

Section B.

School Entry & Maintenance

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The information in Section B provides guidelines on some fundamentals of school nursing practice in Delaware. A quality documentation system assures easy input and access of information, continuity of care, transfer of records confidentially, and accuracy. School enrollment health requirements also support the health and well-being of the student by providing a current and accurate assessment. Both documentation and data collection help to assure that each student's individual needs are considered when planning for full school participation and academic success. Regulations must be followed as specifically written, but additional protocols and policies may be needed in order to assure safe practice within an individual school setting or for an individual student. For example, the regulation on field trips provides structure for allowing teacher assistance with self-medication; however, in some cases the best management may be to have a school nurse accompany the student. Section B was updated and revised in 2015 with the assistance of Lara Booth, BSN, RN, NCSN; Pat Guilday, MSN, RN, NCSN; and Susan Hoffman, MSN, RN, NCSN.

I. Foundations of School Nursing

School Nurse Responsibilities*

The school nurse should have the physical, mental, social, emotional and ethical capabilities, as well as professional nursing and other educational preparation, to adequately perform the role of the school nurse:

- 1. The school nurse facilitates normal development and positive student response to interventions.**
 - a. *Provides health counseling to students, parents/guardians and school personnel, keeping in mind the limitations as well as abilities*
 - b. *Appraises and identifies health needs through student screenings such as vision, hearing, tuberculosis, posture/gait, and health examinations*
- 2. The school nurse provides leadership in promoting health and safety, including a healthy environment.**
 - a. *Serves as a resource person to the school and community on health education including, but not limited to, physical, emotional, personal and social, and consumer health and safety*
 - b. *Presents health education, both informally and formally, as requested or needed*
 - c. *Recommends changes in the school environment to reduce health and safety hazards*
 - d. *Works with administrators, educators, and other school personnel to modify the school environment and curriculum for children with health concerns*
 - e. *Evaluates nursing aspects of the school health program*
- 3. The school nurse provides quality health care and intervenes with actual and potential health problems.**
 - a. *Encourages the correction of remedial conditions by working with parents/guardians, teachers and community agencies*
 - b. *Maintains quality and up-to-date electronic health records*
 - c. *Assumes responsibility for care of the sick and injuries within school policy*
 - d. *Reviews and evaluates own job performance and professional development*
- 4. The school nurse uses clinical judgment in providing case management services.**
 - a. *Coordinates care between the healthcare community and the school*
 - b. *Oversees care within the school through Individualized Healthcare Plans and Emergency Plans*
- 5. The school nurse actively collaborates with others to build student and family capacity for adaptation, self-management, self-advocacy and learning.**
 - a. *Serves as liaison between the healthcare community and the schools*

The nurse is a member of the school's professional staff and contributes to the total educational program.

* The five major roles are identified within the Position Statement of the National Association of School Nurses, *Role of the School Nurse (2011)*, <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/87/Role-of-the-School-Nurse-Revised-2011>

SUGGESTED SCHEDULE FOR THE SCHOOL NURSE

TASK/MONTH	Before the FIRST Student Day	FIRST Weeks of School	OCT.	NOV.	By DEC. 15 th	By JAN. 15 th	FEB .	March	APRIL	MAY	JUNE
Office Set-Up of Medical Supplies and Equipment for Efficiency											
Set up Emergency Supplies (e.g. Go Bag or Cart, Epinephrine, Standing Orders, Oxygen, AED Pads, etc...)											
Standard Precautions Education for Staff											
Meet with Administration											
Organize health records for easy access, i.e. alphabetical											
Review health records and communicate with parents											
Develop and review emergency plans with appropriate school personnel regarding specific health conditions and modifications on a need to know basis											
Update standing orders, sub folder, forms											
Obtain and review emergency cards on all students and staff and keep in the nurses office											
Organize Medication and Treatment Regimen and as needed											
Dental and Vision Clinics-ID students, forms completed, schedule visits											
Review Medical Charts for Entry Requirements and enter data into Electronic Health Record											
Complete Scoliosis Screening-Report Referrals for Phase II											
Complete Vision and Hearing											
Referral Follow-up (Immunizations, Hearing, Vision, Scoliosis, etc.)											
Order Supplies in April and as needed											
Kindergarten Registration (if applicable)											
Prepare Health Records for Transfer or Archives											
Prepare for the end of the school year (e.g. parent medication pick up, close office for the summer by following your district protocol)											

Confidentiality of School Health Information

Local, state and federal laws govern the confidentiality of student health information. The school nurse must carefully assess every request for student information before sharing it. An overview of laws on disclosure and reporting obligations follow. If the school nurse has questions that are not easily addressed with this guidance, he/she should seek an opinion from the school district/charter attorney.

Vaccine-preventable Diseases

There will be times when the school nurse is required to share student health information, e.g. if the nurse suspects a vaccine-preventable disease in a student. In this example, the school nurse must contact the Division of Public Health's Epidemiology Department and share the name of the student, immunization status, and date of birth.

FERPA and Disclosing Student Information¹

Schools must comply with the Family Educational Rights and Privacy Act (FERPA) when disclosing information from a student's records. In fact, the HIPAA (Health Insurance Portability & Accountability Act) privacy rule does not apply to education records, including individually identifiable student health information, covered by FERPA.

Although FERPA generally prohibits schools from disclosing personally identifiable information from a student's education records unless the parent (or the student at age 18) gives written consent, **there are exceptions** (see exceptions in the next paragraph below, and the paragraphs below on court orders and directory information). FERPA regulations define a parent to include a natural parent, a guardian, or an individual acting as a parent in the absence of a parent or guardian.

FERPA has a number of important **exceptions to the "no disclosure without consent"** rule. For example, schools are permitted to release a child's education records to a Division of Family Services (DFS) caseworker or other representative of the Department of Services for Children, Youth and Families (DSCYF) when that person is "legally responsible...for the care and protection of the student" and has the right to access a student's case plan. This includes children placed in foster care with DFS.

Court Orders

Schools should also release education records to any party listed on a court order or subpoena, including the DFS caseworker, the child's attorney (the child advocate or guardian *ad litem*) or the court appointed special advocate (CASA). Schools do not need to give notice to the parents prior to releasing the records when the parents are parties to the court case in which the order is entered (they are already on notice that the school records will be shared).

If someone requests a child's school records because of a court order, you are permitted to ask for a copy of the court order as well as photo identification of the person requesting the records.

Release of Directory Information Without Parental Consent

¹ Excerpts taken from the American Bar Association's Center on Children and the Law, Education Law Center. <http://www.fostercareandeducation.org>. For more reading on confidentiality and information sharing, please see <http://www.fostercareandeducation.org/AreasofFocus/DataInformationSharing.aspx> and <http://fostercareandeducation.org/Materials/ProjectPublications.aspx>.

Directory information can be released without parental consent after the school notifies all parents generally of its intent to release the information, and provides parents and/or the eligible students the right to refuse to allow the school to designate any or all of the information about the student as directory information. Directory information can include: student's name, address, telephone listing, email, date and place of birth, grade level, dates of attendance, degrees and awards received, and the most recent school attended by the student. It can also include a student ID number only if it cannot be used to access educational records kept in conjunction with a password.

With respect to former students, schools need not comply with the notice provisions above, but must honor any opt out of the student when the student was in attendance. For more information, please see 20 USC sec. 1232(g) and 34 C.F.R. Part 99, sec. 99.37.

Sharing Information for Statistical Purposes

Schools can release personally identifiable student information to an "authorized representative" for an "audit or evaluation of Federally-supported education programs" and to organizations (including federal, state, and local agencies and independent organizations) conducting studies to develop, validate, or administer predictive tests; administer student aid programs; or improve instruction. For more details, see <http://www.fostercareandeducation.org>.

The school nurse should become familiar with confidentiality regulations as outlined in the IDEA, Section 504 of the ADA and state law. The National Association of School Nurses provides several pertinent documents, including:

<http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/t/abid/462/ArticleId/491/Section-504-and-Individuals-with-Disabilities-Education-Improvement-Act-The-Role-of-the-School-Nurse>.

<http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/t/abid/462/ArticleId/54/Volunteers-in-School-Health-Services-The-Use-of-Revised-June-2012>

<http://www.nasn.org/ToolsResources/DocumentationinSchoolHealth/HIPAAandFERPA> (NASN overview of HIPAA and FERPA).

<http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/t/abid/462/ArticleId/54/Volunteers-in-School-Health-Services-The-Use-of-Revised-June-2012> (The Use of Volunteers in School Health Services, 2012).

What Can The School Ask of DSCYF when the school is the reporter of suspected child abuse/neglect:

When the school is the reporter of suspected child abuse/neglect, the DFS investigation caseworker should follow up and inform the school reporter:

1. DFS is investigating, and whether the child is safe or placed out of the home;
2. Who is allowed to have contact with the child;
3. Instructions if there is something the school needs to do, such as referring the child to a school counselor;
4. Who should be called if something else happens to the child; and
5. Should the child's home placement change, whether the child is placed out of the home.

The school nurse is bound by the Code of Ethics of the National Association of School Nurses to respect confidentiality. Licensure as a registered nurse carries similar obligations and accountability.

7/2015 Prepared by J. Mette and E. Hirsh with DOE Review

II. Documentation

811 School Health Record Keeping Requirements

<http://regulations.delaware.gov/AdminCode/title14/800/811.shtml>

Emergency Treatment Card

Each public school student must have an Emergency Treatment Card on file in the office of the school nurse. The Emergency Treatment Card is defined and described within Regulation 817. In general it is a card 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. According to the archive retention schedule, the most current card must be retained with the 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 (<http://archives.delaware.gov/govsvcs/pdfs/General%20Records%20Retention%20Schedules/School%20District%20General%20Records%20Schedule/Student%20Records.pdf>).

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 for 100 years.

SAMPLE

<School Year> <District Charter>

DELAWARE EMERGENCY TREATMENT CARD

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

School Name: _____ Homeroom or Teacher: _____

PARENT/GUARDIAN INFORMATION:	
Name: _____ Relationship: _____ Home Address: _____ Home Phone: _____ Cell Phone: _____ Place of Employment: _____ Work Phone: _____ Ext.: _____	Name: _____ Relationship: _____ Home Address: _____ Home Phone: _____ Cell Phone: _____ Place of Employment: _____ 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 utilizing all numbers available listed on the 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 _____

Delaware School Health Records

The Department of Education Regulation #817, School Health Record Keeping Requirements (<http://regulations.delaware.gov/AdminCode/title14/800/811.shtml>), describes the requirements for student health records. In general, each student must have an individual, electronic student health record that is a part of the student's cumulative school record but stored separately in the school nurse's office. Hard copies of original documentation, e.g. health assessment form, doctor order and parent permission for medication, must be filed in the student's individual health file and stored securely. The regulation also requires that each student also have a School Health Record Form. In the past, this was maintained as a handwritten, hard copy. Today all of the student's health information must be documented in an electronic health record (EHR) approved by the district/charter. In the event the EHR cannot be sent to the receiving school when a student transfers, the school must send the student's health file and a Delaware School Health Record Form. This Form is created by an EHR report, which minimally contains all of the following:

- Student ID
- Student Name
- Gender, Grade
- Birth Date
- Status
- Counselor
- Medical Alerts
- Growth Exam
- Hearing Exam
- Physical Exam
- Posture/Gait Exam
- Vision Exam
- Other Screenings and Record Reviews
- Issued Medicine
- Office Visits
- Immunizations
- Referrals

All individual student data belongs to the student's record and must transfer with the student when he/she moves to another school. Nursing care provided must meet documentation standards, which minimally include those things identified within the regulation, e.g., a three point date, the person's (student, staff or visitor) first and last name, etc.

Record storage and retention must follow Regulation #252, Required Educational Records and Transfer and Maintenance of Educational Records (<http://archives.delaware.gov/govsvcs/pdfs/General%20Records%20Retention%20Schedules/School%20District%20General%20Records%20Schedule/Student%20Records.pdf>).

Health information on students should be accurate and current. The school nurse must continuously update the student's health record. The Emergency Treatment Card provides information that may be new and may require follow-up. For example, a parent may indicate via the Emergency Treatment Card that the child has an allergy. If the allergy is not currently documented in the student's health EHR, it should be entered as Allergy – Parent Report.

Further, the school nurse needs to contact the parent to get more information on the reported allergy and to request documentation of a diagnosis from a healthcare provider. The school nurse should periodically collect updated information via the Student Health History Update (refer to next page).

All nursing care, including that which is provided by a substitute school nurse, should be documented in the EHR. Substitute school nurses should be trained in, and have access to, the district/charter EHR. During emergencies, such as when the electronic system is unavailable, nursing care can be documented on a separate form. This form will contain information that needs to be transcribed and entered into the student's EHR. The school nurse should transcribe the handwritten notes with a citation indicating that the documentation was done at a time later than the health office visit and a brief explanation. The nurse might write:

Hand written note of care provided by Anne Example (substitute RN) on 4/3/15 and transcribed by Ima Schoolnurse on 4/4/15.

OR

Nursing notes transcribed by Ima Schoolnurse on 4/15/15 for care provided on 4/14/15 when EHR unavailable.

A sample of a log for maintaining handwritten notes is provided immediately after the Student Health History Update. This log is individual for each student and should be stored in the student's individual file.

Standardized nursing language, such as the Nursing Intervention Code Classification System (NIC), needs to be used as directed by the Delaware Department of Education to document in the student's EHR. A list of Nursing Intervention Codes with abbreviations and definitions follows. Other codes within the EHR are also standardized, such as dispositions, chronic health conditions, and screenings. These are used to ensure uniform reporting of school health data and for data decision-making. The use of abbreviations in nursing documentation is limited to those listed on the following document, "Approved Nursing Documentation Abbreviations".

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. ☐ ADD/ADHD ☐ Bone/Spine ☐ Heart ☐ Speech
☐ Allergies ☐ Bowel/Bladder ☐ Infections ☐ Surgery
☐ Asthma ☐ Diabetes ☐ Kidney ☐ Vision
☐ Blood Disorder ☐ Emotional ☐ Physical Disability
☐ Body Piercing/Tattoo ☐ Hearing ☐ Seizures
☐ 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.

SAMPLE

This form should only be used when the Electronic Health Record is unavailable

Name: _____ **Date of Birth:** _____ **School:** _____

Date	In/Out	Reason (Use Code)	Office Visit Detail Include Referral	Intervention	Rx/TX	Disposition	Initials

NURSING INTERVENTION CLASSIFICATION©

NURSING CARE

Admission Care ADMINCARE – facilitating entry of student into school (health needs)
Airway Management AIRMGT– facilitation of patency of air passages
Airway Suctioning AIRSUC– removal of airway secretions by inserting a suction catheter into the patient's oral airway &/or trachea
Allergy Management ALLERGY– identification, treatment, & prevention of allergic responses to food, medications, insect bites, contrast material, blood, & other substances
Artificial Airway Management ARTAIR– maintenance of endotracheal & tracheostomy tubes and prevention of complications associated with their use
Aspiration Precautions ASPIR– prevention/minimization of risk factors in the patient at risk for aspiration
Asthma Management ASTHMA– identification, treatment and prevention of reactions to inflammation/constriction of the airway passages
Bleeding Reduction: Nasal NOSEBL– limitation of blood loss from the nasal cavity
Bleeding Reduction: Wound BLEED–limitation of the blood loss from a wound that may be a result of trauma, incisions, or placement of a tube or catheter
Bowel Management BWL– establishment & maintenance of a regular pattern of bowel elimination
Case Management CASE – care coordination and patient advocacy to reduce cost, reduce resource use, improve quality of care, and achieve desired outcomes
Cast Care: Maintenance CAST– care of a cast after the drying period
Chest Physiotherapy CHEST– assisting the patient to move airway secretions from peripheral airways to more central airways for expectoration &/or suctioning
Contact Lens Care EYECL – prevention of eye injury & lens damage by proper use of contact lenses
Diarrhea Management DIARR – prevention & alleviation of diarrhea
Emergency Care (illness) ERILL – providing life-saving measures in life-threatening situations caused by illness
Emergency Care (injury) ERINJ – providing life-saving measures in life-threatening situations caused by injury
Enteral Tube Feeding TUBEFEED – delivering nutrients & water through a gastrointestinal tube
Feeding FEED – feeding of patient with oral motor deficits
Fever Treatment FVR – management of a patient with hyperpyrexia caused by non-environmental factors
First Aid FA or WOUNDFA – providing initial care for a minor injury
Health Care Information Exchange (illness) INFOILL – providing patient care information to other health professionals related to illness
Health Care Information Exchange (injury) INFOINJ – providing patient care information to other health professionals related to injury
Heat/Cold Application (injury) HTCLD – stimulation of the skin & underlying tissues with heat or cold for the purpose of decreasing pain, muscle spasms, or inflammation
Heat/Cold Application (non-injury) HTCLDN – application for non-injury
Heat Exposure Treatment HEATX – management of patient overcome by heat due to excessive environmental heat exposure
Hemorrhage Control HMRR – reduction or elimination of rapid & excessive blood loss
High-Risk Pregnancy Care PREG – identification & management of a high-risk pregnancy to promote healthy outcomes for mother & baby

Hyperglycemia Management HYPERG – preventing & treating above-normal blood glucose levels
Hypoglycemia Management HYPOG – preventing & treating low blood glucose levels
Immunization Management IZMGT – monitoring immunization status and facilitating access to immunization
Medication Administration MEDADM – preparing, giving, & evaluating the effectiveness of prescription & nonprescription drugs
Medication Management MEDMGT– facilitation of safe/effective use of prescription & over-the-counter drugs
Multidisciplinary Care Conference (illness) CONFILL – planning & evaluating patient care with health professionals from other disciplines
Multidisciplinary Care Conference (injury) CONFINJ – planning & evaluating patient care with health professionals from other disciplines
Nausea Management NAUSEA – prevention and alleviation of nausea
Neurologic Monitoring NEURO – collection & analysis of patient data to prevent or minimize neurological complications
Non-Nursing Intervention NONNURSE – providing service not requiring nursing skills/expertise
Nursing Assessment, No Intervention NASS – providing assessment requiring professional nursing knowledge and skills without related intervention
Nursing Intervention NURSE – intervention requiring professional nursing knowledge and skills (not available on current list)
Nutrition Management NUTMGT – assisting with providing a balanced dietary intake of foods and fluids
Nutrition, Special Diet SPDIET – modification & monitoring of special diet
Ostomy Care OSTO – maintenance of elimination through a stoma & care of surrounding tissue
Pain Management PAIN – alleviation of pain or a reduction in pain to a level of comfort that is acceptable to the patient
Positioning POSI – deliberative placement of the patient or a body part to promote physiological &/or psychological well-being
Referral Management REFMGT – arrangement for services by another healthcare provider or agency
Respiratory Monitoring RESP–collection & analysis of patient data to ensure airway patency & adequate gas exchange
Rest REST – providing environment & supervision to facilitate rest/sleep after nursing evaluation
Resuscitation RESUS – administering emergency measures to sustain life
Seizure Management SZR – care of a patient during a seizure & the postictal state
Self-Care Assistance, Nursing SELFNUR – assisting another to perform activities of daily living
Self-Care Assistance, Non-Nursing SELFNON – assisting another to perform activities of daily living
Skin Care SKIN – application of topical substances or manipulation of devices to promote skin integrity & minimize skin breakdown
Surveillance SURV – purposeful/ongoing acquisition, interpretation, & synthesis of patient data for clinical decision making
Surveillance: Skin SKINSRV – collection/analysis of patient data to maintain skin & mucous membrane integrity
Telephone Consultation TC–for purpose of updating medical information

NURSING INTERVENTION CLASSIFICATION©

Treatment Administration TXADM – preparing, giving, & evaluating the effectiveness of prescribed treatments

Treatment Management TXMGT – facilitation of safe & effective prescribed treatments

Tube Care TUBECARE – management of a patient with an external drainage device exiting the body

Tube Care, Gastrointestinal TUBECAREGI – management of a patient with a gastrointestinal tube

Urinary Catheterization CATH – insertion of a catheter into the bladder for temporary or permanent drainage of urine

Vital Signs Monitoring VS – collection/analysis of cardiovascular, respiratory, & body temperature data to determine/prevent complications

Wound Care (Ongoing) WOUNDON – prevention of wound complications & promotion of wound healing

HEALTH EDUCATION

Anticipatory Guidance (individual) AGUIDE – preparation of patient for an anticipated developmental &/or situational crisis

Anticipatory Guidance (group) AGUIDEG – preparation of a group of patients for an anticipated developmental &/or situational crisis

Body Mechanics Promotion (individual) BODY – facilitating a patient in the use of posture & movement in daily activities to prevent fatigue & musculoskeletal strain or injury

Body Mechanics Promotion (group) BODYG – facilitating a group of patients in the use of posture & movement in daily activities to prevent fatigue & musculoskeletal strain or injury

Exercise Promotion (individual) EXER – facilitation of a patient in regular physical exercise to maintain or advance to a higher level of fitness & health

Exercise Promotion (group) EXERG – facilitation of a group of patients in regular physical exercise to maintain or advance to a higher level of fitness & health

Health Education (individual) HLTHED – developing & providing individual instruction & learning experiences to facilitate voluntary adaptation of behavior conducive to health in individuals, families, groups, or communities

Health Education (group) HLTHEDG – developing & providing group instruction & learning experiences to facilitate voluntary adaptation of behavior conducive to health in individuals, families, groups, or communities

Smoking Cessation Assistance (individual) SMOKE – helping the patient to stop smoking through an individual process

Smoking Cessation Assistance (group) SMOKEG – helping the patient to stop smoking in a group process

Substance Use Prevention (individual) SUBAB – prevention of an alcoholic or drug use life-style through an individual process

Substance Use Prevention (group) SUBABG – prevention of an alcoholic or drug use life-style through a group process

Weight Management WGTMG – facilitating maintenance of optimal body weight & percent body fat

COUNSELING

Counseling (individual) COUNSEL – use of an interactive helping process focusing on the needs, problems, or feelings of the patient & significant others to enhance or support coping, problem-solving, & interpersonal relationships

Counseling (group) COUNSELG – use of an interactive helping process focusing on the needs, problems, or feelings of the group & significant others to enhance or support coping, problem-solving, & interpersonal relationships

HEALTH PROMOTION/PROTECTION

Abuse Protection Support: Child ABUSE – identification of high-risk, dependent child relationships & actions to prevent possible or further infliction of physical, sexual, or emotional harm or neglect of basic necessities of life

Environmental Management ENVMGT – manipulation of the patient's surroundings for therapeutic benefit, sensory appeal & psychological well-being

Environmental Management: Safety ENVMGTS – monitoring & manipulation of the physical environment to promote safety

Health System Guidance HGUIDE – facilitating a patient's location & use of appropriate health services

Infection Protection INFPRO – prevention & early detection of infection in a patient at risk

Prevention Care PREVCAR – prevention of medical condition for an individual at high risk for developing them

Progressive Muscle Relaxation MURELX – facilitating the tensing & releasing of successive muscle groups while attending to the resulting differences in sensation

Seizure Precautions SZRPRE – prevention or minimization of potential injuries sustained by a patient with a known seizure disorder

Sports-Injury Prevention: Youth SPORT – reduce the risk of sports-related injury in young athletes

Suicide Prevention PRESUI – reducing risk of self-inflicted harm with intent to end life

Surveillance: Safety SAFE – purposeful & ongoing collection & analysis of information about the patient & the environment for use in promoting & maintaining patient safety

Sustenance Support SUST – helping a needy individual/family to locate food, clothing, or shelter

Approved Nursing Documentation Abbreviations

Clear and accurate documentation is essential in any health record, including EHRs in the school setting. School nurses should use accepted nursing nomenclature and abbreviations. eSchool documentation codes are included in the Appendix. Medical abbreviations should be taken from a current edition of Taber's Cyclopedic Medical Dictionary or on-line (http://www.tabers.com/tabersonline/view/Tabers-Dictionary/767492/0/Medical_Abbreviations?q=Medical%20abbreviations&ti=0). There are a number of education acronyms and abbreviations that can also be used and are included in the table below.

adm	administrator	IZ	immunization
adv	advise	LD	learning disability
amt	amount	MDT	multidisciplinary team
AP	apical pulse	nrsg	nursing
appt	appointment	nsg	nursing
asst	assistance	occ	occasionally
BG	blood glucose	OHI	other health impaired
bilat	Bilateral	Para	paraprofessional (educational)
BR	bathroom	PE	Physical Education
CHO	carbohydrate	p/u	pick(ed) up
conf	conference	RTC (or rtc)	return to class
cont	continue	SBHC	School Based Health Center (Wellness Center)
demo	demonstrate	SN	school nurse
drsg	dressing	SW	social worker
EI	Early Intervention	TBRF	Tuberculosis Risk Assessment Form
EPSDT	Early & Periodic Screening and Diagnostic & Treatment Program	TC	telephone call
eval	Evaluation		
FERPA	Family Educational Rights & Privacy Act		
FMLA	Family & Medical Leave Act		
freq	frequency	@	At
F/U	follow-up	=	Equals
fx	fracture	>	Greater than
GD	growth & development	<	Less than
HA	headache	-	Minus
HCP	health care provider	#	Number
HV	home visit	/	Per
irreg	irregular		
IHP	Individualized Healthcare Plan		

Children's Services Cost Recovery Project (CSCR)

Delaware public schools provide nursing services, which may be eligible for Medicaid reimbursement. Such services must be medically necessary and identified in the student's IEP. The school nurse should work with the CSCR Specialist assigned to his/her school regarding reimbursement. The following chart describes billable services.

Children's Services Cost Recovery Project (CSCR) EPSDT Nursing Service Description by Medicaid Reporting Number Nursing Service Description: Treatment	
1	Care of the Sick
2	Wound Care – First Aid
3	Wound Care – Ongoing
4	Collateral Contacts for Updating Medical Information: Community Agencies, Doctors, Staff, Family
5	Medications – Administration & Monitoring
6	Physician Prescribed Medical Treatments
7	Nursing Evaluation
8	Diabetic Care – Monitoring and/or Medication Administration
9	Cast Care
10	Personal Care, which is Medically Necessary and Requires Nurse Intervention
11	Naso-gastric Feedings – Bolus/Drip
12	Gastrostomy Feedings – Bolus/Drip
13	Change of Gastrostomy Tube
14	Catheterization
15	Feeding of Children with Oral Motor Deficits Speech Pathology/Occupational Therapy
16	Suctioning
17	Tracheal Suctioning
18	Tracheal Care – Decanulation
19	Tracheal Ventilation – Ambu Bag
20	Oxygen Administration
21	Nebulizing/Humidifying
22	Postural Drainage
23	Chest Percussion
24	Special Diet Consideration: Modification & Monitoring
N/A	Child was Medicaid Recipient, But Non-EPSDT Service or Nurse Judged Service not Medically Necessary
Number	Nursing Service Description: Assessment
A1	EPSDT Partial Assessment: Health Education
A2	EPSDT Partial Assessment: Immunization
A3	EPSDT Assessment: Hearing
A4	EPSDT Assessment: Vision
A5	EPSDT Partial Assessment: Developmental/Orthopedic
A6	EPSDT Assessment: Dental
Number	Nursing Service Description: Counseling Therapy
C1	Individual Counseling Treatment
C2	Group Counseling Treatment
C3	Family Counseling Treatment
C4	Individual Counseling Co-Treatment
C5	Group Counseling Co-Treatment
C6	Family Counseling Co-Treatment
C7	Case Consultation

Document #229

Accident Report

The school nurse shall document, in the EHR, all care provided by the school nurse. Regulation 817, School Health Record Keeping Requirements (<http://regulations.delaware.gov/AdminCode/title14/800/811.shtml>) mandates that care that was given related to a school based accident must be additionally documented on the Student Accident Report Form if the student missed more than one half day because of the accident or if the school nurse referred the student for a medical evaluation regardless of whether this occurred. The information in the Student Accident Report Form should be generated from the EHR documentation. The following document can be used if EHR is not available.

The district/charter will identify where the Accident Report should be submitted. It is recommended that a duplicate copy of this report be prepared for the school's file. This form is intended for documentation of student care. The nurse may be asked by the district/charter to fill out additional medical insurance paperwork. The nurse may also be asked to complete paperwork for care provided to a staff member or visitor.

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 eSchoolPlus. 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 fill additional medical insurance paperwork.

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

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? Y
Who: _____ Relationship: _____
When: _____ How: _____
9. Please complete below:

Location Activity Area

To and From School:

10. Total Number of School Days Lost: _____ (To be recorded when the student returns to school)

District/Charter Summary of School Health Services

The District/Charter Summary is often referred to as the “Annual Summary” or the “District Summary”. It reports Health Services provided in public schools. The document must be received annually by the Department of Education per Regulation #811, School Health Record Keeping Requirements (<http://regulations.delaware.gov/AdminCode/title14/800/811.shtml>).

Data for this report is derived from documentation of health services provided by the school nurse. The Annual Summary form was changed in 2006 to reflect the fields represented within electronic student medical records used in Delaware public schools. Since that time, DOE has assisted in creating the reports by pulling data from eSchool Plus* (the statewide pupil accountability system that includes medical data). Each August, DOE Technology staff creates an initial Annual Summary for each district and charter. If the district/charter has more than one school, both individual school data and district summative data are created. Schools are asked to review the data for accuracy. When electronic documentation and the new Annual Summary were first introduced, school nurses made significant changes to the drafts as the school nurses were not documenting all activities into the electronic record. Today, the only changes to the report should be the inclusion of information on staff volunteer screenings as these are not included in eSchool. All other information is pulled from the EHR.

* FY16 Two districts (Colonial & Red Clay) use a different medical software program; however, the codes are standardized. DOE Technology does not create an initial Summary for these districts.

School Year _____

Due Date: _____

Return electronic version
(if not available in eSchool):
Linda C. Wolfe, RN
School Health Services

Justification:

The State Board shall prescribe rules and regulations governing the protection of health, physical welfare and physical inspection of public school children in the State. 14 Del Code 122(b)(2)

School or School District:

I. Clients	Students	Staff	Visitors	Total	% Total Stud Population	% Total Staff Population
B. Nurse Office Visits (minutes out of class)						
1. < 15 min.						
2. 16 - 30 min.						
3. 31 - 45 min.						
4. 46 - 60min.						
5. 60 - 120 min.						
6. > 120 min.						
7. Average time						
8. Total Visits (B1 - B6)						
C. Disposition: % after nurse intervention						
1. Returned to class/activity						
2. Sent to school staff (ex. principal, counselor)						
3. Sent to Wellness Center						
4. Sent home (nurse directed)						
5. Went home (parent directed)						
6. Exclusion for communicable disease						
7. Sent for immediate evaluation/treatment						
8. 911						
9. Not Seen						
10. Other						
D. Contacts/Communication/Notification re: client						
1. Parents/Guardian						
2. School						
3. Community						
II. Nursing Care: Assessment & Intervention	Students	Staff	Visitors	Total	Outcome (Resolution/Improvement)	
A. Functional: Care to promote basic health needs						
1. Activity/Exercise					n/a	
2. Comfort/Rest					n/a	
3. Growth & Development/Nutrition					n/a	
4. Self-Care					n/a	
B. Physiological: Care to promote optimal biophysical health						
1. Physical Health & Well-Being						
a. Special Nursing Procedures					n/a	
b. First Aid/ Emergency Care					n/a	
c. Body Systems Support (ex. cardiac, resp., tissue)					n/a	
2. Pharmacological						
a. Medications						
b. Treatments						

c. Unduplicated Students receiving Rx/Tx						
C. Psychosocial: <i>Care to promote optimal emotional health and social functioning</i>						
1. Coping/Emotional Support					n/a	
2. Communication/Relationships					n/a	
3. Knowledge					n/a	
4. Behavior/Self-perception					n/a	
D. Environment: <i>Care to protect and promote health and safety</i>						
1. Health Care System					n/a	
2. Risk Management					n/a	
3. Individual Emergency Plan						
4. Individualized Healthcare Plan						
5. IEP/504 Plan						
E. Nursing Assessments/Interventions <i>unclassified</i>						
F. Non-Nursing Interventions						
G. TOTAL Interventions						
	Total	Referred	Completed Referral	% Completed		
H. Office Visits						
III. Health Screening	Total Screened	Referred	Completed Referral	% Completed	Number Required*	# Required Screened
A. Required (Students)						
1. Hearing						
2. Immunization						
3. Postural/Gait						
4. Normal Exam						
5. Athletic Exam (DIAA)						
6. TB Questionnaire/Reading						
7. Vision						
8. Total Number of Required Screenings						
B. Non-Required (Students)						
1. Blood Pressure						
2. BMI						
3. Dental						
4. Developmental						
5. Pediculosis						
6. Record Review						
7. Other						
8. Total Number of Non-Required Screenings						
C. Total Student Screenings						
D. Staff						
1. BP						
2. TB Questionnaire/Reading						
3. Other						
4. Total Number						
E. Total Screenings (III. C + III. D.4)						

*Reg. 815.2.1.1 Each public school student in kindergarten and in grades 2,4, 7 and grades 9 or 10 shall receive a vision and a hearing screening by January 15th of each school year.

Date: _____

Signature _____

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.

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)

IV. School Entry

Refer to the new [Delaware School Nurse Manual, Chapter3, Community/Public Health](#)

V.Screening

Refer to the new [Delaware School Nurse Manual, Chapter3, Community/Public Health](#)

VI. Medications

Refer to the new [Delaware School Nurse Manual, Chapter 3, Community/Public Health](#)

817 Medications & Treatments

<http://regulations.delaware.gov/AdminCode/title14/800/817.shtml#TopOfPage>

Medications & Treatments

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

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 doctor. All administration should be preceded by the nurse's assessment.

All medications must be administered by the school nurse or registered nurse (in the event the school nurse is not available). Exceptions include:

- self-administration by the student of a quick-relief asthma inhaler or an autoinjectable epinephrine
- assistance, by a trained assistant, with self-administration of a medication by a student for whom it has been prescribed on a field trip
- emergency administration of a lifesaving medication, which is prescribed by a licensed healthcare provider for a specific student, at an Approved School Activity by a trained assistant

As with all nursing care, medication administration must be fully documented within the student's EHR. This includes trained staff, which have assisted with medications or administered emergency medication.

Sample forms are provided in the following pages.

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. 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). 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.

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

SAMPLE
Self-Administration of Emergency Medication:
Autoinjectable Epinephrine Autoinjector
Student Agreement

Name: _____

Grade: _____

Medication: Epinephrine Autoinjector

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

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 _____

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.

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

Other person(s) notified: _____ (Name)
 Yes ☐ No ☐ Date _____ Time _____

Title_____ Date_____

(Administrator or Lead School Nurse Name/Title)

Corrective Action: ☐ N/A
☐ Action (describe)

<i>Name of PDMS Course</i>	<i>Course/Section Number</i>	<i>ATTACHMENTS</i>	<i>Recording Y/N</i>	<i>Questions Y/N</i>	<i>Certificate Y/N</i>
Assistance with Medication for School Employees & Contracted Staff	#2664	<ul style="list-style-type: none"> Self-study Assistance with Medication document 	N	Y	Y
<p>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 <i>prior</i> 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. <u>This training is not for instruction of school nurses.</u> 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 <i>prior</i> to allowing the person to assist with medication. Currently, this course is good for five years once completed.</p>					

<i>I'M READY PROGRAM</i>					
<i>Name of PDMS Course</i>	<i>Course/Section Numbers</i>	<i>ATTACHMENTS</i>	<i>Recording Y/N</i>	<i>Questions Y/N</i>	<i>Certificate Y/N</i>
I'M READY – Instructor of School Nurses This course completes the Train-the-Trainer for the <u>Lead School Nurse</u> to become an instructor of School Nurses in the I'M READY PROGRAM.	#23836 Section#:39458	<ul style="list-style-type: none"> PowerPoint Decision Flow Sheet Checklist Summary Sheet Regulation 817 Training Links Questions 	N	Y	Y

I'M READY – Instructor of Educators and Other School Employees This course completes the Train-the-Trainer class for School Nurses to become instructors of Educators and Other School Employees in the I'M READY PROGRAM.	#23837 Section#:39459	<ul style="list-style-type: none"> • PowerPoint • Decision Flow Sheet • Checklist • Summary Sheet • Regulation 817 • Training Links • Questions 	Y	Y	Y
I'M READY (Part 3) - Educators and Other School Employees 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.	#23838 Section#:39499	No PowerPoint <ul style="list-style-type: none"> • Summary Sheet • Regulation 817 • Questions 	N	Y	Y
I'M READY (Part 1) - Epinephrine Administration of epinephrine, a life-saving medication, in an emergency	#23840 Section#:39462	<ul style="list-style-type: none"> • PowerPoint – It's an Emergency – I'M READY to Save a Life It's time for you to get prepared to administer an epinephrine auto-injector in an emergency! <ul style="list-style-type: none"> • Checklist • Summary Sheet • Regulation 817 • Questions 	Y	Y	Y

I'M READY (Part 1) - Glucagon Administration of glucagon, a lifesaving medication, in an emergency	#23841 Section#:39463	<ul style="list-style-type: none"> • PowerPoint - It's an Emergency – I'M READY to Save a Life It's time for you to get prepared to administer glucagon in an emergency! <ul style="list-style-type: none"> • Checklist • Summary Sheet • Regulation 817 • Questions 	Y	Y	Y
I'M READY (Part1) - Life Saving Medication Training for Educators and Other School Employees in the administration of lifesaving medication for a diagnosed condition at an Approved School Activity.	#23843 Section#:39468	<ul style="list-style-type: none"> • PowerPoint - It's an Emergency – I'M READY to Save a Life It's time for you to get prepared to administer a life-saving medication or treatments <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.
- d. Pre-fill water cups to avoid distractions; **do not ever turn away from the student** during the medication process.

- **THE RIGHT MEDICATION**

* 7/18/2012 24DelCode §1921(a)(17): 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;

Board of Nursing Approval – 05/10/00

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 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:
 - (2) 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.
 - (3) 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) (16) allows for assistance in self administering medication during school field trips upon completion of a training course. The law does not guarantee that one will not be held liable, and thereby protected from litigation. There are no such guarantees despite the fact that parents/guardians must sign a statement that they "... fully and completely waive any claim for liability that may exist against any staff member, resulting from the assistance with medication to my child."

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.