriate. Refer to the section on Office Visits – Illnesses, Injuries, & Emotional Needs for information on medication administration.
- References & Resources
 - [AIRNow](#) – A cross-agency U.S. government website that provides information on air quality and forecasts.
 - [Allergy and Asthma Network](#)
 - [Allergy and Asthma Network – Mothers of Asthmatics](#)
 - [American Academy of Allergy, Asthma and Immunology](#) (AAAAI)
 - [American College of Allergy, Asthma, and Immunology](#) (ACAAI)
 - [American Lung Association](#) (ALA)
 - ALA (2009). Epidemiology and statistics units, research and program services. *Trends in Asthma Morbidity and Mortality*.
 - [ALA in Delaware](#)
 - [An Action Plan for Reducing Absences Due to Asthma](#) (Healthy Schools Campaign 2015)
 - [Asthma](#) (includes a Tool Kit, along with other references and resources) – National Association of School Nurses
 - [Asthma and Allergy Foundation of American](#) (AAFA)
 - [Asthma and Schools](#) (CDC)
 - [Asthma: Data, Statistics and Surveillance: Asthma Surveillance](#). DC, 2014)
 - Ficca, M. & Moore, C. M. (2013). Asthma. In J. Selekman (Ed.), *School Nursing: A Comprehensive Text*, 2nd Ed., pp. 817-839. Philadelphia, PA: F.A. Davis Company.
 - [Guidelines for the Diagnosis and Management of Asthma](#) - National Heart, Lung and Blood Institute (NHLBI)
 - [Know How to Use Your Asthma Inhaler](#) (CDC)
 - [Lungtropolis: Where Kids with Asthma Play](#) (ALA - “This is an interactive website designed for between the ages of 5 to 10 years and their parents. It provides a fun, interactive way to learn about asthma.”)
 - [Measuring Your Peak Flow Rate](#) (ALA)
 - [Nebulizer Treatment and Cleaning](#) (Cincinnati Children's Hospital Medical Center)

- [Open Airways for Schools](#) (ALA - This is an interactive, certified facilitator-led curriculum for children between the ages of 8 – 10. Many school nurses are certified facilitators in this curriculum.)
- [Quest for the Code](#) (Starlight Children’s Foundation - “Quest for the Code is an online interactive game that helps kids learn how to manage their asthma.” It features Whoopi Goldberg, Cuba Gooding Jr., Kelsey Grammer, Gwyneth Paltrow and other Hollywood celebrities.)
- Taliaferro, V. & Resha, C. (Eds.) (2016). *Asthma in 2016 School Nurse Resource: A Guide to Practice, 9th Edition*, pp. 28-24. Nashville, TN: School Health Alert.

Attention Deficit Disorder with Hyperactivity (ADHD)

- “ADHD is a common behavioral disorder that affects about 10% of school-age children. Boys are about three times more likely than girls to be diagnosed with it, though it’s not yet understood why” (Hasan, 2014)
- ADHD has three subtypes: inattentive (previously referred to as ADD), hyperactive, combined. The combined is the most common (Hasan, 2014).
- The symptoms of ADHD can be managed with appropriate treatment.
- References & Resources
 - [Attention-Hyperactivity / Deficit Disorder](#) [ADHD] (CDC)
 - [CHADD](#) (Children and Adults with Attention Deficit Disorder – The National Resource on ADHD)
 - [What is ADHD?](#) (Hasan, 2014)
 - [KidsHealth.org](#) (Provides information and materials on ADHD for parents, teens, children, health professionals, and teachers)
 - Selekman, J. & Foley, M. (2013). Attention Deficit/Hyperactivity Disorder and learning disabilities. In J. Selekman (Ed.), *School Nursing: A Comprehensive Text, 2nd Ed.*, pp. 840-871. Philadelphia, PA: F.A. Davis Company.
 - Taliaferro, V. & Resha, C. (Eds.) (2016). Attention Deficit Hyperactivity Disorder in *2016 School Nurse Resource: A Guide to Practice, 9th Edition*, pp. 35-40. Nashville, TN: School Health Alert.
 - [What is ADHD?](#) - American Speech-Language-Hearing Association

Autism Spectrum Disorder

- “Autism spectrum disorder is a serious neurodevelopment disorder that impairs a child’s ability to communicate and interact with others” (Mayo Clinic, 2015).
- “In 2013-2014, 1263 or 6.7% of children with disabilities ages 3-12 who received special education services had autism,” which was an increase from 1.94% in 2000 (Easter Seals, 2015).
- “The term ‘spectrum’ in autism spectrum disorder refers to the wide range of symptoms and severity. Although the term “Asperger’s syndrome” is no longer in the DSM, some people still use the term, which is generally thought to be at the mild end of autism spectrum disorder” (Mayo Clinic, 2015).
- References & Resources
 - [Autism Delaware](#)

- [Autism Speaks](#) (Delaware Division of Substance Abuse and Mental Health)
- [Diseases and Conditions: Autism Spectrum Disorder](#) (Mayo Clinic, 2015)
- [State Autism Profiles: Delaware](#) (Easter Seals, 2015)
- Taliaferro, V. & Resha, C. (Eds.) (2016). Autism in *2016 School Nurse Resource: A Guide to Practice, 9th Edition*, pp. 41 - 44. Nashville, TN: School Health Alert.
- [The Role of the School Nurse](#) (Center for Autism Research, The Children's Hospital of Philadelphia, 2014)

Cancer

- Children “make up less than 1% of all cancers diagnosed each year,” yet rates continue to rise slightly and 10,380 children were estimated to be diagnosed with cancer in 2016 (American Cancer Society, 2017).
- “Because of major treatment advances in recent decades, more than 80% of children with cancer now survive 5 years or more” (American Cancer Society, 2017).
- Treatment requires a multi-disciplinary and comprehensive approach. Treatment regimens and medications can complicate the child’s full participation in school and short-term ability to learn.
- Resources
 - [Cancer in Children](#) (American Cancer Society)
 - [Key Statistics for Childhood Cancers](#) (American Cancer Society, 2017).
 - [Delaware Leukemia & Lymphoma Society](#)
 - Taliaferro, V. & Resha, C. (Eds.) (2016). Childhood Cancer, pp. 71-77, and Leukemia, pp. 235-238, in *2016 School Nurse Resource: A Guide to Practice, 9th Edition*. Nashville, TN: School Health Alert.
 - [Supporting Kids Foundation](#)

Depression

- “It's normal for kids to feel sad, down, or irritated, or to be in bad moods from time to time. But when negative feelings and thoughts linger for a long time and limit a child's ability to function normally, it might be depression” (kidshealth.org, 2016).
- “An estimated 3 million adolescents [12%] aged 12 to 17 in the United States had at least one major depressive episode in the past year . . . a major depressive episode is defined as a period of two weeks or longer during which there is either depressed mood or loss of interest or pleasure, and at least four other symptoms that reflect a change in functioning, such as problems with sleep, eating, energy, concentration, and self-image” (National Institute of Mental Health, 2015).
- Students with significant, debilitating, or chronic symptoms lasting longer than a week, should be referred for an evaluation. The school nurse should work closely with the school counselor or school psychologist. Refer to the section on Office Visits – Illnesses, Injuries, & Emotional Needs for information on symptoms of depression.
- Guidelines for healthcare providers exist for diagnosing and treating depression in children (CDC, 2016).

- Depression may lead to suicide ideation, self-injurious behavior, and suicide attempts. This is a life-threatening symptom requiring immediate activation of a crisis response.

• **Delaware's 24-hour Child Priority Response Hotline:**
1-800-969- HELP (4357) or dial 9-1-1 for emergency response.
Crisis Text Line: Text DE to 741741

- References & Resources
 - [Children's Mental Health: Anxiety & Depression](#) (CDC, 2016)
 - [Depression](#) (CDC)
 - Desrochers, J. & Houck, G. (2013). *Depression in Children and Adolescents: Guidelines for School Practice*. Silver Spring, MD: National Association of School Nurses.
 - [Depression](#) (KidsHealth.org, 2016)
 - [Major Depression Among Adolescents](#) (National Institute of Mental Health, 2015)
 - [National Alliance on Mental Illness](#) (NAMI)
 - Taliaferro, V. & Resha, C. (Eds.) (2016). Depression, pp. 112-116, Self-injurious/Self-mutilation Behavior, pp. 319-321, and Suicide Ideation/Threats, 457-460 in *2016 School Nurse Resource: A Guide to Practice, 9th Edition*. Nashville, TN: School Health Alert.

Diabetes

- In 2014, diabetes affected 9.3% (or 29.1 million) Americans with an additional 86 million over 20 years of age with prediabetes (National Institute of Health [NIH], National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK], (n.d.) "Diabetes is the sixth leading cause of death in the U.S." (NIH, NIDDK, 2016).
- Diabetes affects 208,000 children and adolescents under the age of 20 in the United States. "About 23,500 youths are diagnosed with type 1 and type 2 diabetes each year" (NIH, NIDDK, 2016).
- Diabetes is a "serious chronic disease" that "must be managed 24 hours a day, 7 days a week" (NIH, NIDDK, 2016).
- Of those diagnosed with diabetes, 5% are Type 1, 90% - 95% are Type 2, and the remainder have gestational diabetes (DPH, 2014).
- The rates of diabetes in Delaware (920,000 people) was nearly twice as high from 4.9% in 1991 to 9.6% 2012 (DPH, 2014).
- "Managing diabetes at school is most effective when there is a partnership among students, parents, school nurse, health care providers, teachers, counselors, coaches, transportation, food service employees, and administrators" (NASN, 2012).
- Diabetes Action Plans are critical in helping the school nurse manage and respond to hypoglycemic and hyperglycemic crises in the school.
- Delaware regulation ([Regulation 612.4.2](#)), supports students using insulin pumps in schools.
- The [Delaware Diabetes Prevention and Control Program](#), Delaware Division of Public Health, provides a [Delaware Emergency Medical Diabetes Fund](#) for Delawareans with diagnosed diabetes. This fund provides "diabetes services, medications, and supplies to residents of

Delaware on an emergency basis.” It provides payment for items directly related to diabetes that will eliminate or alleviate the medical condition. The annual guidelines are provided on their [website](#). The program is administered by the Division of State Service Centers. For more information about the service, contact the [Delaware Diabetes Prevention and Control Program](#).

- References & Resources
 - Butler, S., Kaup, T., Swanson, M. A., & Hoffmann. (2013). Diabetes management in the school setting. In J. Selekman (Ed.), *School Nursing: A Comprehensive Text*, 2nd Ed., pp. 872-898. Philadelphia, PA: F.A. Davis Company.
 - [Diabetes](#) (National Institute of Health [NIH], [National Institute of Diabetes and Digestive and Kidney Diseases](#) [NIDDK])
 - [Diabetes - Hypoglycemia/Hyperglycemia Reaction](#) (DPH, 2011)
 - [Diabetes & Heart Disease Prevention & Control Activities](#) (DPH)
 - [Diabetes in Children, NASN Resources](#)
 - [Diabetes in Schools](#) (CDC)
 - [Diabetes Management in the School Setting](#) (NASN Position Statement, 2012)
 - [Helping Students with Diabetes Succeed: A Guide for School Personnel](#) (National Diabetes Education Program, 2016. An overview of the document is available at <https://www.niddk.nih.gov/health-information/health-communication-programs/ndep/health-care-professionals/school-guide/Pages/publicationdetail.aspx>.)
 - [Introduction to School Health Guide](#) (NIH, NIDDK. 2016)
 - [National Diabetes Education Program](#) (NIH, NIDDK)
 - [Safe at School](#) (American Diabetes Association [ADA], 2017 - Resources on this site are developed for school personnel, families, and health care providers.)
 - Taliaferro, V. & Resha, C. (Eds.) (2016). Blood Glucose Monitoring, pp. 397-399, Diabetes Type I, pp. 117-121, Diabetes Type II, pp. 122-127, and Diabetes Emergencies, pp.128-132, in *2016 School Nurse Resource: A Guide to Practice, 9th Edition*. Nashville, TN: School Health Alert.
 - [The Burden of Diabetes in Delaware: 2014 Update](#) (DPH, 2014)
 - [Training Resources](#) (ADA, 2017. This site provides online training and support materials “that can prepare and educate school staff to provide needed care to students with diabetes.” Examples include: [Diabetes Care Tasks at Schools: What Key Personnel Need to Know](#); [Understanding Diabetes poster](#); [Recommendations for Use of Continuous Glucose Monitors in the School Setting](#))

Do Not Attempt Resuscitation (DNAR)

- School nurses should work closely with the student’s family and school administration to identify the best way to support the individual student’s rights and needs.
- Resources
 - [Delaware Hospice](#)
 - [Do Not Attempt Resuscitation \(DNAR\)](#) (NASN Position Statement, 2014)
 - Taliaferro, V. & Resha, C. (Eds.) (2016). Do Not Attempt Resuscitation (DNAR) in *2016 School Nurse Resource: A Guide to Practice, 9th Edition*, pp. 421-423. Nashville, TN: School Health Alert.

Epilepsy (also referred to as Seizure Disorder)

- “Someone is said to have epilepsy if they experience two or more unprovoked seizures separated by at least 24 hours” (Epilepsy Foundation, 2014).
- In 2013, approximately 6 students in an American school of 1000 had epilepsy (CDC, 2015).
- “For many children, epilepsy is easily controlled with medication and they can do what all the other kids can do, and perform as well academically. For others, it can be more challenging” (CDC, 2015). For example, students diagnosed with epilepsy aged 6 – 17 years of age were “more likely to miss 11 or more day of school” in a school year (CDC, 2015).
- A Seizure Action Plan, to be completed by the child’s healthcare provider, and a Seizure Reports, to document an observed seizure, were developed by the Delaware Department of Education and the Epilepsy Foundation of Delaware. They are provided under Emergency Planning that follows in this chapter. The student’s healthcare provider may choose to use another form.
- References & Resources
 - About Epilepsy: The Basics (Epilepsy Foundation, 2014)
 - Blair, J. (2013). Seizures and Epilepsy. In J. Selekman (Ed.), *School Nursing: A Comprehensive Text*, 2nd Ed., pp. 1003-1026. Philadelphia, PA: F.A. Davis Company.
 - [Epilepsy Foundation](#) (The national organization provides information on books, pamphlets, videos, and education programs about seizure disorders. Call 1-800-EFA-1000.)
 - [Epilepsy Foundation of Delaware](#) (“The Epilepsy Foundation of Delaware offers a variety of educational programs . . . for [teens](#), [educators](#), [health care professionals](#), [law enforcement/first responders](#), and the [general community](#). Educational programs are available at no charge”. Contact their office at (302) 999-9313 or email at efd@efde.org.)
 - [Epilepsy in Schools](#) (CDC)
 - [Managing Students with Seizures](#) (Epilepsy Foundation of Delaware)
 - Taliaferro, V. & Resha, C. (Eds.) (2016). Seizures – Epilepsy in *2016 School Nurse Resource: A Guide to Practice, 9th Edition*, pp. 313-318. Nashville, TN: School Health Alert.

Hearing Impaired

- School nurses are required to provide routine hearing screening of all students to identify acquired hearing loss ([Regulation 815, Health Examinations & Screening](#)). Children with known permanent hearing loss who are under the care of an audiologist with or without amplification devices are exempt from hearing screenings. For more information on hearing screening, refer to Chapter 3, [Community/Public Health](#).
- Follow-up on hearing referrals and reported diagnoses is critical to ensure students receive an evaluation and appropriate treatment. School nurses are responsible for obtaining copies of current audiological results which should be shared with the teaching team; including the hearing support/itinerant teacher for deaf/hard of hearing students within the district.
- School nurses should be aware of guidelines, available online, for each of the specific hearing aids/cochlear implants worn by students under their care.

- Resources
 - [American Speech and Hearing Association](#) (ASHA)
 - [Delaware Office for the Deaf and Hard of Hearing](#)
 - Services include:
 - How to make arrangements for a sign language interpreter or obtain other auxiliary aids needed for an appointment
 - How to find assistive technology resources
 - Sign language classes
 - Deaf and Hard of Hearing related local and national news and events
 - Advocacy and support for obtaining appropriate services or accommodations
 - Analog Captioned Telephone (CapTel) program
 - Visor Communication Cards
 - [Educational Audiology Association](#)
 - [Laurent Clerc National Deaf Education Center](#) (Gallaudet University)
 - [Minerva Deaf Research Lab](#)
 - Statewide Services for Deaf/Hard of Hearing/ Deaf Blind
 630 East Chestnut Hill Road, Newark, DE, 19713
 302-454-2097 (phone) 302-358-2106 (VP)
 302-454-2497 (Fax) 800-292-9590 (Toll Free)
 - [Supporting Success for Kids with Hearing Loss](#) (Success for Kids with Hearing Loss)

HIV Infection

- 73% of the estimated 174 children in the U.S. who were diagnosed with HIV in 2014 and 88% of the 104 children in the U.S. who were diagnosed with AIDS in 2014 got HIV through perinatal transmission ([HIV Among Pregnant Women, Infants, and Children](#), Centers for Disease Control & Prevention [CDC], 2016).
- “About 1 in 4 (26%) of all new HIV infections is among youth ages 13 to 24 years. About 4 in 5 of these infections occur in males . . . About 60% of youth with HIV do not know they are infected and so don’t receive treatment, putting them at risk for sickness and early death. These youth can also unknowingly pass HIV to others” (CDC, 2012).
- Students with known HIV infection may not be known to the school nurse. Regardless of known chronic conditions or infectious disease, school nurses should use standard precautions when working with any client. This includes any handling or cleanup of blood or body fluids.
- “A minor 12 years of age or older may consent or refuse consent to be a subject of HIV-related testing and to counseling relevant to the test. The consent or refusal of the minor shall be valid and binding as if the minor had achieved majority, and shall not be voidable, nor subject to later disaffirmance, because of minority” ([16 DelCode §715\(c\)](#)).
- References & Resources
 - [HIV Among Youth in the U.S.: Protecting a Generation](#) in *CDC VitalSigns™* (CDC, 2012)
 - [Schools Play a Key Role in HIV/STD and Teen Pregnancy Prevention](#) (CDC)
 - Taliaferro, V. & Resha, C. (Eds.) (2016). *HIV in 2016 School Nurse Resource: A Guide to Practice, 9th Edition*, pp. 208-212. Nashville, TN: School Health Alert.

Sickle Cell

- The most common and severe type of sickle cell disease (SCD) is sickle cell anemia (CDC, 2016b). It is estimated to affect “approximately 100,000 Americans” (CDC, 2015).
- Sickle Cell Trait (SCT) can be passed to children from parents with no signs of SCT or SCD (CDC, 2016b). SCT is estimated to occur in 1 of every 13 African-American babies (CDC, 2015).
- Complications from SCD include Hand-Foot Syndrome, Pain Crisis, anemia, infection, Acute Chest Syndrome, splenic sequestration, vision loss, leg ulcers, stroke, deep vein thrombosis, and pulmonary embolism (CDC, 2016a). The [CDC website](#) offers recommendations for identification, prevention, and treatment.
- Resources
 - [5 Facts You Should Know About Sickle Cell Disease](#) (CDC – free poster)
 - [Sickle Cell Disease](#) (CDC)
 - [Sickle Cell Disease](#) (KidsHealth.org)
 - [Sickle Cell Disease](#) (Miller, R. E., 2015)
 - [Sickle Cell Disease](#) (Nemours. Children’s Health System)
 - [Sickle Cell Disease \(SCD\): Complications and Treatments](#) (CDC, 2016a)
 - [Sickle Cell Disease \(SCD\): Data & Statistics](#) (CDC, 2015)
 - [Sickle Cell Disease \(SCD\): Facts About Sickle Cell Disease](#) (CDC, 2016b)
 - [Sickle Cell Disease Association of America](#)
 - Taliaferro, V. & Resha, C. (Eds.) (2016). Sickle Cell Anemia in *2016 School Nurse Resource: A Guide to Practice, 9th Edition*, pp. 330-332. Nashville, TN: School Health Alert.

Laws & Regulations

- [920 Educational Programs for English Language Learners \(ELLs\)](#)
- [922 Children with Disabilities Subpart A, Purposes and Definitions](#)
- [923 Children with Disabilities Subpart B General Duties and Eligibility of Agencies](#)
- [924 Children with Disabilities Subpart C Local Educational Agency \(LEA\) Eligibility](#)
- [925 Children with Disabilities Subpart D, Evaluations, Eligibility Determination, Individualized Education Programs](#)
- [926 Children with Disabilities Subpart E Procedural Safeguards for Parents and Children](#)
- [927 Children with Disabilities Subpart F, Monitoring, Enforcement and Confidentiality of Information](#)
- [928 Children with Disabilities Subpart G Use and Administration of Funds](#)
- [929 Children with Disabilities Subpart I Special Programs and Unique Educational Alternatives](#)
- [930 Supportive Instruction \(Homebound\)](#)

References & Resources

Allen, P. J., Vessey, J. A., & Schapiro, N. (2009). *Primary Care of the Child with a Chronic Condition*, 5th Edition. Philadelphia, PA: Mosby-Elsevier.

American Diabetes Association. (2015). *Section 504 of the Rehabilitation Act of 1973*. Retrieved February 11, 2017 from <http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/legal-protections/section-504.html>.

American Psychological Association [APA] (2017). *When Your Child is Diagnosed with Chronic Illness: How to Cope*. Retrieved January 29, 2017 from <http://www.apa.org/helpcenter/chronic-illness.aspx>.

[Behavioral Health Barometer, United States, 2015](#) (Substance Abuse and Mental Health Services [SAMHSA] – a document on “key aspects of substance use and mental health care”)

Centers for Disease Control & Prevention [CDC] (2015). *Healthy Schools: Management of Chronic Conditions*. Retrieved January 30, 2017 from <https://www.cdc.gov/healthyschools/chronicconditions.htm>.

CDC. (2016). *Children’s Mental Health*. Retrieved February 6, 2017 from <https://www.cdc.gov/childrensmentalhealth/basics.html>.

CDC. (2016) *Coping with a Disaster or Traumatic Event*. Retrieved February 6, 2017 from <https://emergency.cdc.gov/coping/index.asp>.

Colyar, M. R. (2011). *Assessment of School-Age Child and Adolescent*. Philadelphia, PA: F. A. Davis.

Gibbons, L. J., Lehr, K., & Selekman, J. (2013). Federal laws protecting children and youth with disabilities in the schools. In J. Selekman (Ed.), *School Nursing: A Comprehensive Text*, 2nd Ed., pp. 257-283. Philadelphia, PA: F.A. Davis Company.

KidsHealth.org (n.d.). *TeensHealth: Dealing with a Health Condition*. Retrieved January 29, 2017 from <http://kidshealth.org/en/teens/deal-chronic-illness.html?ref=search>.

Leis-Newman, Elizabeth (2015). Caring for chronically ill kids. *Monitor on Psychology*. March 2011 42(3). American Psychological Association. Retrieved January 29, 2017 from <http://www.apa.org/monitor/2011/03/ill-children.aspx>.

[Mental Health Association in Delaware](#)

McCarthy, A. M., Asprey, J., Adams, S., & Andresen, K. (2013). Behavior Assessment and Management in School. In J. Selekman (Ed.), *School Nursing: A Comprehensive Text*, 2nd Ed., pp. 1064-1086. Philadelphia, PA: F.A. Davis Company.

National Association of School Nurses [NASN]. (2012). *Position Statement: Chronic conditions managed by school nurses*. Silver Spring, MD: Author. Retrieved January 23, 2017 from <https://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/17/Chronic-Health-Conditions-Managed-by-School-Nurses-Revised-January-2012>.

NASN. (2016). *Position Statement: The role of the 21st century school nurse*. Silver Spring, MD: Author. Retrieved January 23, 2017 from <https://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/87/The-Role-of-the-21st-Century-School-Nurse-Adopted-June-2016>.

[National Alliance on Mental Illness](#) (NAMI)

Selekman, J., Bochenek, J., & Lukens, M. (2013). Children with chronic conditions. In J. Selekman (Ed.), *School nursing: A comprehensive text*, 2nd Ed., pp. 700-783. Philadelphia, PA: F.A. Davis Company.

Selekman, J., Diefenbeck, C., & Guthrie, S. (2013). Mental health concerns. In J. Selekman (Ed.), *School Nursing: A Comprehensive Text*, 2nd Ed., pp. 927-969. Philadelphia, PA: F.A. Davis Company.

Taliaferro, V. & Resha, C. (2016). *2016 School Nurse Resource: A Guide to Practice, 9th Edition*. Nashville, TN: School Health Alert.

SAMPLE

INTERAGENCY CONSENT TO RELEASE INFORMATION

Sharing information helps agencies provide better services to me/my child and/or my family. Only those agencies listed below that are planning or giving services to me or my child may receive information.

When relevant, shared information will include:

- | | | |
|--------------------------|--------------------|--|
| * my/child's full name | * telephone number | * address |
| * social security number | * birthdate | * names of parents/brothers/sisters/spouse |
| | | * items specified below |

I understand that this form is **not** used to release information about drug and alcohol treatment.

I, _____, also allow all of the listed agencies to share the following information about my child/me, _____ (birthdate _____).

Please specify:

INFORMATION THAT MAY BE SHARED

Please specify:

AGENCIES THAT MAY SEND/RECEIVE INFORMATION
(Include Originating Agency Name)

AGREEMENT TO RELEASE

This permission is good for one year after I sign it.

I agree to the interagency sharing of information. I can take away my permission at any time. I can also change it at any time unless the information has already been released.

Print Name: _____

Signature: _____

Date: _____

Please check all that apply:

Parent ☐ Guardian ☐ Legal Adult (18 years) ☐ Minor 12-18, required below ☐ *Custodian ☐

*A minor must specifically consent to the release of HIV ☐, STD ☐, and pregnancy information ☐.

Signature of minor: _____ Date _____

ORGANIZATION'S AFFIRMATION

As the participating organization's representative, I affirm that I have reviewed this form and its use with the consenting person and that to the best of my knowledge he/she understands.

Witness _____ Date _____

Agency _____

TRANSLATOR'S STATEMENT

I have orally translated/read/signed the above into _____ (language). To the best of my knowledge, I believe the consenting person understands the nature and use of this form.

Translator's Signature _____ Date _____

Revocation Statement

I, _____ (consenting person), take away the consent I gave to _____ (originating organization) on _____ (date). I understand that _____ (originating organization) will notify any participating organization to which information has been sent or from which information has been received.

Signature _____ Date _____

Witness _____ Date _____

Agency _____ Revocation letter attached (Yes/No) _____

- ♦ The Interagency Consent to Release Information Form is based on the Interagency Confidentiality Agreement for Accessibility in Data Sharing between Participating Organizations: Department of Health & Social Services (DHSS), Department of Services for Children, Youth and their Families (DSCYF), Department of Education (DOE), Department of Correction (DOC), Department of Labor (DOL) and local school districts. This document has been approved by the Attorney General's Office. This form may not be altered in any manner without written authorization from the State of Delaware Interagency Confidentiality Committee. This form may be photocopied for use by the participating organizations.

The State of Delaware does not discriminate or deny services on the basis of race, religion, color, national origin, sex, disability and/or age.

Student Health and Education Plans

Overview

Individualized student plans are created to meet both health and education goals: Individualized Healthcare Plan (IHP), Emergency Care Plan (ECP), Individualized Education Program (IEP), and 504 Accommodation Plan (504 Plan). IHPs and ECPs are developed by the school nurse in consultation with the students, family, staff, and healthcare provider. They are typically based on the healthcare providers Emergency Action Plans or protocols for management of the student's chronic condition.

504 Plan = (developed by assigned school staff based on student's need for an accommodation)

EAP = Emergency Action Plan (developed by the healthcare provider for an individual student)

ECP = Emergency Care Plan (developed by the school nurse for an individual students, based on healthcare provider's directions)

IEP = Individual Education Program (developed by the IEP Team to address educational concerns with input from educators, school nurse, community providers, student, and family)

IHP = Individualized Healthcare Plan (developed by the school nurse for an individual students, based on information from multiple sources)

The IEP is an educational document that seeks to support the student with an educationally defined disability to meet academic goals. [Regulation 925.21, Children with Disabilities Subpart D, Evaluations, Eligibility Determination, Individualized Education Program](#) identifies requirements regarding IEP development, including team members. "For a student who requires significant medical or nursing interventions, the IEP Team shall include the school nurse" ([Regulation 817, Medication and Treatments](#)). The school nurse has an important role in communicating how the student's health impacts the learning process. As a member of the IEP school team, the school nurse may propose including a health goal to the IEP. All goals are approved by the IEP Team. Regardless of the student's educational classification, he/she may need a 504 Plan to ensure accommodations are made to ensure the student's full access to educational programming and activities. All district/charters have Special Education Coordinators to oversee these activities.

An Individual Healthcare Plan (IHP) is a written document that describes how the nursing process will be used for achievement of student health outcomes for a student with special needs. The nursing process includes assessment, diagnosis, outcomes identification, planning, implementation, and evaluation. The IHP for a student requiring specialized nursing care including accommodations, healthcare, or modifications of the school environment is the responsibility of the school nurse in collaboration with the student (if appropriate), family, healthcare providers, and school personnel (on a need to know basis). The ECP is based on the IHP "or is sometimes used instead of an IHP" (NASN, 2015) if the student has a life-threatening diagnosis. Sample templates for IHPs and ECPs follow. A sample letter also follows.

Characteristics of the IHP:

- Appears similar to traditional nursing care plans, but individualized to the specific student and school setting
- May be required as part of IEP or 504 Plan
- May include the Emergency Care Plan (ECP) or the ECP may be maintained separately

- May be written using template IHPs, but if a template is used, the template must be customized for the individual student
- Uses standardized language, including interventions and outcome measures
- Is stored with student's other health records, but must be easily retrievable
- Is evaluated and revised, if needed, at least annually or when the student's condition or school environment changes
- Is noted on the student's electronic health record

It is the responsibility of the school nurse both to maintain confidentiality of the IHP and to communicate necessary information to those with a need to know.

A comprehensive discussion about student health and education plans including individual health plans, emergency action plans, and student accommodation is in the *School Nursing: A Comprehensive Text*. In addition to its template, a sample one follows in this chapter and others are available in school nursing textbooks and at national organizations and agencies that focus on specific conditions.

School Nurse Role

- Recognize and educate others on the critical link of health services to supporting educational goals for students

References & Resources

NASN. (2015). *Position statement: Individualized Healthcare Plans: The role of the school nurse*. Silver Spring, MD: Author. Retrieved January 25, 2017 from <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/32/Individualized-Healthcare-Plans-The-Role-of-the-School-Nurse-Revised-January-2015>.

NASN. (2014). *Position statement: Transition planning for students with chronic health conditions*. Retrieved February 11, 2017 from <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/644/Transition-Planning-for-Students-with-Chronic-Health-Conditions-Adopted-January-2014>.

Zimmerman, B. (2013). Student health and education plans. In J. Selekman (Ed.), *School Nursing: A Comprehensive Text*, 2nd Ed., pp. 284-315. Philadelphia, PA: F.A. Davis Company.

SAMPLE
Individualized Healthcare Plan

Name: _____ Birthdate: _____ Grade: _____

Healthcare Provider: _____ Provider's Phone: _____

IHP Written by: _____, RN

IHP Date: _____ Review Date: _____

Student Goals: 1. _____
2. _____

Health History [including current medication(s), current treatment(s) and/or baseline data] relative to IHP:

	Nursing Diagnosis NANDA	Nursing Interventions NIC	Student Outcomes NOC

SAMPLE
Notification of Child Food Allergy

[date]

School District Letterhead
Delaware

Dear Parent/Guardian:

This year, your child's class has a child with a life-threatening food allergy to _____. I am notifying parents/guardians/Relative Caregivers so that we can ensure a safe and worry-free year for the student and his/her family.

It is important that you understand an allergic reaction can occur from any contact with the food that causes the allergy. The child with a food allergy can be in danger if food is spilled onto his/her snack or lunch, or if the food is transferred unknowingly to an object the child may touch.

Attached is a list of foods that may contain the food to which this child has an allergy. Please try to avoid sending in any foods from that list. If your child eats any of the foods from the list during the school day, please remind him/her that it is very important to wash his/her hands thoroughly.

There will be a table in the cafeteria where no one eating the food causing the allergy will be permitted to sit. If your child brings food from the list or chooses those foods from the cafeteria menu, he/she will need to sit away from the special table.

Let's help our children to have a safe, happy and healthy school. If you have questions or concerns, please contact me. Thank you for your help.

Sincerely,

School Nurse

<Contact information>

Emergency Planning

Overview

Under Delaware’s Omnibus School Safety Act ([29 DelCode §8237](#)), Delaware’s public schools (including charter school) must develop and maintain “comprehensive, site-specific, National Incident Management System (NIMS)-compliant safety and emergency preparedness plans for each public school and district.” The National Association of School Nurses (NASN) identifies four phases of emergency planning for schools, all of which have a role for the school nurse: prevention/mitigation, preparedness, response, and recovery (NASN, 2014). Each phase may need to be adapted to ensure that the health and safety of students with special health care needs are met. This would include planning how non-ambulatory students will be transported during an evacuation, determining how medications will be administered if sheltering in place is required, identifying a “companion” to be with a student who has a severe anxiety disorder, and other supports that may be unique to an individual student. NASN recognized key considerations in planning for students with special health care needs, which include:

- Healthcare provider orders for 72-hour lockdown or disaster.
 - A system for retrieving and transporting medications to areas of lockdown or evacuation.
 - Provision of necessary supplies and food in the classroom or carried with the child or teacher in an evacuation or a 3-day supply in case of a lock down.
 - Education of all staff members/substitutes responsible for the child with a special health needs during an emergency.
 - An alarm system for students with auditory and/or visual needs.
 - Back-up power source for specialized equipment.
 - Emergency evacuation plan for students with physical, mental or communication limitations (e.g. visually and/or hearing impaired, students with autism, and “English as a second language” students).
- (NASN, 2015)

Activities

- Participate in developing school Crisis Plans, including planning for ways to support and protect students with special healthcare needs during evacuation and response
- Understand the role of the school nurse in the Crisis Plan
- Obtain Emergency Action Plans (EAPs) from students’ healthcare providers to direct care if the student experiences life-threatening symptoms
- Develop Emergency Care Plan (ECPs), as needed

School Nurse Role

As the primary health resource and provider in the school, the school nurse prepares to provide direct care to students and to manage the medical response until EMS arrives. An earlier section reviewed Emergency Care and discusses care for all students. Those with special health needs and/or chronic conditions may require additional support.

Individual students may experience life-threatening or compromising symptoms related to their chronic health condition, e.g., hypoglycemia or anaphylaxis. If a student has a life-threatening diagnosis, a current EAP (developed by the student's healthcare provider) and current emergency medication (provided by the family) should be provided to the school nurse. The nurse should be familiar with the EAP and work with staff on preventative activities and emergency preparedness. An IHP, including an ECP, can be built on the EAP as needed. Three Action Plans, which were developed in collaboration with the Delaware Department of Education: Allergy Action Plan (Delaware School Nutrition Services, USDA), Asthma Action Plan (American Lung Association, Delaware Chapter), and Seizure Action Plan (Epilepsy Foundation of Delaware) are provided. Additionally a generic Emergency Action Plan is provided.

NOTE: Some texts use the terms ECP and EAP interchangeably. In the *Delaware School Nurse Manual*, the ECP refers to an emergency plan within an IHP that is developed by the school nurse. An EAP is provided by the licensed healthcare provider to direct emergency medication and response. Additional information on IHPs and ECPs is provided under Student Health and Education Plans.

References

- National Association of School Nurses [NASN]. (2014). *Position statement: Emergency preparedness in the school setting – The role of the school nurse*. Retrieved January 25, 2017 from <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/117/Emergency-Preparedness-and-Response-in-the-School-Setting-The-Role-of-the-School-Nurse-Revised-June>.
- Taliaferro, V. & Resha, C. (Eds.) (2016). Disaster Preparedness in *2016 School Nurse Resource: A Guide to Practice, 9th Edition*, pp. 417-420. Nashville, TN: School Health Alert.

Emergency Action Plan

Place
Student
Picture
Here

Name: _____ DOB: _____

Teacher: _____ Grade: _____

Medical Condition: _____

Symptoms of Condition: _____

Action/Treatment: _____

Parent/Guardian/Relative Caregiver: _____ Phone: _____

Parent/Guardian/Relative Caregiver: _____ Phone: _____

Licensed Healthcare Provider: _____ Phone: _____

Emergency Contact: _____ Phone: _____

If symptoms of health problems above occur, the school nurse will assess the student and institute the prescribed action/treatment. The school nurse or designee will contact the parent/guardian/Relative Caregiver of the student. If a parent/guardian/Relative Caregiver cannot be reached, the emergency contact person will be called. Emergency personnel may be given a copy of this form.

Parent/Guardian/Relative Caregiver Signature: _____ Date: _____

Your child's health record indicates s/he has severe allergies. Please have your healthcare provider, who is licensed to prescribe medication, complete this form or provide a written emergency plan with instructions for the school nurse and school nutrition supervisor.

STUDENT NAME:

DATE OF BIRTH:

SCHOOL:

GRADE:

PREVENTION & EMERGENCY RESPONSE PLAN FOR STUDENTS WITH ALLERGIES

The following sections must be completed by a MD, DO, APN, or PA, licensed to prescribe medications, with directives for care in the school setting.

Student has a life-threatening or severe allergy to:

	INGESTION	INHALATION	INJECTION (STING/BITE)	SKIN CONTACT
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACTION PLAN for life-threatening or severe allergic reaction:

Provide STAT treatment if the following symptoms occur after exposure to the life-threatening allergy (check below):

- | | |
|--|---|
| <input type="checkbox"/> Abdomen: nausea, stomach ache/cramping, vomiting, diarrhea | <input type="checkbox"/> Respiratory: shortness of breath, repetitive coughing, wheezing |
| <input type="checkbox"/> General: panic, sudden fatigue, chills, fear of impending doom | <input type="checkbox"/> Skin: hives, itchy rash, swelling about face or extremities |
| <input type="checkbox"/> Mouth: itching, tingling, or swelling of the lips, tongue, or mouth | <input type="checkbox"/> Throat: feeling tightness in the throat, hoarseness, hacking cough |
| | <input type="checkbox"/> Other: _____ |

Treatment

1. Administer epinephrine (dosage/route/interval) _____
2. Call 911
3. Continue with monitoring by the nurse until EMS arrives
4. Other: _____

Student may carry & self-administer epinephrine
☐ YES ☐ NO

Prevention for exposure to known severe or life-threatening food allergies:

USDA regulation 7 CFR Part 15B requires substitution or modification in school meals for children with diagnosed severe or life-threatening food allergies.

Foods to omit:

Substitutions:

Foods to omit:

Substitutions:

☐ Eggs

- ☐ Whole _____
☐ Ingredient in Recipe _____
☐ Other _____

☐ Wheat

- ☐ Gluten _____
☐ Trace Amount _____
☐ Ingredient in Recipe _____

☐ Soy

- ☐ Soy Lecithin _____
☐ Oil _____
☐ Isolated Soy Protein _____
☐ Ingredient in Recipe _____
☐ Other _____

☐ Milk

- ☐ Milk _____
☐ Cheese _____
☐ Whey _____
☐ Ingredient in Recipe _____
☐ Other _____

☐ Nuts

- ☐ Tree Nut _____
☐ Peanut _____
☐ Other _____

☐ Fish

- ☐ Shellfish _____
☐ Other Not Included on List _____

Non-severe and non-life threatening food allergies or intolerances should be listed below with appropriate substitutions.

The school food service will determine if reasonable accommodations can be made on a case by case basis.

Other Allergies: (circle) YES NO Indicate Allergies: _____

Asthma: (circle) YES NO _____

Response for reaction to all other allergens: Give prompt treatment if the student has any of the following symptoms:

Treatment:

1. Administer: _____
2. Contact: _____
3. Other: _____

Healthcare Provider Name (printed): _____ MD DO APN PA Date: _____

Healthcare Provider Name (signature): _____ Phone: _____

I give permission to the school nurse to administer this plan. I will supply medication in an original container and notify the school nurse of any changes. I understand that relevant school personnel will be notified of my child's allergies and that I will need to work with the school nutrition supervisor regarding any food allergies.

Parent Signature: _____ Date: _____ Phone #: _____

8/2013, Rev. 1/21

Asthma Action Plan



General Information:

■ Name _____
 ■ Emergency contact _____ Phone numbers _____
 ■ Physician/Health Care Provider _____ Phone numbers _____
 ■ Physician Signature _____ Date _____

Severity Classification	Triggers	Exercise
<input type="radio"/> Mild Intermittent <input type="radio"/> Moderate Persistent <input type="radio"/> Mild Persistent <input type="radio"/> Severe Persistent	<input type="radio"/> Colds <input type="radio"/> Smoke <input type="radio"/> Weather <input type="radio"/> Exercise <input type="radio"/> Dust <input type="radio"/> Air pollution <input type="radio"/> Animals <input type="radio"/> Food <input type="radio"/> Other _____	1. Pre-medication (how much and when) _____ 2. Exercise modifications _____

Green Zone: Doing Well

Peak Flow Meter Personal Best = _____

Symptoms

- Breathing is good
- No cough or wheeze
- Can work and play
- Sleeps all night

Peak Flow Meter

More than 80% of personal best or _____

Control Medications

Medicine	How Much to Take	When To Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Both the Healthcare Provider and the Parent/Guardian see that the child has demonstrated the skills to carry and self-administer their quick relief inhaler, including when to tell an adult if symptoms do not improve after taking the medicine.

Yellow Zone: Getting Worse

Contact Physician if using quick relief more than 2 times per week.

Symptoms

- Some problems breathing
- Cough, wheeze or chest tight
- Problems working or playing
- Wake at night

Peak Flow Meter

Between 50 to 80% of personal best or _____ to _____

Continue control medicines and add:

Medicine	How Much to Take	When To Take it
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF your symptoms (and peak flow, if used) return to Green Zone after one hour of the quick relief treatment, THEN

- Take quick-relief medication every 4 hours for 1 to 2 days
- Change your long-term control medicines by _____
- Contact your physician for follow-up care

IF your symptoms (and peak flow, if used) DO NOT return to the GREEN ZONE after 1 hour of the quick relief treatment, THEN

- Take quick-relief treatment again
- Change your long-term control medicines by _____
- Call your physician/Health Care Provider within _____ hours of modifying your medication routine

Red Zone: Medical Alert

Ambulance/Emergency Phone Number: _____

Symptoms

- Lots of problems breathing
- Cannot work or play
- Getting worse instead of better

Peak Flow Meter

Between 0 to 50% of personal best or _____ to _____

Continue control medicines and add:

Medicine	How Much to Take	When To Take It
_____	_____	_____
_____	_____	_____

Go to the hospital or call for an ambulance if

- Still in the red zone after 15 minutes
- If you have not been able to reach your physician/health care provider for help
- _____

Call an ambulance immediately if the following danger signs are present

- Trouble walking/talking due to shortness of breath
- Lips or fingernails are blue

Seizure Action Plan

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.

Effective Date _____

Student's Name: _____ Date of Birth: _____ Classroom: _____

Parent/Guardian/Relative Caregiver: _____ Phone: _____ Cell: _____

Treating Physician: _____ Phone: _____

Medical History: _____

Seizure Information:

1. When was your child diagnosed with seizures or epilepsy? _____

2. Seizure type(s):

Seizure Type

Average length

Description

3. What might trigger a seizure in your child? _____

4. Are there any warnings, triggers and/or behavior changes before the seizure occurs? YES NO

If YES, please explain: _____

5. How often does your child have a seizure? _____

6. When was your child's last seizure? _____

7. Has there been any recent change in your child's seizure patterns? YES NO

If YES, please explain: _____

8. How does your child react after a seizure is over? _____

How long does this usually last? _____

9. How do other illnesses affect your child's seizure control? _____

Seizure Medication and Treatment Information:

10. What medication(s) does your child take?

<i>Medication</i>	<i>Date Started</i>	<i>Dosage</i>	<i>Frequency and time of day taken</i>	<i>Possible side effects</i>
1.				
2.				
3.				

Student's Name _____

Emergency Response:

A "seizure emergency" for this student is defined as: _____

11. What emergency/rescue medications are prescribed for your child?

Name	Dosage	Administration instructions (timing* & method**)	What to do after administration:
1.			
2.			

* After 2nd or 3rd seizure, for cluster of seizure, etc.

** Orally, under tongue, rectally, etc.

Seizure Emergency Protocol: (Check all that apply and clarify below)

- ☐ Contact school nurse at _____
- ☐ Call 911 for transport to _____
- ☐ Notify parent or emergency contact _____
Telephone number _____
- ☐ Notify doctor _____
Telephone number _____
- ☐ Administer emergency medications as indicated
- ☐ Other _____

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, has diabetes, or is pregnant

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: _____

This form combines two forms (one for parents and one for physician) created by the Epilepsy Foundation and the National Association of School Nurses. Reviewed by Barbara Blair (Delaware) in 2011.

SEIZURE REPORT

STUDENT _____

AURA: Yes _____ No _____ If yes, Type: ☐ auditory ☐ tactile
☐ olfactory ☐ visual

Date: _____ Time: _____

DID STUDENT MAKE ANY NOISES? Yes _____ No _____

DURATION (length of time): _____

DESCRIPTION OF MOVEMENT & BEHAVIORS (stiffness, shaking, repetitive behaviors, other)

LOSS OF CONSCIOUSNESS: Yes _____ No _____ If yes, how long: _____

ONSET: Face: _____ Rt. Arm: _____ Rt. Leg: _____ Left Arm: _____ Left Leg: _____

Spreading: _____ Generalized at Onset: _____

Turning of Eyes: _____ Turning of Body: _____ Direction: _____

POSTICTAL STATE:	A) Sleepiness	Yes _____	No _____
	B) Drowsiness	Yes _____	No _____
	C) Confusion	Yes _____	No _____
	D) Psychotic Behavior	Yes _____	No _____

If answer to D) is Yes, Describe: _____

DESCRIBE INJURIES, IF ANY: _____

INCONTINENCE: Bowel - Yes _____ No _____
Bladder - Yes _____ No _____

EXCESSIVE SALIVATION: Yes _____ No _____

CYANOSIS: Yes _____ No _____

COMMENTS: _____

Witnessed by: _____

Signature

Title

Contacted:	<input type="checkbox"/> Parent/Guardian/Relative Caregiver	Date: _____	Time: _____
	<input type="checkbox"/> Licensed healthcare provider	Date: _____	Time: _____
	<input type="checkbox"/> Other	Date: _____	Time: _____

Specialized Nursing Procedures

Overview

School nurses provide nursing care to help all students maintain the highest level of wellness and thus maximize the student's learning potential. Some students require more specialized care, or procedures, and monitoring. These procedures can be short-term or long-term. Examples of specialized nursing procedures are gastrostomy/jejunostomy feeding, tracheostomy suctioning, blood glucose monitoring, wound care, oxygen administration (refer to previous sub-section under Emergency Care), and urinary catheterization. The nurse should assure that proper permissions and directions are provided by both the child's prescribing healthcare provider and parents. All specialized procedures are considered "treatments." (Refer to earlier information on Medication & Treatment Administration.) As such, they require a licensed healthcare provider's order, which should include specific directions for the procedure along with precautions, contraindications, and emergency responses if indicated. Additionally, the school nurse should use current techniques and protocols that are evidence-based and ones the nurse is skilled in performing.

Activities

- Maintain current orders
- Obtain current written parent permission (template form is provided: Parent/Guardian/Relative Caregiver's Request Form for the School Nurse to Provide Specialized Nursing Treatment or Procedure)
- Obtain current health care providers directives (template form is provided: Licensed Health Care Provider's Approval of Procedure)
- Establish emergency responses in the school setting based on Emergency Care Plans provided by the healthcare provider
- Maintain current nursing skills for providing specialized procedures according to best practice and protocols, as are presented in current, accepted pediatric texts or hospital/medical guidelines.
- Communicate the student's ongoing and emergency needs to staff and substitute nurses

School Nurse Role

The school nurse works closely with the student, parent/guardian/caregiver, and staff to ensure that daily, prn, or emergency procedures are provided as ordered. This will likely require working closely with the family to understand the student's unique needs and previous responses to treatments. It will also include working with staff to provide education on the student's condition, its impact on learning and participating in school activities, and the role of the staff, e.g., recognizing symptoms requiring nursing care, or bringing the student to the nurse for the procedure each day.

Healthcare provider orders and parent permission must be renewed annually (minimally) and when there are changes. It may be necessary for the nurse to work directly with the healthcare provider to ensure understanding of the order and also to obtain an Emergency Action Plan, if indicated. Medical equipment should be in good condition when brought to the school by the parent. Further, it should be in good condition and should be used, cleaned and maintained according to the manufacturer's directions.

Regulations

[Regulation 817 Medications and Treatments](#) Department of Education

Resources

Bowden, B., R., & Greenberg, C. S. (2015). *Pediatric Nursing Procedures, 4th Edition*. Philadelphia, PA: Wolters Kluwer.

Brubaker, C. & Selekman, J. (2013). Skills Needed by Children Who Are Technology Dependent. In J. Selekman (Ed.), *School Nursing: A Comprehensive Text, 2nd Ed.*, pp. 1028-1063. Philadelphia, PA: F.A. Davis Company.

School Health Associates. (n.d.) *School Nurse Procedures*. Retrieved on February 25, 2017 from <https://schoolhealthassociates.com/school-nurse-procedures/>.

Taliaferro, V. & Resha, C. (Eds.) (2016). Clinical Procedures in *2016 School Nurse Resource: A Guide to Practice, 9th Edition*, pp. 395-414. Nashville, TN: School Health Alert.

SAMPLE
Parent/Guardian/Relative Caregiver's Request Form
For the School Nurse
To Provide Specialized Nursing Treatment or Procedure

Permission and directions should be renewed at the start of each school year.

Child's Name _____ Date of Birth _____

Child's Address _____

Licensed Healthcare Provider's Name _____ Phone No. _____

Licensed Healthcare Provider's Address _____

I (we) request the following health care procedure to be done at school:

This procedure* has been approved by the child's licensed healthcare provider, _____ (Provider's Name). I (we) will notify the school immediately if there is a change in licensed healthcare provider, health status of child, or change in procedures. I understand the school nurse may need to speak with the prescribing healthcare provider. I grant permission for the sharing of information relative to my child's procedure and the related diagnosis.

Signature of Parent/Guardian/Relative Caregiver _____ Date _____

Address _____

Home/Cell Phone No. _____ Work Phone No. _____

* Attach document to this effect (refer to following page)

SAMPLE

Licensed Health Care Provider's Approval of Procedure

Date _____

The licensed healthcare provider will approve or authorize the procedure that is to be used in the school. The authorization will include the following information:

Name of Child _____ Birth Date _____

Physical condition for which procedure is authorized _____

Name of procedure to be performed _____

Precautions, possible untoward reactions, and interventions _____

Time schedule and/or indication for the procedure _____

Licensed Healthcare Provider's Signature _____

Licensed Healthcare Provider's Printed Name _____

Address _____

Phone Number _____ Date _____

Collaborative Communication & Interdisciplinary Teams

School-age children spend a significant amount of time in the school setting. They spend more time with their families and in the community during afterschool, evenings, weekends, and summer. Care coordination is unsuccessful if it solely focuses on school hours and services provided by the school nurse. Direct care and care coordination provided by the school nurse is optimized when school nurses are good communicators, effective collaborators, and strong partners in interdisciplinary teams. Each of these areas requires the nurse to share his/her knowledge, skills, experience, and understanding of the individual student's unique strengths and needs.

Collaborative Communication is defined by the National Association of School Nurses (NASN) as "clear, cooperative communication used by school nurses to enhance collaboration with other members of the school and community health team (e.g., the medical home, healthcare provider, family, specialists, other community organizations) to meet the health care needs and goals of students" (NASN, 2011). In health literature, the term "collaborative communication" is frequently associated with the communication between a physician and nurse in a hospital setting. "Ineffective communication among health providers is one of the leading causes of medical errors and patient harm" (Dingley, Daugherty, Derieg, & Persing, 2009). The National Council of State Boards of Nursing reported in 2008 that nurses identified ineffective communication as a primary cause for error in patient care (cited in Dingley, et. al, 2009). Communication is not limited to a single setting. If poor communication occurs in a setting where professionals physically work in the same space, it follows that communication between a school nurse and community providers working in separate settings would be equally challenging. It also follows that poor communication could result in compromised student outcomes. Dingley, et. al., identified effective strategies to enhance communication using Situation, Background, Assessment, and Recommendation (SBAR) techniques. [SBAR](#) is a tool identified by the Joint Commission as the "industry best practice for standardized communication in healthcare" (Safer Healthcare, 2017).

Working collaboratively means working across disciplines. The Whole School, Whole Community, Whole Child model (WSCC) promotes bringing together everyone involved with a child to work in partnership in supporting the child. (Refer to Chapter 1, Standards of Practice, for more information on WSCC.) School nurses are skilled in working collaboratively with educators and specialists who are not healthcare providers. Each brings a unique background, expertise, and perspective on working with a student. Effective teams build on these abilities to create a network of support.

In Delaware, local education agencies work closely with the Nemours Nemours/Alfred I. duPont Hospital for Children through the NemoursLink. The program allows school nurses, with parent permission, to access students' medical records at Nemours and facilitates direct communication

between the school nurse and the child's primary (or specialist) healthcare provider. More information follows after this section.

Activities

- Team meetings
- Chairing teams
- Effective personal communication
- Participate in professional learning opportunities to enhance personal communication and leadership skills

Role of the School Nurse

"School nurses actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy and learning. Coordinating the linkage between the medical home, family and school is an important aspect of the role of the school nurse. The school nurse has health expertise that is essential to school educational teams, such as the Committee on Special Education, the Individualized Educational Program (IEP) team and the Section 504 Team so that health-related barriers to learning can be reduced for each student" (NASN, 2011). The school nurse is also uniquely positioned to facilitate engagement and communication of healthcare providers and agencies into school teams and activities.

References & Resources

Dingley, C., Daugherty, K., Derieg, M. K, & Persing, R. (2009). *Improving Patient Safety through Provider Communication Strategy Enhancements in Advances in Patient Safety: New Directions and Alternative Approaches*. Retrieved February 3, 2017 from <https://www.ncbi.nlm.nih.gov/books/NBK43663/>.

National Association of School Nurses. (2011). *Position statement: Role of the school nurse* [retired]. Retrieved February 3, 2017 from <https://www.plu.edu/ccnl/wp-content/uploads/sites/67/2016/07/6-nasn-role-of-sn.pdf>.

Safer Healthcare. (2017). *Why is SBAR communication so critical?* Retrieved February 3, 2017 from <http://www.saferhealthcare.com/sbar/what-is-sbar/>.

Nemours Student Health Collaboration – NemoursLink®

The Nemours Student Health Collaboration provides an opportunity for school nurses who work in Delaware schools to be a part of the child's care team. School nurses can log onto NemoursLink®, to see a child's plan of care and information about almost every visit to Nemours/Alfred I. duPont Hospital for Children or a Nemours primary care office in Delaware. School nurses can only view a child's records if a parent or guardian has signed a patient authorization form in advance. More information about this program can be found at: <http://www.nemours.org/health-professionals/NemoursLink®/student-health-collaboration.html>

What Is NemoursLink®? Nemours has a strong interest in improving the delivery and coordination of health care to children. As part of this effort, Nemours has developed NemoursLink®, which will provide community-based primary care providers (PCPs), referring providers and school nurses secure electronic access to select portions of their patients'/ students' medical records. NemoursLink® is a confidential, easy-to-use Internet-based tool and web-based portal that can be used by school nurses from their offices. NemoursLink® allows school nurses a read-only view into the student's records. With NemoursLink®, participating school nurses can see most things that happen when a Nemours provider treats a child. For example, the school nurse can see: notes from the doctor; treatment plans; medicines and how to use them and; lab and imaging reports. For enhanced privacy, the nurse can't see any records from behavioral health/psychiatric visits or protected adolescent encounters.

How can School Nurses be Users of NemoursLink®? All Delaware public schools have a partner agreement already in place with Nemours. This agreement was signed by the superintendent of the district and does not have to be renewed once in place. However, the school nurses that are users of the service participate on a rolling basis. Those that want to become a NemoursLink® user will need to complete and sign a User Agreement. School nurses that work at a charter school, private/independent school or parochial school need to verify that their principal has completed a Partner agreement before they can complete a school nurse User Agreement. School nurses after completing a User Agreement with Nemours are issued a password to access NemoursLink®. A training video for school nurses is located on the NemoursLink® site and provides useful information about the program and how to navigate the electronic medical records. Access to the contracts for school districts/schools and school nurses can be found and submitted on line: <http://www.nemours.org/healthpro/NemoursLink®.html>

How Is the Privacy of Children's Medical Information Protected? Before anyone can see a child's health record, parents/ legal guardian have to sign an authorization form and return it to the school nurse or a Nemours provider. It allows approved school nurses to see a child's medical record. For additional safety, Nemours keeps track of everyone who uses our records system — and what they view. Additional information about privacy, the authorization form, and other questions from the field collected over the last few years, are asked and answered in a Frequently Asked Questions document. This information can be used as a guide, especially for what and how information from the record can be shared. This document is updated as needed and emailed out to all school nurses.

How Long Will a Child's Form Be Valid? The authorization form states that the permission will expire on August 15 of the current school year, unless otherwise specified. A new form will have to be signed for the next school year. Your lead school nurse should have information about how to access the authorization form and other communication products to share with parents.

Important Contacts at Nemours: Nemours Health Informatics: Vicki Sanders, Senior Analyst: 407-650-7344; vsanders@nemours.org; NemoursLink® Helpline: 1-877-696-3668; Nemours Health and Prevention Services: Claudia Kane, Program Manager for the Student Health Collaboration: 302 298-7619; crkane@nemours.org (Overview developed by Claudia Kane, Nemours 5/2015)

Counseling & Motivational Interviewing

“School nurse counseling involves educating and assisting students with health needs, self-care, and coping. Counseling often has an individual student focus, although it can be done with groups as well” (Minnesota Department of Health, 2001). Motivational interviewing “assumes that individuals have the tools within themselves to be successful and overcome their ambivalence toward change” (Soderlund, Madson, Rubak & Nilsen, 2011). It builds on a trusting relationship established between the school nurse and the student, helping the student to resolve issues by finding solutions within themselves and then acting on them (Sypniewski, 2016).

The role of the school nurse is not to take the place of a school or community counselor. The role of the school nurse is to identify physical or emotional health concerns, to help the student identify the same, and to refer appropriately. “Once change is realized as attainable, the behaviors are reinforced and praised” (Miller & Moers, 2006). Communication skills are essential for the school nurse to successfully work with students through Motivational Interviewing.

Activities

- Take advantage of opportunities to talk with students and explore their thoughts and feelings about their health and healthy behaviors
- Enhance nursing counseling skills
- Conduct routine health counseling (refer to following pages)
- Implement Motivational Interviewing techniques

School Nurse Role

“Mental health is as critical to academic success as physical well-being” and school nurses have a “vital role” in promoting mental health outcomes; collaborating on interdisciplinary teams; identifying, referring and conducting follow-up; and advocating, facilitating and providing counseling (NASN, 2013). The school nurse will have daily opportunities to use effective counseling techniques. “Numerous studies have illustrated the efficacy of Motivational Interviewing as a promising strategy to encourage positive health behavior change around substance use, oral health and diet and exercise” that can be used during a typical office visit (American Academy of Pediatrics [AAP], 2017). While some pediatricians have expressed concern over how much time this may entail, they have found with good technique it can be used in even brief office visits (AAP, 2017). Their online article provides an example of a pediatrician’s use of Motivational Interviewing with a mother and her son to discuss his obesity (AAP, 2017).

References & Resources

American Academy of Pediatrics. (2017). *Motivation Interviewing: Health Active Living for Families Implementation Guide*. Retrieved February 10, 2017 from <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/HAIF-Implementation-Guide/communicating-with-families/pages/Motivational-Interviewing.aspx>.

Bonde, A. H., Bentsen, P. & Hindhede, A. L. (2014). School nurses' experiences with motivational interviewing for preventing childhood obesity. *Journal of School Nursing*. 30(6), pp. 448-455.

Miller W. R., Moers T. (2006). Cited in Motivational interviewing: A practical intervention for school nurses to engage in trauma informed care. *NASN School Nurse*, 31(1), p. 42.

Minnesota Department of Health. (2001). Cited in Framework for 21st century school nursing practice. *NASN School Nurse*, 31(1), p. 41.

National Association of School Nurses [NASN]. (2013). *Position statement: Mental health of students*. Retrieved February 10, 2017 from <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/36/Mental-Health-of-Students-Revised-June-2013>.

NASN. (2016). Framework for 21st century school nursing practice. *NASN School Nurse*, 31(1), pp. 45-53.
[School Nurses and Motivational Interviewing](#) (NASN Winter Webinar)

Soderlund, L. L., Madson, M., Rubak, S., & Nilsen, P. (2011). Cited in Motivational interviewing: A practical intervention for school nurses to engage in trauma informed care. *NASN School Nurse*, 31(1), p. 42.

Sypniewski, R. (2016). Motivational interviewing: A practical intervention for school nurses to engage in trauma informed care. *NASN School Nurse*, 31(1), p. 40-44.

Health Counseling

Overview

The term health counseling includes one-on-one counseling with a student, in addition to activities of school nurses, classroom teachers and others directed toward helping the student to secure the services, supports, and accommodations needed for his/her health condition. Parents/guardians and teachers need to be informed of any concerns (physical or emotional) and how these concerns are related to the health, growth, and welfare of the student – a task that may be aided by written notices or letters, but is best achieved through individual conferences. Parents/guardians need to formulate a plan of action, and in some instances, need to be informed of community resources which can provide needed assistance. Some types of problems, such as speech disorders, markedly impaired vision, or severe hearing impairment, indicate the need for the school to provide special or modified programs.

One of the primary goals is to help the student assume responsibility for improving his/her own health status.

Activities

- Effective communication between nurse and student, educators, and parent/family
- Collaboration with school colleagues, such as the school counselor or Visiting Teacher
- Referral for appropriate services in the school and the community

School Nurse Role

The school nurse role augments the role of the school counselor, and vice versa. The school nurse cannot provide extensive nor long-term counseling, but should be skilled with working with students to identify emotional needs requiring referral and then to support the student upon return to school.

Teacher-School Nurse Conferences

These conferences are scheduled to coordinate ways to meet the health needs of the student within his/her educational program and to exchange information about the health of a student. Roles and assignments within each school will shape the way that school nurses work with educators; however, in any setting, good communication is critical to collaboration on behalf of the student. It is suggested to:

1. Schedule conferences periodically throughout the school year. The teacher's planning period may be a good time.
2. Prepare a list of problems or items that need discussing. Lists of health problems should not be distributed at random, but may be shared on an educational need-to-know basis that includes emergencies.

3. For known cases of chronic conditions that may impact access to activities or may be life-threatening, a conference should be scheduled at the start of the school year to discuss any modifications of the classroom, 504 plans, and/or emergency plans that may be necessary.
4. The teacher should be encouraged to keep a record of observations of students who cause concern.
5. Planning should be done for students, such as those with asthma, diabetes and epilepsy who might need special assistance quickly.
6. Schedule a time when the persons involved will not be interrupted.

Parent/Guardian-School Nurse Conferences

These conferences are scheduled to clarify goals and actions recommended or initiated, to report progress that may have occurred in a particular health condition, and to recommend follow-up for a problem that has been noted in the school's screening. The nurse may need to hold a teleconference to accommodate a parent/guardian's schedule or transportation needs; however, in person is preferable. One way to facilitate this may be to schedule at the same time as Parent-Teacher Conferences. It is suggested to:

1. Prepare for the conference by reviewing health records, results of screening procedures, conferences with appropriate school personnel and other agencies if necessary.
2. Encourage parental conversation by the use of open-ended questions that do not suggest or limit the answer such as:
 - "How do you feel about this problem?"
 - "Tell me about it."
 - "What are your thoughts about this situation?"
 - "Do you have any concerns we have not discussed?"
3. Use simple, easy-to-understand language.
4. Repeat questionable statements so that the parent/guardian or nurse understands what each is trying to tell the other and seek mutual understanding.
 - "I want to be sure I understood what you said" and then restate or summarize
5. Assist the family in identifying and using local and state services and resources as needed.

Student-School Nurse Conferences

Conferences with students are a rich opportunity to discuss his/her physical or emotional health concerns, assist the student in making responsible decisions regarding his/her health care, assist the student to learn self-care, and to obtain current up-to-date information on the health status of the individual. It is suggested to:

1. Identify a means to inform all students of available school nursing services. New enterers from other states may not have had access to a school nurse.
2. Work with the main office staff to institute a way to meet at the time of registration with new students and families. (This will assist in helping the family to know and meet school entry health requirements, e.g., physical exam and immunization requirements.)
3. Meet, if possible, all new students. This can be through classroom introductions or one-on-one.

4. Accept the student's statement as a valid report on how he/she feels at present. Students may become "ill" under stress. Family changes can also initiate "illnesses."
5. Try to identify factors that may be affecting the individual's health. Use open-ended questions that do not suggest or limit the answers.
6. Involve the student in the management of his/her health, providing him/her with possible alternatives and avenues of assistance.

It is understood that in larger schools, it is difficult for the nurse to meet individually with every child; however, the nurse should make every effort to meet each student. Developing a relationship and rapport is essential to quality nursing care that addresses the needs of the whole child.

Education

Education is an important component of Care Coordination. It is essential when working with students and families. It engages the student and family to help them learn self-care. Individual education, focused on the student's needs, provides the support students and families "need to be decision makers in their own care, including disease prevention and behaviors" (NASN, 2016). "The school nurse provides health education by providing health information to individual students and groups of students through health education, science, and other classes" (American Academy of Pediatrics [AAP], 2008). Supporting and participating in school Health Education classes is discussed under Health Education in Chapter 3, Community / Public Health. More frequent than classroom instruction, the school nurse provides or arranges for one-on-one or small targeted group education. These individuals or groups can be students, families, or staff. Health education topics may include nutrition, exercise, smoking prevention and cessation, oral health, prevention of sexually transmitted infections and other infectious diseases, substance use and abuse, immunizations, adolescent pregnancy prevention, parenting, and others" (AAP, 2008). All individual and group health teaching for and with clients is based on the learning needs of the student. This education gives students and their families the information and skills needed to facilitate self-empowerment.

Health teaching and health promotion go hand in hand. They are jointly included in the Standards of Professional School Nursing Practice (American Nurses Association & NASN, 2011).

Standard 5. Implementation

5B Health Teaching and Health Promotion

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

In addition to using a formal health education program, e.g., the American Lung Association's Open Airways for Schools, the school nurse creates individual, age-appropriate lessons or tools for students as part of direct care. This includes activities such as teaching a student about preventing infection or first aid as the nurse provides wound care, or ongoing teaching about a student's chronic health condition such as the proper inhaler technique for the student with asthma.

The school nurse also provides on going education to parents and school staff members. For example, when a student is treated for an acute illness or injury, the school nurse should provide guidance to the parent including follow up care at home and when to seek further healthcare advice. Many students will additionally need the support and understanding of their teacher in order to follow through or receive reinforcement on lessons learned about their health. "Education of school staff [and families] by the school nurse is imperative to the successful management of a child with a chronic condition and is codified as a role of the school nurse in the ESSA [Every Student Succeeds Act] (2015)" (NASN, 2016). This becomes an important part of working with the Individualized Education Program (IEP) and a goal within the individual health care plan of the student with a chronic illness. This may include reviewing an emergency action plan with school staff or contributing to the 504 plan when indicated. It is the school nurse's responsibility to educate staff when a student is diagnosed with a condition that will affect the education of a student. An example of this is in the case of a student diagnosed with an acute head

injury. The school nurse shares information about the student's return to learn plan with school staff who have the educational need to know the plan.

Information regarding health education for asthma, diabetes, food allergies and seizures is included under those topics earlier in this chapter. Planning for an education activity parallels the nursing process.

1. Gather subjective data: What does the student understand about his/her health and how to care for him/herself? What has the student expressed interest in learning? What motivates the student to learn or change behavior?
2. Collect objective data: What is the student's developmental level? What are his/her reading, writing and comprehension skills? How does he/she like to learn, e.g. listening, writing, etc.? The student's teacher can assist with this.
3. Assess what you learn and make a nursing diagnosis, e.g. knowledge deficit in asthma triggers.
4. Plan the instructional activities based on effective teaching techniques individualized for the student. Engage the student in these plans. The instruction may be provided by the school nurse or may be provided by another person identified by the school nurse.
5. Implement the plan.
6. Evaluate the effectiveness of the instruction in terms of knowledge, skills, or behavior change.
7. Document health education in student's electronic health record.

Nemours has interactive materials and activities for [kids](#), [teens](#), and [parents](#), in addition to the [Kids Health in the Classroom](#) resources for educators. Resources are often available from health advocacy organizations such as the [Epilepsy Foundation](#) or the [American Health Association](#). Sample lesson plans, developed by the Delaware Department of Education and based on [National Health Education Standards](#), can be used for preparing instruction.

[K – 2 Health Education Lesson Plan Template](#)

[3 – 5 Health Education Lesson Plan Template](#)

[6 – 8 Health Education Lesson Plan Template](#)

[9 – 12 Health Education Lesson Plan Template](#)

The content standards are presented in Chapter 3, [Community/Public Health](#) under Health Education. When the school nurse develops a lesson plan, it should address an issue under the Core Concepts:

Tobacco, Alcohol and Other Drugs

Injury Prevention & Safety

Nutrition & Physical Activity

Family Life & Sexuality

Personal Health & Wellness

Mental Health

Community & Environment Health

Working with a student with diabetes, the school nurse may need to provide education on medication administration (Personal Health & Wellness), eating and physical activity needs (Nutrition & Physical Activity), or coping with a chronic health condition (Mental Health). [Delaware Health Education Standards](#) call for student outcomes in one (or more) of seven areas:

Internal & External Influence - *Students will analyze the influence of family, peers, culture, media, technology and other factors on health behavior*

Accessing Information - *Students will demonstrate the ability to access information, products and services to enhance health*

Interpersonal Communication - *Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.*

Decision Making - *Students will demonstrate the ability to use decision-making skills to enhance health.*

Goal Setting - *Students will demonstrate the ability to use goal-setting skills to enhance health.*

Self-Management - *Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.*

Advocacy - *Students will demonstrate the ability to advocate for personal, family, and community health.*

School Nurse Role

- Look for opportunities to support the student in gaining knowledge, skills, and competence regarding their health
- Work with parents, staff, and community agencies to provide and/or manage individualized health education
- Participate in the IEP process to include health education
- Understand and apply the Health Education Standards to planned learning activities

References & Resources

American Academy of Pediatrics, Council on School Health. (2008). Policy statement: Role of the school nurse in providing school health services. *Pediatrics* 121(5), 152-156.

American Nurses Association & National Association of School Nurses. (2011). *School Nursing: Scope and Standards of Practice*, 2nd Edition. Silver Spring, MD: American Nurses Association.

NASN. (2016). Framework for 21st century school nursing practice: National Association of School Nurses, *NASN School Nurse*, 31, 45-53.

Revisions
