PETERSBURG CITY PUBLIC SCHOOLS

DEPARTMENT OF NURSING SERVICES

HANDBOOK FOR SCHOOL NURSING

PCPS HANDBOOK FOR SCHOOL NURSING

Revised 2018

Petersburg City Public School Division
Office of Nursing Services

Developed By
Robin B. Cox, RN, BSN, M.A., School Nurse Coordinator
Vonda K. Woods, RN, BSN, M.A., School Nurse Coordinator Assistant
Contributors: The Nursing Staff of Petersburg City Public Schools

INTRODUCTION

The purpose of this nurse protocol handbook is to provide guidelines and standards for school nursing practice under the Virginia Guidelines for School Nursing and the PCPS School Board policy. The Office of Nursing Services coordinates the ongoing process of reviewing, revising and updating the nurse protocols to be consistent with best practice, current technology and research. Throughout that cycle, revisions and updates to the nurse protocols and nurse protocol handbook are made and distributed. The PCPS Handbook for School Nursing was developed in accordance with the standards of the Virginia Board of Nursing and the National Association of School Nurses (NASN). It will be used by licensed nurses only. It is not intended for use by unlicensed medical personnel.

The current and updated School Nursing Protocol handbook is posted on the Petersburg City Public School Division Website under the Office of Nursing Services.

PETERSBURG CITY PUBLIC SCHOOLS
Office of Student Health Services School Health Program

Overview
The National Association of School Nurses defines school nursing as a "specialized practice of professional nursing that advances the well-being, academic success and lifelong achievement and health of students. To that end, school nurses facilitate normal development and positive student responses to normal development; promote health and safety, including a healthy environment; intervene with actual and potential health problems; and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning" (NASN, 2010c).

The American Academy of Pediatrics states that, "Having a full-time school nurse in every school is the best means of ensuring a strong connection with each student's medical home." (American Academy of Pediatrics, May 2008).

The Petersburg City Public School division seeks to provide a licensed nurse in each of our school buildings. These experienced health care professionals are available during the school day to meet the health care needs of the students. Our health care team's mission is to promote optimal health necessary for academic success of all students. In partnership with parents, the school nurse will provide medical services centered on evidence-based practices, to link health, wellness, and learning.

Who?
Our school health services are for:

- Students
- Parents
- School
- Community

Why?
Students are more likely to learn when they are healthy. School health programs reduce absenteeism and tardiness, thus contributing to higher academic achievement. School health programs provide access to additional resources that increase positive health behaviors. Access to community resources improves health and social outcomes.

How?

The focus is on the students. School nurses carry out a multitude of tasks in order to meet the physical, emotional, and mental needs of the students. The duties of a school nurse include:

- Providing direct care to students, including managing acute illnesses and injuries, responding to emergencies, administering medications, performing medical procedures, and attending to the special and chronic health care needs of students.
- Encouraging a healthy school environment through close monitoring of immunizations, communicable disease surveillance, and monitoring the wellbeing of the school environment.
- Performing screening and referral for health conditions, including hearing, vision, dental and other health appraisals as needed.
- Serving as a link between schools, family, health care providers and other community resources to optimize the student's wellbeing.
- Maintaining accurate health records for each student.
- Collecting and reporting statistical data regarding students' health status for continued school health research and quality improvement.

*****School nursing is a "specialty" that warrants the support of school administrators, parents, other family members, community partners, and professional organizations in order to advance the wellbeing, academic success, and life-long achievement of students. Please visit www.petersburg.k12.va.us/District/Department/11-Office-of-Nursing-Services

TABLE OF CONTENTS

THIS PAGE IS LEFT BLANK INTENTIONALLY

ABUSE AND NEGLECT (CHILD)

*NOTE: Virginia law requires that mandated reporters report all cases of suspected child abuse or neglect to child protective services regardless of the abuser/neglector's relationship to the child.

WHO ARE MANDATED REPORTERS?

Under Virginia law, certain professionals are required to report when acting in a professional capacity. These professionals include:

- Persons licensed to practice medicine or any of the healing arts;
- Persons employed in the nursing profession;
- Social workers;
- Eligibility workers in a local department of social services;
- Probation officers;
- Teachers or other persons employed in a public or private school, kindergarten, or nursery school;
- Persons providing full or part-time child care for pay on a regular basis;
- Mental health professionals;
- Law enforcement officers;
- Professional staff persons employed by a public or private hospital, institution, or facility in which children are placed;
- Persons 18 years or older associated with or employed by any public or private organization responsible for the care, custody, and control of children;
- Mediators certified to receive court referrals;
- Volunteer Court Appointed Special Advocates (CASA);
- Persons employed by public or private institutions of higher education other than attorneys employed by institutions of higher education as it relates to information gained in the course of providing legal representation to a client;
- Athletic coaches, directors or other persons 18 years of age or older, employed by or volunteering with a private sports organization or team;
- Administrators or employees, 18 years of age or older, of public or private day camps, youth centers and youth recreation programs; and
- Any person 18 years of age or older, who has received training approved by the Department of Social Services for the purposes of recognizing and reporting child abuse and neglect.
- School nurses and other school personnel meet the requirements of a mandated reporter in the Commonwealth of Virginia.

The protocol for school nurses to report child abuse or neglect is as follows:

1. The Nurse, employed by Petersburg City Public Schools, who has reason to suspect that a child is an abused or neglected child, shall immediately notify the principal of the school in which the child is enrolled, or the principal's designee.
2. Upon notifying the principal, the nurse will call the Department Of Social Services Child Protective Services (CPS), and report the suspected abuse or neglect as required by the Virginia State Board of Nursing and the Commonwealth of Virginia.
3. Once the report has been made to CPS, the nurse will document the date, time,

and name of the person receiving the report.

4. No investigation processes, or interrogation into the matter will be conducted by the school nurse.

References:

Code of Virginia, as amended, §§ 22.1272.1 and 63.21509.

Virginia Department of Social Service, Abuse and Neglect.
http://www.dss.virginia.gov/abuse/index2.cgi

Virginia Board of Nursing

Cross Reference:

JHG/GAE-Child Abuse and Neglect Reporting

PROCEDURE FOR MANAGING ACCIDENTS/INJURIES

The Petersburg City Public School Division is committed to providing an environment which is as healthy and as safe as possible for its students, staff and visitors. However accidents and incidents do happen and there is a legal requirement to report all serious accidents, dangerous occurrences and adverse instances. The school also has a duty to investigate and report ALL accidents and incidents affecting students, staff and visitors. All accidents and incidents must be reported to the school administrator for monitoring and investigation.

It is the responsibility of all school staff to:

- Ensure that every accident in any school building, whether involving an injury or not, is reported and recorded.

It is the responsibility of school administrators to:

- Ensure that the proper care is given to injured students, staff, and visitors in the event of an accident.
- Investigate all accidents.
- Ensure that all accidents are properly reported and documented.
- If an accident happens to either a student, staff member, or visitor an accident form should be completed.

PROCEDURE FOR ACCIDENTS TO STUDENTS

If a student has a minor injury, i.e. minor cuts, grazes, bruises:

- First-Aid will be administered by a staff member (nurse, trained staff, etc.) if appropriate
- Report accident to school administrator
- Allow the student time to recover in a quiet place with supervision
- Inform the parent/guardian of accident/injury
- Record details on the Accidental Injury Form
- Forward accidental injury form (*Appendix A*) to the Central Administration office via the Business and Finance Department

If a student has a serious injury, i.e. major cuts, lacerations, head injury, broken bones, large loss of blood, etc.:

- First-Aid will be administered by a staff member (nurse, trained staff, etc.) if appropriate
- Call for an ambulance
- Report accident to school administrator
- Inform the parent/guardian of accident/injury by phone and arrange to accompany student to the hospital
- Record details on the Accidental Injury Form
- Forward accidental injury form to the Central Administration office via the Business and Finance Department

ACCIDENTAL INJURY RESPONSE PROTOCOL

The school nurse is often the first health professional who responds to an emergency. The school nurse has the education and knowledge to identify emergent situations, manage the emergency until relieved by Emergency Medical

Services (EMS) personnel, communicate the assessment and interventions to EMS personnel, and follow up with the health care provider. The nurse will use the First-Aid Guide for School Emergencies in responding to injuries.

The school nurse is expected to respond to accidental injuries of students, staff, and visitors.

Student Injuries

In the event of a student's injury, the school nurse will assess the severity of the injury and provide care and first-aid immediately.

- The school nurse will make the appropriate referral and decide the disposition of the injured student.
- If the student's injury or injuries are considered an emergency, Emergency Medical Services (EMS) will be activated (Call 911).
- The nurse will remain with the injured student while other staff or another responsible adult calls for EMS (911). **The injured student should never be left unattended**.
- The school nurse and other staff members involved will complete a *"Student Injury /Accident Form"*.
- The injury incident must be reported to the building administrator/principal.
- All completed injury/accident reports will be kept on file at the student's school and a copy will be forwarded to the School Nurse Coordinator and the Business and Finance Department.

Staff Injuries

In the event of an employee's injury, the school nurse will assess the severity of the injury and provide care and first-aid immediately.

- If the employee's injury or injuries are considered an emergency, Emergency Medical Services (EMS) will be activated (Call 911).
- The school nurse will stabilize the employee and communicate a calm, supportive attitude.
- The school nurse will remain with the injured employee until another employee or help arrives.
- The school nurse will ensure that the incident is reported to the building administrator/principal.
- An accident report must be completed by all employees involved.
- Any staff injury, regardless of its severity, must be reported immediately and the appropriate forms completed within **24 hours** of its occurrence or it will not be covered by Workmen's Compensation. Since many medical problems develop long after an accident that may seem insignificant at the time, staff members must report all accidents to their immediate supervisor, and call the Injury Hotline-Company Nurse within 24 hours, by dialing 1-888-770-0925.

Visitor's Injuries

In the event of a visitor's injury, the school nurse will assess the severity of the injury and provide care and first-aid immediately.

- If the visitors' injury or injuries are considered an emergency, Emergency Medical Services (EMS) will be activated (Call 911).
- The school nurse will stabilize the visitor and communicate a calm, supportive attitude.
- The school nurse will remain with the injured visitor until another employee or help arrives.
- The school nurse will ensure that the incident is reported to the building administrator/principal.
- An accident report must be completed by all employees involved.

References:

NASN-National Association of School Nursing, http://www.nasn.org/PolicyAdvocacy

First Aid Guide for School Emergencies http://www.doe.virginia.gov/support/health_medical/health_emergencies/first_aid_emergencies

Cross Refs: PCPS policy EBBC, JHC, JHC-R

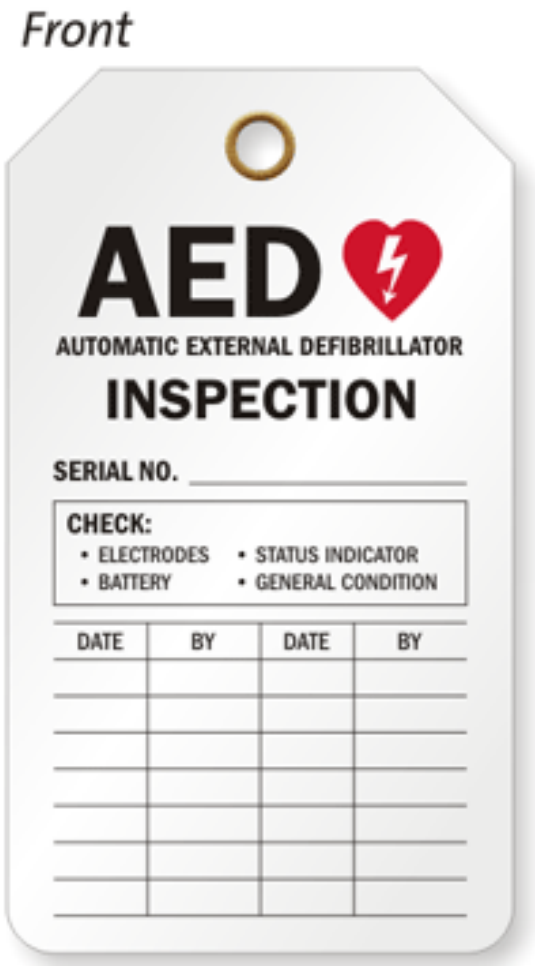
AED (AUTOMATED EXTERNAL DEFIBRILLATOR)

PROTOCOL FOR THE SCHOOL NURSE

As part of the schools' emergency management plan, each school building will have at least one (1) Automated External Defibrillator (AED) available for use whenever necessary during an emergency situation.

It is the duty of the school nurse to check and document the AED in their building every month. The school nurse will check the electrodes, status indicator, and the general condition. The pads and batteries will also be checked to assess for the need of replacement due to damage or expired date. The AED tag must also be completed. The following monthly check-sheet, due on the 5th of each month, will be used as a guide for documenting the monthly AED checks:

Resource Guide:
http://cpr.heart.org/idc/groups/heart-public/@wcm/@ecc/documents/downloadable/ucm_480036.pdf



References:
VADOE Health Services
http://www.doe.virginia.gov/support/health_medical/health_emergencies/aed_guide.pdf

American Heart Association
http://cpr.heart.org/idc/groups/heart-public/@wcm/@ecc/documents

Cross Reference:
PCPS Policy EBBA

Petersburg City Public Schools

AED STATUS CHECK REPORT

Cool Spring Elementary School
Pleasants Lane Elementary School
Lakemont Elementary School
Walnut Hill Elementary School
Vernon Johns Middle School
Petersburg High School
Westview Early Childhood Education Center
Blandford Academy

# On Hand	Pad check/Exp. Date Note Exp. Date	Battery Checked (working or non-working)

ALLERGIES
(Taken directly from the PCPS Life-Threatening Allergy Management Protocol -–LAMP)

I. Life-Threatening Allergy Management Protocol Statement

Life-threatening food allergies are a growing food safety and public health concern that affect an estimated 4%–6% of children in the United States (CDC.gov). Life-threatening allergic reactions can have far-reaching effects on children and their families, as well as on the schools or Early Care and Education (ECE) programs they attend. Staff who work in schools and ECE programs must develop plans for preventing an allergic reaction and responding to a food allergy emergency.

In order to establish a safe and healthy learning environment for students with life-threatening allergies, schools, students, and parents/guardians must form a partnership. This partnership should work together to develop a comprehensive approach that will assist the student in the transitioning from the home to the school environment in the management of life-threatening food allergies. Schools should be prepared to care for students with any life-threatening allergies, implement prevention measures, recognize anaphylaxis, and provide emergency care in the event of an allergic reaction.

This protocol was written to assist school personnel in implementing preventive and emergency procedures. This protocol can save the life of students by preparing school staff to manage the care of a student with life-threatening allergies.

Communication is an important connection between presenting and implementing this protocol. Education, preparation, planning, cooperation, and awareness are keys to keeping children with life-threatening allergies safe. Parents/guardians, students, physicians, and school staff must work together to determine and implement appropriate precautions and procedures to develop an individualized plan for managing each student with a life-threatening allergy.

II. Overview of Life-Threatening Allergies, and Anaphylaxis

A life-threatening allergy is when an individual has an over-reactive immune system that targets otherwise harmless substances in our diet and/or environment.

The immune system recognizes a particular substance, such as a specific food protein, insect bite venom, latex, or medication as a target (allergen) which results in release of histamine and triggers inflammatory reactions in the body causing allergic signs/symptoms. After exposure to an allergen, a reaction can range from mild to severe and can result in anaphylaxis, a life-threatening medical condition. Food Allergy is the most common cause for anaphylaxis. While there are many food allergies, the following types are the most common:

Eggs	**Milk**	**Shellfish**	**Tree nuts**
Fish	**Peanuts**	**Soy**	**Wheat**

Food Allergy

A food allergy is an adverse immune system reaction that occurs soon after exposure to a certain food. The immune response can be severe and life threatening. Although the immune system normally protects people from germs, in people with food allergies, the immune system mistakenly responds to food as if it were harmful.

Food Allergy Symptoms

Even a tiny amount of the allergy-causing food can trigger signs and symptoms such as digestive problems, hives or swollen airways. In some people, a food allergy can cause severe symptoms or even a life-threatening reaction known as **anaphylaxis**.

ANAPHYLAXIS

Anaphylaxis is a severe allergic reaction that is rapid in onset and may cause death. Not all allergic reactions will develop into anaphylaxis. In fact, most are mild and resolve without problems. However, early signs of anaphylaxis can resemble a mild allergic reaction. Unless obvious symptoms—such as throat hoarseness or swelling, persistent wheezing, or fainting or low blood pressure—are present, it is not easy to predict whether these initial, mild symptoms will progress to become an anaphylactic reaction that can result in death. **Therefore, all children with known or suspected ingestion of a food allergen and the appearance of symptoms consistent with an allergic reaction must be closely monitored and possibly treated for early signs of anaphylaxis.**

These signs/symptoms of anaphylaxis may include one or more of the following:

- Abdominal pain
- Breathing difficult
- Chest tightness
- Tongue/Mouth/lips-swelling, itching
- Itching, swelling involving skin, eyes, or nose
- Metallic taste
- Diarrhea
- Nausea
- Dizziness
- Pallor
- Fainting
- Respiration-rapid or slow
- Feeling faint
- Throat tightness/ swelling
- Headache
- Vomiting
- Weakness
- Heartbeat complaints - rapid or decreased
- Hives
- Hoarseness
- Wheezing

Anaphylaxis usually starts within minutes or seconds of exposure to an allergen. Sometimes it can surface two hours later. A biphasic response (2 responses) could also occur. **Therefore, it is extremely important that an individual experiencing anaphylaxis be treated immediately with epinephrine and be transported immediately following the administration of the epinephrine.**

IMPORTANT: When in doubt, give the epinephrine! Without treatment in severe cases, anaphylaxis can result in complete airway obstruction, shock, and death!

NOTE: The most important component in the management of life-threatening allergies in the school setting is <u>PREVENTION.</u>

III. Responsibilities

A. Adult Parent/Guardian Responsibilities

- Inform the school nurse, bus driver, and school of your child's allergies before school starts or as soon as the diagnosis is made. All life-threatening allergies must be verified by documentation from a physician, nurse practitioner or physician assistant.
- Provide written medical documentation, instructions, and medication orders at the beginning of each school year utilizing Life-threatening Allergy Management Plan (LAMP). LAMP form is available at the school or at PCPS website (Nursing Services Department) (See Appendix B)
- Complete LAMP forms and have the child's physician complete the physician's section (if applicable, permission to self-carry/administer epinephrine). (See LAMP Appendix C & D)
- Notify the school nurse or designee of any change in your child's allergy status or if any reaction occurs outside of school. Provide all labeled medications, supplies and equipment necessary for implementing your student's Life-threatening Allergy Management Plan (LAMP).
- If your child self-carries an epinephrine auto-injector, consider providing the school with

an additional epinephrine auto-injector to be maintained in the clinic.
- Work with the school nurse to develop an **Individualized Health Care Plan** that accommodates the student throughout school, in the cafeteria, school learning areas, outside areas, after-school sponsored activities, field trips, and on the school bus.
- Notify the school nurse and school sponsor prior to your child's participation in school sponsored activities.
- Consider providing safe snacks for unexpected classroom celebrations.
- Provide a description of the student's emotional response to the allergy and need for support.
- Provide age appropriate education to your child in the self- management of his/her allergies. It is important that students take more responsibility for their food allergies as they grow older and are developmentally ready to accept responsibility. (Refer to Student Responsibilities).
- Provide accurate emergency contact information and update as necessary.
- Consider a medical alert bracelet for your student.

B. Student Responsibilities

- Learn to recognize symptoms of an allergic reaction and notify school staff immediately if you suspect that you are having an allergic reaction or if you believe that you may have come in contact with a known allergen.
- Take as much responsibility as possible to prevent an exposure to allergens (based on the student's developmental level).
- **Do not trade or share food with others.**
- Understand the care and management of your allergies and reactions (based on the student's developmental level).
- Wash hands before and after eating food or snacks.
- Know where the auto-injectable epinephrine is located and who has access to medication.
- Report teasing, bullying and threats to school personnel.
- Understand school policy and procedure to self-carry epinephrine auto-injector, if appropriate.
- Self-advocate in situations that you perceive as compromising your health.

C. Healthcare Provider's Responsibilities

- Complete and sign a *Life-Threatening Allergy Management Plan (LAMP)* for the student prior to the beginning of each school year or anytime an update is needed. (See LAMP Appendix B & D)
- Assess student's ability to self-carry and, if appropriate, then complete and sign the self-carry form (*Permission to carry and/or Self-Administer Epinephrine)*. (LAMP Appendix C)
- Serve as a resource for school nurses and school staff.

D. School Nurse's Responsibilities

- Develop an Individualized Health Care Plan (IHCP) or Emergency Health Plan (EHP) based on the information provided by the adult student or parent/guardian and physician with a core team of appropriate school personnel The plan should include identifying information for the student, specific life-threatening allergens(s), route of exposure, and emergency treatment plan. The plan should also include risk reduction measures and emergency response to be taken during the school day, on field trips, school-sponsored activities, and bus travel. The IHCP and/or EHP are updated annually or sooner should the student's health care needs change.
- Note the locations and expiration dates of all clinic stock and individually prescribed auto-injectable epinephrine and other prescribed medications.
- Bring clinic stock 2-pack auto-injectable epinephrine and health conditions list during all school evacuations.
- Based on the completed LAMP from physician, assess the appropriateness for the student to carry and self-administer the epinephrine auto-injector.
- Identify students with life-threatening allergies through a review of the student records, physician, and parent/guardian information. Provide a list to the cafeteria

manager, and include a list in the Substitute Nurse Manual. Enter allergy in Student Data Information System (PowerSchool), Health Conditions History, and add a health alert. Provide students' names to the cafeteria manager, and include names in the Clinic Substitute Manual.

- In collaboration with the building administrator, identify what school staff will be trained to respond to the student's life-threatening allergic reaction and administration of auto-injectable epinephrine.
- Review the list of students attending field trips for those with life-threatening allergies, provided by school sponsor, and communicate field trip planning with the adult, students, parent/guardian of a minor student, and school sponsors.
- Provide an overview of life-threatening allergies and anaphylaxis to school staff at the beginning of each school year. School employees will be required to complete an annual online course.
- Provide training for designated staff regarding a student's life-threatening allergens, signs/symptoms, risk reduction procedures, emergency procedures, and how to administer an epinephrine auto-injector.
- Document in the student's health record all anaphylactic events, including follow- up. Complete the *Report of the Anaphylactic Reaction* (Appendix E)) submit to the principal and Health Services Office.
- Notify the School Nurse Coordinator promptly if a clinic stocked epinephrine auto-injector was used. A replacement epinephrine auto-injector will be provided.
- Participate in the development and implementation of the student's 504 Plan, Individualized Educational Program (IEP), or other education plan as indicated.
- Maintain current knowledge about federal, state, and local laws and regulations that pertain to managing life-threatening allergies at school.

E. School Staff Responsibilities

- Teachers, substitutes and others working with a student with life-threatening allergies must be familiar with the student's applicable plan and be able to respond to an allergy reaction per the EHP.
- Coordinate with the adult student or parent/guardian of a minor student, and school nurse to educate classmates and other parents/guardians to avoid exposure to allergens, isolation, stigmatizing, or harassing students with allergies.
- Follow the student's applicable plan regarding allowable foods and use non-food award system and non-food materials in school activities.
- Notify the school nurse **two weeks prior** to a field trip to allow planning, and required training of a school sponsor on the field trip to administer epinephrine auto-injector.
- Allow student to carry and self-administer epinephrine in and outside areas of the school, and on the bus, in accordance with the student's LAMP.

F. Substitute Teacher Responsibilities

- Review the substitute folder which contains the student's name and a copy of the student's applicable plan(s).
- Sign off on the inside of the folder that he/she has received a copy of the student's applicable plan(s).
- Complete training administered by the Department of Human Resources prior to be included on the substitute list, which includes training on the recognition of life-threatening allergies and the signs of anaphylaxis.
- Inquire from school staff about the specific location of the Petersburg City Public Schools Emergency Procedures Guide within the substitute's assigned classroom(s).

G. Cafeteria Manager/Staff Responsibilities

- Obtain names of students with food allergies from the school nurse and enter the names with an alert in the cafeteria register data base.
- Cafeteria managers should complete annual life-threatening allergy training from the Office of Food Services.
- Comply with the requirements of the National School Lunch Program and School Breakfast Program, the federal requirements

of its implementing regulations (7 CFR §15b) and the United States Department of Agriculture, "Guidance for Accommodating Children with Special Dietary Needs in the School Nutrition Programs," including methods to avoid food cross-contamination, cleaning kitchen and serving areas, use of register alerts, and emergency response to an allergy reaction.

H. Custodian Responsibilities

- Clean the cafeteria on a regular basis, according to a schedule developed jointly by the principal and head custodian, including but not limited to, cleaning table tops and chairs with approved disinfectant and disinfecting drinking fountains. The head day custodian and cafeteria manager will work under the guidance of the principal to ensure cafeteria tables are clear of debris.
- Follow the PCPS Procedures for Custodial Personnel, the PCPS Custodial Services Standard Operating Procedures, and applicable OSHA regulations for cleaning all areas in PCPS buildings.
- Use all approved cleaning products in accordance with the PCPS Sustainable Cleaning Procedures.

I. School Bus Driver Responsibilities

- Ensure that the bus has a method of communication in the case of an emergency.
- Enforce no eating policies on buses.

J. School Administrator Responsibilities

- Be knowledgeable of applicable federal laws including ADA, IDEA, Section 504, and FERPA. Refer to the PCPS Student Services Manual and PCPS Website.
- Identify all students with a life-threatening allergy through the school nurse and ensure that either an Individualized Health Care Plan (IHCP) or Emergency Health Plan (EHP) was completed by the school nurse, and provided to the student's teachers, primary bus driver, and coaches and sponsors of after-school activities in which the student participates.
- Include students with food allergies in school activities. Student cannot be excluded from school activities solely based on their food allergy.
- Follow the Emergency Health Plan (EHP), and contact the nurse immediately if an allergic reaction is suspected; **remain with the student.**
- Ensure that staff will receive training in the recognition of food allergies and the signs of anaphylaxis, entitled "Health Emergencies – Life Threatening Allergies" on an annual basis.
- Ensure that at least one PCPS staff person who is trained in the administration of epinephrine will be present at each school during school hours and at all school-sponsored activities.
- Follow PCPS School Board policies and regulations regarding responding to harassment or discrimination of student with life-threatening allergies.
- Ensure that field trip sponsors are aware of their obligation to notify the school **nurse at least two weeks prior** to all field trips to allow appropriate planning, and training of school field trip sponsors.
- Ensure that a minimum of one school staff member receives training to implement the Emergency Health Plan (EHP) and administer the epinephrine auto-injector during the field trip.
- Ensure that the substitute teachers are notified of any student with an Emergency Health Plan (EHP).
- Provide a copy of the student's applicable plan(s) to staff working directly with the student.
- Make clinic stock epinephrine easily accessible to trained staff in the school building.

IV. Implementation

A. Prevention

Protecting a student from exposure to offending allergens is extremely important to prevent life-threatening anaphylaxis. Most life-threatening reactions occur when a student is accidentally exposed to a substance to which he/she is allergic, such as foods, latex, medication, insects, etc. This is why procedures are in place at PCPS to address life-threatening allergy issues. (See section on designated responsibilities.)
Emergency Response

The Anaphylaxis Emergency Response Flow Chart (See LAMP Appendix E)

B. Epinephrine

Epinephrine should be administered promptly at the first sign of anaphylaxis. It is safer to administer epinephrine than to delay treatment for anaphylaxis.

Epinephrine is fast acting, but its effects last only 5-15 minutes; therefore, a second dose of epinephrine may be required if symptoms continue. Common side effects of epinephrine are: rapid heart rate, tremor, nervousness and anxiety. Epinephrine auto-injectors can be administered in the school setting by licensed nursing staff or school staff trained by the school nurse. Students with a completed LAMP can carry and self-administer their own epinephrine auto-injector.

Epinephrine auto-injector is currently available in two doses: 0.15mg (for individuals weighing 33 to 66 lbs.) and 0.3 mg (for individuals weighing greater than 66 lbs.). The 0.15mg dose of epinephrine is also called an Epi-pen Jr ® and the 0.3mg dose is a regular Epi-pen ®. It is important to make sure you have the correct dose that you need to administer.

Note:
Epinephrine can be given based on an estimation of the individual's weight; the most important action to reverse an anaphylactic reaction is to give the epinephrine, and time should not be wasted seeking a precise weight. On average, children reach 66 pounds between ages 8 and 12 years of age. According to CDC growth chart data, 66 pounds is the 50th percentile for both boys and girls at age 9 (meaning half the children weigh less and half weigh more than 66 pounds). In an emergency such as anaphylaxis, it may be necessary to use best judgment as to whether or not the child appears to weigh at least 66 pounds based on their apparent age and body build. Epinephrine auto-injectors should be stored in a safe, unlocked and accessible location, in a dark place at room temperature (between 59-86 degrees F). Sunlight will hasten deterioration of epinephrine more rapidly than exposure to room temperature. The expiration date of epinephrine solutions should be periodically checked. **The drug should be discarded and replaced if it is past the prescription expiration date. The contents should periodically be inspected through the clear window of the auto-injector. The solution should be clear; if it is discolored or contains solid particles, replace the unit.**
Clinic Stock epinephrine auto-injectors (Epi-Pens) are distributed to schools by the Health Services Office at the beginning of each school year. Each school receives one regular dose Epi-Pen 2-Pack, and one junior dose Epi-Pen 2-Pack. The stock epinephrine is administered in accordance to the standing protocol provided by the Crater Health District Medical Director. Staff should notify the Health Services Office promptly after the administration of a stock epinephrine auto-injector. The Health Services Office will replace the stock epinephrine as soon as possible, and within 24 hours.

C. Anaphylaxis Response Training Guidelines

All PCPS school nurses are trained in the recognition of life threatening allergies, the signs of anaphylaxis, and the administration of epinephrine. All PCPS staff will receive training in the recognition of food allergies and the signs of anaphylaxis, on an annual basis. Training compliance will be monitored by PCPS Operations Department, the HR Department and the School Nurse Coordinator. At the beginning

of the school year, the building principal will designate any staff required to complete training in the administration of epinephrine.

A PCPS school nurse will provide to designated school employees, annual life-threatening allergy, and anaphylaxis training, to include the location and administration of auto-injectable epinephrine. The Emergency Anaphylaxis Skills Training Checklist (Appendix F), and Epinephrine Auto-Injector Instructions Diagram (Appendix G) should be completed and maintained by the school nurse and a copy provided to the trainee. The names of staff trained by the school nurse will be provided to the principal. A minimum of two trained school employees in each school building must be listed on the Backup Staff for Clinic Functions Form and posted in the clinic and main office.

Virginia Code §8.01-226.5:1. Any school principal or other employee of a school board who, in good faith, without compensation, and in the absence of gross negligence or willful misconduct, supervises the self-administration of inhaled asthma medications or auto-injectible epinephrine by a student, pursuant to § 22.1-274.2, shall not be liable for any civil damages for acts or omissions resulting from the supervision of self-administration of inhaled asthma medications or auto-injectable epinephrine by such student. Further, no such principal or school board employee shall be liable for any civil damages for any injuries or deaths resulting from the misuse of such auto-injectable epinephrine.

D. Training Resources:

- Virginia Department of Education Manual for Training of Public School Employees in the Administration of Medication.
- PCPS Health Services Handbook for School Nursing, Management of Life-threatening Allergies Guidelines
- The State of Virginia Standing Protocol for administration of stock epinephrine
- EpiPen Video (Mylan)
- Anaphylaxis in the School Setting Flowchart
- EpiPen auto-injector instruction s diagram
- EpiPen Trainer (provided in clinic stock
- EpiPen 2-Pack)

A Report of Anaphylactic Reaction (Health Services Forms) must be completed by the responding individual in collaboration with the school nurse. The school nurse should maintain the original, and provide a copy to the Principal and Coordinator of Health Services

V. Emergency Response

In a life-threatening allergy emergency situation, all school staff will be able to recognize signs/symptoms of anaphylaxis, react quickly, call for help, and ensure parents/guardians or other emergency contacts have been notified. All students with a life-threatening allergy should have an Individualized Health Care Plan (IHCP) developed by the school nurse and distributed to staff working directly with the student. The IHCP's should include signs/symptoms of an allergy reaction, and emergency response. The individual student prescribed auto-injectable epinephrine provided by the parent/guardian, and clinic stock epinephrine will be easily accessible to trained staff. When a student is having an anaphylactic reaction, trained staff should administer promptly either the individual student prescribed auto-injectable epinephrine, or if not available, the clinic stock auto-injectable epinephrine per the PCPS policy and standing order. **Clinic stock epinephrine should not leave school grounds.** The list of backup staff trained to administer auto-injectable epinephrine (EpiPen) should be posted in the clinic and main office.

VI. Supplies/Purchasing

- Stock epinephrine and necessary supplies will be purchased and provided for each school/clinic. Health Services will work closely with the Petersburg Health Department Medical Director to obtain the necessary annual prescription and standing orders.
- Each school will have available two doses of epinephrine via auto-injector.
- Health Services must be immediately notified when stock epinephrine has been used so it can be replaced.

ASTHMA PROTOCOL

Asthma is a lung disease that causes repeated episodes of breathing problems. Symptoms of asthma can be mild, severe, or fatal. *Asthma is* ***potentially life threatening.***

Once a student has been identified as having an asthma diagnosis, the school nurse will:

- Contact the student's parent/guardian and schedule a meeting to discuss the student's needs.
- A Medication Permission Form, Health History and Asthma Action Plan must be completed by the parent and physician before any medication will be accepted. (*see Appendix I)*
- An IHCP-Individualized Health Care Plan will be developed for the student. (See Asthma Action Plan)
- All medication must be brought to the school by an adult. The medication must be in the original container.
- Should a student have any of the following signs and symptoms listed below call **911:**
  - ✓ difficulty breathing (poor air movement use of neck and chest muscles)
  - ✓ shortness of breath; inability to make a sentence.
  - ✓ breathing rate is less than 12 or greater than 30 times a minute.
  - ✓ decreased level of consciousness
  - ✓ bluish lips or nail beds.

Remain calm make sure the student is in a comfortable upright position. If the student has medication on hand administer as ordered**. Never leave a student who is in distress alone. Remain with the student until EMS arrives. Notify Parent/Guardian immediately.**
References: First Aid Guide for School Emergencies

CHRONIC HEALTH CONDITIONS MANAGEMENT

The main issues surrounding health management of students with chronic health conditions in schools are as follows:

- Health care services must be provided for students who qualify for services under IDEA or Section 504 to meet requirements of federal laws. The school nurse has an important role in interpreting a student's health status, in explaining the impairment, and in interpreting medical and other health information in relation to the expanded standards for eligibility under Section 504.
- Development of Individualized Health Care Plans (IHCP) is a nursing responsibility and is based on standards of care that are regulated by State Nurse Practice Acts and cannot be delegated to unlicensed individuals. (National Council of State Boards of Nursing).
- Effective and safe management of chronic health conditions is complex, requires careful planning by a school nurse, and may involve delegation of nursing tasks to both licensed and unlicensed assistive personnel.
- A full-time school nurse is essential to achieve quality student health services and to meet student health needs.
- Dependable funding is required to ensure quality student health services.

The role of the school nurse is essential in caring for children with chronic health conditions. In order to effectively support students with chronic health conditions, the PCPS school nurses will:

- develop a relationship with the student's healthcare provider and family to assure that the medical orders and resulting

Individualized Health Care Plans are implemented correctly.
- provide consultation and/or referral to the medical home and community resources.
- ensure that there is adequate communication and collaboration between the student and family, healthcare provider, school staff, and providers of community-based resources.
- ensure continuity, compliance and supervision of care for the child with a chronic condition or injury who attends school.

Note: The common chronic health conditions observed in schools are discussed in detail under each condition.

References:

American Academy of Pediatrics. (2008). Policy Statement: Role of the school nurse in providing school health services. *Pediatrics, 121*, 1052 - 1056. doi: 10.1542/peds.2008-0382

National Association of School Nurses. (2015). *Managing Chronic conditions in Schools: The role of the school nurse* (Position Statement). Silver Spring, MD.

COMMUNICABLE DISEASES: PREVENTION AND CONTROL

Communicable diseases are those diseases that may be transmitted from person to person, food, water and/or animals and are the most common cause of school absenteeism.

The collaboration between school personnel, health department staff, local physicians, parents and students is essential for prevention and control of communicable diseases.

I. Prevention and Control Measures are:
- enforcing immunization laws and practicing Universal Precautions/ Bloodborne Pathogen Exposure Control Procedures according to School Board policies, and OSHA regulations.
- ongoing health education relating to disease prevention, hygiene measures for students, families and school personnel.
- implementing good hand-washing procedures.
- implementing case isolation and effective treatment.

II. Prevention of Communicable Diseases Transmission Process:

Communicable disease transmission is a dynamic process. The process is dependent on the following:

Interaction of the agent (microorganism) the host (person) and the environment (conditions present).

In order for a communicable disease to occur the following factors must be present:
- a microorganism of sufficient strength (virulence)
- person who is susceptible (lowered immunity)
- an environment supportive to the agent's transmission

Types of Transmission:
- Direct Transmission – occurs when an infectious agent enters a receptive portal, i.e., through direct contact as: touching, kissing, biting, or projecting air droplets by sneezing, talking, spitting, coughing.

- Indirect Transmission – occurs when an infectious agent is deposited on contaminated objects or materials, i.e., toys, soiled clothes, bedding, cooking or eating utensils, food, and water.

III. Guidelines for Communicable Disease Control in PCPS Schools

The following procedures and activities should be followed in suspected communicable disease situations in our schools.
- If a school board employee has reason to believe that a student has a communicable disease **(EXCEPT HIV/AIDS; REFER TO INFECTIOUS DISEASE POLICY)**, he/she shall immediately report this information to his/her principal or designee.

- If a student, suspected of having a communicable disease, is in school, the principal/ designee should remove the student from the classroom and arrange safe placement of the possibly affected student.
- If a school nurse is present, the principal/designee should consult with the school nurse to evaluate the suspected condition of the student. If the school does not have an assigned nurse, the "on call" school nurse may be consulted.
- The principal/designee should notify the parents and recommend that the student see a physician, if not already seen for this condition.
- Upon receiving confirmation by a parent/guardian, healthcare provider, nurse or other responsible source that the student has a communicable disease, the principal / designee should report this information to **Coordinator of Student Health Services at 804-586-0946**. **The school nurse will contact the Virginia Department of Health-Crater Health District with reportable diseases.** Please note the attached lists of Reportable Communicable Diseases.

The following information is required when reporting a disease:

- student's name
- student's date of birth
- family health care provider's name and phone number
- name of the suspected communicable disease
- last day student attended school
- name of school

- School Nursing and Health Services will inform the school if the Virginia Department of Health- Crater Health District advises that a letter should be sent home or if any action steps are required at the school site. Sample letters are available from the Crater Health District Epidemiologist.
- If the school principal is aware of excessive concerns among the parents about a particular disease or condition, for informational purposes, the principal should consult with the school nurse.
- In some instances, a student returning to school after being out with a communicable disease (except for HIV / AIDS) must provide a healthcare provider's note indicating the student is no longer contagious and may return to school (see specific communicable diseases).
- When school officials have reasonable doubt as to the contagiousness of any person who has been excluded from school for an infectious disease, they will require a written statement from the county health department director, county superintendent of health, school nurse, or a private physician before the person is permitted to reenter school.

A. The superintendent, teacher, or other official in charge of any school will exclude any child suffering from or exhibiting the following symptoms:

- Fever alone, 100 degrees Fahrenheit and above. **(The student must be fever free for 24 hours before returning to school).**
- Sore throat or tonsillitis.
- Any eruption of the skin, or rash.
- Any nasal discharge accompanied by fever.
- A severe cough, producing phlegm.
- Any inflammation of the eyes or lids.

These symptoms may be contagious which would put staff and other students at risk.

The decision to close schools in times of epidemics should be made by the Superintendent or designee in consultation with public health officials.

B. List of Communicable Diseases

- Acute Contagious Conjunctivitis – Pink Eye
- AIDS- Acquired Immune Deficiency Syndrome
- Bed Bugs (Cimex Lectularius)
- Bites
- Biting Incident- Parent Information Sheet
- Chicken Pox (Varicella)
- Common Cold- Upper Respiratory Infection
- Communication Protocol for Contagious Diseases

- Cytomegalovirus (CMV)
- Diphtheria (Vaccine Preventable)
- Fifth Disease (Erythema Infectiosum)
- Hand, Foot, and Mouth Disease – Coxsackie Virus A
- Head Lice (Pediculosis Captis)
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Herpes Simplex I
- Impetigo- Florida Sores, Streptococcal Pyoderma
- Infection Control Update
- Influenza (Flu)
- Lyme Disease
- Measles (10 Day Measles, Rubeola) (Vaccine Preventable)
- Meningitis, (Viral)
- Meningitis, Meningococcal (Bacterial)
- Meningitis-Haemophilus Influenza (HIB Disease-Vaccine Preventable)
- Methicillin-Resistant Staphylococcus Aureus (MRSA)
- Mononucleosis, Infectious
- Mumps (Vaccine Preventable)
- Pertussis- Whooping Cough (Vaccine Preventable)
- Pinworm Disease
- Ringworm- Scalp and Body
- Rubella-German Measles (Vaccine Preventable)
- Salmonella
- Scabies
- Shigellosis
- Skin Wounds/ Cuts/ Sores/ Abrasions
- Streptococcal Disease (Streptococcal Sore Throat, Scarlet Fever)
- Tuberculosis

Anytime that a communicable disease or suspected communicable disease is reported to the school nurse, the school nurse will consult the Crater Health District Epidemiologist, the school nurse Coordinator and the Communicable disease chart for guidance. (See Chart)

VDH

Communicable Disease Reference Chart for School Personnel

DISEASE	INCUBATION PERIOD	TRANSMISSION	COMMON SYMPTOMS	RECOMMENDATIONS
Chickenpox* (Varicella)	10-21 days, usually 14-16 days. (Incubation period in persons who receive VariZIG or IGIV extends through day 28.)	By direct contact with vesicular fluid or by airborne spread from respiratory tract secretions. Infectious from 2 days before rash onset until all lesions are crusted over and no new lesions appear within a 24 –hour period (average is 4-7 days).	Sudden onset with slight fever and itchy eruptions which become vesicular (small blisters) within a few hours. Lesions commonly occur in successive crops, with several stages of maturity present at the same time. Communicable for as long as 5 days (usually 1-2 days) before eruption of vesicles and until all lesions are crusted (usually 5 days). Communicability may be prolonged in immunocompromised people.	CASE: Exclude from school for at least 5 days after eruptions first appear or until vesicles become dry. Avoid exposure to women in early pregnancy who have not had chickenpox and/or varicella vaccine. CONTACTS: Check vaccination status of contacts and recommend vaccination if needed. On appearance of symptoms, exclude from school.
Conjunctivitis, Acute Bacterial (Pink Eye)	Varies depending on causative agent.	By contact with discharges from the conjunctivae or contaminated articles.	Pink or red eyeball with swelling of the eyelids and eye discharge. Eyelids may be matted shut after sleep. May involve one or both eyes.	CASE: Exclude from school while symptomatic or until 24 hours of antibiotic treatment has been completed. CONTACTS: School exclusion not indicated.
Diarrheal Diseases* (Campylobacteriosis, *E. coli* O157:H7, Giardiasis, Salmonellosis, Shigellosis, etc.)	Campylobacteriosis: 1-10 days, usually 2-5 days. *E. coli* O157:H7: 1-8 days, average 3-5 days. Giardiasis: 3-25 days, usually 7-10 days. Salmonellosis: 6-72 hours, usually 12-36 hours. Shigellosis: 12-96 hours, usually 1-3 days.	By the fecal-oral route through direct contact or by ingestion of contaminated food or water.	Ranges from sudden onset of fever, abdominal pain, diarrhea, nausea, and sometimes vomiting in salmonellosis, to cramps and bloody stools in severe cases of shigellosis and *E. coli* O157:H7. Dangerous dehydration may occur in younger children. In giardiasis, persons may be asymptomatic or have decreased appetite and weight loss.	CASE: Exclude from school until cessation of acute diarrhea. Stress importance of proper handwashing. CONTACTS: School exclusion and stool cultures not indicated in absence of symptoms. Consult with your local health department for advice during suspected school outbreaks.
Fifth Disease (Erythema Infectiosum)	From 4-21 days.	Primarily through contact with respiratory secretions.	Rash characterized by a vivid reddening of the skin, especially of the face, which fades and recurs; classically, described as a "slapped face appearance." Mild symptoms of fever, body aches, and headache may occur 7-10 days before rash.	CASE: Exclusion from school not indicated. CONTACTS: School exclusion not indicated. Pregnant women and immunocompromised persons should seek medical advice.
Hepatitis A*	From 15-50 days, average 28-30 days.	By the fecal-oral route through direct contact or ingestion of contaminated food or water.	Fever, loss of appetite, nausea, abdominal discomfort and weakness followed by jaundice. Many unrecognized mild cases without jaundice occur, especially in children. Communicability greatest from 7 days before to several days after onset of jaundice.	CASE: Follow advice of child's physician and/or your local health department. CONTACTS: School exclusion not indicated. Stress importance of proper handwashing.

NOTE: THESE RECOMMENDATIONS APPLY ONLY TO SHOOL-AGED CHILDREN - A more complete discussion of these conditions and other communicable diseases may be found in *Control of Communicable Diseases Manual* (2008) published by the American Public Health Association and the *2009 Report of the Committee on Infectious Diseases (The Red Book)* published by the American Academy of Pediatrics. Additional information and consultation are also available through your local health department.

* Officially reportable in Virginia to the local health department. All outbreaks and unusual occurrences of disease are also reportable.

Page 1 of 4
November 1, 2011

IMPORTANT LINKS FOR DISEASE REPORTING

http://www.vdh.virginia.gov/content/uploads/sites/13/2016/03/Regulations-for-Disease-Reporting-and-Control-October-2016.pdf

http://www.vdh.virginia.gov/content/uploads/sites/13/2016/03/Fact_Sheet_on_Outbreak_Reporting_Requirements_10262016.pdf

http://www.vdh.virginia.gov/content/uploads/sites/13/2016/03/Epi1.pdf

http://www.vdh.virginia.gov/content/uploads/sites/13/2016/03/Virginia-Reportable-Disease-List-October-2016.pdf

Communicating Important Information to Parents

Each school nurse will be accessible to parents/guardians, staff and administration during office hours Monday through Friday, beginning the first day of their contract in August. At the beginning of each school year, the nurse will attend the school's "open house" or parent information session in order to provide information and forms to parents/guardians.

The school nurse will ascertain medical information pertaining to individual students from parents by requesting parents to complete the Comprehensive Medical History Form which is available through the nurse office, main office, and via the Nurses/Health Services Protocol on PCPS website.

The following information will be given directly to parents or sent home via the student at the beginning of each school year: (*All forms are available on the PCPS Nurses' Health Services webpage)*

- The Medical History Form (to be completed by parents/guardians)
- Prescription and non-prescription medication consent forms
- A letter and information on Eating Disorders
- A letter and information on Scoliosis
- Medical action plan forms pertaining to individual student
- Emergency action plan form pertaining to individual student
- Hearing and Vision Screening information and consent forms
- Checklist for parents

Information regarding the health and welfare of students will go home to parents/guardians via the student at various intervals as needed.

The school nurse will contact parents/guardians via phone to report all student illnesses, injuries, and emergencies. Automated-calls, internet, and social media and general media will be used as needed as approved by the superintendent.

References:

NASN- http://www.nasn.org/Textbook
Cross Reference: PCPS Policy JHCA, KG, KBA-Requests for Information, KF-Distribution of Information

VDH VIRGINIA DEPARTMENT OF HEALTH

VIRGINIA REPORTABLE DISEASE LIST

Reporting of the following diseases is required by state law (Sections 32.1-36 and 32.1-37 of the Code of Virginia and 12 VAC 5-90-80 and 12 VAC 5-90-90 of the Board of Health Regulations for Disease Reporting and Control – http://www.vdh.virginia.gov/surveillance-and-investigation/division-of-surveillance-and-investigation/commonwealth-of-virginiastate-board-of-health/). Report all conditions when suspected or confirmed to your local health department (LDH). Reports may be submitted by computer-generated printout, Epi-1 form, CDC or VDH surveillance for, or upon agreement with VDH, by means of secure electronic submission.

BOLD – Laboratories must submit initial isolate or other initial specimen to the Division of Consolidated Laboratory Services (DCLS) within 7 days of identification. All specimens must be identified with patient and physician information, and the LHD must be notified within the the timeframe specified below.

REPORT IMMEDIATELY

Anthrax [a]
Botulism [a]
Brucellosis [a]
Cholera [a]
Coronavirus infection, severe (e.g., SARS-CoV, MERS-CoV) [a]
Diphtheria [a]
Disease caused by an agent that may have been used as a weapon
***Haemophilus influenzae* infection, invasive** [a]
Hepatitis A [a]
Influenza-associated deaths <18 years of age
Influenza A, novel virus [a]
Measles (Rubeola) [a]
Meningococcal disease [a]
Outbreaks, all (including but not limited to foodborne, healthcare-associated, occupational, toxic substance-related, and waterborne)
Pertussis [a]
Plague [a]
Poliovirus infection, including poliomyelitis [a]
Psittacosis [a]
Q fever [a]
Rabies, human and animal [a]
Rubella [a], including congenital rubella syndrome [a]
Smallpox (Variola) [a]
Syphilis, primary and secondary [a]
Tuberculosis (TB), active disease [a,b]
Tularemia [a]
Typhoid/Paratyphoid fever [a]
Unusual occurrence of disease of public health concern
Vaccinia, disease or adverse event [a]
***Vibrio* infection** [a]
Viral hemorrhagic fever [a]
Yellow fever [a]

LEGEND

[a] Reportable by directors of laboratories. These and all other conditions listed must be reported by physicians and directors of medical care facilities.
[b] Laboratories report AFB, mycobacterial identification, and drug susceptibility for *M. tuberculosis*
[c] Laboratories that use EIA without a positive culture should forward positive stool specimens or enrichment broth to DCLS
[d] Physicians and directors of medical care facilities report influenza by number of cases only (report total number per week and by type of influenza, if known); however, individual cases of influenza A novel virus or influenza-related deaths in persons <18 must be reported immediately

REPORT WITHIN 3 DAYS

Acquired immunodeficiency syndrome (AIDS)
Amebiasis [a]
Arboviral infections (e.g., CHIK, dengue, EEE, LAC, SLE, WNV, Zika) [a]
Babesiosis [a]
Campylobacteriosis [a]
Chancroid [a]
Chickenpox (Varicella) [a]
Chlamydia trachomatis infection [a]
Creutzfeldt-Jakob disease <55 years of age [a]
Cryptosporidiosis [a]
Cyclosporiasis [a]
Ehrlichiosis/Anaplasmosis [a]
***Escherichia coli* infection, Shiga toxin-producing** [a,c]
Giardiasis [a]
Gonorrhea [a]
Granuloma inguinale
Hantavirus pulmonary syndrome [a]
Hemolytic uremic syndrome (HUS)
Hepatitis B (acute and chronic) [a]
Hepatitis C (acute and chronic) [a]
Hepatitis, other acute viral [a]
Human immunodeficiency virus (HIV) infection [a]
Influenza [a,d]
Lead, reportable levels [a]
Legionellosis [a]
Leprosy (Hansen's disease)
Leptospirosis [a]
Listeriosis [a]
Lyme disease [a]
Lymphogranuloma venereum
Malaria [a]
Mumps [a]
Ophthalmia neonatorum
Rabies treatment, post-exposure
Salmonellosis [a]
Shigellosis [a]
Spotted fever rickettsiosis [a]
***Staphylococcus aureus* infection, vancomycin-intermediate or vancomycin-resistant** [a]
Streptococcal disease, Group A, invasive or toxic shock [a]
Streptococcus pneumoniae infection, invasive, <5 years of age [a]
Syphilis, other than primary and secondary
Tetanus
Toxic substance-related illness [a]
Trichinosis (Trichinellosis) [a]
Tuberculosis (TB) infection <4 years of age
Yersiniosis [a]

Effective October 20, 2016

CONCUSSION MANAGEMENT PROTOCOL

A **concussion** is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a fall or blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Children and adolescents are among those at greatest risk for concussion. The potential for a concussion is greatest during activities where collisions can occur, such as during physical education (PE) class, playground time, or school-based sports activities. However, concussions can happen any time a student's head comes into contact with a hard object, such as a floor, desk, or another student's head or body. Proper recognition and response to concussion can prevent further injury and help with recovery.

I. Concussion Facts

- All concussions are serious.
- Most concussions occur without loss of consciousness.
- Recognition and proper response to concussions when they first occur can help prevent further injury or even death.

II. Signs & Symptoms

Emotional: • Irritable • Sad • More emotional than usual • Nervous

Thinking/Remembering: • Difficulty thinking clearly • Difficulty concentrating or remembering • Feeling more slowed down • Feeling sluggish, hazy, foggy, or groggy

Sleep: • Drowsy • Sleeps less than usual • Sleeps more than usual • Has trouble falling asleep *Only asks about sleep symptoms if the injury occurred on a prior day

Physical: • Headache or "pressure" in head • Nausea or vomiting • Balance problems or dizziness • Fatigue or feeling tired • Blurry or double vision • Sensitivity to light or noise • Numbness or tingling • Does not "feel right"

Other: Appears dazed or stunned • Confused about events • Answers questions slowly • Repeats questions • Can't recall events prior to the hit, bump or fall • Can't recall events after the hit, bump or fall • Loses consciousness (even briefly) • Shows behavior or personality changes • Forgets class schedule or assignments

III. Return to School

Students may need to limit activities while they are recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

IV. School Nurse Responsibility

The nurse will assess the student prior to returning to class. The school nurse will provide information to parents of a student who has suffered a concussion. (See CDC *Heads-Up* Parent Fact Sheet)

Upon a student's return to school, observation will be made for signs of concussion. If symptoms are observed, the nurse will follow the Concussion Action Plan and report it to an administrator. (See the "Return to Activity Protocol flow chart) **NOTE:** Please see the Centers for Disease Control (CDC) *Heads UP Concussion Guide for school Professional and the Heads UP Concussion Action Plan*

References:

http://www.cdc.gov/headsup/pdfs/custom/headsupconcussion_fact_sheet_for_schools.
http://www.orcasinc.com/products/brain-101/

DENTAL HEALTH PROGRAM

The Oral Health and Dental program supports preventive oral healthcare in school-based or school-linked settings. This program encompasses a partnership between The Virginia Department of Health; the Colgate Smiles Program; and the Kohl's Dental Program.

The program provides free on-site dental screenings, dental care education, and dental care packets (toothpaste, tooth brush and dental floss).

All dental screenings will be coordinated by the school principal, the school nurse, and the dental care provider.

The goal of this program is to promote healthy dental habits.

DIABETES MANAGEMENT PROTOCOL

I. Overview

Diabetes is a chronic disease in which blood glucose (sugar) levels are above normal. People with diabetes have problems converting food to energy. After a meal, food is broken down into a sugar called blood glucose, which is carried by the blood to cells throughout the body. Insulin, a hormone made in the pancreas, allows blood glucose to enter the cells of the body where it is used for energy.

People develop diabetes because the pancreas produces little or no insulin or because the cells in the muscles, liver, and fat do not use insulin properly. As a result, the blood glucose builds up in the blood and is transported to the kidney, where it is eliminated from the body in the urine. Thus, the body loses its main source of fuel even though the blood contains large amounts of blood glucose.

When insulin is no longer made, it must be obtained from another source—insulin injections or insulin pump. When the body does not use insulin properly, people with diabetes may take insulin or other blood glucose-lowering medications. Neither insulin nor other medications, however, are cures for diabetes; they only help to manage the disease. Taking care of diabetes is important. Over the years, ongoing high blood glucose, also called hyperglycemia, can lead to serious health problems. If not managed effectively, diabetes can affect the blood vessels, eyes, kidneys, nerves, gums, and teeth, making it the leading cause of adult blindness, kidney failure, and non-traumatic lower-limb amputations. Poorly controlled diabetes also increases a person's risk for heart disease and stroke.
Some of these problems can occur in teens and young adults who develop diabetes during childhood. The good news is that research shows these problems can be greatly reduced, delayed, or possibly prevented through intensive treatment that keeps blood glucose levels near normal.

The three main types of diabetes are type 1, type 2, and gestational diabetes.

II. Types of Diabetes

A. Type 1 Diabetes
Type 1 diabetes, formerly called juvenile diabetes, is a disease of the immune system, the body's system for fighting infection. In people with type 1 diabetes, the immune system attacks the beta cells (the insulin-producing cells of the pancreas) and destroys them. Because the pancreas can no longer produce insulin, people with type 1 diabetes must take insulin daily to live.

Type 1 diabetes can occur at any age, but onset of the disease occurs most often in children and young adults. Most cases of diabetes in children under age 10 are type 1 diabetes. In adults, type 1 diabetes accounts for 5 to 10 percent of all cases of diagnosed diabetes.

Symptoms. The symptoms of type 1 diabetes are due to an increase in the level of glucose in the blood and include increased thirst and urination, unexplained weight loss, blurred vision, and feeling tired all the time. These symptoms may be mistaken for severe flu or another rapid-onset illness. If not diagnosed and treated with insulin, the student with type 1 diabetes can lapse into a life-threatening condition known as diabetic ketoacidosis or DKA. Signs of DKA include vomiting; sleepiness; fruity breath; difficulty breathing; and, if untreated, coma and death.

Risk factors. Although scientists have made much progress in predicting who is at risk for type 1 diabetes, they do not yet know what triggers the immune system's attack on the pancreas' beta cells. They believe that type 1 diabetes is due to a combination of genetic and environmental factors that are beyond the individual's control. Researchers are working to identify these factors and to stop the autoimmune process that leads to type 1 diabetes.

B. Type 2 Diabetes

Type 2 diabetes, formerly called adult-onset diabetes, is the most common form of the disease in adults. People can develop it at any age, even during childhood. A progressive disease, type 2 diabetes usually begins with insulin resistance, a condition in which cells do not use insulin properly. At first, the pancreas keeps up with the added demand by producing more insulin. Over time, however, the pancreas loses its ability to secrete enough insulin in response to meals or to control blood glucose levels overnight or during periods of fasting.

Managing type 2 diabetes requires maintaining a healthy weight and weight loss, if overweight. Lifestyle changes such as making healthy food choices and getting regular physical activity are essential. In addition, people with type 2 diabetes may take insulin and/or other blood glucose-lowering medications to manage their diabetes.

Type 2 diabetes used to be found mainly in overweight or obese adults age 40 or older. Now, as more children and adolescents in the United States have become overweight and inactive, type 2 diabetes is occurring in young people.

Symptoms. Symptoms of type 2 diabetes may be similar to those of type 1 diabetes. A person may feel very tired or thirsty and have to urinate often due to high blood glucose levels. Other symptoms include unexplained weight loss and blurred vision. High blood pressure and elevated blood lipids (cholesterol) are associated with insulin resistance. In addition, physical signs of insulin resistance may appear, such as acanthosis ingrains, a condition in which the skin around the neck, armpits, or groin looks dark, thick, and feels velvety. Often, this condition is mistaken for poor hygiene.

Some children or adolescents (and adults) with type 2 diabetes may have no recognized symptoms when they are diagnosed. For that reason, it is important for the parents/guardians to know the risk factors of type 2 diabetes and to talk to their health care providers about screening children or teens who are at high risk for type 2 diabetes.

Risk factors. The key risk factors for type 2 diabetes in youth include being overweight or obese and having a family member who has type 2 diabetes. In addition, type 2 diabetes is more common in certain racial and ethnic groups such as African Americans, Hispanics/Latinos, American Indians, Alaska Natives, Asian Americans, and Pacific Islanders, including Native Hawaiians. Other risk factors include having a mother who had diabetes during her pregnancy; having high blood pressure, high cholesterol, abnormal lipid levels, polycystic ovary syndrome; and being inactive.

For children and teens at risk, health care professionals can encourage, support, and educate the entire family to make lifestyle changes that may delay—or prevent—the onset of type 2 diabetes. Changes include reaching and maintaining a healthy weight by making healthy food choices and engaging in regular physical activity.

C. Gestational Diabetes

Diabetes can develop during pregnancy, which is called gestational diabetes, and is caused by the hormones of pregnancy. These hormones can cause insulin resistance or a shortage of insulin. Although gestational diabetes usually goes away after the baby is born, a woman who has had it is at increased risk for developing diabetes later in life. In addition, the offspring of a pregnancy affected by gestational diabetes is at increased risk for obesity and developing type 2 diabetes.

IV. Effective Diabetes Management In Schools Includes:

- maintaining optimal blood glucose control
- assisting the student with performing diabetes care tasks
- designating trained diabetes personnel

The goal of effective diabetes management is to keep blood glucose levels within a target range determined by the student's personal diabetes health care team. Optimal blood glucose control helps to promote normal growth and development and to prevent the immediate dangers of blood glucose levels that are too high or too low. Maintaining blood glucose levels within the target range also can help to optimize the student's ability to learn by avoiding the effects of hypoglycemia and hyperglycemia on cognition, attention, and behavior. In the long term, effective diabetes management

helps to prevent or delay the serious complications of diabetes such as heart disease, stroke, blindness, kidney failure, gum disease, nerve disease, and amputations of the foot or leg.

The key to maintaining optimal blood glucose control is to carefully balance food intake, physical activity, insulin, and/or other medication. **As a general rule, food makes blood glucose levels go up. Physical activity, insulin, and diabetes medications make blood glucose levels go down.** Several other factors, such as growth and puberty, physical and emotional stress, illness, or injury, also can affect blood glucose levels.

Many students with diabetes check their blood glucose levels throughout the day using a blood glucose meter. Some students also wear a continuous glucose monitor (CGM). When blood glucose levels are too low (hypoglycemia) or too high (hyperglycemia), corrective actions need to be taken.

****Low blood glucose levels, which can be life-threatening, present the greatest immediate danger to students with diabetes.**

Collaboration and cooperation are key elements in planning and implementing successful diabetes management at school. As is true for students with other chronic diseases, students with diabetes are more likely to succeed in school when the student's school health team and the student's personal diabetes health care team work together.

A school health team will be assembled that includes people who are knowledgeable about diabetes, the school environment, and Federal and State education and nursing laws. School health team members should include: the student with diabetes, the parents/guardians, the school nurse and other health care personnel, the staff members designated as trained diabetes personnel, administrators, the principal, the 504/IEP coordinator or guidance counselor, the student's teacher(s), the coach, and the cafeteria staff.

The school health team members work together to implement the medical orders in the Diabetes Medical Management Plan (DMMP) developed by the student's personal diabetes health care team, using the strategies outlined by the school nurse in the Individualized Health Care Plan (IHP). In addition, the school health team should be part of the group that develops and implements the student's Section 504 Plan, other education plan, or Individualized Education Plan (IEP). These plans are developed to address students' needs for services to manage diabetes safely and effectively in school, as required under Section 504 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act.

The school nurse will assemble the school health team and coordinate the Diabetes Medical Management Plan **(DMMP)** meeting for the purpose of developing a comprehensive medical plan for the student diagnosed with Diabetes.

The school nurse will assemble the Student Health Care Plans which outline how each student's diabetes will be managed. These plans help students, their families, school personnel, and the student's personal diabetes health care team to know what is expected of each of them. These expectations should be laid out in writing in the following health care plans:

- Diabetes Medical Management Plan (prepared by the student's physician and the personal diabetes health care team)
- Individualized Health Care Plan (prepared by the school nurse)
- Emergency Care Plans for Hypoglycemia and Hyperglycemia (prepared by the physician)

SEE The Virginia Diabetes Medical Management Plan *(Appendix J)*

EATING DISORDERS

I. **Overview** - According to the National Eating Disorders Association (NEDA, 2013)

Eating disorders are real, complex, and devastating conditions that can have serious consequences for health, productivity, and relationships. They are not a fad, phase or lifestyle choice. Eating disorders are serious, potentially life-threatening conditions that affect a person's emotional and physical health

In a policy statement by the American Academy of Pediatrics (2003), it is reported that the numbers of children with eating disorders has increased steadily since the 1950s.

II. **Authorization**

Code of Virginia Section 22.1-273.2- Parent Educational Information Regarding Eating Disorders.

The Code of Virginia requires that each school board shall annually provide parent educational information regarding eating disorders for pupils in grades five through twelve.

In accordance with the aforementioned code, the PCPS provides educational information to parents of all students on an annual basis at the start of each school year. Information will also be made available on the PCPS website (Dept. of Nursing Services). (See Eating Disorder Parent Information Sheet)

The educational materials should include, at a minimum the following science based information:

- description of eating disorders
- description of how eating disorders are identified
- statement describing why it is important to screen for eating disorders (early detection and treatment)
- description of eating disorders screening
- information on referral for assessment, diagnosis and treatment
- description of potential treatment

Reference: Virginia Department of Education. http://www.doe.virginia.gov/support/health_medical/eating_disorders/eating_disorders_awareness_in_public_school_setting

EPILEPSY/SEIZURE MANAGEMENT PROTOCOL

I. OVERVIEW

A seizure is an event in which there is a temporary change in behavior resulting from a sudden, abnormal burst of electrical activity in the brain. If the electrical disturbance is limited to only one area of the brain, then the result is a partial seizure. For example, the student may experience confusion, loss of awareness, aimless movements, or uncontrolled body movements. If the electrical disturbance affects the entire brain, the result is a generalized seizure.

Epilepsy or a seizure disorder is a chronic condition that is characterized by recurrent seizures. It is a disorder of the brain. People are diagnosed with epilepsy when they have had two or more seizures. Many students with epilepsy have more than one seizure type and may have other symptoms as well. Some seizures may result from an acute medical illness (e.g., with a diabetic during a hypoglycemic episode) or an acute injury (e.g., head injury) and cease once the illness is treated. Some children may have one seizure without the cause ever being known.

There are many types of seizures. A person with epilepsy can have more than one type of seizure**.** The signs of a seizure depend on the type of seizure.

Sometimes it is hard to tell when a person is having a seizure. A person having a seizure may seem confused or look like they are staring at something that isn't there. Other seizures can cause a person to fall, shake, and become unaware of what's going on around them.

A. Classification of Seizures

Seizures are classified into two groups.

1. **Generalized seizures** affect both sides of the brain.
   - **Absence seizures**, sometimes called petit mal seizures, can cause rapid blinking or a few seconds of staring into space.
   - **Tonic-clonic seizures**, also called grand mal seizures, can make a person:
     - cry out
     - lose consciousness
     - fall to the ground
     - have muscle jerks or spasms.

     The person may feel tired after a tonic-clonic seizure.

I. **Focal seizures** are located in just one area of the brain. These seizures are also called partial seizures.
   - **Simple focal seizures** affect a small part of the brain. These seizures can cause twitching or a change in sensation, such as a strange taste or smell.
   - **Complex focal seizures** can make a person with epilepsy confused or dazed. The person will be unable to respond to questions or direction for up to a few minutes.
   - **Secondary generalized seizures** begin in one part of the brain but then spread to both sides of the brain. In other words, the person first has a focal seizure, followed by a generalized seizure. Seizures may last as long as a few minutes.

II. The school nurse will manage epilepsy by:
   - educating the teachers, staff, and students about epilepsy and its treatment, practicing seizure first aid and possible stigma associated with epilepsy.
   - following the seizure action plan and administering first aid (including the use of rescue medications).
   - medication administration adherence
   - helping students avoid seizure triggers, such as flashing lights or other triggers identified in the seizure action plan.
   - monitoring and addressing any related medical conditions, including mental health concerns such as depression.
   - referring students with uncontrolled seizures to medical services within the community or to the epilepsy foundation for more information.

The school nurse will develop the Individualized Health Care Plans which outline how each student's seizure disorder will be managed.
Students known to have a seizure disorder will be accompanied by another person throughout the school day.

The Seizure Action Plan and Individualized Health Care Plan are developed by the physician and the school nurse. *(See Appendix K)*

http://epilepsy.prod.acquia-sites.com/sites/core/files/atoms/files/seizure-action-plan-pdf_0.pdf

FIELD TRIP PROTOCOL

I. Overview:
Students on field trips are entitled to the same health services, including medication administration, to which they are entitled while attending school. Students must have an order from a VA Health Care Provider Professional with prescriptive authority and parent/guardian permission for all medications and treatments administered to them. The school may ask a parent to accompany their student on a field trip to provide the necessary care, but it cannot require the parent to do so. Schools are requested to consider the following when determining health care needs of students and staffing to meets those needs on field trips.

Note: Medication that is given on field trips must be administered according to the same policies and procedures as medications administered at school.

The following guidelines apply to all field trips:

- Staff members who are planning school-sponsored activities should notify the school nurse or Health Services of the schedules for field trips and other related school activities as soon as possible in the school year.
- The School Nurse should be notified **two weeks prior** to any scheduled field trips.
- Only staff trained by a PCPS Nursing Coordinator or a Licensed Nurse may assist a student with medication while on the trip. Students with specialized healthcare procedures may need to be accompanied by a parent or guardian. It is the responsibility of the appropriately trained school employee to administer the medications to students on field trips. Persons who are not employees (parents and chaperones) should not administer medications to students except where such persons administer medications to their own child.
- Children may not be excluded from a field trip because of a disability or a medical need, as long as the child's medical condition is stable. Parents may request to, but are not required to accompany their child on a field trip in order to assist their child with medication and medical treatment. If parents are unavailable, the school must provide appropriately trained staff (to the extent that the student requires while in the school building) to accompany the child with medical needs.
- Per Virginia Law, only a PCPS Licensed Nurses, PCPS trained staff, or a student's parent or guardian may administer insulin to students with diabetes, unless the student is authorized to self-administer (see Diabetes Management Plan)
- Parents/guardians, the School Nurse, and trained PCPS staff are responsible for ensuring that students have their medication available for all school-sponsored activities and field trips. Parents/guardians of students who are authorized to self-carry and self-administer their medication are responsible for ensuring that the students have their medication.
- If not already at school, parents/guardians are solely responsible for providing emergency medication and the PCPS authorization form for students with conditions such as asthma (albuterol inhaler), diabetes (insulin and glucagon), severe allergies (Epi-pen), seizures (Diastat), and any other condition where an emergency medication is prescribed so that trained staff may respond in an emergency.
- Medications for one-day field trips may be transferred to another packaged (envelop or medication bag). The package must be labeled with the child's name, name of medication, dosage, time to be given, and accompanied by a field trip medication slip (See Field Trip Medication Administration Form). The RN or LPN is the only persons authorized to do this. The label must match the order and prescription bottle.
- Medication should be kept in a safe location with the First-Aid kit at all times during the field trip, unless the student is authorized to self-carry.
- All medications and appropriate documentation should be returned to school nurse as soon as possible, upon return from

the trip.

- Trained staff or teacher should follow PCPS guidelines, the student's action plan, doctor order, and the IHCP-Individualized Health Care Plan (if present) when assisting students with medications during the field trip.
- While conducting a trip, the designated staff must have the First Aid kit in his/her possession, or readily available.

II. Documentation

The person administering medications will document each dose given on the log sheet. If a dose is not given, the appropriate code should be entered under the comments / observation line.

III. Self-Administration of Medication by Students

The only medications a student may self-carry are an asthma rescue inhaler, insulin, glucagon and an epinephrine auto-injector. The student must have a physician's written order and a PCPS self-carry form with parent/guardian and nurse signature to self-administer medication. The student must demonstrate to the school nurse that the student is responsible to safely self-carry and self-administer the medication.

References:

Roanoke City Public Schools; Pennsylvania Division of School Health; Virginia School Health Guidelines

Oakland Unified School District Health Services Department; Roanoke City Public Schools; Virginia School Health Guidelines

First Aid Guide for School Emergencies

Go to the following link for the full document http://www.vdh.virginia.gov/content/uploads/sites/58/2016/12/First-Aid-Guide-2016.pdf

Medical/ Hazardous Waste Management

Treatment of regulated medical waste is expensive, and it can result in the release of toxic emissions to the environment. Knowing where-to-throw saves money, improves compliance and worker safety, and reduces environmental impacts.

The procedure for properly handling medical waste in each Petersburg city Public School is as follows:

All medical waste is collected and placed in a Red Biohazard Waste Bag/ Receptacle. When the bag is 1/3 full, it is tied and taped for closure. All contaminated sharps are placed in a puncture resistant sharps waste container. The sealed bag and/or closed sharps container is placed in the lined biohazardous waste box which is kept in a secure area in the health clinic, and away from public access.

When the waste box is ¾ full, the clinic nurse will contact the Medical Waste Management vendor for a pick-up of the waste, and replacement of supplies (bio-hazardous waste bags, containers, boxes, etc.)

No medical waste is discarded in the regular trash container.

(See the medical waste poster and guidelines below.)

****

Know-Where-To-Throw

I. Items to be discarded in a *Red Bio-Hazardous* waste bag/receptacle:

Cultures and stocks; tissues and anatomical wastes; blood and body fluids such as urine, feces, sputum and vomitus (including any saturated items); all sharps (discard in sharps container; and other wastes with the "Potential to Cause Disease."

II. Items to Be Discarded In the *Regular Trash* Container:

Personal hygiene items: diapers, facial tissues, sanitary napkins, incontinence products when empty: urine collection bags and tubing, IV solution bags and tubing, colostomy bags, ileostomy bags, urostomy bags, plastic fluid containers, enteral feeding containers and tubing, hemovacs, and urine

specimen cups (unless the item could release body liquids)

Other: Catheters (urinary, suction), plastic cannula, nasogastric tubes, oxygen tubing and cannula, ventilator tubing, enema bags and tubing, enema bottles, thermometer probe covers (unless saturated with body fluids) absorbent items: Unless saturated with body fluids

Regular solid wastes: Plastic bottles and wrapping, paper and newspapers, soda cans, cardboard, food waste/containers, etc.

III. Other Special Wastes:

Hazardous materials: Used batteries, toxic cleaners, thermometers, or any other equipment that might contain mercury must be collected separately and disposed of as hazardous wastes. Unused medications: (See medication disposal protocol). Remember that certain medications are "listed" hazardous wastes and must be handled appropriately (See FDA guidelines).

Reference:

www.deq.virginia.gov/Programs/LandProtectionRevitalization/SolidHazardousWasteRegulatoryPrograms/MedicalWaste.aspx

IV. Health Room Visit/ Managing Clinic Flow

A system for managing student complaints, emergencies and urgent situations include the following procedure:

- Upon the student's complaint, he/she will be sent to the nurse with a clinic pass describing the complaint. The clinic pass should include the child's full name, date, time, grade, and name of sending teacher.
- Upon student's arrival to the clinic, the nurse will assess the student and provide appropriate care and treatment.
- The student will rest in the clinic for a brief observation by the nurse.
- The nurse will make the appropriate referral (Back to class, Main Office, Home, Hospital, Physician's office, etc.)
- The nurse will contact the parent/guardian of the sick or injured student.
- Based on the information provided by the nurse, the parent/guardian will make the ultimate decision regarding the final disposition of the student, except in cases of extreme emergencies. Decisions will be made in the best interest of the student.
- **All** clinic visits will be logged in on the nurse clinic log.
- **All** clinic visits will be documented in the nurse's note section in "PowerSchool."
- **All** medication administration will be documented on the Medication Administration Record (MAR).

References: NASN- http://www.nasn.org/Textbook
Cross Reference: PCPS Policy JHC, JHC-R

INDIVIDUALIZED HEALTH CARE PLANS (IHCP)

I. An Individualized Health Care Plan (IHCP*)* is a document based on the nursing process. Based on health status information and pertinent care and treatment data received for individual students who have healthcare issue, the school nurse develops an IHCP. The IHCP refers to all health related and care plans developed by the school nurse, especially for those students who require complex health services on a daily basis or have an illness that could result in a health crisis. These students may also have an Individualized Education Plan (IEP), a 504 Student Accommodation Plan to ensure school nursing services and access to the learning environment, or an Emergency Care Plan (ECP) for staff caring for these students (NASN, 2015).

The IHCP is developed by the school nurse using the nursing process in collaboration with the student, family and healthcare providers. The school nurse utilizes the IHCP to provide care coordination, to facilitate the management of the student's health condition in the school setting, to inform school-educational plans, and to promote academic success. The Emergency Care Plan (ECP), written by the school nurse, is for support staff with an individual plan for emergency care for the student. These plans are kept confidential, yet accessible to appropriate staff.

Note:

If an Individualized Health Care Plan (IHCP) is needed for any identified health condition such as asthma, diabetes, seizure disorder, severe allergy, etc., the parent will need to collaborate with the child's health care provider and the school nurse. The parent must also provide required physician orders and other pertinent documented information for the school nurse to develop the appropriate IHCP. The school nurse will coordinate a meeting with the parent and other needed school personnel to discuss the student's healthcare needs before an IHCP can be developed.

The development of Individualized Health Care Plans (IHCP) is a nursing responsibility and is based on standards of care that are regulated by State Nurse Practice Acts and cannot be delegated to unlicensed individuals (National Council of State Boards of Nursing.

Reference:

National Association of School Nurses. (2015). *Individualized healthcare plans: The role of the school nurse* (Position Statement). Silver Spring, MD: Author.

STUDENT IMMUNIZATION PROTOCOL

I. Overview

The diseases that vaccines prevent can be dangerous, or even deadly. Vaccines reduce the risk of infection by working with the body's natural defenses to help it safely develop immunity to disease.

Documented proof must be provided of adequate age appropriate immunization with the prescribed number of doses of each required vaccine for attendance at any Virginia public or private elementary, middle or secondary school, child care center, nursery school, family day care home or developmental center. Vaccines must be administered in accordance with the harmonized schedule of the Centers for Disease Control and Prevention, American Academy of Pediatrics, and American Academy of Family Physicians, and must be administered within spacing and age requirements (*See Minimal Immunization Requirements*). Children vaccinated in accordance with either the current harmonized schedule or the harmonized catch-up schedules (including meeting all minimum age and interval requirements) are considered to be appropriately immunized for school attendance. (*See "Supplemental Guidance for School-required Vaccines"*)

II. List of Vaccines Needed:

- Diphtheria, Tetanus, & Pertussis (DTaP, DTP) *Tdap
- Haemophilus Influenzae Type b (Hib) Vaccine *****Hepatitis B Vaccine – Human
- Papillomavirus Vaccine (HPV)
- Polio Vaccine
- Pneumococcal (PCV) Vaccine
- Varicella (Chickenpox) Vaccine
- Measles, Mumps, & Rubella (MMR

III. Requirements

In accordance with Commonwealth of Virginia Legislative Code § 22.1-271.2., regarding Immunization requirements, No student shall be admitted by a school unless at the time of admission the student or his parent submit documentary proof

of immunization to the admitting official of the school.

For the purpose of protecting the public health, the principal or principal's designee, the school nurse and the counselor must ensure that each student in Petersburg City Public Schools (PCPS) meet the school immunization requirements. Documented proof of immunizations must be in each student's record at the entry of school (*See Minimal Immunization Requirements*).

Every school must record each student's immunizations on the school immunization record. The school immunization record shall be a standardized form provided by the State Department of Health, which will be a part of the mandatory permanent student record. Such record will be open to inspection by officials of the State Department of Health and the local health departments.

IV. Exceptions:

No certificate of immunization will be required for the admission to school of any student if the student or his parent submits an official affidavit to the Principal, counselor, or nurse stating that the administration of immunizing agents conflicts with the student's religious tenets or practices *(See Religious Exemption Form Appendix L)*

No certificate of immunization will be required for the admission to school of any student if the student or his parent has submitted to the school, written certification from a licensed physician, licensed nurse practitioner, or local health department that one or more of the required immunizations may be detrimental to the student's health, indicating the specific nature and probable duration of the medical condition or circumstance that contraindicates immunization.

No certificate of immunization shall be required for the admission to school of any student if the student is homeless. However, the student is not exempted from immunizations. The school must admit the homeless student and immediately refer the student to the local health department, or other local liaison as described in the McKinney-Vento Homeless Education Assistance Improvements Act of 2001, as amended (42 U.S.C. § 11431 et seq.); who shall assist in obtaining the documentary proof of, or completing of, immunization and other services required by such Act.

If a student does not have documentary proof of immunization, the school nurse or counselor must notify the student or his parent that it has no documentary proof of immunization for the student; and that it may not admit the student without proof unless the student has a documented religious or medical exemption; or the student is classified as being homeless.

The nurse will make every effort possible to obtain a copy of the student's immunization record to include contacting the student's previous school, contacting the student's pediatrician's office, and searching the Virginia Immunization Information System (VIIS).

V. Immunizations -The School Nurse Responsibility

The school nurse is well-trained to create awareness and influence action to increase the uptake of mandated and recommended immunizations. The school nurse should use evidence-based immunization strategies, such as school-located vaccination clinics, reminders about vaccine schedules, state immunization information systems (IIS), strong vaccination recommendations, and vaccine education for students, staff, and families. Using these strategies will help reduce health-related barriers to learning (Guide to Community Preventive Services, 2008, 2009, 2010; Ylitalo, Lee, & Mehta, 2013; Bobo, Carlson, & Swaroop, 2013).

The school nurses of PCPS partner with the Petersburg Health Department Nursing Staff to assist students and their families obtain the necessary and required vaccines; and to educate students, families, and school staff about the critical role vaccines play in preventing disease, allowing students and staff to remain healthy and in school.

At the beginning of each school year, the school nurse will be accessible to parents/guardians, staff and administration during office hours Monday through Friday, beginning the first day of their

contract in August to receive and screen immunization records.

The school nurse will advise the parent/guardian of vaccinations that are required according to the student's grade or age. Vaccination information is available through the school nurse.

VI. Sharing of Health Information: Immunization Records:

For the purpose of protecting the public health by ensuring that each child receives age-appropriate immunizations, any physician, physician assistant, nurse practitioner, licensed institutional health care provider, local or district health department, the Virginia Immunization Information System, School Divisions, and the Department of Health may share immunization and patient locator information **without parental authorization**, including, but not limited to, the month, day, and year of each administered immunization; the patient's name, address, telephone number, birth date, and social security number; and the parents' names. The immunization information; the patient's name, address, telephone number, birth date, and social security number; and the parents' names shall be confidential and shall only be shared for the purposes set out in this subsection (Legislative Code of Virginia. 32.1-46, section E). The school immunization record will be transferred by the school whenever the school transfers any student's permanent academic or scholastic records.

VII. School & Day Care Minimum Immunization Requirements

Documentary proof shall be provided of adequate age appropriate immunization with the prescribed number of doses of vaccine indicated for attendance at a public or private elementary, middle or secondary school, child care center, nursery school, family day care home or developmental center. Vaccines must be administered in accordance with the harmonized schedule of the Centers for Disease Control and Prevention, American Academy of Pediatrics, and American Academy of Family Physicians and must be administered within spacing and age requirements. http://www.vdh.virginia.gov/Epidemiology/Immunization/acip.htm).

Children vaccinated in accordance with either the current harmonized schedule or the harmonized catch-up schedules (including meeting all minimum age and interval requirements) are considered to be appropriately immunized for school attendance. (See "Supplemental Guidance for School-required Vaccines" for additional information. *See Appendix M*)

Diphtheria, Tetanus, & Pertussis (DTaP, DTP, or Tdap). A minimum of 4 doses. A child must have at least one dose of DTaP or DTP vaccine on or after the fourth birthday. DT (Diphtheria, Tetanus) vaccine is required for children who are medically exempt from the pertussis containing vaccine (DTaP or DTP). Adult DT is required for children 7 years of age and older who do not meet the minimum requirements for tetanus and diphtheria. Effective July 1, 2014, a **booster dose of Tdap vaccine is required for all children entering the 6th grade.**

Haemophilus Influenzae Type b (Hib) Vaccine. This vaccine is required ONLY for children up to 60 months of age. A primary series consists of either 2 or 3 doses (depending on the manufacturer). However, the child's current age and not the number of prior doses received govern the number of doses required. Unvaccinated children between the ages of 15 and 60 months are only required to have one dose of vaccine.

Hepatitis B Vaccine. A complete series of 3 doses of Hepatitis B vaccine is required for all children. However, the FDA has approved a 2-dose schedule ***ONLY*** for adolescents 11-15 years of age AND ***ONLY when the Merck Brand*** (**RECOMBIVAX *HB) Adult Formulation Hepatitis B Vaccine*** is used. If the 2-dose schedule is used for adolescents 11-15 years of age, it must be clearly documented on the school form.

Human Papillomavirus Vaccine (HPV). Effective October 1, 2008, a complete series of 3 doses of HPV vaccine is required for females. The first dose shall be administered before the child enters the 6th grade.

After reviewing educational materials approved by the Board of Health, the parent or guardian, at the parent's or guardian's sole discretion, may elect for the child not to receive the HPV vaccine.

Measles, Mumps, & Rubella (MMR) Vaccine. A minimum of 2 measles, 2 mumps, and 1 rubella. (Most children receive 2 doses of each because the vaccine usually administered is the combination vaccine MMR). First dose must be administered at age 12 months or older. Second dose of vaccine must be administered prior to entering kindergarten but can be administered at any time after the minimum interval between dose 1 and dose 2.

Pneumococcal (PCV) Vaccine. This vaccine is required ONLY for children less than 60 months of age. One to four doses, dependent on age at first dose, of pneumococcal conjugate vaccine are required.

Polio Vaccine. A minimum of 4 doses of polio vaccine. One dose must be administered on or after the fourth birthday. **See supplemental guidance document for additional information.**

Varicella (Chickenpox) Vaccine. All children born on and after January 1, 1997, shall be required to have one dose of chickenpox vaccine administered at age 12 months or older. Effective March 3, 2010, a second dose must be administered prior to entering kindergarten but can be administered at any time after the minimum interval between dose 1 and dose 2.
For further information, please call the Division of Immunization at 1-800-568-1929 (in state only) or 804-864- 8055.

This document can be found at:
http://www.vdh.virginia.gov/content/uploads/sites/11/2016/04/Min-Requirements.pdf

This guidance document can be found at:
http://www.vdh.virginia.gov/content/uploads/sites/11/2016/04/SupplementalGuidance.pdf

VIII. INFECTIOUS DISEASE PROTOCOL
(SEE ALSO COMMUNICABLE DISEASE PROTOCOL)

Upon learning that a student is infected with an infectious disease to include HIV AIDS or Hepatitis B, the nurse will consult with the student's family, the student's family physician, and the health department epidemiologist to determine whether the student should stay in school or be excluded.

If a change in the student's academic program is necessary because of the student's health status, the school nurse will collaborate with the student's counselor, the student's family, family physician and local health department staff to develop an educational plan and an Individualized Health Care Plan for the student.

Any school board employee or volunteer who has any information regarding a student's infectious disease status will treat that information as confidential. **Division personnel will share sensitive health information regarding a student's infectious disease status only with the written consent of the student's parent or guardian.**

Universal Precautions will be followed according with current OSHA standards and the PCPS Exposure Control Plan.

School nurses are required to report Infectious Diseases (See Reportable Diseases) to the local Health Department; and will do so **within 24 hours** of being notified of a confirmed Reportable Disease. (See the list of Communicable Diseases)

To ensure implementation of the proper procedures for all body fluids, and in accordance with the Exposure Control Plan, training will be provided to all school personnel. Training with include information regarding the following: etiology, transmission, prevention, and risk reduction of HIV and other blood-borne and infectious diseases; standard procedures for handling blood and body fluids; community resources available for information and referral; and local division policies.

References:
Board Policy JHCCA R
VA Dept. of Health

IX. MEDICATION ADMINISTRATION

A system for proper medication administration includes the following:

Statement:
No medicines, prescription or nonprescription, are to be taken by students independent of knowledge of the school administration. To that end, the following regulations must be followed.

- In order for school personnel to administer prescription and/or nonprescription medications to a student, a signed consent must be brought to the school by the student's parent/guardian and given to the nurse, principal or his/her designee.
- Before the medication, authorized by the signed consent, may be administered, the medication must be delivered to the school nurse, principal, or designee in the original container with the student's name clearly marked on the container.

The nurse or designated back-up staff may give medication prescribed for individual students only pursuant to the written physician's order; and with written permission from the student's parent or guardian. **Such medicine must be in the original container and delivered to the principal, school nurse, or school division designee by the parent or guardian of the student.**

Procedure:

- Upon receipt of all written permission, physician orders, and medication, the nurse will administer medication to individual student as ordered by the student's physician
- When receiving medication from parents/guardians for individual students, the nurse must count the pills, tablets, capsules in the presence of the parent/guardian to assure that each party is aware of the amount given and received.
- The student's teacher and the principal will be made aware of student's need to visit the nurse for medication administration.

TRAINED by a Registered Nurse in accordance with the VDOE Medication Training Manual.

- The nurse will coordinate the time of student's medication schedule with the teacher.
- The nurse will administer medication as scheduled to individual students
- The nurse will observe student taking medication (unless student is on self-medication program)
- **All** medication administration will be documented on the Medication Administration Record (MAR)
- **All** clinic visits will be logged in on the clinic log
- **All** controlled substances/medications will be accounted for on the medication control log. A count must be conducted at the end of each day.
- **All** prescribed and OTC medication will be locked in a medication cabinet behind a locked door.
- Refrigeration is available for medication as needed. Refrigeration temperatures will be recorded daily on a log.
- When student's medication supply is depleted down to only a 1 week supply, the nurse will contact the parent/guardian for a refill.
- When the medication order is discontinued, the medication will be discarded in the presence of another nurse, in accordance with the state and FDA guidelines. (See Medication Training Manual)
- At the end of the school year, the nurse will contact parents/guardians, asking them to pick up student medication. If medication is not picked up within 1 week, the nurse will discard the medication in the presence of another nurse and in accordance with the state and FDA guidelines (See Medication Training Manual).
- Back-up staff that have been designated by the principal to administer medication during times when the nurse is absent, **MUST BE**

References:
VDOE Medication Administration Training Manual
Petersburg City Public Schools Policy JHCD-Administering Medicine to Students

PROTOCOL FOR SPECIALIZED NURSING PROCEDURES

The purpose of this protocol is to identify and plan for the management of students with special health needs, medical procedures and treatment needs that may impede learning.

I. School and Parent Responsibilities

Parents or guardians must provide the school with comprehensive medical information, medications, medical equipment, and medical supplies to help school staff care for their child.

Upon receiving notification that a student has special health care needs (preferably prior to entering school), the school nurse will contact the parent/guardian to set up a conference to discuss the student's health care needs. The nurse will obtain pertinent information regarding the student from school personnel and the student's physician so that the student's needs are met during the school day.

The parent/guardian must authorize the administration of the specialized health care procedure per the consent form. *(See **Medical Orders and Parental Consent for Specialized Health Care Procedures Appendix N)***

- The student's physician must sign and return the **Plan of Treatment** forms *(see Appendix N, O, & P)*, which outlines specific nursing procedures to the school, authorizing the administration of the specialized health care procedure(s) (See Procedures Form). When indicated, an Individualized Health Care Plan (IHCP) will be developed and a Medication Consent Form must also be signed by a physician and parent/guardian, and returned to school.
- The nurse will review all pertinent health care plans/procedures/treatments with the school personnel who will be in contact with the student and provide copies of the information to the appropriate school personnel only if needed.

II. Training and Supervision School Responsibility

- School personnel will be designated to perform long term procedures (i.e., catherization, suction and tracheostomy care, ostomy care, tube feeding, etc.). The school nurse and the principal will work closely together to identify the staff member most appropriate to perform the procedure.
- The admission/entry of a medically fragile student to school **will not be permitted** until the Plan of Treatment, Parent Authorization for Specialized Health Care, student-specific nursing procedures, and Individualized Health Care Plan are in place and staff is adequately trained.

III. Nurse Responsibility

- The designated school staff will be trained by the school nurse in the performance of all specialized procedures so that they are qualified to perform the procedures.
- The nurse will supervise the designated school staff in the performance of the specialized procedures until proficiency is demonstrated and as often as the nurse determines it is needed. A skills checklist will be used to show evidence of mastery of the required procedure(s). The checklist will be kept in a file by the School Nurse.
- Specialized health care procedures which may be performed by trained school staff include but are not limited to:
  - gastrostomy tube feeding
  - care and cleaning ostomies
  - tracheostomy suctioning
  - care and cleaning of tracheostomy and stoma
  - clean intermittent catherization
  - care of an external catherization
  - postural drainage and percussion therapy
  - administration of tube or rectal medications
  - intermittent temperature or blood pressure monitoring
  - other

The School Nurse will document all specialized Treatments and/or Procedures on the school nurse treatment log (See clinic log or daily log)

IV. Parent Responsibility

Parents or guardians have the primary responsibility for providing appropriate health care for their children. Whenever possible, parents are encouraged to work with their health care provider to administer medications and specialized health care procedures before or after school.

- The parents or guardians must inform the school of changes in the student's treatment Plan and/or medications as they occur so that information can be updated and implemented.
- Specialized health care procedures that are the sole responsibility of the parent; will not be completed by school personnel or the school nurse include but are not limited to:
  - Replacing gastrostomy tube feeding sites
  - Changing malfunctioning insulin pump sites

V. SCHOOL NURSE ORIENTATION PROTOCOL

Upon the hiring of a new school nurse for Petersburg City Public Schools, the following protocol is followed:

- The start date is coordinated and scheduled by the School Nurse Coordinator and the Human Resource staff. The newly hired school nurse will complete 8-10 days of orientation. The Orientation plan will follow the schedule below:
- On Day 1, the new school nurse will complete the Human Resource Department Orientation
- On Day 2, the new school nurse will spend time learning School Health Policies to include:
  - State Laws
  - Virginia School Health Guidelines
  - Licensure, Certifications, Training
  - Computer System use and guidelines
  - The Virginia Department of Education, Division of School Health Services online School Nurse Orientation Program that can be accessed at the following link: http://www.doe.virginia.gov/support/health_medical/nurse_orientation/index.shtml
- On Days 3 and 4 the new school nurse will spend time learning clinical practices, and nursing activities to include:
  - Task & Responsibilities
  - Day To Day Clinic Flow
  - Medication Administration
  - Medical Procedures
  - Documentation (clinic notes, PowerSchool Incident reports, parent notification)
  - School Required Immunizations
  - Required Screenings
  - Infection Control / Diseases
  - First Aid
  - Emergency Management
  - Back-up Staff
  - Staff Workplace Injuries
- On days 5 through 10, the newly hired nurse will complete school clinic training under designated preceptors.

The newly hired School Nurse and each preceptor must complete the School Nurse Orientation Schedule and Acknowledgement form (See the School Nurse Orientation Plan. *(See Appendix Q)*

PRECEPTORSHIP OF NURSING STUDENTS

For the purpose of participating in the training of future nurses, the Petersburg City Public Schools (PCPS) School nurses will assist with preceptorship of the nursing students enrolled in the Petersburg City Public Schools Practical Nurse Program. Clinical Observations will be completed in the school health clinics at least twice per school year.

The following protocol is followed in accordance with the PCPS Practical Nursing Program:

I. Clinical Preceptor's Responsibilities will include to:

- be willing to act as a role model and be interested in the student's learning.
- orient student to the clinical practice setting including identification of facility policies and procedures.
- serve as a role model as a practitioner, teacher and mentor.
- provide client care in accordance with established, evidence based nursing practice standards.
- provide the student with ongoing constructive feedback that relates performance standards to student performance.
- provide suggestions that will assist and improve student performances to achieve course and clinical objectives.
- communicate ongoing student progress to the student and faculty and contribute to the student's summative evaluation.
- contact faculty if assistance is needed or if any problem with the student's performance occurs.
- maintain mature and effective working relationships with other health care team members.
- facilitate the student's professional socialization into the new role and with new
- use resources safely, effectively and appropriately.
- ensure that the ratio shall not exceed 2 students to 1 preceptor.

II. Preceptorship Of Nursing Students

Student's Responsibilities will include:

- Comply with health and other professional requirements of the nursing program and clinical facility prior to the start of the clinical experience.
- Dress in a professional manner consistent with clinical faculty guidelines and be clearly identified as a student.
- Maintain open communication with the preceptor and the faculty.
- Prepare for each clinical experience as needed.
- Respect the **confidential nature of all information obtained during clinical experience**.
- Arrive promptly when scheduled to work; call the unit and your clinical faculty if you cannot attend clinical.
- Provide safe, basic nursing care at the highest level of knowledge.
- Participate in daily client care and unit activities as delegated by the nurse preceptor.
- Share objectives with your preceptor.
- Complete the clinical and course requirements of the course.
- Participate in the evaluation process.

III. PHYSICAL EXAMINATIONS - SCHOOL ENTRY PHYSICALS

The Code of Virginia requires documentation of a comprehensive physical examination upon entry to public kindergarten or elementary school. The physical examination must be completed by a qualified licensed physician, nurse practitioner, or physician assistant, and must be completed within 12 months prior to the date such child first enters public kindergarten or elementary school. The physical examination is required to protect the public from communicable disease, and to identify physical, social-emotional, or developmental needs the child has so that the school (1) can prepare to assist with meeting their needs, and (2) initiate necessary interventions to maximize the child's school readiness.

School nurses **do not** conduct school entry physicals. School entry physicals must be completed before the entry of school, or within 30 days from the start of school. The school entry health forms needed for appropriate documentation of the physical examination can be found at: http://www.vdh.virginia.gov/content/uploads/sites/11/2016/04/schoolform.pdf

SCOLIOSIS PROTOCOL

Overview:
Scoliosis (sko-lee-O-sis) is a disorder in which there is a sideways curve of the spine, or backbone. Curves are often S-shaped or C-shaped. In most people, there is no known cause for this curve. This is known as idiopathic (id-ee-o-PATH-ik) scoliosis. People with milder curves may only need to visit their doctor for periodic exams. Some people who have scoliosis need treatment.

I. Authorization

Code 8VAC20-690-20- Scoliosis Program
Each school board shall implement a scoliosis program that shall consist of the provision of parent educational information on scoliosis for students in grades 5 through 10 **or** the implementation of a program of regular screening for scoliosis for students in grades 5 through 10. School boards shall not impose a fee for any scoliosis program implemented.

The PCPS Scoliosis Program consists of providing parent education on scoliosis for **all** students on an annual basis at the beginning of each school year. This information is disseminated with all medical forms, and is also made available on the school division website (Office of Nursing Services Department).
The scoliosis educational material includes information on diagnosis, causes, and treatment. *(See Scoliosis Facts for Parents Appendix R)*

References:
Code of Virginia. Regulations For Scoliosis Screening Program. http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+8VAC20-690

U.S. Department of Health and Human Services Public Health Service National Institute of Arthritis and Musculoskeletal and Skin Diseases National Institutes of Health Website: www.niams.nih.gov
Virginia Department of Education Scoliosis program guidelines.http://www.doe.virginia.gov/support/health_medical/index.shtml

PROTOCOL FOR MANAGING SOILING AND WETTING ACCIDENTS

The purpose of this protocol is to outline the processes for managing students who present to the classroom teacher or the school nurse clinic that they have soiled or wet themselves (toileting accidents).

Students enrolled in school are expected to be potty-trained, and to be able to control their bowel and bladder; with the exception of those with a documented medical condition or developmental delays. In the event that a student has soiled or wet themselves in the classroom or to the clinic with suspected illness resulting in wetting or soiling, staff will immediately manage the student at that time and notify the nurse and administration. The nurse is expected to use medical skills to evaluate the condition of the student. Management of a toileting accident requires compassionate care which should be provided by any school staff that is in contact with the student.

I. Parent/ Guardian Responsibilities:

- Parents must inform the school of students' medical issues relating to toileting.
- Parents or guardians must provide the school with extra clothing (including underwear and socks) and pre-moistened wipes for students in Pre-K, Kindergarten, and First grade. These items are listed on the student supply list.
- Parents or guardians must also provide current contact information to the school and updates as appropriate.

II. School Responsibilities:

If a student is on a special toileting, bladder, or bowel plan due to illness or developmental delays, the school nurse must advise the parents to provide essential supplies according to the medical plan. Information in the plan will be shared with the school principal and the appropriate instructional staff responsible for caring for the student during the school day.

- The school administrator(s) must make parents aware of essential supplies (extra clothing and pre-moistened wipes, etc.) needed for students.
- Each school will maintain a clothing supply room in a special designated area accessible to all staff.
- Each elementary school and the pre-school will maintain a supply of disposable diapers.
- As soon as the teacher or other staff is aware that a child has had a toileting accident, the parent needs to be contacted as soon as possible; and school staff, should attend to the student.
- When a student has experienced a toileting accident (soiled or wet their clothes) outside of the clinic, the nurse will be called to apply the appropriate medical skills to determine if the incident is due to illness or a medical condition.
- In the case that the condition is deemed not due to a medical condition (no indication of sluggishness, sleepiness or warm to the touch) then students may be directed, under adult supervision, to clean themselves and change in the classroom bathroom or nearby bathroom with minimal assistance. Students will take responsibility for cleaning themselves and changing clothes to the best of their ability.
- Two (2) adults must be present to assist students if undressing is necessary.
- If there is no change of clothing and the parent cannot be reached, the child's clothing will be washed and dried (**if a washer and dryer are available**) while the child is resting in the clinic or other private area. The child will be covered in a blanket or spare cover-up while the clothing has being laundered. **Students should not remain in the classroom or any location within the school in wet or soiled clothing.**
- If parent(s) cannot be contacted by phone, a note will be sent to the parent(s), making them aware of the incident.
- All unwashed, soiled clothing will be placed in a plastic biohazard bag and sent home in the child's back-pack if a parent cannot be reached.

- If a student soils or wets his clothing and has signs of illness or abnormality, such as sluggishness, sleepiness, warm to the touch or frequent bathroom visits, the child will be immediately taken to the nurse and the nurse will assist the child in the cleanup and changing. The nurse will evaluate the child for signs of illness. The nurse will contact the child's parent and recommend additional medical services.

Upon entrance to the clinic:

- The nurse or office staff will contact the child's parent immediately after providing assistance to the student.
- The student will be directed to clean-up and change to the best of their ability with minimal assistance by school staff.
- The school nurse must be accompanied by another adult if clean-up requires student to fully undress.
- The student is made as comfortable as possible until parent arrives to pick them up-(clean-up, change of clothing if available, rest in the clinic).
- If the parent cannot be reached, and a change of clothing is available, the child will be cleaned and changed in the clinic, and remain until family can be reached.
- If there is no change of clothing and the parent cannot be reached, the child's clothing will be washed and dried (**if a washer and dryer are available**) while the child is resting in the clinic. The child will be covered in a blanket or spare cover-up while the clothing is being laundered.
- If parent(s) cannot be reached by phone, a note will be sent home to the parent(s), making them aware of the incident.
- All soiled clothing will be placed in a plastic biohazard bag and sent home in the child's back-pack if a parent cannot be reached.

All staff will work together in the management of toileting accidents, for obtaining spare clothing and cleaning up the child.

UNIVERSAL PRECAUTIONS AND PERSONAL PROTECTIVE EQUIPMENT (PPE)

Universal Precautions also known as Standard Precautions is a way to limit the spread of disease by preventing contact with blood borne pathogens. Blood borne pathogens include but are not limited to: Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV).

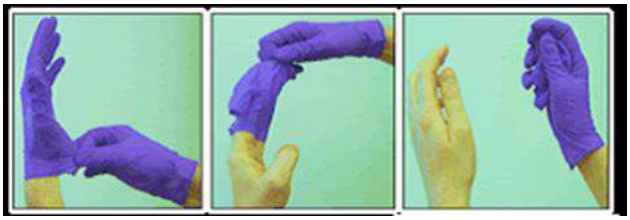
Universal Precautions should be followed correctly whether or not you think a victim's blood or body fluid is infected, you act as if it is. All blood and

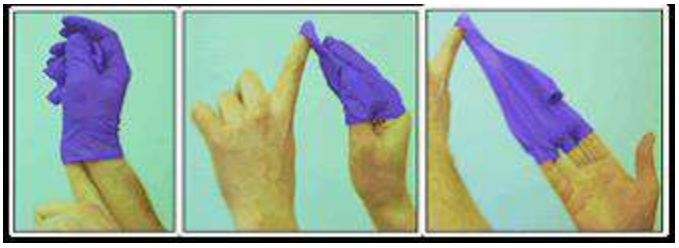
body fluids are considered hazardous material and should be treated as if infectious.

PPE includes disposable gloves, gowns, lab coats, face shields, eye protection and pocket masks / facial barriers.

I. To reduce the risk of infections:

- Wear disposable gloves when giving first aid. Use a face shield or mask when performing CPR.
- Remove gloves properly –without touching the bare skin, grasp the inside palm of your gloves with the fingers of the opposite hand and pull gloves off inside out –repeat with 2nd hand and dispose of gloves in an appropriate manner. Clean your hands with an alcohol based hand sanitizer. If not available, wash well with soap, and water.





PCPS Exposure Control Plan

- There are specific school personnel whose duties may expose them to blood and potentially infectious body fluids: Medical Staff and Custodial Staff.
- Due to the possibility of accidents and incidents, *all* school employees must understand the dangers of infection and safe practices to minimize risk. Always put a barrier between you and the potentially infectious fluids.
- Gloves and gauze are available to all staff members. Annual professional development sessions are given as an up-date or reminder to everyone.
- Try to contain the exposure and spills to as small an area as possible and reduce the amount of spattering of fluids involved. **Always call for assistance!**
- The exposed surfaces should be cleaned as soon as possible with a suitable disinfectant or 1 part bleach to 10 parts water, and the disposable items should be placed in a Biohazard bag or container.
- You may obtain personal protective equipment from Custodial and Medical Staff to include gowns, gloves, masks, and some clean-up equipment. Always check your gloves and protective equipment for tears and punctures; cover known wounds before putting on gloves, and wash your hands under running water after glove removal.
- The two most common of the Blood-borne Pathogens are the Hepatitis-B Virus (HBV), and the Human Immunodeficiency Virus (HIV). *With* both, there may not be signs or symptoms and the infected person may not even know that they are infected. An *indirect* transmission can happen when you touch a contaminated surface and transfer it to you mouth, nose, eyes, and non-intact skin (wounds and rashes). Use good personal hygiene and don't eat, drink, smoke, apply cosmetics or lip balms, or handle contact lenses, etc., where there is likelihood of exposure. Don't keep food and drink in refrigerators, freezers, shelves, and cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.

***Any Employee who has experienced a direct exposure to potentially infectious material must immediately report it to their supervisor and seek medical attention. These employees will be referred to a Worker's Comp panel physician for post exposure treatment and follow-up.**

The Hepatitis B vaccine is highly recommended. The vaccination is a series of three injections. The second injection is given one month from the initial injection. The final dose is given six months from the initial dose. If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available at no cost to the employee.

The vaccine is 85-97% effective. HBV can survive on surfaces and at room temperature for at least a week- 30 days. Both, HBV and HIV can be transferred to your loved ones, and both can be life threatening, so please adhere to all policies regarding Blood-borne Pathogens Exposure Control.

If there are any questions, consult your medical staff and /or building administrator.

Detailed Bloodborne Pathogens Exposure Control Plan

I. INTRODUCTION

The Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 Bloodborne Pathogens Standard adopted by Virginia Occupational Safety and Health (VOSH) was issued in 1991 to reduce the occupational transmission of infections caused by microorganisms sometimes found in human blood and certain other potentially infectious materials. Although a variety of harmful microorganisms may be transmitted through contact with infected human blood, hepatitis B virus (HBV), hepatitis C virus (HCV) and the Human Immunodeficiency Virus (HIV) have been shown to be responsible for infecting workers who were exposed to human blood or certain other body fluids containing these viruses. Occupational transmission has been identified through routes like needle stick injuries and by direct contact of mucous membranes and non-intact skin with contaminated blood/materials. Occupational transmission of HBV occurs much more often than transmission of HIV and HCV. However, all possible measures must be employed when performing any task or procedure that presents risk of occupational exposure to any blood-borne pathogen.

All employees who may be exposed to blood and other potentially infectious materials in the performance of tasks and procedures as part of the duties as described by their job classification are included in this exposure control plan. This plan will be reviewed at least annually and updated as necessary by the **school division administrators** and/or his/her designee. Copies of this plan are available for review by any employee. A copy is posted on the Health Services webpage, in each nurse clinic, and in the main office of each school building.

II. EXPOSURE DETERMINATION

- All employees in the following job classifications have occupational risk to exposure:
  - Administrators
  - Nurses
  - Medical Back-up staff
  - Academic/teaching staff
  - Direct Care Aides
  - Instructional Aides
  - Custodial staff
  - Director of Food Service
  - Office and counseling staff
  - Cafeteria Food Service workers
  - Security staff
  - Other staff who comes in direct contact with students

- Some employees in the following job classifications have occupational risk exposure:
  - Maintenance
  - Administration

- The following is a list of all tasks and procedures or groups of closely related tasks and procedures that are performed by employees in job classifications listed in sections IIA (**1-12**) and IIB (**1-2**) and in which occupational exposure to blood-borne pathogens may occur:
  - Assisting and applying treatment appropriated to job description and documented approved training to students for an open cut, sore, wound, or other compromise to the skin that presents exposure to blood or other body fluids.
  - Handling of contaminated sharps and lancets used in diabetic monitoring procedures.
  - Handling of soiled and potentially contaminated clothing, linens, laundry, or other materials or items.

- Cleaning of any surface, equipment, or materials that may have been contaminated with blood or other body fluids.
- Responding to and assisting in situations such as falls, accidents, altercations, or other incidents that present exposure to blood or other body fluids.

III. METHODS OF COMPLIANCE

A. Standard precautions
All blood or other potentially infectious materials shall be handled as if contaminated by a blood-borne pathogen. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

B. Hand washing and other general hygiene measures
- Hand washing is a primary infection prevention measure that is protective of both the employee and students. Appropriate hand washing must be diligently practiced.
- Employees shall wash hands thoroughly using soap and water whenever hands become contaminated and as soon as possible after removing gloves or other personal protective equipment.
- Employees shall remove gloves and wash immediately following any First-aid procedure, or following any incident that causes potential exposure to infectious material, and shall put on new gloves before returning to their post or working area.
- In work areas where provision of hand washing facilities is not feasible, an appropriate antiseptic hand cleanser in conjunction with clean paper towels or antiseptic towelettes will be provided.
- When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
- Employees shall wash hands and any other skin with soap and water or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure. These work areas include but are not limited to:
  - Medical treatment and Medication administration areas
  - Countertops and desk areas
  - Countertops and desk areas in nurse clinics
  - Food preparation and food serving or beverage dispensing surface areas

C. Procedures involving blood or other potentially infectious materials

- All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed.
  - Immediately or as soon as possible after use, contaminated sharps shall be placed in appropriate containers until properly reprocessed.
  - Sharps containers shall be puncture resistant, color-coded (red), leak-proof on the sides and bottom, and in accordance with OSHA requirements for reusable sharps.
- Employees are prohibited from suctioning blood or other potentially infectious materials with their mouth.
- Specimens of potentially infectious materials shall be placed in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping.
  - The container for storage, transport, or shipping shall be color coded (red) and closed prior to being stored, transported, or shipped. Labeling or color-coding is required when such specimens/containers leave the facility.
  - If outside contamination of the primary container occurs, the primary container shall be placed within a second container

that prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the OSHA requirements.

D. Personal Protective Equipment

All personal protective equipment will be provided, repaired, cleaned, and disposed of by the employer at no cost to employees.

- Gloves shall be worn when it can be reasonably anticipated that hands will contact blood or other potentially infectious materials, mucous membranes, or non-intact skin; will contact mouth, nose, or eyes; when handling or touching contaminated items or surfaces; and/or when handling or touching food or other items to be ingested.
  - Disposable gloves will be made available in all applicable work stations, including but not limited to: medication rooms, medication carts, nurse clinics/office, kitchen, service kitchen, housekeeping carts, and designated custodian closet(s).
  - Disposable gloves shall be replaced immediately as feasible when contaminated, torn, punctured, or when their ability to function as a barrier is compromised.
  - Disposable gloves are not to be re-used.

- **Only Utility gloves** may be decontaminated for re-use if the gloves are in good condition. Gloves shall be discarded when cracked, peeling, torn, punctured, when they show other signs of deterioration, or when their ability to function as a barrier is compromised.

- Masks and eye protection shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

E. Housekeeping

- General policy: The workplace will be maintained in a clean and sanitary condition. A written housekeeping procedure, prescribing the appropriate methods and frequency of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed, shall be followed.
  - All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potential infectious materials.
  - Contaminated work surfaces shall be cleaned and decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.
  - All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis. Upon visible contamination, the bins should be cleaned and decontaminated immediately.
  - Broken glassware that may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan or tongs.

- Laundry: Employees who handle contaminated laundry are to wear protective gloves and other appropriate personal protective equipment.

  - Contaminated laundry shall be handled as little as possible with a minimum of agitation. Laundry shall not be sorted or rinsed in location of use.
  - All laundry shall be placed in the container/bag where it was used.
  - Wet contaminated laundry that may soak through or cause leakage from a bag or container shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.
  - Laundry shall be transported for cleaning by a certified **LINEN SERVICES COMPANY**.

F. Regulated Waste:

- Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:
  - Closable;
  - Puncture resistant;
  - Leak-proof on sides and bottom; and
  - Color-coded (red) in accordance with OSHA standard.

- During use, containers for contaminated sharps shall be:
  - Easily accessible to employees and located as close as is feasible to the immediate area where sharps are used;
  - Maintained upright throughout use; and
  - Replaced routinely and not be allowed to overfill.

- When moving containers of contaminated sharps from the area of use, the containers shall be;
  - Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
  - Placed in a secondary container if leakage is possible – the second containers shall be closable, constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and color-coded (red) in accordance with OSHA standard.

- Communication of hazards to employees:
  - Employees will be informed of regulated waste hazards through a system of color-coded (red) labels, and through a training program as discussed in Section VI of this written plan.
  - Warning labels shall be affixed to containers of regulated waste. Labels shall be fluorescent orange or red with lettering or symbols in a contrasting color, and is to be either an integral part of the container or affixed as close as feasible to the container by a method which prevents loss or unintentional removal of the label. The label shall have the biohazard symbol and the test "BIOHAZARD"; or
  - Red bags or red containers may be substituted for the warning label.

IV. HEPATITIS B VACCINATION POLICY

General Statement of Policy

All employees who have been identified as having exposure to blood-borne pathogens will be referred to have the Hepatitis B Vaccine at the local health department. In addition, these employees will be offered post-exposure evaluation and follow-up at no cost to them should they experience an exposure incident on the job (through Worker's comp protocol)

- All medical evaluations and procedures including the Hepatitis B vaccination series, whether prophylactic or post-exposure, will be made available to the employee at a reasonable time and place. This medical care will be performed by or under the supervision of a licensed physician, physician's assistant, or nurse practitioner. Medical care and vaccination series will be according to the most current recommendations of the U.S. Public Health Service. A copy of the blood-borne pathogens standards will be provided to the healthcare professional responsible for the employee's Hepatitis B vaccination.

All laboratory tests will be conducted by an accredited laboratory at no cost to the employee.

Hepatitis B Vaccination

The vaccination is a series of three injections. The second injection is given one month from the initial injection. The final dose is given six months from the initial dose. If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available at no cost to the employee.

Any exposed employee who chooses not to take the Hepatitis B vaccination will be required to sign a declination statement.

V. EVALUATION AND FOLLOW-UP PROCEDURES OF EXPOSURE INCIDENTS

A. An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Employees who experience an exposure incident must immediately report their exposure to their supervisor. When an employee reports an exposure incident, he/she should immediately be offered a confidential medical evaluation and follow-up including the following elements:

- Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- Identification and documentation of the source individual unless identification is not feasible.
- Blood from the source individual will be tested as soon as feasible after consent is obtained for HBV, HCV, and HIV testing. If the source individual's blood is available, and the individual's consent is not required by law, the blood test and the results documented. The exposed employee will be informed of the results of the source individual's testing.
- The exposed employee's blood shall be collected as soon as feasible after consent is obtained, and tested for HBV, HCV and HIV serological status. If the employee consents to baseline blood collection, but does not give consent at the time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
- The exposed employee will be offered post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service. The exposed employee will be offered counseling and medical evaluation of any reported illnesses.

A. The following information will be provided to the healthcare professional responsible for evaluating the exposed employee:

- A copy of 29 CFR 1910.1030, OSHA Bloodborne Pathogens Standard;
- A description of the exposed employee's duties as they relate to the exposure incident;
- The documentation of the route(s) of exposure and circumstances under which exposure occurred;
- Results of the source individual's blood testing, if applicable;
- All medical records relevant to the appropriate treatment of the employee including vaccination status.

B. The employee shall be provided with a copy of the healthcare professional's written opinion within fifteen (15) days of the completion of the evaluation. The written opinion will be limited to the following information:

- The employee has been informed of the results of the evaluation;
- The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

All other findings shall remain confidential and shall not be included in the written report.

VI. EMPLOYEE TRAINING

Employees will be trained regarding blood-borne pathogens at the time of initial assignment to tasks where exposure may occur and annually, during work hours. Additional training will be provided whenever there are changes in tasks or procedures which affect an employee's occupational exposure.

The training approach will be tailored to the educational level, literacy, and language of the employees. The training plan will include an opportunity for employees to have their questions answered by the trainer. The **FACILITY ADMINISTRATOR** or his/her designee is responsible for arranging and/or conducting training.

The following content will be included:

- Explanation of the blood-borne pathogens standard;
- General explanation of the epidemiology, modes of transmission, and symptoms of blood-borne diseases;
- Explanation of this exposure control plan and how it will be implemented;
- Procedures which may expose employees to blood or other potentially infectious materials;
- Control methods that will be used at to prevent and/or reduce the risk of exposure to blood or other potentially infectious materials;
- Explanation of the basis for selection of personal protective equipment;
- Information about the hepatitis B vaccination program, including the benefits and safety of vaccination;
- Information on procedures to use in an emergency involving blood or other potentially infectious materials;
- Determine the procedure to follow if an exposure incident occurs;
- Explanation of post-exposure evaluation and follow-up procedures; and
- Explanation of warning labels and/or color coding.

VII. RECORD-KEEPING PROCEDURES

Procedures are in place for maintaining both medical and training. If PCPS should cease business, and there is no successor employer to receive and retain the records for the prescribed period, then the Director of the National Institute for Occupational Safety and Health (NIOSH) will be notified at least three (3) months prior to the disposal of records. The records will be transmitted to NIOSH, if required by the Director, within the three month period.

- A medical record will be established and maintained for each employee with exposure. The record shall be maintained for the duration of employment plus thirty (30) years in accordance with 29 CFR 1910.1020. The record shall include the following:
- Name and social security number of the employee
- Copy of the employee's hepatitis B vaccination status with dates of hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;
- Copy of examination results, medical testing, and any follow-up procedures;
- Copy of the healthcare professional's written opinion; and
- Copy of the information provided to the healthcare professional who evaluates the employee for suitability to receive hepatitis B

vaccination as a prophylactic and/or after an exposure incident.

- Confidentiality of medical records: The records will be kept confidential. The contents will not be disclosed or reported to any person within or outside the workplace without the employee's expressed written consent, except as required by law or regulation. Employee medical records required under 29 CFR 1910.1030 shall be provided upon request for examination and copying to the subject employee and to the Commissioner of the Virginia Department of Labor and Industry in accordance with 29 CFR 1910.1020.

Training records: Training records shall be maintained for three (3) years from the date on which the training occurred. The following information shall be included:

- Dates of training sessions;
- Contents or summary of training sessions;
- Names and qualifications of trainer(s); and
- Names and job titles of all people attending.
- Training records shall be provided upon request for examination and copying to employees, to employee representatives, and to the Commissioner of the Virginia Department of Labor and Industry in accordance with 29 CFR 1910.20.

THIS EXPOSURE CONTROL PLAN:

Was prepared by: Robin B. Cox, RN, BSN, M.A. in accordance with 29 CFR 1910.20., School Board Policy File EBAB, File GBEG, and File EBBC

Date prepared: August 22, 2016

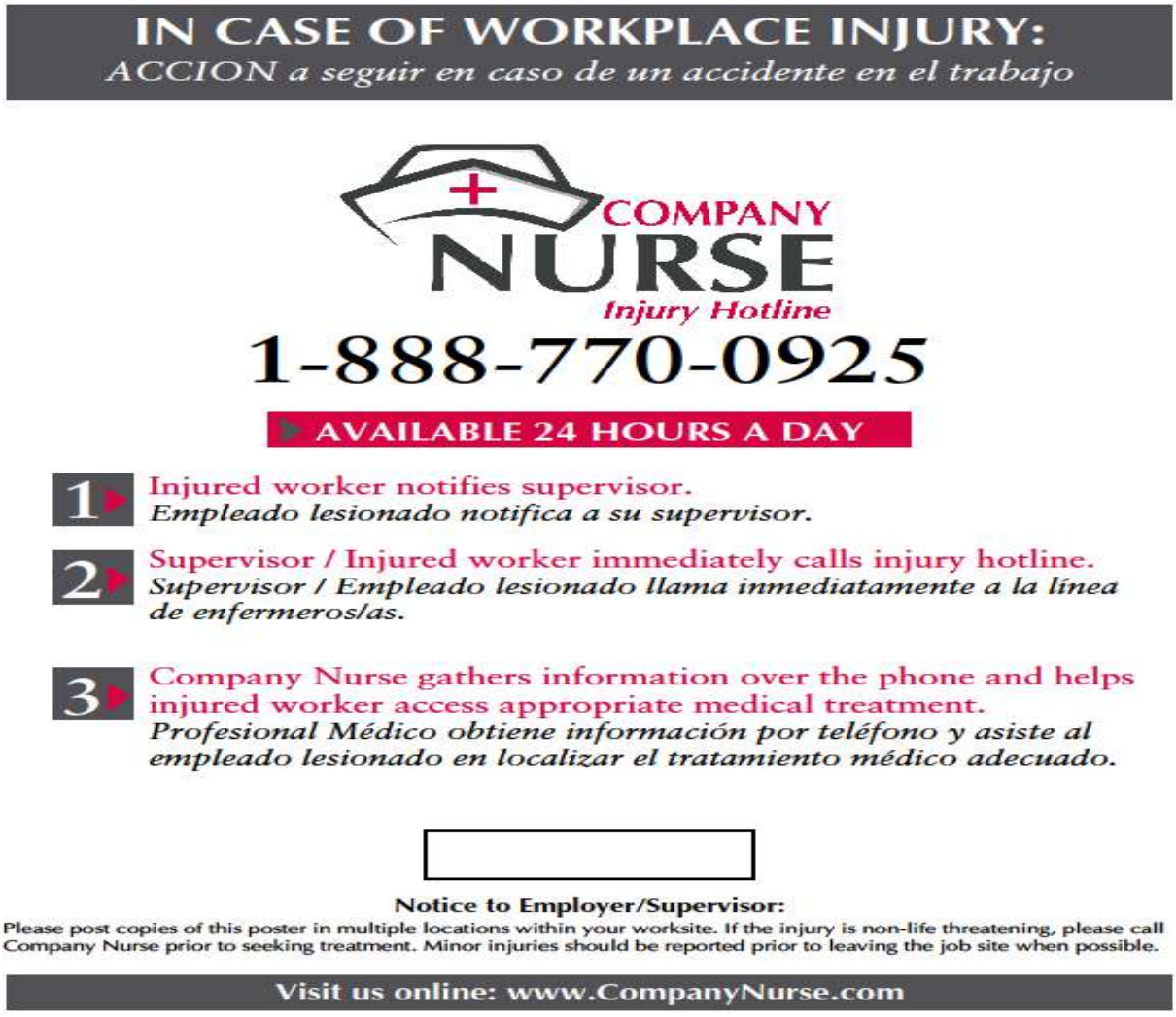
Revised : December 2017; May 2018

Worker's Compensation Protocol

Staff Only

In case of workplace injury, please follow the steps below:

- Report injury to supervisor immediately *(For form, see Appendix S)*
- The injured worker and/ or supervisor immediately call injury hotline at 1-888-770-0925 (24 hours a day)
- The company nurse gathers all information over the phone and helps injured worker access appropriate medical treatment



Reference List

Abuse and Neglect. 2016. http://www.dss.virginia.gov/abuse/index2.cgi (accessed September-December 2016).

American Academy of Allergy, Asthma and Immunology AAAAI. (2015). www.aaaai.org

Asthma and Allergy Foundation of America (2016). www.aafa.org

Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs. (2016). Available at www.cdc.gov/healthyyouth/foodallergies/ @www.cdc.gov/healthyyouth;

Centers for Disease Control and Prevention (2016). *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs*.

EpiPen4Schools (2015).

DEQ, -Virginia Department of Environmental Quality. *Management of Regulated Medical Waste.* 2016. http://www.deq.virginia.gov/Programs/LandProtectionRevitalization/SolidHazardousWasteRegulatoryPrograms/MedicalWaste.aspx (accessed December 2016).

Epinephrine auto-injector demo video. www.epipen4schools.com

Hampton Roads Regional Schools (2014). *Life-Threatening Allergy Management Protocol.*

Maclin, Jeanne. "Petersburg city Public Schools Practical Nursing Progam." *Preceptor Manual.* Petersburg, Virginia, 2016.

Managing Students with Seizures . 2009. https://static1.squarespace.com/static/57894761c534a59362a89e4c/t/579f9cf2c534a548d35b1d44/1470078200452/School+Nurse+Manual.pdf (accessed December 2016).

National Association of School Nurses *(2012). Position Statement: Allergy/Anaphylaxis Management in the School Setting.* www.nasn.org

Pennsylvania Public Schools Mandated School Health Program. 2016. http://www.health.pa.gov/My Health/School Health/Pages/Mandated-School-Health-Program. (accessed October, November, December 2016).

Petersburg City Public Schools Board Policy Manual. Petersburg, Virginia, n.d.

RCPS School Health Serivces. January 2016. https://www.rcps.info/cms/one.aspx?portalId=468655&pageId=580471 (accessed December 2016).

"Regulations For Scoliosis Screening Program." *Virginia Law-Code of Virginia.* Richmond, Virginia: Virginia Legislative Information System, 2016.

Southall, Vickie. "Guidelines for Specialized Health care procedures." *Virginia Department of Education Health and Medical* . 2004. http://www.doe.virginia.gov/support/health_medical/specialized_health_care_procedures (accessed December 2016).

"Student Health and Medica Services." *Virginia Department of Education.* Virginia Department of Education. June 2012. http://www.doe.virginia.gov/support/health_medical/medication/manual_training_admin-meds. (accessed December 2016).

"The Division of Immunization." *Virginia Department of Health.* December 2016. http://www.vdh.virginia.gov/immunization/surveillance (accessed December 2016).

"U.S. Department of Health and Human Services Public Health Service." *National Institute of Arthritis and Musculoskeletal and Skin Diseases.* National Institute of Health, 2016.

Virginia Beach City Public Schools (2014). *Health Services Manual. Life-threatening Allergies Management Protocol.*

Virginia Department of Education, (2012). *Manual for Training of Public School Employees in the Administration of Medication*.

"Virginia Department of Education Scoliosis Program Guidelines." *Virginia Department of Education.* Richmond, Virginia, 2016.

Virginia Department of Education (2012). Sups Memo 141-12 07/13/2012, *Development and Implementation of Policies for the Possession and Administration of Epinephrine in Schools.*

Virginia School Health Guidelines (2012). Anaphylaxis in the School Setting Guidelines. §22.1-274.2 *Possession and self-administration of inhaled asthma medications and auto-injectable epinephrine by certain students.* http://www.doe.virginia.gov/support/health_medical/anaphylaxis_epinephrine/index.shtml (accessed September-December 2016).

Virginia School Health Guidelines (1999). *Student Health and Medical.* http://www.doe.virginia.gov/support/health_medical/virginia_school_health_guidelines (accessed September-December 2016).