

STUDENT HEALTH SERVICES

*And the Systems Necessary to Promote
Healthy Student Outcomes*



A GUIDEBOOK

**FOR SCHOOL ADMINISTRATORS,
NURSES, AND PERSONNEL**

Presented by ESD 105 School Nurse Corps
Revised 2015



School Health Services

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PREFACE

This manual, presented by the Washington State School Nurse Corps, was created to assist school district staff in the provision of essential health services to students in compliance with state statutes. School districts should always refer to the most updated version of the specific Revised Code of Washington (RCW) for current legislation and the Office of Civil Rights (OCR) regarding accommodations for students with disabilities. General recommendations made in these guidelines should never be substituted for legal counsel in a particular situation. Sometimes the law is silent and or may be unclear, in these instances it is also prudent to consult with your district’s legal counsel and risk management consultant. Always consider district policy and procedures when providing school health services.

The following chapters contain guidelines for school health services. The guidelines are a summarization of procedural strategies to assist administrators and school nurses to plan for health services throughout the school year.

This manual is divided into four sections:

- **INTRODUCTION:** a general discussion of health care in schools and a brief description of the role of the school nurse.
- **TASKS:** description of specific tasks that are mandated by RCW or overseen by OCR to be completed for each school year.
- **DISTRICT SYSTEMS:** description of health related *systems* that must be in place in order for health tasks to be completed in the school setting.
- **APPENDICES**

In the school setting, it is essential to aggressively manage all health problems that are likely to compromise daily learning readiness and student safety.

The school setting is not a health care setting but an educational institution setting.

The manual is a compilation of ideas and practices that describe health services *systems* that “work” in different school settings.

Each school district will develop systems that fit its school policy and procedures. It is important for school administrators and school nurses to work closely together to clarify student needs, medical risks, and liability for the individual school district.

PURPOSE OF THIS MANUAL

PURPOSE OF THIS MANUAL: LINKING HEALTH TO LEARNING

Leon:

Leon has a life threatening reaction to peanuts. His father is very worried about Leon starting kindergarten. He has many questions: Will Leon be exposed to peanuts in the classroom? In the cafeteria? On the bus? On a field trip? If Leon experiences an anaphylactic reaction, will someone be there to administer the epinephrine auto-injector? Where is it located? Is the staff ready for Leon?

Leon's father is assured that staff throughout the whole school are prepared to keep Leon safe. Everyone knows what to do to prevent exposure to peanuts, and if an inadvertent exposure occurs, they know what to do to prevent anaphylaxis. The school keeps Leon safe throughout his school career from kindergarten to graduation with a coordinated, systematic, seamless, safety net.

“Asserting that ‘healthy students make better learners, and better learners make healthy communities,’ the Council of Chief State School Officers (CSSO) and the Association of State and Territorial Health Officers (ASTHO) have summarized compelling research evidence that students’ health significantly affects their school achievement. Even if their schools have the most outstanding academic curriculum and instruction, students who are ill or injured, hungry or depressed, abusing drugs or experiencing violence are unlikely to learn as well as they should.”

– Kolbe, L.J. (2002), *Education reform and the goals of modern school health programs. The State Education Standard, 3(4), 4-11*

School health services have become an integral part of public education. Greater numbers of students are coming to school with increasingly complex health conditions. Professional school nurses and educators work together to assure that all students are safe, and able to learn at school.

This manual is a “living document.” It is based on the best work of ESD 105 member districts and school nurses across the state. It demonstrates the link between health and learning at the school level. It demonstrates the collaboration between educational professionals and health professionals as they work together to promote student success and academic achievement by:

- Enhancing communication between the language and perspectives of education and health.
- Assisting with the design of health services delivery within an educational setting.

This manual is a communication tool. It provides guidelines for the school administrator and school nurse to:

- Outline ways to reduce risk for students and reduce liability for the district.
- Review mandated health services in school.
- Review tasks, systems, and policies.
- Highlight and plan to make effective use of registered nurse time allocated for the school.

This manual is a planning tool. It provides guidelines for the school administrator and school nurse to:

- Review student health data as it impacts school improvement and student learning.
- Incorporate health activities into the annual school calendar.
- Assign roles to all staff to efficiently and effectively carry out health service activities/tasks outlined in the school calendar.
- Review the planning and implementation of health services annually to assure positive student health outcomes and promote student success.

**The Laws Mandating Specific School Health Services
that Require a Registered Nurse**

Education Law:

- **RCW 28A.210.260 Public and Private Schools—Administration of medication - Conditions.** The Board of Directors shall designate a professional person licensed pursuant to chapter 18.71 RCW or chapter RCW 18.79 as it applies to *registered nurses* and advanced registered nurse practitioners, to delegate to, train, and supervise the designated school district personnel in proper medication procedures.
- **RCW 28A.210.280 Catheterization of public and private school students.** School districts must provide for Clean Intermittent Catheterization of students [...] if the catheterization is provided for in substantial compliance with: (a) Rules adopted by the state nursing care quality assurance commission on the instructions of a *registered nurse* issued under such rules [...].
- **RCW 28A.210.320 Children with life-threatening health conditions -- Medication or treatment orders -- Rules.** (5) As used in this section, "medication or treatment order" means the authority a *registered nurse* obtains under RCW [18.79.260 \(2\)](#).
- **RCW 28A.210.370 Students with asthma [and anaphylaxis]**
 - (1) The superintendent of public instruction and the secretary of the department of health shall develop a uniform policy for all school districts providing for the in-service training for school staff on symptoms, treatment, and monitoring of students with asthma and on the additional observations that may be needed in different situations that may arise during the school day and during school-sponsored events. The policy shall include the standards and skills that must be in place for in-service training of school staff.
 - b) The student has demonstrated to the health care practitioner, or the practitioner's designee, and a *professional registered nurse at the school*, the skill level necessary to use the medication and any device that is necessary to administer the medication as prescribed.
- **RCW 28A.210.380 Anaphylaxis-Policy guidelines-Procedure-Reports.**
 - (1) The office of the superintendent of public instruction, in consultation with the department of health, shall develop anaphylactic policy guidelines for schools to prevent anaphylaxis and deal with medical emergencies resulting from it. The policy guidelines shall be developed with input from pediatricians, school nurses, and other health care providers, parents of children with life-threatening allergies, school administrators, teachers, and food service directors. The policy guidelines shall include, but need not be limited to:
 - a) A procedure for each school to follow to develop a treatment plan including the *responsibilities for [of] school nurses* and other appropriate school personnel responsible for responding to a student who may be experiencing anaphylaxis;

- **RCW 28A.210.383 Epinephrine Auto-injectors (Epi-pens) — School supply—Use.**
 (1) School districts and nonpublic schools may maintain at a school in a designated location a supply of epinephrine auto-injectors based on the number of students enrolled in the school.
 (3)(a) When a student does not have an epinephrine auto-injector or prescription for an epinephrine auto-injector on file, the *school nurse* may utilize the school district or school supply of epinephrine auto-injectors to respond to an anaphylactic reaction under a standing protocol according to RCW [28A.210.300](#).
- **RCW 28A.210.330 Students with diabetes -- Individual health plans -- Designation of professional to consult and coordinate with parents and health care provider -- Training and supervision of school district personnel.**
 (1)(b) The board of directors, in the course of developing the policies in (a) of this subsection, shall seek advice from one or more licensed physicians or *nurses* or diabetes educators who are nationally certified.
 (3) The board of directors shall designate a professional person licensed under chapter [18.71](#), [18.57](#), or [18.79](#) RCW as it applies to *registered nurses* and advanced registered nurse practitioners, to consult and coordinate with the student's parents and health care provider, and train and supervise the appropriate school district personnel in proper procedures for care for students with diabetes to ensure a safe, therapeutic learning environment. Training may also be provided by a diabetes educator who is nationally certified.
- **RCW 28A.210.350 Students with diabetes -- Compliance with individual health plan -- Immunity.** A school district, school district employee, agent, or parent-designated adult who, acting in good faith and in substantial compliance with the student's individual health plan and the instructions of the student's licensed health care professional, provides assistance or services under RCW [28A.210.330](#) shall not be liable in any criminal action or for civil damages in his or her individual or marital or governmental or corporate or other capacities as a result of the services provided under RCW [28A.210.330](#) to students with diabetes.
- **WAC 181-87-070 Unauthorized professional practice.** Any act performed without good cause that materially contributes to one of the following unauthorized professional practices is an act of unprofessional practice.
 (1) The intentional employment of a person to serve as an employee in a position for which certification is required by rules of the state board of education when such person does not possess, at the time of commencement of such responsibility, a valid certificate to hold the position for which such person is employed.
 (2) The assignment or delegation in a school setting of any responsibility within the *scope of the authorized practice of nursing*, physical therapy, or occupational therapy to a person not licensed to practice such profession unless such assignment or delegation is otherwise authorized by law, including the rules of the appropriate licensing board.
 (6) Provided, That for the purpose of this section, good cause includes, but is not limited to, exigent circumstances where immediate action is necessary to protect the health, safety, or general welfare of a student, colleague, or other affected person.

Nursing Law:

RCW 18.79.030 Licenses Required—Titles. (1) It is unlawful for a person to practice or to offer to practice as a *registered nurse* in this state unless that person has been licensed in this state.

- **RCW 18.79.040 “Registered nursing practice” defined—Exceptions.** (1) “registered nursing practice” means the performance of acts requiring substantial specialized knowledge, judgment, and skill based on the principals of the biological, physiological, behavioral, and sociological sciences in either: [...]. (b) The performance of such additional acts requiring education and training that are recognized by the medical and *nursing professions* as proper and recognized by the commission to be performed by registered nurses licensed under this chapter and are authorized by the commission through its rules; (c) the administration, supervision, delegation, and evaluation of *nursing practice*.
- **WAC 246-840-700 Standards of nursing conduct or practice.** The purpose of defining standards of nursing practice through WAC 246-840-700 and 246-840-710 is to identify responsibilities of the nurse in health care settings and as provided in the Nurse Practice Act, chapter 19.79 RCW. Violation of these standards may be grounds for disciplinary action pursuant to chapter 18.130 RCW. Each individual, upon entering the practice of nursing, assumes a measure of responsibility and public trust and the corresponding obligation to adhere to the standards of nursing practice. *The nurse shall be responsible and accountable for the quality of nursing care given to clients. This responsibility cannot be avoided by accepting orders or directions of another person.* The standards of nursing conduct or practice include, but are not limited, to the following:
 - **For registered nurses: (2) Delegation and supervision:** the registered nurse shall be accountable for the safety of clients receiving nursing service by: (a) **Delegating** selected nursing functions to others in accordance with their education, credentials, and demonstrated competence. (b) **Supervising** others to whom she/he has delegated nursing functions. (g) The registered nurse shall report unsafe nursing acts and practices, and illegal acts as defined in WAC 246-840-730.
- **RCW 18.79.120 Application of Uniform Disciplinary Act.** The Uniform Disciplinary Act, chapter [18.130](#) RCW, governs unlicensed practice, the issuance and denial of licenses, and the discipline of licensees under this chapter.
- **RCW 18.130.190 Practice without license -- Investigation of complaints -- Cease and desist orders -- Injunctions -- Penalties.**
 - (5) Neither the issuance of a cease and desist order nor payment of a civil fine shall relieve the person so practicing or operating a business without a license from criminal prosecution therefore, but the remedy of a cease and desist order or civil fine shall be in addition to any criminal liability. The cease and desist order is conclusive proof of unlicensed practice and may be enforced under RCW [7.21.060](#). This method of enforcement of the cease and desist order or civil fine may be used in addition to, or as an alternative to, any provisions for enforcement of agency orders set out in chapter [34.05](#) RCW.
 - (6) The attorney general, a county prosecuting attorney, the secretary, a board, or any person may in accordance with the laws of this state governing injunctions, maintain an action in the name of this state to enjoin *any person practicing a profession or business for which a license is required* by the chapters specified in RCW [18.130.040](#)

without a license from engaging in such practice or operating such business until the required license is secured. However, the injunction shall not relieve the person so practicing or operating a business without a license from criminal prosecution therefore, but the remedy by injunction shall be in addition to any criminal liability.

- (7) ***Unlicensed practice of a profession*** or [...], unless otherwise exempted by law, constitutes a gross misdemeanor for a single violation. Each subsequent violation, whether alleged in the same or in subsequent prosecutions, is a class C felony. All fees, fines, forfeitures, and penalties collected or assessed by a court because of a violation of this section shall be remitted to the health professions account.

- **RCW 18.79.260 Registered nurse -- Activities allowed -- Delegation of tasks.**
(2) A registered nurse may, at or under the general direction of a licensed physician and surgeon, dentist, osteopathic physician and surgeon, naturopathic physician, podiatric physician and surgeon, physician assistant, osteopathic physician assistant, or advanced registered nurse practitioner acting within the scope of his or her license, administer medications, treatments, tests, and inoculations, whether or not the severing or penetrating of tissues is involved and whether or not a degree of independent judgment and skill is required. Such direction must be for acts which are within the *scope of registered nursing practice*.

BULLETINS – Office of Superintendent of Public Instruction:

- **OSPI Bulletin NO. 31-98 EDUCATION SUPPORT**
(April 24, 1998) **The Administration of Oral Medication in Schools:**
 - **Page 7 IV. Emergency Medications:** [...] training and supervision by a *registered nurse* or physician of non-nurse school staff in the administration of epinephrine to prevent anaphylactic shock in students with known hypersensitivity to bee stings, food, latex, etc.
 - **Page 8 V. Training of School Staff in the Administration of Medications:** The medication statute requires that staff who have been designated by district policy to give medications, are to be trained and supervised by a professional person licensed pursuant to chapter [...] 18.79 RCW as it applies to *registered nurses* and advanced registered nurse practitioners (ARNP).
 - **Page 9** In order for the district to receive immunity from liability based upon substantial compliance with the statute, non-nurse school staff must be trained and supervised by a *registered nurse* or MD.

- **OSPI Bulletin NO. 61-02 LEARNING AND TEACHING SUPPORT**
(September 18, 2002) **Children with Life Threatening Conditions – Diabetic Students:**
 - **Page 3 II. General Provisions** [...] a life threatening condition is defined as “a health condition that will put a child in danger of death during the school day if a medication or treatment order and a *nursing plan are not in place*.”
 - **Page 5 Nursing Plan** [...] Nursing practice statutes that pertain to components of developing *nursing plans* and the implementation process are: RCW 18.79.040, RCW 18.79.260, WAC 246-840-010 (10) and (11) and WACs 246-840700 and 710.

- OSPI Memorandum **064-12M Secondary Education and Student Support** [House Bill 2247](#) – Amending [RCW 28A.210.260](#) and [RCW 28A.210.270](#). **Public and Private schools** —

Administration of oral medication by — Conditions & Immunity from Liability – Discontinuance procedure

- HB 2247 expands the types of medication that a registered nurse or advance registered nurse practitioner may delegate to a public or private school employee to administer. It amends [RCW 28A.210.260](#) to include **topical medication, eye drops, and ear drops.**

- OSPI Memorandum **013-14M Secondary Education and Student Support (March, 2014)** [RCW 28A.210.383 \(ESB 5104\) – K-12 schools-Epinephrine Auto injectors](#)
 - ESB 5104 allows schools to maintain a supply of epinephrine auto injectors to treat anaphylaxis.

- OSPI Memorandum **M037-14M Secondary Education and Student Support (July, 2014)** **Nasal Spray Administration**
 - [SHB 1541](#) expands the types of medication that a registered nurse or advance registered nurse practitioner may delegate to a public or private school employee to administer. It amends [RCW 28A.210.260](#) to include nasal spray.

- OSPI Memorandum **044-14M Secondary Education and Student Support (August, 2014)** **Key Provisions of Senate bill 6128: School Employees – Medication Administration and Nursing Services**
 - Outlines key provisions of [Senate Bill 6128](#) related to the delivery of medications and services by unlicensed school employees.

NURSING CARE QUALITY ASSURANCE COMMISSION OPINIONS:

Registered nurses in school settings function under a special provision which allows them to delegate and supervise the administration of oral medications to unlicensed school personnel. The Commission assumes that the *registered nurse uses the nursing process* to assess the care needed, verify orders, individualize standard guidelines based on student’s needs, and that certain tasks will not be delegated when the *registered nurse determines that care is too complex.*

- [Standing Orders and Verbal Orders \(September, 2014\)](#)

- [Registered Nurse Delegation in School Settings \(July, 2014\)](#)

- [RN Coordinating Seizure Management \(2005\)](#)

- [Field Trips and Medication Administration \(April, 1980\)](#)

- [Nursing Commission Opinion \(Asthma Guidelines\) September 8, 2000.](#)

OTHER RESOURCES:

[Staff Model for the Delivery of School Health Services](#) Washington State Nursing Care Quality Assurance Commission and Washington State Office of Superintendent of Public Instruction.

N. Schwab and M. Gelfman (2001). Legal Issues in School Health Services: A Resource for School Administrators, School Attorneys and School Nurses. Sunrise River Press: North Branch, MN.

ANNUAL SCHOOL NURSING ACTIVITIES

ANNUAL SCHOOL NURSING ACTIVITIES:

A sample calendar of activities that are outlined by month to assist in planning and evaluation of school health services:

The calendar of activities on the following pages is useful for the school administrator and the registered school nurse to review, plan, and incorporate health activities into the regular academic school calendar. This planning is best done in the spring, when the school calendar for the following year is being developed and it is most appropriate to review the health services budget and approved expenditures.

The dates and months of the following activities are only a guide. The actual months of these activities may need to be adjusted according to individual school systems.

The broad scope of school nursing is to support students' physical, emotional, social, intellectual, and spiritual well-being. The registered nurse's educational background provides a theoretical base for the skills to devote to holistic well-being, not solely to address physical illness and injury. However, school nurse time is often limited; therefore the district must make use of the nurse in the most effective and efficient manner (See page 26).

Prioritization: Health services may be limited based on the school district's capacity to provide registered nursing services. Priority must be given to situations that represent a safety risk to the student. Mandated services are required by law to be completed during the school year. However, some mandated services, although important to student health, do not necessarily represent a potential emergency situation for a student. It is prudent for the school district to explore other options to use unlicensed school staff to perform (under nursing oversight) some mandated services that do not require a registered nurse (e.g. initial vision and hearing screenings). The district might also consider providing clerical support to assist the nurse to complete mandated documentation and reports.

Plan for Emergency Drills: remember to set up systems for emergencies and drills (e.g. fire drills) to evacuate emergency care plans, medications, student medical supplies, and equipment from the building. In a real emergency it is critical for students with special health care needs to have access to their equipment and medications.

AUGUST – Before students arrive:

1. Meet with Health Services Team:

(May include RN, LPN, health room assistant, front office staff, building administrator, etc.)

Note: Health Services staff may have administrative supervision by the building administrator, but must have clinical supervision by the registered nurse for delegated nursing tasks. [RCW 18.79.040](#)

- Review job descriptions.
- Clarify expectations, roles, and responsibilities of each team member.
- Plan for regular meetings.

2. Case Finding: Identify and prioritize students with special health care needs:

- Review new health registration forms.
- Compile and document health problems in student database.
- Prioritize health problems:
 - Students with life threatening conditions (such as diabetes, epilepsy, anaphylaxis, and asthma)
 - Students with emergency medications.
 - Students who need Emergency Care Plans and/or Individualized Health Plans.

3. Assess status of students who require continuous access to licensed nursing care:

- Determine staffing requirements to meet student needs
- Contracting for additional licensed nursing care may be needed.

(See [Staff Model for the Delivery of School Health Services](#) for guidance)

4. Staff health:

- Work with human resources personnel to update list of staff health emergency numbers, health problems, need for potential life-threatening medications at school, and staff immunization status.

5. Work with food services personnel to develop systems to help students with anaphylaxis avoid exposure to food allergens during meals, snacks, field trips, parties etc.

6. Work with transportation director for systems of communication and care for students with special needs during bus time and field trips.

7. Plan, develop, revise, and/or update Emergency Care Plans (*All students with life threatening conditions and diabetes must have an ECP*):

- Contact parents to obtain or update health condition assessment.
- Obtain medication and/or treatment authorization form.
- Obtain emergency medications and/or other equipment detailed in authorization forms.
- Develop/update Emergency Care Plans.
- Distribute Emergency Care Plans to appropriate staff (teachers, playground staff, bus drivers, coaches, etc.) and provide related training.

8. Review school calendar of activities (continuing the process started at the end of the previous school year):

- Health screening dates, training of volunteers, etc.

- Extended school activities: field trips, after school activities (including seasonal sports schedules), summer school schedule.
- Required and common student health education classes (HIV/AIDS, maturation, nutrition and dental health).
- Parent meetings (PTA, PTO, PAC, etc.).
- Faculty meetings.
- Open house, parent nights, student conferences, etc.
- Due dates of yearly reports (Assessment of District Health Services (District Assessment), Immunization, etc.)

9. Review Student Health section of district website.

10. Work with district technology staff as needed for updates including electronic student records access for school nurse.

11. Ensure forms and information are current and appropriate for the school year.

12. Set up health room:

- Check and put away supplies.
- Prepare health room visit documentation and train first aid staff about legal documentation.
- Distribute supplies to classrooms and playground staff (plastic bags, non-latex gloves, Band-Aids etc.

13. General training for school staff for non-delegated nursing tasks:

- Role and availability of school nurse.
- Health records and confidentiality.
- Students with special needs – hygiene, diapering, etc.
- Annual training on diabetes, asthma, anaphylaxis, and other life-threatening student health needs.
- Training on district-wide emergency response system.
- Training on evacuation plan for students with special health care needs (i.e. medications, supplies, and equipment) during fire and other safety drills.
- Provide or facilitate staff training for first aid and CPR.
- Provide or facilitate blood-borne pathogen training.
- File staff training documentation.

(See [Washington State School Staff Health Training Guide](#) for more information)

14. Detailed, specific training and delegation for selected school staff (delegation in the school setting may only be provided by a registered nurse per [Washington State Nursing Care Quality Assurance Commission Advisory Opinion](#))

- Train staff on student-specific Emergency Care Plans (be sure to consider staff such as: Counselors, Librarian, Music teacher, Resource Room, Before & After School Program personnel, Nutrition personnel, Bus drivers, etc.)
- Inform staff who work with diabetic students about Parent Designated Adult role.
- Delegation of nursing tasks:
 - Delegate emergency medication administration.
 - Delegate routine medication administration.
 - Delegate nursing procedures (Gastrostomy tubes, clean intermittent catheterization).

- Documentation of delegated activities (nurse and delegate signature and date) and file.
- 15. Immunizations** (continue through first months of school):
- Consult with secretarial staff regarding immunizations (pre-school, kindergarten, new vaccine requirements, new to district).

AUGUST/SEPTEMBER

1. Distribute, collect, and review annual health history forms.

2. Review medication system:

- Medication count of all scheduled drugs coming to school.
- Review all medications that will be administered at school before beginning nurse delegation to staff (medication specific to individual student, family/physician request, and medication log).
- Provide information to teachers about specific students taking medications if appropriate.
- Identify, train, and officially delegate individual staff in each building that will be administering medications including epinephrine auto-injectors, inhalers, etc.
- Document delegation (nurse and delegate signature and date) and file.

3. Ensure that students with inhalers and/or epinephrine auto-injectors are capable of self-carry and/or self-administration:

- Identify students with inhalers and/or epinephrine auto-injectors.
- Obtain family permission and licensed health care provider authorization for student to self-carry and self-administer inhalers and/or epinephrine auto-injectors.
- Evaluate competency and responsibility of student to self-carry and self-administer inhalers and/or epinephrine auto-injectors.
- Document and file evaluation and recommendation of registered nurse for student to (or not to) self-carry and/or self-administer inhalers and/or epinephrine auto-injectors.
- Feedback to parent regarding nurse decision and plan for student to self-carry and/or self-administer.

4. Develop and/or update Emergency Care Plans (ECPs) and Individualized Health Care Plans (IHPs):

- Care Plans for students with diabetes (all students with diabetes must have both an ECP and an IHP).
- ECPs for those students with potential emergency health needs during school.
- IHPs for students with delegated nursing tasks (Gastrostomy tube, CIC, etc.).
- IHPs for students with special health care needs, prioritized by registered nurse.

5. Work with Special Education Services, Counselor, and 504 Coordinator to:

- Provide health/nursing assessments/interventions for students with special health care needs.
- Participate in development of Individual Education Plans (IEPs) with reassessment every three years.
- Participate in development of 504 plans with annual review of plans.
- ECPs and IHPs may serve as a 504 plan and/or supplement the IEP.

6. Communication/Networking in District:

- Attend first faculty/staff meetings. Introduce nurse, health staff, and plans for the year (continue attending staff meetings all year: reminder about field trips at every meeting).
- Send school nurse introductory letter to families and staff.
- Identify key committees in which to participate: safety, crisis planning committee, etc.
- Identify teams to which nurse contributes: IEP, Resource Management Team, Child Study Team, Student Assistance Team, Student Intervention Team, Multi-Disciplinary Team, etc.
- Participate in School Improvement Plan Team.
- Attend Parent-School Organization meeting(s) initially and frequently (PTA, PTO, Migrant PAC, etc.).
- Eat lunch with faculty; eat lunch with students.
- Ongoing communication with appropriate staff regarding specific students.

7. Communication/networking on behalf of district and students:

- Attend/participate in community committees, boards, networks throughout the year.
- Connect/reconnect with health care providers, faith communities, CPS offices, etc.
- Participate in or implement school nursing – school health research.

8. Migrant program:

- Review school nurse role in migrant program (varies from district to district).
- If applicable, attend training to prepare for migrant physicals.

9. Health alerts:

- Send annual letter for update to families for any new health conditions or changes in existing conditions.
- Review health alerts database; determine which staff need to know and what needs to be done for each student. **Do not distribute health alert lists broadly which link student names and student specific health needs/conditions. These lists do not meet confidentiality statutes.**

10. Blood-borne pathogens (BBP) training:

- Review district policy and BBP Exposure Plan.
- Work with administration to assure training annually to “at-risk staff” (identified in your school’s plan).
- Work with administration to assure universal precautions available for all staff.

11. First Aid/Cardio-Pulmonary Resuscitation (CPR) update:

- Work with administration to update list for current First Aid/CPR/AED certified staff; identify first responders in each building.
- Review policies/plans/procedures with designated building staff.

12. School nurse role in first aid and emergency response – district-wide systems:

- Meet with school administration to discuss district-wide and building-specific plans, forms, procedures for first aid and emergency response.
- Nurse and building administrator develop agreed upon criteria for staff to call nurse and/or to call 911.
- Nurse role for minor first aid: Talking Points:
 - Students need to be in class.
 - Each teacher should keep student in class if possible.

- Each teacher has Band-Aids, gloves, tissues, etc.
- Develop a system to document the concerns that initiates being sent to the health room. This system includes documentation by each adult who interacts with the student starting with the teacher or other person who sends the student to the health room. This documentation is a legal record and should be maintained with other health records and maintained as outlined in state guidelines. One method is:
 - If teacher sends student to health room, the teacher begins the documentation form to be used as a pass for the health room. The teacher writes on the pass: student name, student complaint or teacher concern, remedies offered in the classroom, date and time sent to health room, and teacher initials.
 - The health room pass becomes legal documentation and nurse or first aid-trained staff completes documentation on the pass with results of activities in the health room and disposition of student

([School Districts and Educational Service Districts Records Retention Schedule Version 8.2](#)) If the registered school nurse is available, he/she always responds to ill or injured students who need nursing assessment and nursing clinical judgment using established criteria.

Also:

Registered school nurse must keep school administrator(s) informed of the status of any unmet student health needs particularly life-threatening health conditions.

OCTOBER

1. Vision and hearing if not initiated and completed in September (See Visual and Auditory Health Screening)

(Note: Although vision and hearing are mandated services, the registered nurse should prioritize time to address the most critical health needs of students. Completing emergency care plans and ensuring that staff is prepared to respond in an emergency are the highest priorities).

- Clarify registered nurse role in screening (serving as consultant for re-screens and referrals).
- Identify and train screening team (may use school staff and/or volunteers).
- Finalize schedule for vision/hearing screenings (grades K, 1, 2, 3, 5, and 7).
- Prepare paperwork for screenings: classroom lists, etc.
- Ensure completion of screenings.
- Complete re-screenings and referrals (staff assists with documentation of screening results and mailing referral letters to parents).

2. Immunizations:

- Continue consultation to central registration, building registrars, and/or front office staff, pre-school and K-12.
- State immunization report finished and reviewed by end of October.
- Meningococcal and Human Papilloma Virus (HPV) disease and vaccine information to be provided to families of students in Grades 6 through 12 per state mandate.

NOVEMBER

1. Immunizations:

- Ensure completion and submission of state immunization reports for preschool and K-12 to DOH *by November 1 of the current school year.*

2. Vision and hearing:

- Continue follow-up and referrals as needed.
- Work with Lions Club and other local resources for vision resources.

3. Dental screening (if applicable):

- Facilitate work with community provider who conducts dental screenings, fluoride washes and/or sealants. (February is dental health month)

DECEMBER

1. Immunizations:

- Emphasize need for immunization updates for high school students.
- Encourage adult health immunization program for staff.

JANUARY

1. Migrant program:

- Clarify school nurse role in migrant health program (varies from district to district).
- Initiate responsibilities as appropriate:
 - Identify migrant physical team and schedule physicals.
 - Set up physicals.

Clarify referral and follow-up process.

2. Vision and hearing:

- Continue follow-up and referrals as needed.

3. Review need for retraining/new training of Emergency Care Plans:

- Identify staff members that are new or that need review of emergency care plans.
- Practice *again* the school systems in place to prevent anaphylaxis (reduce exposure risk to foods, bees, etc.).
- Practice ECP implementation.
- Practice *again* for staff who must administer inhalers and epinephrine auto-injector in an emergency.

Reminder: Middle School and High School students will most likely have a new set of teachers in the second semester and will need copies of ECPs and training.

4. Reminder: Ongoing supervision of all delegated nursing tasks is required and should be documented appropriately.

5. Reminder: Registered school nurse must keep school administrator(s) informed of the status of any unmet student health need particularly life-threatening health conditions.

FEBRUARY

1. Migrant program:

- Referrals and follow-up.

2. Health room supplies:

- Conduct inventory for ordering supplies.
- Ensure adequate stock of printed forms (Certificate of Immunization Status, [How to Respond: Illness and Injury at School, etc.](#)).
- Submit order according to district policy.

3. Health education:

- Provide, assist, or consult with school staff with the health education curriculum.

4. Kindergarten registration or Child Find:

- Clarify role of the school nurse.
- Review plans, forms, methods of health registration and possible screenings to include developmental, vision, hearing, etc.
- Develop/review procedures to identify health concerns for incoming students at time of registration, and to meet families to assess health conditions and educate about health care at school.

5. Health services budget:

- Prepare a report of current-year expenditures and coming school-year projected needs.

MARCH

1. Drug and Alcohol Week activities:

- Work with building staff to promote refusal of alcohol, tobacco, and other drugs.
- Work with building staff to promote healthy activities as an integrated, all-school-year educational process.

2. Field trips (page 103)

- Remind teachers, secretaries, and principals that the registered nurse must train any staff that accompanies children who have emergency care plans or may need mediation or medical treatments.
- Ensure system is in place for nurse to be notified in a timely manner at least 2 weeks BEFORE field trips are scheduled.

3. Spring camps (overnights) BEGIN EARLY

- For large annual camps when students will be staying overnight, begin preparations early!

4. Immunizations:

- Immunization clinic resource list reviewed.
- Prepare mailing for 5th graders to obtain necessary vaccine(s) for student entry into 6th grade.
- Prepare information for parents regarding meningococcal disease and HPV vaccines to be distributed at the beginning of every school year for students grade six and above. (Can be by letter, in school newsletter, district or school website, etc.)

5. Health education:

- Provide classes OR consult when requested regarding human growth/development/human sexuality.
- Order supplies for next year's maturation class if available
- ***Work with administration to ensure annual HIV/AIDS curriculum requirements have been met.***

6. Information Management:

- Review trends in student health services (# of health room visits, reasons for health room visits; # 911 calls; student absenteeism data, etc.)
- Case management/case finding of students with academic or behavior challenges which may be health related.
- Participate in State Assessment of District Student Health Services.

APRIL

1. Field trips:

- Remind staff to notify nurse at **least 2 weeks** before field trip is scheduled.
- Provide training/delegation to staff that will accompany students on field trips, including transportation staff.

2. Spring camps (overnights):

- Continue to prepare staff for student needs on overnight trips.

3. Playground safety:

- Collaborate with safety committee to review playground environment.
- Review playground injuries and prepare report of trends and concerns.

4. Kindergarten Registration:

- As above.

MAY

1. Begin planning with administration for next year:

- Schedule an appointment with administration.
- Review the budget report and recommendations.
- Review and update policies and procedures as necessary to submit for School Board approval.
- Provide written and oral review of summary of year with focus data from the District Assessment, student outcomes and any specific recommendations for coming year.

2. Field trips and spring camps (overnights):

- Remind staff to notify nurse at least 2 weeks before field trip scheduled.
- Provide training/delegation to staff that will accompany students on field trips, including transportation staff.

3. Immunizations:

- Notify families of 5th grade students about vaccines necessary for 6th grade entry.

- Send letter to graduating seniors, with a copy of their CIS, encouraging them to update immunizations as needed.

4. Health room equipment:

- Ensure equipment is functioning appropriately.
- Calibrate audiometer annually.
- Check vision equipment.
- Calibrate sphygmomanometers (as necessary).
- Calibrate scales (as necessary).
- Replace/order batteries/bulbs for examination lights (otoscopes if applicable).

5. Plan for summer school or extended year session:

- Identify students with special health care needs who will attend summer or extended school session.
- Notify administration of student needs for routine health care and emergency safeguards necessary during summer school or extended year session.
- Provide for health care during summer school or extended year session according to administration decision regarding registered nurse availability.

JUNE

1. Field trips/overnight trips:

- Remind staff to notify nurse at least 2 weeks before trip scheduled.
- Provide training/delegation to staff that will accompany students on field trips, including transportation staff.

2. Medications:

- Notify families of students with medication at school to pick up medications.
- Sign out all medication released to families (including count and family signature).
- *No medication should remain in the building over the summer unless needed for summer school.*
- Notify families that they must obtain authorization from health care provider (include medication authorization form) for medications and/or treatments to be given at school the following school year. May be done by letter, website or other communication resources.
- Ensure medication related forms on website are updated for coming school year.

3. Preparation to develop Emergency Care Plans for students with life threatening conditions:

- Notify families of the need to have emergency care plans in place at school **before the first day of the following school year.**
- Send packet or direct families to website for forms to complete and return before the next school year. Include:
 - Form for parent to update specific health condition history.
 - Consent to share emergency information with school staff.
 - Medication authorization form.
 - Consent to allow exchange of information with health care provider (if needed).
- Remind families to set up an appointment with the school nurse one week before the beginning of the following school year to finalize the Emergency Care Plan.

4. Meet with health services team:

(May include RN, LPN, health room assistant, front office staff, etc.)

- Review work performance related to health services delivery (this is based on ongoing monitoring and supervision).
- Give feedback, including both positive and areas for improvement, if identified.
- Elicit goals and plans for enhancing health services role for the next year.
- Coordinate evaluation with staff person's direct administrative supervisor.

5. Information management:

- Compile documentation forms and arrange for filing, storage, and/or archives (e.g. medication logs, health room passes).
- Store personal notes *only for nurse access*.
- Review Individualized Health Care Plans and Emergency Health Care Plans for next year.
- Prepare plans to accompany students who will transfer to another building or school district (obtain signed family permission if student leaving district).
- Check health files, especially for special education students.
- Check archival requirements and procedures.

6. Quality assurance ([page 77](#))

- Review health data annually to determine trends of health concerns in district.
- Work with School Improvement Team to assess areas of school function and student achievement to integrate health data into the school profile.
- Complete staff performance evaluation.

7. Plan for next school year with school administration:

- Schedule a meeting to discuss district assessment data, accomplishments and unmet needs.
- Submit written report and recommendations to administrator for review.
- Schedule key events on next year's school calendar to include:
 - Meetings with district/building administration for regular updates throughout the year regarding health services.
 - General staff training (faculty, secretaries, bus drivers, playground staff, etc.).
 - Delegation training (as above as needed).
 - Health screenings (vision, hearing,).
 - Health education for students, especially to include required HIV/AIDS curriculum.
 - Any known school outings (annual spring camp, field trips, etc.).
 - Summer school coverage.
 - Plan and budget for *focused professional development* opportunities for school nurse and other staff who deliver school health services based on staff evaluation and professional goals.

ONGOING MONTHLY ACTIVITIES

Be present in school buildings as much as possible and on-call for emergencies (not necessarily for minor first-aid).

To work efficiently, the nurse may need to have a quiet work space to allow him/her to address the most critical student health care needs.

Schedule regular meetings with administration:

Consider frequent meetings with building administrators and periodic meetings with district administrators:

- Give current information on activities and issues of health services delivery.
- Always give some positive information, especially progress on completion of mandated services.
- When presenting problems, offer recommendations for solutions and resolutions.

Schedule regular meetings with:

- School staff who deliver health services for feedback and evaluation.
- School staff who provide delegated nursing tasks.

Training, supervision, and monitoring activities of school staff for all delegated nursing tasks including medication administration:**Identify new students with health problems:**

- Assessments.
- Plans.
- Interventions.
- Training of staff.

Immunizations:

- Identify conditional students and discuss resolution with family. Work with school staff members on resolving conditional status of students

Monitor at-risk students:

- Collaborate with care teams, teachers, etc.
- Collaborate with community teams, mentors, CPS, etc.
- Conduct home visits as necessary.

Communication and networking with school/district team:

- Students.
- Faculty and staff.
- Families.
- Building and district administration.
- Coordinated School Health or School Health Advisory Committee team(s).
- Community services/agencies (stakeholders in health and education).
- Local Health Jurisdiction.
- Health care provider offices, clinics, hospitals, specialty services.
- Medical assistance.
- Child Protective Services.
- Other as needed or specific to district and/or community.

Documentation:

- Electronic health record system.
- Medication logs.
- Health room documentation system.
- Individual health care plans.

- Emergency care plans.
- Medicaid billing.
- Delegation activities.

Work with School Teams, Special Education Services, Counselor, and 504 Coordinator to:

- Provide health/nursing assessments and interventions for students with special health care needs.
- Participate in social-emotional screening as needed.
- Participate in development of IEPs.
- Participate in development of 504 plans.

Work with school personnel to provide or to assist with health education classes:

- Evidence-based health curriculum.
- Hand-washing and hygiene for health promotion.
- HIV/AIDS and human sexuality.
- Human growth and development.
- First Aid and CPR.
- Wellness promotion.
- Nutrition.
- Stress reduction.
- Refusal skills.
- Life Skills.
- Special Education transition.

Contribute nursing expertise to develop and implement health and safety policies and plans:

- Safety Committee.
- Crisis Planning.
- Wellness Policies.
- School Improvement Plan (District and Building).
- Coordinated School Health Program.

Communication Networks:

- Participate in identified team meetings
- School Improvement Plan team
- I.E.P.
- Resource Management Team
- Child Study Team
- Student Assistance Team
- Student Intervention Team

Attend parent meetings & Parent/Teacher conferences.

Participate in professional development opportunities as appropriate.

ROLE OF THE SCHOOL NURSE

ROLE OF THE SCHOOL NURSE:

In 2011, the National Association of School Nurses defined [school nursing](#) as:

“A specialized practice of professional nursing that advances the well-being, academic success, and life-long achievement of students. To that end, school nurses facilitate normal development and positive student responses to intervention; promote health and safety including a healthy environment; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning.”

The American Academy of Pediatrics, Healthy People 2020, The American Federation of Teachers, The National Association of School Nurses, and the School Nurse Organization of Washington all recognize the contributions of the school nurse to student well-being and academic success.

The role of the school nurse is broad, as defined above, and makes significant contributions to healthy youth and the [Whole School, Whole Community, Whole Child](#) model pictured below. (ASCD and CDC)

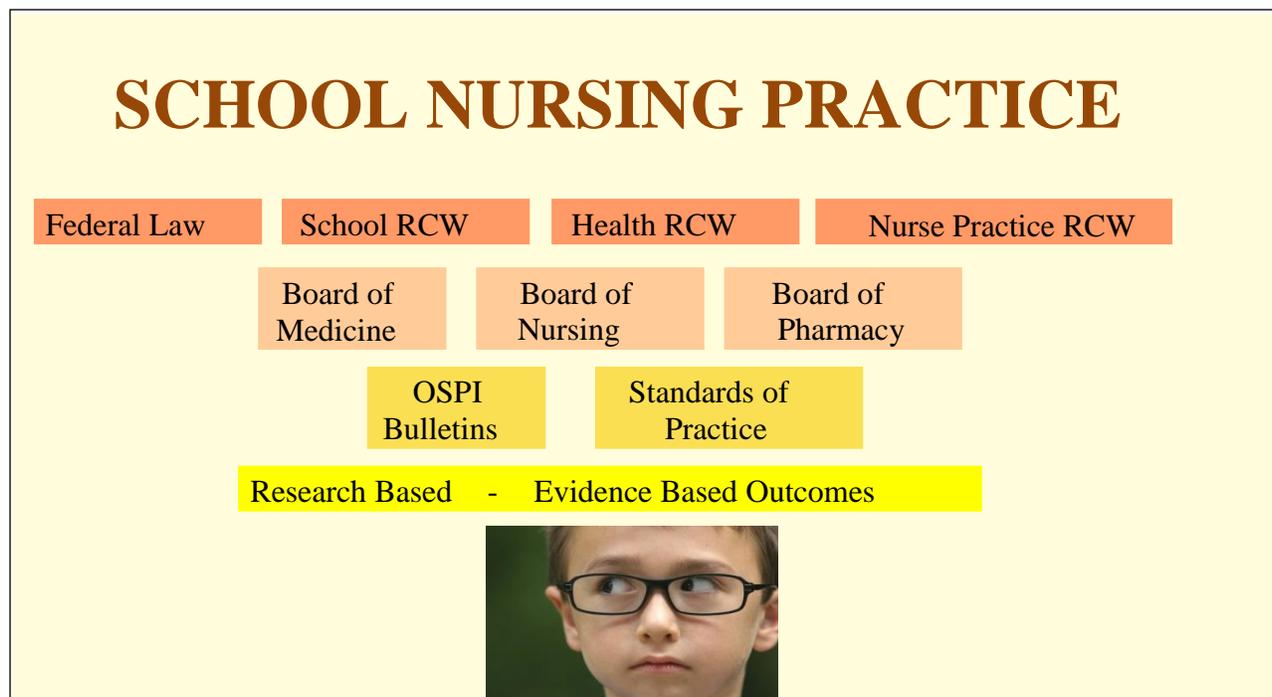


This manual, however, will focus solely on the delivery of the **Health Services** component. It guides the planning of school health services to the basic mandates by federal and state law.

- Professional Registered Nurses use a public health, population-based practice to manage resources appropriately for primary and secondary prevention as well as targeted care for students with critical health care needs.
- Nursing practice in school is autonomous and unique, addressing both physical and mental health needs of students and staff.

- Services include health promotion, access or referrals to health care providers, prevention and control of communicable diseases, chronic disease management, emergency care, mental health support, and educational opportunities for students, staff, families, and the community.

School nurse practice is regulated by many layers of legislation, professional boards, guidance from administrative agencies, and professional practice standards.



Throughout this manual, there are references to the various regulations depicted above to clarify specific requirements of school health services. The documents below are essential for school nurses to follow and school administrators to understand:

- [School Nursing: Scope and Standards of Practice, 2nd edition](#) (2011) National Association of School Nurses and American Nurses Association; Nurses Books Org. The Publishing Program of the American Nurses Association, Silver Spring, MD.
- [Code of Professional Conduct](#) (2014) State of Washington; Chapter 181-87 WAC, Professional Educator Standard Board and Office of Professional Practices at OSPI.

Delegation of nursing care by the school nurse to unlicensed school staff holds the most risk for:

- **Student health and safety**
- **District liability**
- **Registered nurse’s professional practice**

In effect, during delegation, the registered nurse transfers nursing care to a person who is unlicensed. The registered nurse provides delegation because the nurse is unable to be on site to provide the care.

The registered nurse maintains the responsibility of ongoing clinical supervision and accountability for nurse delegation. For more information about registered nurse delegation in the school setting, see page 31.

The Law Relating to Nursing Care and Regulation of Health Professions—Uniform Disciplinary Act RCW 18.79 and RCW 18.130 define registered nurse practice in the state of Washington and specifically regulate nurse delegation.

This manual outlines procedural guidelines for many tasks the registered nurse may delegate in the school setting. It is important to note what delegation is **NOT** allowed by registered nurses in the school setting.

REFERENCES & RESOURCES

- **Washington State Nursing Care Quality Assurance Commission**
[Registered Nurse Delegation in School Settings \(2014\)](#)
- **National Association of School Nurses**
Position Statement: [Caseload Assignments](#)
- **Washington State Nurses Association**
Nursing Legislative Priorities, 2015
- **School Nurse Resource Guide**
<https://www.nwesd.org/snc>
- **American Federation of Teachers**
Resolution (2002)
<http://www.aft.org/resolution/every-child-needs-school-nurse>
- **United States Department of Health and Human Services**
Healthy People 2020
<http://www.hhs.gov/ash/oah/resources-and-publications/healthy-people-2020.html>
- **American Academy of Pediatrics**
Position Statement: The Role of the School Nurse in Providing School Health Services
<http://pediatrics.aappublications.org/content/121/5/1052.full>
- **Washington State Nursing Care Quality Assurance Commission and Office of the Superintendent of Public Instruction**
Staff Model for the Delivery of School Health Services (2000)
<http://www.k12.wa.us/HealthServices/pubdocs/SchHealth.pdf>
- **OSPI Health Services**
www.k12.wa.us/HealthServices

DELEGATION OF NURSING TASKS:

The registered nurse transfers the performance of selected nursing tasks to competent individuals in selected situations. The registered nurse retains the responsibility and accountability for the nursing care of the client. The registered nurse delegating the task supervises the performance of unlicensed persons.

This guide outlines procedural guidance for many tasks the registered nurse may delegate in the school setting. It is important to note what is **NOT** allowed to be delegated by registered nurses.

WHAT CAN AND CANNOT BE DELEGATED BY THE REGISTERED NURSE:

The following is outlined in The Washington State Nurse Practice Act [RCW 18.79.260](#):

What MAY BE DELEGATED by the Registered Nurse in the school setting (if, within nurse's clinical judgment, the task may be safely delegated to an unlicensed person):

Exceptions to Nurse Practice Act in School Law and Nursing Commission Opinion:

- Administration of *oral, topical, eye drops, ear drops and nasal spray* medication in school ([RCW 28A.210.260 TO 270](#)).
- Gastrostomy tube feedings (Unlicensed Guidelines: March 1991).
- Administration of epinephrine to prevent anaphylactic shock in students with known allergic reactions (WASDA Policy 3416; RCW 18.79.240; [WAC 246-840-010 7\(b\)](#))

What MAY NOT BE DELEGATED by the Registered Nurse:

The registered nurse *may not*:

- Delegate the administration of rectal medications or injections (see exception above).
- Delegate acts requiring substantial skill.
- Delegate piercing or severing of tissues (except by epinephrine auto-injector).
- Delegate acts that require nursing judgment.

Some common requests in school that shall NOT be delegated by Registered Nurse:

- Administration of rectal or injectable (except epinephrine using auto-injectors) medication. These can only be administered by a student's adult family members, registered nurses, or licensed practical nurses.
- Medical procedures that the registered nurse determines *are not* in the best interest of the student.
- Testing a student's blood glucose level.
- Administering insulin or glucagon

Why:

- The registered nurse is accountable to ensure safety of the student by assessment, critical analysis of data, clinical decision-making, planning, interventions, and client outcome of nursing care.
- The registered nurse may delegate specific tasks, allowed by law, after determining safety for the client.
- The registered nurse must always ask the question, “Am I willing to take responsibility for my actions?” before performing or delegating nursing care.

For Whom:

- Any student for whom the registered nurse is accountable for nursing care.
- Any non-licensed person who receives delegation from the registered nurse.

When:

- When a student is participating in school-sponsored activities, the school nurse is responsible as an employee or a contractor of the district. School-sponsored activities may occur during the school day, during non-school hours, on-campus activities, and off-campus activities.

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:***Procedures to occur at any time:***

- **Family responsibilities:**
 - Family requests and gives written authorization for medical orders to be performed at school.
 - Family obtains and brings signed orders and directions from their health care provider.
 - Family (or other adult) brings medication/equipment/supplies to school.
- **School staff** accepts and documents the receipt of medication/equipment/supplies.
- **Registered nurse** assesses student health status and need for medication/procedure at school.
- **Registered nurse** confirms appropriate orders of medication/procedure.
- **Registered nurse** develops and completes a written care plan that describes explicit step-by-step actions of the procedure, signs of problems that might occur with the procedure, and what actions to take if problems occur.
- **Registered nurse** completes or ensures that medication/procedure log matches health care provider orders.
- **If Registered nurse** determines that delegation IS NOT APPROPRIATE for the administration of medication or performance of medical procedure.
 - **Registered nurse** performs or designates another registered nurse or a licensed practical nurse (LPN) to perform the procedure or administer the medication.
- **If Registered nurse** determines that delegation IS APPROPRIATE for the administration of medication or performance of medical procedure.
 - **Registered nurse**, in collaboration with **building administrator**, identifies appropriate, competent, available, and willing school staff to accept responsibility to administer oral medication or perform procedure for student.
- **Registered nurse** delegates (one-on-one) for school staff to administer medication or perform procedure with written, explicit instructions that includes step-by-step actions of the procedure, signs of problems that might occur with the procedure, and what actions to take if problems occur.

Medication and/or medical treatments may not be administered by school staff
before Registered Nurse delegation process is complete.

- **Registered nurse** provides ongoing monitoring and supervision of staff members who perform nursing procedures under nurse delegation.

REFERENCES & RESOURCES:

- [Registered Nurse Delegation in School Settings \(2014\)](#)
- [RCW 18.79](#) and [RCW 18.130](#)
Nurse Practice Act of Washington State
Nursing Care and Regulation of Health Professions – Uniform Disciplinary Act
- **OSPI Bulletin No. 34-01 Learning and Teaching Support**
The Administration of Medications in Schools
June 8, 2001
<http://www.k12.wa.us/HealthServices/pubdocs/b034-01.pdf>
- **OSPI Official Website**
<http://www.k12.wa.us/>
Staffing Model download from OSPI Website
www.k12.wa.us/HealthServices/pubdocs/SchHealth.pdf
- **Nursing Care Quality Assurance Commission: Scope of Practice Decision Tree**
<http://www.doh.wa.gov/Portals/1/Documents/Pubs/609305.pdf>
- **National Association of School Nurses: Delegation Position Statement**
<http://www.nasn.org/Default.aspx?tabid=349>
- **SNOW: Delegation Position Statement**
<http://www.schoolnurseorganizationofwashington.org>
- **National Association of State School Nurse Consultants: Delegation Position Statement**
<http://www.nassnc.org>
- **National Council of State Boards of Nursing: Delegation Position Statement**
<http://www.ncsbn.org/1625.htm>

1). STAFF MODEL FOR THE DELIVERY OF SCHOOL HEALTH SERVICES:

A Washington State model available for download from the Office of Superintendent of Public Instruction (OSPI) Web page at www.k12.wa.us/HealthServices/pubdocs/SchHealth.pdf. The document, sponsored by OSPI and the Washington State Nursing Quality Assurance Commission (NCQAC), outlines staffing needs for nursing care in schools. It describes the different levels of staff that may provide health services because of their training, education, licensure, certification, and responsibility.

According to the **Staff Model**, staffing for school health services is based on registered nursing assessment of the student population to:

- identify special health care needs;
- prioritize those students with the highest need; and
- determine the levels of nursing care required for individual students.

The model is used to predict the nursing care and staff needs of individual schools and individual school districts.

The nursing assessment of the student population is an **ongoing process**. As students are identified with new conditions or their health conditions change, they require nursing assessment and clinical judgment that determines the level and type of nursing care required and appropriate staffing.

The model also describes the role of the certificated school nurse in the state of Washington. The knowledge and skills acquired through the certification process ([WAC 181-79A-223\(1\)](#)) are over and above the knowledge and skills required for licensure as a registered nurse and are generally not obtained in a bachelor's of science in nursing (BSN) degree program. Registered nurses employed with the classification as certificated or "Educational Staff Associate" are required to have a ESA certificate through OSPI ([WAC 181-86](#)).

In Class II school districts, the statute ([RCW 28A.210.300](#)) states that a "...school district of the second class may employ a regularly licensed physician or a licensed public health nurse [...] for the purpose of protecting the health of the children in said district."

The model describes roles and possible duties of all school staff providing health services:

- Certificated (registered) school nurses.
- Non-certificated registered nurses.
- Licensed practical nurses.
- Health room assistants.
- Clerical staff.

Certificated (registered) school nurses are responsible for assessing the health needs of the student population, allocating available health services resources, and managing the delivery of health services in schools.

Non-ESA certificated (registered) nurses may be responsible for those activities described above. In addition, non-ESA certificated (registered) nurses may work under the guidance and oversight of ESA certificated (registered) school nurses depending on district employee policies, procedures and contracts. As with all licensed nurses, non-ESA certificated (registered) nurses are responsible for their own practice under their own license.

Licensed practical nurses may work in any school district under the supervision and guidance of the registered nurse. Licensed practical nurses are also responsible for their own practice under their own license.

Unlicensed school staff (i.e. health room assistants and clerical staff) providing nursing tasks in a school must do so only after the delegation, training and ongoing supervision of a registered nurse. Although not specifically mentioned in the **Staff Model**, unlicensed staff in Washington State schools that provide health services may also include administrators, teachers, classroom paraprofessional educators, front office staff, bus drivers, coaches, and others.

It is recommended that the school nurse and the school administrator review and discuss the **Staff Model**, student health needs, and plan for health services and appropriate staffing.

PRIORITIZATION OF SCHOOL NURSE SERVICES:

In the state of Washington, OSPI, and the Nursing Care Quality Assurance Commission currently recommend nurse staffing for schools as:

One school nurse to 1,500 regular education students who are not *nursing dependent, *medically fragile, or *medically complex (*see **Staff Model** for definitions of severity coding).

The [National Association of School Nurses](#) (NASN) recommends:

“...a formula-based approach with minimum ratios of nurses-to-students depending on the needs of the student populations as follows:

- 1:750 for students in the general population
- 1:225 in the student population requiring daily professional school nursing services or interventions
- 1:125 in student populations with complex health care needs
- 1:1 may be necessary for individual students who require daily and continuous professional nursing services

Other factors that should be considered in the formula-based approach are number of students on free or reduced lunch, number of students with a medical home, and average number of emergency services per year.”

As the numbers of students who are identified with serious, complex, and fragile health conditions increase, more school nurse time is required for the health and safety of those students. The numbers of students with critical health needs are increasing annually. School nurses must prioritize their time by first addressing the most critical needs to keep students safe at school.

2). RESPONSE TO INTERVENTION MODEL:

The Response to Intervention (RTI) model matches public health models of prevention.

- The bottom level illustrates **PRIMARY PREVENTION** activities, or **UNIVERSAL** approaches, aimed at **ALL** students to create a safe and supportive learning environment.
- The second level depicts **EARLY INTERVENTIONS** aimed at **SOME** students who show signs of risk for greater problems.
- The third level describes **INTENSIVE, TIME-CONSUMING, AND TARGETED INTERVENTIONS** aimed at students who have serious health problems.

The following model represents the broad scope of school nursing practice and the contributions that school nurses make in all levels of health services: Primary Prevention, Early Intervention, and Intensive, Targeted Intervention. Nursing interventions in the areas of primary prevention and early intervention are clearly associated with student academic success. However, nurses must prioritize their work, targeting the top level of students who are already in need of critical health services. School nurses value prevention and early intervention, and they strive to provide those services as much as possible within their time constraints.

Broad Scope of School Nursing Practice



PARTNERSHIPS WITH FAMILIES:

Family is the constant in a child's life. Family engagement in school is one of the major predictors of student academic success. School nurses have direct contact with families of students with special health care needs on a regular basis. Families look to school nurses for understanding as well as practical help. School nurses contribute to the climate of welcoming and honoring families and their role and involvement in their student's health at school.

School nurses balance decision-making regarding health services in school among the interests of the health and learning needs of the student, the preferences and choice of the family, the orders of the health care provider, and the legal mandates and capacity of the school system. Communication and negotiation are essential.

Families report feeling engaged and honored when professionals:

- Provide trust.
- Display clinical competence.
- Demonstrate care – “being there.”
- See the child as a whole person.
- Recognize and enhance family choice and power.

Parents of students with special health care needs attending school are responsible for:

- Notifying the school of the student's medical needs.
- Supplying the school with orders from the health care provider for any medication or special health related procedures that are required at school.
- Supplying the school with written permission for the school to provide nursing care at school.
- Supplying the school with the medication, equipment, and supplies necessary for nursing care to be provided at school.

Berlin and Fowkes' LEARN Model guides the professional school nurse in implementing a trusting, culturally competent, caring practice with families. The acronym **LEARN** represents the process of *listening, explaining, acknowledging, recommending, and negotiating*.

- The nurse must first *listen* to the family-student perception of the problem. This listening must be done in a non-judgmental manner, using encouraging comments such as, “Tell me more.”
- The second step is for the nurse to *explain* his/her perception of the problem.
- The next key step is for the nurse to *acknowledge* not only the differences between the two perceptions of the problem, but the similarities as well. In developing a culturally responsive approach to care, the nurse must recognize differences and build upon similarities.
- The fourth step is to make *recommendations* that involve the family-student expression of perspectives and preferences.
- The final step is to *negotiate* a treatment plan, considering that it is beneficial to incorporate selected aspects of the family-student's culture into the plan.

Unwritten, but understood, is the evaluation of the plan and the ongoing question:

“Is it working for everyone?”

Ampinha-Bacote, J., (January 31, 2003) “Many Faces: Addressing Diversity in Health Care”, Online Journal of Issues in Nursing, Vol. 8, No. 1, Manuscript 2.

MANDATED HEALTH SERVICES BY RCW:

The Washington State Legislature has created laws that require schools to provide specific health services. These services are *mandated*. Washington State statutes are titled as “Revised Code of Washington” (RCW) and supported by rules titled Washington Administrative Code (WAC).

Students need health safeguards in place. In addition, by law, students with specific health care conditions must receive specific services in school or at school-sponsored activities.

The school district is under **legal obligation** to provide the services that have been legislated if the student and family meet specific criteria.

The following components describing nursing care in this segment of the manual are required by RCW:

- **Life Threatening Conditions** ([38](#))
- **Students with Diabetes** ([41](#))
- **Students with Asthma** ([45](#))
- **Students with Anaphylaxis** ([48](#))
- **Students with Epilepsy** ([52](#))
- **Clean Intermittent Catheterization** ([57](#))
- **Immunizations** ([60](#))
- **Visual and Auditory Health Screening** ([63](#))

There are other mandated health related tasks which indirectly affect student health services. These mandates relate to staff training (like Blood-Borne Pathogens and First Aid/CPR). Only mandates which require registered nurse care for students are covered in depth in this manual.

Tasks

Mandated Services by RCW

LIFE THREATENING CONDITIONS

LIFE THREATENING CONDITIONS:

A “life threatening condition” is defined in [RCW 28A.210.320](#) as “health condition that will put the child in danger of death during the school day if a medication or treatment order and a nursing plan are not in place.” A “school day” is defined under [RCW 28A.150.203](#).

WHAT IS REQUIRED?

The following requirements are outlined in [RCW 28A.210.320](#) and [WAC 392-380-005 to 080](#):

- **Identification of Students with Life Threatening Conditions.**
- **Medical Authorizations.**
- **Emergency Medications and/or Equipment.**
- **Nursing (*emergency*) Care Plans.**
- **Evaluate for necessary 504 accommodations (See page [67](#))**

Because the State RCW 28A.210.320 defines “life threatening condition” as a “health condition that puts a student in danger of death during the school day if a medication or treatment order and a nursing care plan are not in place,” by definition, a student with a “life threatening health condition” has a physical or mental impairment that substantially limits a major life activity, and qualifies as a disabled student under Section 504 for purposes of [Free Appropriate Public Education](#) (FAPE).

Why:

- To protect every student with a life threatening condition.
- To prepare and protect school staff members as they respond to anticipated emergencies.

For Whom:

- For the school district to establish criteria and/or a process to determine elements and apply those criteria consistently to all students with potentially life threatening conditions.
- For every student with a life threatening condition, if a medication or treatment order and a nursing plan are not in place.
- For school staff: in-service training to prepare staff to provide care for students with life threatening conditions.

When:

- Beginning of each school year, family completes a medical history form (Washington State School Directors Association (WSSDA) model policy 3414).
- Before any student with a life threatening condition attends school.
- Annual assessment to create new or update Emergency Care Plans that were developed in the previous school year.

How:

- Identify health concerns within the student body (student population assessment).
- Determine acuity of health concerns to determine “Life Threatening.”
- Obtain medical authorization, family consent, medications, and/or equipment necessary.
- Develop Emergency Care Plan and if needed, an Individual Health Plan.
- Implement plan with distribution, notification, training of staff, and delegation to specific staff.
- Document distribution, training and delegation of related procedures, and ongoing supervision.
- **Due process must be in place governing exclusion of students covered by RCW, WAC, 504, IDEA, and district policy.**

PROCEDURAL GUIDELINES, ROLES AND RESPONSIBILITIES:

Sequence of procedures:

1. **School staff** members review health registration form and note any health concern identified by family. This form is also known as student health information, and student health history.
2. **School staff** members give specific health-condition form to applicable families for completion.
3. **Registered nurse** contacts family to review health history, assess acuity of health condition, and to learn family concerns/preferences regarding student’s health and best methods to assist at school.
4. **Registered nurse** meets with student to assess self-management and student’s health goals.
5. **Registered nurse** initiates medical authorization process for administration of emergency medication and/or treatment at school.
6. **School staff** members accept medical authorization forms for administration of routine and/or emergency medication at school.
7. **School staff** members accept emergency medications at school from an adult (consider using a sign-in sheet for counting and tracking medications).
8. **Registered nurse** assesses student health and functioning to determine if medication and order is appropriate for student.
9. **Registered nurse** reviews emergency medication orders to determine issues that are in the best interest for the student to receive medication at school.
10. **Registered nurse** ensures that information on the medical authorization, the medication label, and the medication administration record at school are identical.
11. **Registered nurse** creates a system of storage for emergency medication so that there is immediate access to medication in case of emergency.
12. **Registered nurse** develops and completes a written emergency care plan that describes explicit step-by-step actions to take, signs of problems that might occur with the procedure, and what actions to take if problems occur.
13. **Registered nurse**, in collaboration with **building administrator**, identifies appropriate school staff members who are competent, available, and willing to accept responsibility to assist student by following the emergency care plan.

14. **Registered nurse** delegates as appropriate, the administration of emergency medication to unlicensed school staff for the identified student.
 - o A registered nurse may not delegate nursing activities that include:
 - The core of the nursing process (assessment, diagnosis, planning, and evaluation) or procedures that require specialized knowledge, judgment, and/or skill.
 - The registered nurse holds responsibility for all delegated activities and therefore the registered nurse must decide what may be delegated and what may not be delegated according to professional nursing assessment.
15. **Registered nurse** documents training and delegation.
16. **School staff** members document receiving and accepting delegation responsibilities by signing delegation form.
17. **Registered nurse** files documentation of nurse delegation and staff signature in training/delegation file.
18. **Registered nurse** regularly monitors student's health status, evaluates systems and plans, and modifies plans as necessary.
19. **Registered nurse** provides and documents ongoing monitoring and supervision of staff members who provide emergency medication under nurse delegation.
20. **Registered nurse** notifies building principal of any students with life threatening conditions who are not safe at school due to any requirements that are lacking in this process.
21. **Chief Administrator for the school** *is responsible for enforcing exclusion from school per [RCW 28A.210.320](#)*, following district policy, procedures, and forms.
22. **Protocols** must be in place to ensure substitute teachers are informed of the student's life threatening condition, the location of the ECP and duties associated with implementing the ECP.

For More Information on ... LIFE THREATENING CONDITIONS

- **OSPI Bulletin No. 61-02 Learning and Teaching Support**
September 18, 2002
<http://www.k12.wa.us/HealthServices/pubdocs/SHB2834-ESSB6641/B061-02.pdf>

Tasks

Mandated Services by RCW

STUDENTS WITH DIABETES

STUDENTS WITH DIABETES MELLITUS (DM):

The plan of care for students with diabetes is developed by a designated professional school nurse who consults and coordinates with the student, family, and health care providers. The professional school nurse also provides the training and supervision of school district personnel who provide care for students with diabetes in school (excluding specialized training required for a Parent Designated Adult or PDA).

WHAT IS REQUIRED?

The following requirements are outlined in [RCW 28A.210.330 to 350](#).

- **School policy for the Care of Student with Diabetes, including but not limited to:**
 - **Accommodations.**
 - **Annual All-Staff Training.**
- **Identification of Students with Diabetes.**
- **Parental Consents, Parental Authorizations, Medical Authorizations.**
- **Medications and/or Equipment at school.**
- **Nursing Care Plans – BOTH Emergency Care Plans and Individual Health Care Plans/504 plan (see page 66)**

Why:

- Provide safe medical management for students with diabetes, protect students from untoward effects of diabetes, and provide a safe and healthy learning environment for those students.
- To prepare and protect school staff members as they provide care for students with diabetes.

For Whom:

- For all students with diabetes mellitus enrolled in school.
- For school staff: in-service training on symptoms, treatment, and monitoring of students with diabetes.

When:

- Beginning of each school year, family completes a medical history form (WSSDA model policy 3414).
- At the beginning of the school year, school systems must be in place.
- Prior to students attending school:
 1. Staff training is complete.
 2. Emergency medication and all authorizations are at school.
 3. Emergency care plans are written, training provided, and the plans distributed to staff that need to know how to respond to an emergency.

How:

- Identify students with diabetes mellitus.

- Obtain medical authorization and treatment plan, family consent, medications, and equipment.
- Develop IHPs, ECPs, and 504s.
- Implement individualized plans with distribution, notification, and specific staff training on each individual student plan.
- Provide and document general diabetes in-service to all staff. (See [Washington State School Staff Health Training Guide](#))
- Incorporate the role of parent-designated adult (PDA) *if the family requests and assigns* a PDA.
- Ensure student accommodations regarding accessibility to snacks and medication, school meals, scheduling of exercise, planning for field trips, and possible disaster (transferring student to different location or shelter in place). For more information about 504 accommodations refer to “Parent and Educator Guide to [Free Appropriate Public Education](#)” (FAPE).
- **Due process must be in place governing exclusion of students covered by RCW, WAC, 504, IDEA, McKinney-Vento and district policy.**

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Sequence of procedures:

1. **School staff** members (secretary, registrar, para-educator, etc.) review health registration forms and identify students with diabetes.
2. **School staff** members provide family with diabetes history form to complete (updated annually).
3. **Registered nurse** contacts family to review health history, assess acuity of diabetes, and learn family concerns/preferences regarding student’s health status and best methods to assist at school.
4. **Registered nurse** meets with student to assess self-management and student’s health goals.
5. **Registered nurse** initiates medical authorization process.
6. **School staff** members accept medical authorization forms for administration of routine and/or emergency medication at school.
7. **School staff** members accept medications at school from an adult (consider using a sign-in sheet for counting and tracking medications).
8. **Registered nurse** assesses student health and functioning to determine if medication and medical authorization are appropriate for student.
9. **Registered nurse** reviews medical orders to determine issues that are in the best interest for the student to receive medication at school.
10. **Registered nurse** ensures that information on the medical authorization, the medication label, and the medication administration record at school are exactly the same.
11. **Registered nurse** prepares a comprehensive, individualized health care plan (IHP) to assist school staff members to monitor and support student to achieve optimum health and ability to learn throughout the school day and at school-sponsored activities. The IHP is to include instructions to assist in the daily management of student's diabetic needs for:
 - Accessibility to medications and equipment.
 - Permission to monitor glucose and self-medicate as needed in any location.
 - Timing of physical exercise.
 - Plans for food services accommodations.
 - Plans for timing of meals, snacks, and counting carbohydrates.
 - Plans for transportation accommodations.
 - Plans for school-sponsored activities.
12. **Registered nurse** prepares explicit, unambiguous instructions in the Emergency Care Plan

- (ECP) for staff to follow in case of an emergency at school.
13. **Registered nurse** collaborates with 504 Accommodations Coordinator in the school/district in development of 504 Plan which for students with diabetes will include both the ECP and IHP.
 14. **Registered nurse** identifies appropriate school staff members who are competent, available, and willing to accept responsibility to assist student by following the individual health plan (IHP) and the emergency care plan (ECP).
 - A registered nurse may not delegate nursing activities that include:
 - The core of the nursing process (assessment, diagnosis, planning, and evaluation) or procedures that require specialized knowledge, judgment, and/or skill.
 - The registered nurse holds responsibility for all delegated activities and therefore the registered nurse must decide what may be delegated and what may not be delegated according to professional nursing assessment.
 15. **Registered nurse** works with PDA, *if assigned by the parent*, to incorporate the roles and responsibilities of the PDA, school staff, and the registered nurse in the ECP, IHP and 504 Plan so a seamless and coordinated system of care exists in school for the student with diabetes.

When parents request and assign a Parent Designated Adult (PDA):

[RCW 28A.210.330-350](#) allows parents to designate an adult through proper legal procedures to assist the student in managing his or her diabetes. The statute defines a Parent-Designated Adult as:

- Parent-Designated Adult (PDA) - A volunteer, who may be a school employee, who receives additional training from a health care professional or expert in diabetic care selected by the parents (not school personnel), and who provides care for the child consistent with the individual health plan.

Key points to consider when parents request a PDA (See [Appendix D](#)):

- By law, PDA's only provide care for students with diabetes and students with e requiring special care that cannot be delegated to unlicensed school staff. (PDA's do not provide care for students with other health conditions).
- The district's professional **registered nurse** in the school is not responsible for the supervision of the PDA for those procedures authorized by the parent for the PDA to provide, and cannot be delegated by the **registered nurse** in the school setting.
- Parents are responsible for finding and arranging for training and supervising the PDA.
- The district's professional **registered nurse** is responsible for assessing, monitoring, responding to, and reporting the student's health status in school to school administration, including outcomes associated with care provided by the PDA, etc.
- **Building principal** and **registered nurse** meet with family to discuss legal responsibilities of the school, family, and PDA.
- **Building principal** ensures that all documentation required for PDA (including required training) is completed before PDA may function in the school setting.
- **PDAs** should renew their training annually in order to remain aware of updated technology and medical best practice related to diabetes care.

Sequence of procedures for student's first day of school:

1. **Registered nurse** notifies building principal of any students with diabetes that meet criteria of

the life threatening conditions [RCW 28A.210.320](#) and who are not safe at school due to any requirements that are lacking in this process, then...

2. **Chief Administrator for the school** is responsible for enforcing exclusion from school per RCW 28A.210.320, following district policy, procedures, and forms.

Sequence of procedures for beginning of school and annually:

1. **Registered nurse** provides specific training to staff to follow the IHP and ECP.
2. **Registered nurse** provides or arranges general training for all school staff regarding symptoms, treatment, and monitoring of students with diabetes.

Sequence of procedures throughout the school year:

1. **Registered nurse** regularly monitors (may need once daily or multiple times during the school day) student's health status, evaluates systems and plans, and modifies plans as necessary.
2. **Registered nurse** provides ongoing training and support to staff members who assist with care of students with diabetes.
3. **Registered nurse** provides and documents ongoing monitoring and supervision of staff members who provide or assist with medication and treatments under nurse delegation.
4. **Protocols** must be in place to ensure substitute teachers are informed of the student's life-threatening condition, the location of the ECP and duties associated with implementing the ECP.

For More Information on ... STUDENTS WITH DIABETES

- [RCW28A.210.330](#)
- **Guidelines for Care of Students with Diabetes**
<http://www.k12.wa.us/HealthServices/pubdocs/SHB2834-ESSB6641/B061-02.pdf>
- **Helping the Student with Diabetes Succeed: A Guide for School Personnel 2012**
<http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=97&redirect=true%23main#main>
- **Curriculum Standards for Developing Curricula to Train Parent Designated Adults Working with Diabetes, (2009):**
<http://www.k12.wa.us/HealthServices/pubdocs/PDACurriculumStandards.pdf>
- **Washington State School Staff Health Training Guide**
<http://www.k12.wa.us/healthservices/pubdocs/WAStateSchoolStaffHealthTrainingGuide.pdf>
(special considerations pages 3-4)

Tasks

Mandated Services by RCW

STUDENTS WITH ASTHMA

STUDENTS WITH ASTHMA:

The plan of care for students with asthma is developed by a designated registered nurse who consults and coordinates with the student, family, and health care providers. The registered nurse also provides the training and supervision of school district personnel who provide care for students with asthma in school.

WHAT IS REQUIRED?

The following requirements are outlined in [RCW 28A.210.370](#):

- **School Policy for the Care of Students with Asthma in School.**
- **Staff Training Regarding Asthma Care at School.**
- **Asthma Rescue Procedures.**
- **Parental Consent and Medical Authorizations.**
- **Emergency Medication at School.**
- **Demonstration of Competency by Student to School Nurse for Student to Self-Carry and Self-Administer Rescue Medications.**

Why:

- Provide safe medical management for students with asthma, protect students from untoward effects of asthma, and provide a safe and healthy learning environment for those students.
- To prepare and protect school staff members as they provide care for students with asthma.

For Whom:

- For every student with asthma who needs rescue medications at school.
- For school staff: in-service training on symptoms, treatment, and monitoring of students with asthma.

When:

- Beginning of each school year, family completes a medical history form (WSSDA model policy 3414).
- At the beginning of the school year, school systems are in place.
- Prior to students attending school:
 1. Staff training is complete.
 2. Emergency medication and all authorizations are at school.
 3. Emergency care plans are written, training provided, and the plans distributed to staff that need to know how to respond to an emergency.

How:

- Identify students with asthma.
- Obtain asthma history, medical authorization, and asthma action plan as developed by the health care provider, family consent, medications, and equipment.
- Demonstration of competency by student to registered school nurse for student to self-carry and self-administer rescue medications (including inhalers and Epi-Pens).
- Develop ECPs, IHPs and 504 plans.
- Implement individualized plans with distribution, notification, and specific staff training on each individual student plan.
- Provide and document general asthma in-service to all staff.
(See [Washington State School Staff Health Training Guide](#))
- Ensure student accommodations regarding accessibility to medication, scheduling of exercise, planning for field trips, and possible disaster (transferring student to different location or shelter in place). For more information about 504 accommodations, refer to “[Parent and Educator Guide to Free Appropriate Public Education](#)”.
- **Due process must be in place governing exclusion of students covered by RCW, WAC, 504, IDEA, McKinney-Vento and district policy.**

SYSTEMS, ROLES, AND RESPONSIBILITIES:

Sequence of procedures:

1. **School staff** members (secretary, registrar, para-educator, etc.) review health registration forms and identify students with asthma.
2. **School staff** provides family with asthma history to complete (updated annually).
3. **Registered nurse** contacts family to review health history, assess acuity of asthma, and learn family concerns/preferences regarding student’s health status and best methods to assist at school.
4. **Registered nurse** meets with student to assess self-management and student’s health goals.
5. **Registered nurse** initiates medical authorization process.
6. **School staff** members obtain/accept medical authorization forms for administration of emergency medication at school.
7. **School staff** members accept routine and emergency medications at school from an adult and use a sign-in sheet for counting medications.
8. **Registered nurse** assesses student health and functioning to determine if medication and order are appropriate for student.
9. **Registered nurse** assesses student ability to self-manage, self-carry, and self-administer asthma medication at school.
10. **Registered nurse** reviews emergency medication orders to determine issues that are in the best interest for the student to receive medication at school.
11. **Registered nurse** ensures that information on the medical authorization, the medication label, and the medication administration record at school are identical.
12. **Registered nurse** creates a system of storage for emergency medication so that there is immediate access to medication in case of emergency.
13. **Registered nurse** prepares individualized, explicit, unambiguous instructions on an Emergency Care Plan for staff to follow in case of an emergency at school.
14. **Registered nurse**, in collaboration with the **building administrator**, identifies appropriate school staff members who are competent, available, and willing to accept responsibility to assist student by following the emergency care plan.
15. **Registered nurse** delegates as appropriate, the administration of emergency medication to

unlicensed school staff for the identified student.

- A registered nurse may not delegate nursing activities that include:
 - The core of the nursing process (assessment, diagnosis, planning and evaluation) or procedures that require specialized knowledge, judgment, and/or skill.

The registered nurse holds responsibility for all delegated activities and therefore the registered nurse must decide what may be delegated and what may not be delegated according to professional nursing assessment.

16. **Registered nurse** documents training and delegation.
17. **School staff** members document receiving and accepting delegation responsibilities by signing delegation form.
18. **Registered nurse** files documentation of nurse delegation and staff signature in training/delegation file.

Sequence of procedures for student's first day of school:

1. **Registered nurse** notifies building principal of any students with asthma that meet criteria of the life threatening conditions [RCW 28A.210.320](#) and who are not safe at school due to any requirements that are lacking in this process, then...
2. **Chief Administrator for the school** is responsible for enforcing exclusion from school per *RCW 28A.210.320*, following district policy, procedures, and forms.

Sequence of procedures for beginning of school and annually:

1. **Registered nurse** provides specific training to staff to follow each student's ECP.
2. **Registered nurse** provides or arranges general training for all school staff regarding symptoms, treatment, and monitoring of students with asthma.

Sequence of procedures throughout school year:

1. **Registered nurse**, with other **school staff** members, remains alert to prevent student contact with triggers generating asthma symptoms or an asthma attack.
2. **Registered nurse** regularly monitors (may need once daily or multiple times during the *school day*) *student's health status, evaluates systems and plans, and modifies plans* as necessary.
3. **Registered nurse** provides and documents ongoing monitoring and supervision of staff who provide or assist with asthma medication under nurse delegation.
4. **Protocols** must be in place to ensure substitute teachers are informed of the student's life-threatening condition, the location of the ECP and duties associated with implementing the ECP.

For More Information on ... STUDENTS WITH ASTHMA

- **Taking Asthma Care to School, Asthma Management in Educational Settings**
revised 2013 <http://www.waionline.org/AMES-03-aug-2013.pdf>
- **Washington State School Staff Health Training Guide:**
<http://www.k12.wa.us/healthservices/pubdocs/WAStateSchoolStaffHealthTrainingGuide.pdf>

Tasks

Mandated Services by RCW

STUDENTS WITH ANAPHYLAXIS

STUDENTS WITH ANAPHYLAXIS:

The plan of care for students with anaphylaxis is developed by a designated registered nurse who consults and coordinates with the student, family, and health care providers. The registered nurse also provides the training and supervision of school district personnel who provide care for students with anaphylaxis in school.

- **WHAT IS REQUIRED?**

The following requirements are outlined in [RCW 28A.210.380](#):

- **School Policy for the Care of Students with Potential Anaphylaxis in School.**
- **Staff Training Regarding Anaphylaxis Care at School.**
- **Anaphylaxis Rescue Procedures.**
- **Parental Consent and Medical Authorizations.**
- **Emergency Medication at School.**
- **Demonstration of Competency by Student to School Nurse for Student to Self-Carry and Self-Administer Rescue Medications.**

WHAT IS RECOMMENDED?

From OSPI's [Guidelines for Care of Students with Anaphylaxis](#):

It is recommended school districts follow these guidelines when addressing the treatment of anaphylaxis during the school day:

1. If a student, known to have anaphylaxis, has an exposure or a suspected exposure to an allergen, epinephrine is to be given immediately and the EMS (911) system activated.
2. If a LHCP orders the administration of an antihistamine and/or epinephrine, the R.N. may use the Scope of Practice Decision Tree, to determine if a non-licensed staff member may carry out the ECP in accordance with [RCW 18.79.040](#).

It is important to address the unique circumstances for each student while retaining adherence to the scope of nursing practice.

New legislation passed in 2013 allows schools to keep a supply of epinephrine auto-injectors in a designated location based on the number of students enrolled. [RCW 28A.210.383](#).

OSPI has provided guidance for the implementation of this new law which can be found on their [Health Services webpage](#):

- [Memorandum 013-14 RCW 28A.210.383 \(ESB 5104\)–K–12 Schools–Epinephrine Auto-injectors, Attach 1](#)
- [Standing Order for the Administration of School Supplied Stock Epinephrine Auto-injectors for Potentially Life-Threatening Allergic Reactions \(Anaphylaxis\) in Individuals Pursuant to RCW 28A.210.383](#)

Key information from this guidance:

1. A licensed health professional with the authority to prescribe epinephrine auto-injectors may prescribe epinephrine auto-injectors in the name of the school district or school to be maintained for use when necessary. Epinephrine prescriptions must be accompanied by a standing order for the administration of school-supplied, undesignated epinephrine auto-injectors for potentially life-threatening allergic reactions.
2. There are no changes to current prescription or self-administration practices for children with existing epinephrine auto-injector prescriptions or a guided anaphylaxis care plan.
3. When a **student has a prescription for an epinephrine auto-injector on file, the school nurse or designated trained school personnel may utilize the school district or school supply** of epinephrine auto-injectors to respond to an anaphylactic reaction under a standing protocol.
4. When a **student does not have an epinephrine auto-injector or prescription for an epinephrine auto-injector on file, the school nurse may utilize the school district or school supply** of epinephrine auto-injectors to respond to an anaphylactic reaction under a standing protocol.

Why:

- Provide safe medical management for students with or without anaphylaxis, protect students from untoward effects of anaphylaxis, and provide a safe and healthy learning environment for all students.
- To prepare and protect school staff members as they provide care for students with anaphylaxis.

For Whom:

- For every student with or without known anaphylaxis who needs rescue medications at school.
- For school staff: in-service training on symptoms, treatment, and monitoring of students with anaphylaxis.

When:

- Beginning of each school year, family completes a medical history form (WSSDA model policy 3414).
- At the beginning of the school year, school systems are in place.
- Prior to students attending school:
 1. Staff training is complete;
 2. Emergency medication and all authorizations are at school;
 3. Emergency care plans are written, training provided, and the plans distributed to staff that need to know how to respond to an emergency.

How:

- Identify students with anaphylaxis.
- Obtain allergy history, medical authorization and anaphylaxis action plan developed by student's health care provider, family consent, medications and equipment.
- Demonstration of competency by student to registered school nurse for student to self-carry and self-administer rescue medications (including injected epinephrine).
- Develop ECPs, IHPs and 504s.
- Implement individualized plans with distribution, notification, and specific staff training on each individual student plan.
- Provide and document general anaphylaxis in-service to all staff.

- Ensure student accommodations regarding accessibility to medication, scheduling of exercise, planning for field trips, and possible disaster (transferring student to different location or shelter in place). For more information about 504 accommodations, refer to “[Parent and Educator Guide to Free Appropriate Public Education](#)”
- **Due process must be in place governing exclusion of students covered by RCW, WAC, 504, IDEA, McKinney-Vento and district policy.**

SYSTEMS, ROLES, AND RESPONSIBILITIES:

Sequence of procedures:

1. **School staff** members (secretary, registrar, para-pro, etc.) review health registration forms and identify students with potential anaphylaxis.
2. **School staff** members provide family with severe allergy history to complete (updated annually).
3. **Registered nurse** contacts family to review health history, assess acuity of severe allergy, and learn family concerns/preferences regarding student’s health status and best methods to assist at school.
4. **Registered nurse** informs school staff immediately (classroom teacher, food services, etc.) to prevent allergen from coming into contact with student so as to PREVENT anaphylaxis.
5. **Registered nurse** meets with student to assess self-management and student’s health goals.
6. **Registered nurse** initiates medical authorization process.
7. **School staff** members obtain/accept medical authorization forms for administration of emergency medication at school and avoidance of allergen & necessary dietary substitutions for Food Services dept. and give to RN.
8. **School staff** members accept routine and emergency medications at school from an adult (consider using a sign-in sheet for counting and tracking medications).
9. **Registered nurse** assesses student health and functioning to determine if medication and order is appropriate for student.
10. **Registered nurse** assesses student ability to self-manage, self-carry, and self-administer anaphylaxis emergency medication at school.
11. **Registered nurse** reviews emergency medication orders to determine issues that are in the best interest for the student to receive medication at school.
12. **Registered nurse** ensures that information on the medical authorization, the medication label, and the medication administration record at school are exactly the same.
13. **Registered nurse** creates a system of storage for emergency medication so that there is immediate access to medication (both individually prescribed and the school supply of epinephrine auto-injectors) in case of emergency.
14. **Registered nurse** prepares individualized, explicit, unambiguous instructions on an Emergency Care Plan (ECP) for staff to follow in case of an emergency at school.
15. **Registered nurse**, in collaboration with the **building administrator**, identifies appropriate school staff members who are competent, available and willing to accept responsibility to assist student by following the emergency care plan.
16. **Registered nurse** delegates as appropriate, the administration of emergency medication to unlicensed school staff for the identified student. The registered nurse holds responsibility for all delegated activities and therefore the registered nurse must decide what may be delegated and what may not be delegated according to professional nursing assessment.

- A registered nurse **may not delegate** nursing activities that include:
 - The core of the nursing process (assessment, diagnosis, planning and evaluation) or procedures that require specialized knowledge, judgment, and/or skill.
 - The administration of the school supply stock epinephrine auto-injector to a student without a diagnosed known severe allergy
- 17. **Registered nurse** documents training, delegation and supervision.
- 18. **School staff** members document receiving and accepting delegation responsibilities by signing delegation form.
- 19. **Registered nurse** files documentation of nurse delegation and staff signature in training/delegation file.

Sequence of procedures for student's first day of school:

1. **Registered nurse** notifies building principal of any students with potential anaphylaxis that meet criteria of the life threatening conditions [RCW 28A.210.320](#) and who are not safe at school due to any requirements that are lacking in this process, then...
2. **Chief Administrator for the school** *is responsible for enforcing exclusion from school per RCW 28A.210.320*, following district policy, procedures, and forms.

Sequence of procedures for beginning of school and annually:

1. **Registered nurse** provides specific training to selected school staff to follow the ECP.
2. **Registered nurse** provides or arranges general training for all school staff regarding symptoms, treatment (including epi-pen training) and monitoring of students with potential anaphylaxis.

Sequence of procedures throughout school year:

1. **Registered nurse** regularly monitors (may need once daily or multiple times during the school day) student's health status, evaluates systems and plans, and modifies plans as necessary.
2. **Registered nurse, with other team members**, is alert to prevent student contact with any allergen that causes anaphylaxis.
3. **Registered nurse** provides and documents ongoing monitoring and supervision of staff members who provide or assist with anaphylaxis medication under nurse delegation.
4. **Protocols** must be in place to ensure substitute teachers are informed of the student's life-threatening allergy, the location of the ECP and duties associated with implementing the ECP

Additional Information on ... STUDENTS WITH ANAPHYLAXIS

- **Guidelines for the Care of Students with Anaphylaxis**
<http://www.k12.wa.us/HealthServices/Publications/09-0009.aspx>
- **Food Allergy Research and Education (FARE)** <http://www.foodallergy.org/>
- **Accommodating Children with Special Dietary Needs in the School Nutrition Programs: Guidance for School Food Service Staff (2001)**
<http://www.k12.wa.us/ChildNutrition/pubdocs/SpecialDietaryNeeds.PDF>
- **Anaphylaxis Prevention and Response,**
[Anaphylaxis Prevention and Response, WSSDA Policy 3420](#)
- **Washington State School Staff Health Training Guide**
<http://www.k12.wa.us/healthservices/pubdocs/WAStateSchoolStaffHealthTrainingGuide.pdf>
- **CDC Food Allergies in School** <http://www.cdc.gov/healthyyouth/foodallergies/>

Tasks

Mandated Services by RCW

STUDENTS WITH EPILEPSY

STUDENTS WITH EPILEPSY

The plan of care for students with epilepsy is developed by a designated registered nurse who consults and coordinates with the student, family, and health care providers. The registered nurse also provides the training, delegation and supervision of school district personnel who provide care for students with epilepsy in school.

WHAT IS REQUIRED?

Some students with epilepsy may have a life-threatening health condition as defined in [RCW 28A.210.320](#) and [WAC 392-380-005 to 080](#) (See page 37).

Additionally, [RCW 28A.210.260](#) (section 5) addresses the requirements for the administration of legend nasal spray emergency medication for seizure management.

- **Identification of Students with Epilepsy.**
- **School Policy for the Care of Students with Life Threatening Health Conditions in School.** [Student Immunization and Life Threatening Health Conditions - Policy No. 3413](#)
- **Staff Training Regarding Seizure Care at School.**
- **Emergency Care of Students with Seizures Procedures.**
- **Parental Consent and Medical Authorizations.**
- **Emergency Medication and/or Equipment at School.**

WHAT IS RECOMMENDED?

OSPI Issues New Guidance on Nasal Spray Law RCW 28A.210.260 [Guidance](#); [FAQ](#)

Why:

- Provide safe medical management for students with epilepsy, protect students from untoward effects of epileptic seizures, and provide a safe and healthy learning environment for those students.
- To prepare and protect school staff members as they provide care for students with epilepsy.

For Whom:

- For every student with seizures who need rescue medications at school.
- For school staff: in-service training on symptoms, treatment, and monitoring of students with epilepsy.

When:

- Beginning of each school year, family completes a medical history form (WSSDA model policy 3414).
- At the beginning of the school year, school systems are in place.
- Prior to students attending school:
 - Staff training is complete;

- Emergency medication and all authorizations are at school;
- Emergency care plans are written, training provided, and the plans distributed to staff that need to know how to respond to an emergency.

How:

- Identify students with epilepsy.
- Obtain seizure history, medical authorization and treatment plan, family consent, medications, and equipment.
- Develop IHPs, ECPs, and 504s.
- Implement individualized plans with distribution, notification, and specific staff training on each individual student plan.
- Provide and document general seizure management in-service to all staff.
- Incorporate the role of parent-designated adult (PDA) *if the family requests and assigns a PDA*.
- Ensure student accommodations regarding necessary medication, emergency school health services, planning for field trips, and possible disaster (transferring student to different location or shelter in place). For more information about 504 accommodations refer to “[Parent and Educator Guide to Free Appropriate Public Education](#)” (FAPE).
- **Due process must be in place governing exclusion of students covered by RCW, WAC, 504, IDEA, McKinney-Vento and district policy.**

SYSTEMS, ROLES, AND RESPONSIBILITIES:

Sequence of procedures:

1. **School staff** members (secretary, registrar, paraprofessional, etc.) review health registration forms and identify students with epilepsy.
2. **School staff** members provide family with seizure history to complete (updated annually).
3. **Registered nurse** contacts family to review health history, assess acuity of seizures, and learn family concerns/preferences regarding student’s health status and best methods to assist at school.
4. **Registered nurse** initiates medical authorization process.
5. **School staff** members obtain/accept medical authorization forms for administration of emergency medication at school.
8. **School staff** members accept routine and emergency medications at school from an adult (consider using a sign-in sheet for counting and tracking medications).
9. **Registered nurse** assesses student health and functioning to determine if medication and order is appropriate for student.
11. **Registered nurse** reviews emergency medication orders to determine issues that are in the best interest for the student to receive medication at school.
12. **Registered nurse** ensures that information on the medical authorization, the medication label, and the medication administration record at school are exactly the same.
13. **Registered nurse** creates a system of storage for emergency medication so that there is immediate access to medication in case of emergency.
14. **Registered nurse** prepares individualized, explicit, unambiguous instructions on an Emergency Care Plan (ECP) for staff to follow in case of an emergency at school.
15. **Registered nurse**, in collaboration with the **building administrator**, identifies appropriate school staff members who are competent, available and willing to accept responsibility to assist a student by following the emergency care plan.
16. **Registered nurse** delegates as appropriate, the administration of emergency medication to unlicensed staff for the identified student.

- A registered nurse may not delegate nursing activities that include:
 - The core of the nursing process (assessment, diagnosis, planning and evaluation) or procedures that require specialized knowledge, judgment, and/or skill.
 - The registered nurse holds responsibility for all delegated activities and therefore the registered nurse must decide what may be delegated and what may not be delegated according to professional nursing assessment.

17. **Registered nurse** documents training, delegation and supervision.

18. **School staff** members document receiving and accepting delegation responsibilities by signing delegation form.

19. **Registered nurse** files documentation of nurse delegation and staff signature in training/delegation file.

When parents request and assign a Parent Designated Adult (PDA):

[RCW 28A.210.260](#) allows parents to designate an adult through proper legal procedures to assist the student in managing his or her epilepsy. The statute defines a Parent-Designated Adult as:

- Parent-Designated Adult (PDA) - A volunteer, who may be a school employee, who receives additional training from a health care professional or expert in diabetic care selected by the parents (not school personnel), and who provides care for the child consistent with the individual health plan.

Key points to consider when parents request a PDA (See [Appendix D](#)):

- By law, PDA's only provide care for students with epilepsy or diabetes (PDA's do not provide care for students with other health conditions).
- The district's professional **registered nurse** in the school is not responsible for the supervision of the PDA for those procedures authorized by the parent for the PDA to provide, and cannot be delegated by the **registered nurse** in the school setting.
- Parents are responsible for finding and arranging for training and supervising the PDA.
- The district's professional **registered nurse** is responsible for assessing, monitoring, responding to, and reporting the student's health status in school to school administration, including outcomes associated with care provided by the PDA, etc.
- **Building principal** and **registered nurse** meet with family to discuss legal responsibilities of the school, family, and PDA.
- **Building principal** ensures that all documentation required for PDA (including required training) is completed before PDA may function in the school setting.
- PDAs should renew their training annually in order to remain aware of updated technology and medical best practice related to seizure care.

Sequence of procedures for student's first day of school:

1. **Registered nurse** notifies building principal of any students with epilepsy that meet criteria of the life threatening conditions [RCW 28A.210.320](#) and who are not safe at school due to any requirements that are lacking in this process, then...

2. **Chief Administrator for the school** is responsible for enforcing exclusion from school per [RCW 28A.210.320](#), following district policy, procedures, and forms.

Sequence of procedures for beginning of school and annually:

1. **Registered nurse** provides specific training to selected school staff to follow the ECP.

2. **Registered nurse** provides or arranges general training for all school staff regarding symptoms, treatment and monitoring of students with epilepsy.

Sequence of procedures throughout school year:

1. **Registered nurse** regularly monitors (may need once daily or multiple times during the school day) student's health status, evaluates systems and plans, and modifies plans as necessary.
2. **Registered nurse** provides ongoing monitoring and supervision of staff members who provide or assist with seizure management under nurse delegation.
3. **Protocols** must be in place to ensure substitute teachers are informed of the student's life-threatening condition, the location of the ECP and duties associated with implementing the ECP.

For More Information on ... STUDENTS WITH Epilepsy

- **Seattle Children's Outreach Education resource:**
Seizure Management and Seizure Rescue Medications [Online Video Library](#)
- **OSPI Guidance and FAQ on Nasal Spray Law:**
<http://www.k12.wa.us/HealthServices/default.aspx>

Task

Mandated Services by RCW

CLEAN INTERMITTENT CATHETERIZATION

CLEAN INTERMITTENT CATHETERIZATION (CIC):

The insertion of a clean catheter into the urinary bladder to empty urine several times during the day for students who do not have functional bladder emptying.

WHAT IS REQUIRED?

The following requirements are outlined in [RCW 28A.210.280](#) and [WAC 246-840-820](#):

- **Clean Intermittent Catheterization – Assisted Self-Catheterization.**
- **Clean Intermittent Catheterization – Catheterization by School Staff.**
- **Training and Supervision of Unlicensed Staff.**
- **Parental Consent and Medical Authorizations.**

Why:

Most people empty their bladders by going to the bathroom four or five times a day. When the bladder is not emptied, infections or other problems may occur. Some medical conditions interfere with the sensation and ability to empty the bladder. Clean Intermittent Catheterization (CIC) can prevent serious consequences of bladder dysfunction.

- To provide safe medical management for students needing CIC, protect students from untoward effects of CIC, and provide a safe and healthy learning environment for those students.
- To prepare and protect school staff members as they provide care for students needing CIC.

For Whom:

- For every student who requires CIC at school.
- For school staff who assist with or perform CIC: in-service training and ongoing supervision on procedures and symptoms of complications of CIC.

When:

- Whenever family and health care provider requests CIC to be performed at school.
- Prior to staff performing or assisting with CIC, staff has training and supervision by RN.
- Prior to delegation process being completed and staff being prepared to provide CIC, family may come to school to perform CIC.

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Sequence of procedures (to be performed at any time):

1. **Family** responsibilities:
 - Requests CIC at school and gives written authorization for CIC to be performed in school.
 - Obtains and brings signed medical authorization signed by health care provider with information about the procedure and orders for the procedure to be performed at school, including directions and frequency of CIC treatment.
2. **Registered nurse** initiates medical authorization process if not completed by family.
3. **School staff** members accept medical authorization for CIC at school and give to registered nurse.
4. **Registered nurse** assesses student health and functioning (with student and parent) to determine if CIC and order is appropriate for student.
5. **Registered nurse** reviews CIC orders to develop instructions specific to the needs of the student to receive CIC at school.
6. **Registered nurse** develops an Individual Health Plan (IHP) consistent with health care provider orders. IHP describes explicit step-by-step actions of the procedure, signs of problems that might occur with the procedure, and what actions to take if problems occur.
7. **Registered nurse** develops format for documentation of CIC procedure consistent with health care provider orders. Form is to be completed by **school staff** members trained to perform CIC.
8. **Registered Nurse** develops or ensures that documentation of care form is consistent with health care provider orders.
9. **Registered nurse**, in collaboration with **building administrator**, identifies appropriate school staff members who are competent, available, and willing to accept responsibility to provide or assist with CIC for student.
10. **Registered nurse** delegates specific school staff to perform or assist with CIC for a specific student. The registered nurse holds responsibility for all delegated activities and therefore the registered nurse must decide what may be delegated and what may not be delegated according to professional nursing assessment.
 - **A registered nurse may not delegate nursing activities that include:**
 - The core of the nursing process (assessment, diagnosis, planning and evaluation) or procedures that require specialized knowledge, judgment, and/or skill.
11. **Registered nurse** documents training and delegation.
12. **School staff** members document receiving and accepting delegation responsibilities by signing delegation form.
13. **Registered nurse** files documentation of nurse delegation and staff signature in training/delegation file.
14. **Registered nurse** regularly monitors (often daily) student's health status, evaluates systems and plans, and modifies plans as necessary.

Sequence of procedures for student's first day of school:

1. **Registered nurse** ensures that appropriate staff are trained and that all necessary forms and equipment are in place so that student can safely attend school.

Sequence of procedures throughout school year:

1. **Registered nurse** regularly monitors (may need once daily or multiple times during the school day) student's health status, evaluates systems and plans, and modifies plans as necessary.
2. **Registered nurse** provides ongoing monitoring and supervision of staff members who provide or assist with clean intermittent catheterization under nurse delegation. Supervision is documented.

For More Information on ... CIC

- **Catheterization of public and private school students**
[RCW 28A.210.280](#)
- **Provision for clean, intermittent catheterization in schools**
[WAC 246-840-820](#)
- **Catheterization of students — Rules**
[RCW 18.79.290](#)
- [Washington State School Staff Health Training Guide](#)

IMMUNIZATIONS:

It is the judgment of the legislature that it is necessary to protect the health of the public and individuals by providing a means for the eventual achievement of full immunization of school-aged children against certain vaccine-preventable diseases.

WHAT IS REQUIRED?

- The requirements are outlined in [RCW 28A.210.060 to 170](#) and [WAC 180-38-005 to 070](#). Each year, the Washington State Department of Health publishes the Required Vaccines for School Attendance, for the upcoming school year. It is the school's responsibility to know the requirements and to adequately screen the students for compliance.
- In May of 2011, the Washington State Legislature passed SB5005 which amends part of the immunization codes. This new law is known as the Washington Immunization Exemption Law. For specific guidance about implementation of Immunization Exemption Law, visit the Department of Health Immunization Program: [Changes to School and Child Care Immunization Exemptions :: Washington State Dept. of Health](#)
- Some students who are not in compliance with requirements for school attendance will be considered in "conditional status". Students are in "conditional" status if they do not have one or more required vaccines on their first day of attendance or, in some cases, after they've started school. These students can attend for a limited time if they:
 - get any missing immunizations within 30 days after the first day of attendance or after a temporary medical exemption becomes invalid, unless getting the vaccine within such time creates an inconsistency with the immunization schedule.
 - get any missing immunization doses in a *vaccine series* at recommended intervals and no later than 30 days past the recommended date per the national immunization guidelines.

In all other cases, if a parent does not take action within 30 days, the child must be excluded from school or child care. See [WAC 246-105-020](#) and [246-105-060](#) for more information.

Why:

- Protection of students and staff from vaccine-preventable illness.

For Whom:

- Washington State immunization requirements apply to every student enrolled in school.

By Whom:

- The School Nurse plays an important role in educating staff and parents and interpreting immunization data to meet State immunization requirements, however, a team of staff designated by a school administrator is necessary for the collection, recording and filing of pertinent and current student immunization data.

When:

- Before any student attends school.
- Annual notification to families of students in selected grades regarding specific diseases and resources. See [RCW 28A.210.080](#)
 - Beginning with sixth grade entry, every public and private school in the state shall provide parents and guardians with information about meningococcal disease and the meningococcal vaccine at the beginning of every school year.
 - Beginning with sixth grade entry, every public school in the state shall provide parents and guardians with information about human papillomavirus and the HPV vaccine at the beginning of every school year.
- November 1st of each school year, the annual immunization report is due to Washington State Department of Health.
<http://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/SchoolStatusReporting>

How:

- Family presents immunization record at initial registration and/or before student attends school.
- Documentation of required immunizations on Certificate of Immunization Status (CIS) form completed by the family.
- School staff may generate a student's electronic record system CIS form from the Washington State Immunization Information System (WSIIS). For more information about WSIIS: <http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/DataReportingandRetrieval/ImmunizationInformationSystem/ForSchools>
- Family signature on CIS form.
- Information to families of students in specific grades as required by legislation.
Due process must be in place governing exclusion of students covered by RCW, WAC, 504, IDEA, McKinney-Vento and district policy.

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:**Annually:**

- **Review current immunization statutes** and rules for schools (may change annually) and develop a plan for implementation and compliance with the statutes.
<http://www.doh.wa.gov/YouandYourFamily/Immunization/SchoolandChildCare>
- **School staff** members ensure that current laws regarding family notification of specified diseases and resources are carried out.

Procedures at registration:

- **Family** completes, signs, and dates Certificate of Immunization Status (CIS).
- **School staff** members review CIS immunization record completed by family for accuracy and compliance.
- **School staff** members notify family of student immunizations requirements which are not compliant with school district policy and procedures and state immunizations requirements for schools.
- **School staff** members transfer immunization information into electronic student data base.
- **School staff** members inform families of immunization resources in the community if needed.
- **Registered nurse** is available to consult with school staff regarding any questions about immunization records.

- **School staff** members notify building principal and school nurse of any students out of compliance.
- **Chief Administrator for the school** is responsible for enforcing exclusion from school per [RCW 28A.210.320](#), following district policy, procedures, and forms.

Sequence of procedures on November 1st:

1. **Designated school staff** member or school nurse submits annual immunization report to the Department of Health.
2. **Department of Health Immunization Program** notifies schools of any changes in report requirements or timing of report submission.

Sequence of procedures in case of student with compromised immunological status in school:

1. **Registered nurse** notifies principal and classroom teacher that immunocompromised student could be at risk if they are exposed to un-immunized or under-immunized students.
2. **Registered nurse, health care provider, family, teacher, and principal** determine risk and develop plan for immunocompromised student's safety against vaccine-preventable illness.

Sequence of procedures in case of disease outbreak:

1. **County medical officer or state medical officer** determines disease outbreak status.
2. **Registered nurse** reviews immunization status for student body and staff to identify persons who are not adequately immunized.
3. **Registered nurse** collaborates with **county medical officer or state medical officer** and communicates with district administration.
4. **County medical officer or state medical officer** may order student(s) and/or staff member(s) who do not have documentation of adequate immune status from vaccine-preventable diseases, to be excluded from school.
5. **County medical officer or state medical officer** may order school closure.

For More Information on ... IMMUNIZATIONS

- **Immunization Manual for Schools, Preschools, and Child Care Facilities; Department of Health**, http://www.doh.wa.gov/Portals/1/Documents/Pubs/348-124_ImmunizationSchoolManual.pdf
- **Washington State Immunization Information System (WAIIS), (formerly Child Profile Immunization Registry)**. If your school is not currently enrolled in the WAIIS system, the process is outlined on their website, <http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionalsandFacilities/DataReportingandRetrieval/ImmunizationInformationSystem/ForSchools>
- **School Immunization Status Reporting** <http://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/SchoolStatusReporting>

Tasks

Mandated Services by RCW

VISUAL AND AUDITORY HEALTH SCREENING

VISUAL AND AUDITORY HEALTH SCREENING:

Every Board of school directors shall have the power, and it shall be their duty, to provide for and require screening for the visual and auditory acuity of all children attending schools in their districts to ascertain which, if any, of such children have defects sufficient to impact their ability to learn.

WHAT IS REQUIRED?

The requirements are outlined in [RCW 28A.210.020](#) and [WAC 246-760-001-100](#).

Note: Before screening, students with previously identified visual or auditory problems should be contacted to ensure they have had the necessary follow-up and appropriate corrective lenses or hearing aids. Teachers should be alerted to ensure students are using their corrective devices at school. Children with corrective lenses for distance viewing should be screened **wearing their corrective lenses.**

Why:

- Early identification and referral for correction of vision and/or auditory problems that may interfere with learning and to prevent long-term effects from any deficits.

For Whom:

- All students in grades K, 1, 2, 3, 5, and 7 annually (except those who are under medical care and have had a recent evaluation).
- Any student showing signs or symptoms of possible lack of auditory or visual acuity referred to the district by parents, guardians, or school staff.
- If resources and time permit, schools shall annually screen students at other grade levels.

When:

- As early as possible in the school year and if at all possible, within the first semester (for both vision and auditory screenings).
- Vision rescreening timing is not regulated by state guidelines and may be done immediately for students who did not meet “pass” criteria on initial vision screening.
- Auditory rescreening must be done within 6 weeks of initial auditory screen for students who did not meet “pass” criteria.
- **Calibrate audiometer annually.**

How:

- Set up procedure school-wide (preferably schedule when the school calendar is being developed at the end of the previous school year) to minimize interruption of learning.
- Conduct screenings in an environment free of extraneous noise and distraction.
- Screen and document findings for each student as “pass/fail” or indicate the actual numeric

results.

- Re-screen students who do not “pass” initial screen.
- Document results of the re-screen.
- Notify teachers of students who did not pass the re-screen so that the teacher can provide classroom accommodations until the student has further assessment of the vision or auditory concern.
- Notify families to seek a vision and/or auditory examination for all students who did not “pass” the re-screen.
- In addition, if school personnel observe a child with other signs or symptoms related to vision or hearing problems, and if the signs and symptoms negatively influence the child in his or her studies, school personnel shall make a referral to a professional for evaluation.
- Follow up with families and teachers regarding students who need vision and/or auditory assistance.

VISION SCREENING ROLES AND RESPONSIBILITIES:

Visual and auditory screening of pupils — Rules and regulations. [RCW 28A.210.020](#)

Persons performing visual screenings may include (but are not limited to) ophthalmologist, optometrist, opticians who donate their professional services to schools or school districts. If a vision professional who donates his or her services identifies a vision defect sufficient to affect a student’s learning, the vision professional must notify the school nurse and/or school principal in writing and may not contact the parents or guardians directly. A school official shall inform parents or guardian of student, in writing, recommending further visual examination; however, the name or contact information of the vision professional donating time and conducting the screening may not be communicated.

PROCEDURAL GUIDELINES:

Sequence of procedures at beginning of school:

1. **School Staff** coordinate with all teachers, including special education, to set up screening schedules.
2. **School staff** members schedule training for school staff or volunteers who do initial screens.
3. **Registered nurse or community vision professional volunteer** train volunteers and/or school staff on screening techniques and competencies.
4. **School staff** members prepare equipment, paperwork, location, and times for screening to be completed.

Sequence of procedures on day of initial screening:

1. **School staff members and volunteers** organize, oversee, perform, and document initial screening results.

Sequence of procedures after initial screen:

1. **Registered nurse** completes vision re-screens of those students not meeting “pass” criteria – either immediately or as soon as possible after initial screen.
2. **Registered nurse** completes auditory re-screens within 6 weeks of initial auditory screen.
3. **Registered nurse** notifies and works with teachers regarding students who failed re-screen.
4. **School staff** members notify families of students who do not pass vision and/or auditory rescreen and refer for professional evaluation.
5. **School staff** members document referrals and follow-up.
6. **Registered nurse** assists families in health care access and any other barriers to completing

referral and acquiring vision or auditory corrections or treatment.

Sequence of procedures after corrective devices are obtained:

1. **Registered nurse** works with teachers and students to ensure vision and/or auditory corrective devices are available and used at school.
2. **Registered Nurse** works with Special Ed. Director and 504 team to determine and write 504 accommodations if necessary.

Tasks

Mandated Services by RCW

SCOLIOSIS HEALTH SCREENING

SCOLIOSIS HEALTH SCREENING:

Beginning in the 2009-2010 school year, the Washington State Legislature no longer required public school districts to provide scoliosis screenings for students.

<http://apps.leg.wa.gov/documents/laws/wsr/2009/24/09-24-112.htm>

Any school staff with concerns about the posture of a student should refer to the school nurse for further evaluation. The school nurse will either assess the student and respond according to assessment results, or notify the family recommending referral of the student for further evaluation.

INTRODUCTION:

This segment of the manual briefly describes the role of Section 504 of the Rehabilitation Act of 1973 and Special Education laws as it applies to a public school district's duty to provide a Free Appropriate Public Education ([FAPE](#)) for students with disabilities.

Section 504 of the Rehabilitation Act of 1973

Section 504 is a federal civil rights law designed to eliminate disability discrimination in programs and activities receiving federal funding. Therefore, all public school districts which receive federal funds must comply with Section 504.

A school-aged student is considered disabled under 504 if the student has a **physical or mental impairment that substantially limits one or more major life activities**.

Description of terms, roles and responsibilities and the process for referral and evaluation of students for consideration of Section 504 Accommodations plan in school is outlined in: "[A Parent & Educator Guide to Free Appropriate Public Education \(under Section 504 of the Rehabilitation Act of 1973\)](#)". This guide reflects the Federal 2008 amendment which significantly broadened the definition of what constitutes a "disability." With the expanded definitions, many students with health care needs qualify for consideration of Section 504 Accommodation plans at school.

A 504 plan is a written plan that describes the educational and related aids and services that a district 504 team determines a disabled student needs to receive a FAPE. The content of a Section 504 Plan may change within a school year or between school years as a student's needs and services change. A district must provide the services identified in a student's Section 504 plan (page 5, "A Parent & Educator Guide to Free Appropriate Public Education").

The U.S. Department of Education enforces Section 504 through the [Office of Civil Rights](#). In determining reasonable accommodations, OCR is a resource for both the district and the family.

Special Education Law

The Federal "Individuals with Disabilities Education Act" ([IDEA](#)) ensures that children with disabilities have access to a free appropriate public education (FAPE). IDEA is focused on improving educational results for children with disabilities.

[RCW 28A.155](#) provides the statutory basis for special education services in Washington, and [WAC 392-172A](#) provides the regulatory basis for both IDEA and RCW 28A.155

In the Supreme Court Case of **CEDAR RAPIDS COMMUNITY SCHOOL DIST. v. GARRET F. (96-1793)** 526 U.S. 66 (1999) <http://www.law.cornell.edu/supct/html/96-1793.ZS.html>, "The IDEA requires the school district to provide [the student] with the nursing services he/ [she] requires during school hours. [...] The IDEA's 'related services' definition broadly encompasses those supportive services that 'may be required to assist a child with a disability to benefit from special education.' Furthermore, 'related services' [... are not...] 'medical services.' [...] The Secretary of Education had reasonably determined that 'medical services' refers to services that must be performed by a physician and not to school health services."

Nursing Care Services for Students

A variety of nursing care services may be necessary for students with both Section 504 Accommodation AND Special Education plans in schools. Some of the nursing care services are addressed in this manual:

- Life-Threatening conditions ([38](#))
- Clean Intermittent Catheterization ([57](#))
- Medication in Schools ([69](#))
- Gastronomy Tube Feedings ([73](#))

Other nursing services which may be necessary for students in school and are *not discussed in detail* in this guidebook include:

- Tracheotomy care
- Assisted ventilation
- Central venous catheters
- Oxygen
- Rectal suppositories

School settings need to adapt to meet the educational and health needs of students assisted by medical technology. School nurses have the licensure and education to determine the need for access to specialized nursing care and also to provide services and facilitate systems that foster social, emotional, physical, cognitive, and spiritual wellness.

MEDICATION IN SCHOOL

MEDICATION IN SCHOOL:

[RCW 28A.210.260](#) *Public and Private Schools: Administration of Medication--Conditions* allows school districts and private schools which conduct any of grades kindergarten–twelfth to provide for the administration of oral medication, topical medication, eye drops, ear drops or nasal spray of any nature to students who are in the custody of the school district or school at the time of administration, but are not required to do so.

[RCW 28A.210.270](#) *Public and Private Schools: Administration of Medication—Immunity from Liability, Discontinuance, Procedure* states that when the conditions specified in RCW 28A.210.260 have been substantially complied with, then the employee, the school district or school, and the members of the governing board, shall not be liable in any criminal action or for civil damages as a result of the administration of the medication.,

WHAT IS REQUIRED?

The following requirements are outlined in [RCW 28A.210.260 and 270](#):

- **Administration of Medication.**
- **Training, Delegation, and Supervision of Unlicensed Staff.**
- **Parental Consent and Medical Authorizations.**
- **Safeguarding Legend Drugs**
- **Parent Designated Adult**
- **Immunity from Liability**

Why:

- To accommodate students with health needs who require medication in the course of the school day or during school-sponsored events.
- To provide safe medical management for students receiving medication at school, protecting students from untoward effects of medication, and contributing to a safe and healthy learning environment for those students needing medication in the course of the school day or during participation in school-sponsored activities.
- To prepare and protect school staff members as they provide care for students receiving medication at school.

For Whom:

- For any student who needs medication during the school day and/or school-sponsored events.
- For unlicensed staff administering medications to students.

When:

- When family requests medication to be administered at school.
- Before medication can be administered by unlicensed school staff, the registered nurse must assess and determine that it is appropriate to delegate, and provide necessary training.
- Before delegation process is completed and until staff is prepared to administer medication, family may come to school to administer medication if a licensed nurse is not available to do so.

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Sequence of procedures at any time:

1. **Family** responsibilities:
 - **Family** requests and gives written authorization for medication to be administered at school. This must be done each school year
 - **Family** obtains and brings signed health care provider authorization with information about the medication and specific directions for administration. Authorizations are only valid for one school year.
 - **Family (or other adult)** brings medication to school in original, labeled container.
 - **Family (or other adult)** counts and signs for amount of medication brought to school (consider using a sign- in form to count and track medications brought to school).
 - **Family (or other adult)** provides only one month's supply (approximately 20 school days) plus 3 days of disaster supply medication to be stored at school.
2. **School staff** member accepts medication, check expiration date, **MUST COUNT Medication brought to school**, and sign form with adult who confirms count.
3. **School staff** members **ensure that medications are kept in a secure, locked cabinet**. Back-up emergency medications for anaphylaxis and asthma must be kept in a location to which the student has immediate access in the event of an asthma or anaphylaxis emergency. [RCW 28A.210.370](#)
4. **Registered nurse** assesses student health and functioning to determine if medication and order is appropriate for student. For students who self-carry their medication, this assessment should include an evaluation of the student's ability to carry and administer his/her own medicine safely at the time needed and without adult supervision.
5. **Registered nurse** reviews medication orders to determine if there are any issues that need to be addressed so that the student is able to receive medication safely at school.
6. **Registered nurse** ensures that information on the medical authorization, the medication label, and the medication administration record at school are identical.
7. **Registered nurse** creates a system of storage for emergency medication so that there is immediate access to medication in case of emergency.
8. **Registered nurse**, in collaboration with building administrator, identifies appropriate school staff members who are competent, available, and willing to accept responsibility to administer medication to student.
9. **Registered nurse** trains and then delegates to selected school staff members the authority to administer medication to specific student. **The registered nurse holds responsibility for all delegated activities and therefore the registered nurse must decide what may be delegated and what may not be delegated (and to whom) according to professional nursing assessment and [RCW 28A.210.260](#).** A registered nurse **may not delegate** nursing activities that include the core of the nursing process (assessment, diagnosis, planning and evaluation) or procedures that require specialized knowledge, judgment, and/or skill.
10. **Registered nurse** describes required methods of administration of medication **using the Six**

Rights:

Right Student: Student says name or staff checks student picture on medication log.

Right Medication: Student names the medication and staff double-checks name of medication on medication log and medication container.

Right Dose: Student states the dose and staff double-checks the dose of medication on medication log and medication container.

Right Route: Student states the route [method of administration, e.g. by mouth] and staff double-checks the route of medication on medication log and medication container.

Right Time: Student states the time the medication is to be given and staff double-checks the time of medication administration on medication log and medication container.

Right Documentation: Staff correctly documents medication administration as soon as possible on the student's medication record (log).

11. **Any violation of the above Six Rights** requires that a medication error process be initiated, including appropriate documentation.
12. **Registered nurse** documents training and delegation.
13. **School staff** members document receiving and accepting delegation responsibilities by signing delegation form.
14. **Registered nurse** files documentation of nurse delegation and staff signature in training/delegation file.

Sequence of procedures throughout the School Year

1. **Registered nurse** regularly monitors (daily, if necessary) student's health status, evaluates systems and plans, and modifies plans as necessary.
2. **Registered nurse** provides ongoing monitoring and supervision of staff who administer medications under nurse delegation and documents his/her findings, additional training that is provided or other related action.
3. **School Staff** - monthly- notify families when routine medication supply must be refilled. This is necessary to ensure that students consistently receive their medication at school.
4. **At the end of the school year** the school staff notifies families to pick up any remaining medication(s) so that none remain at school over the summer break. However, if a student will be attending summer school and will need medication as supplied and ordered, family notification may be delayed until the completion of summer school.

For More Information on Medication in School

- **OSPI Bulletin No. 34-01: Learning and Teaching Support**
The Administration of Medications in Schools, June 8, 2001
<http://www.k12.wa.us/HealthServices/pubdocs/b034-01.pdf>
- **Attorney General Memorandum (2/9/89): Administration of Medication**
- **RCW 28A.210.370:** Self Administration of medication to treat asthma and/or anaphylaxis.
- **Guidelines for the Care of Students with Anaphylaxis**
<http://www.k12.wa.us/HealthServices/pubdocs/GuidelinesforCareofStudentswithAnaphylaxis2009.pdf>

- **Orientation Manual for School Employees Administering Medications to Students,** OSPI Special Education, August 2001.
http://www.k12.wa.us/specialed/pubdocs/oral_medications_Appendix_B.pdf

Tasks

American Disabilities Act - 504

GASTROSTOMY TUBE FEEDINGS

GASTROSTOMY TUBE (G TUBE) FEEDINGS:

Fluids or liquid nutrition given through a tube surgically placed directly into the stomach. These feedings may be intermittent for specific times of the day (usually by gravity), or they may be given continuously by a mechanized pump.



WHAT IS REQUIRED?

- If the student the student qualifies as disabled under Section 504 of the Rehabilitation Act of 1973, the provision of gastrostomy tube feedings at school may be a necessary accommodation.
- The registered nurse may provide or delegate gastrostomy tube feedings at school. (Unlicensed Practice Task Force Recommendations, Nursing Care Quality Assurance Commission – March, 1991).
- **The registered nurse holds responsibility for all delegated activities and therefore the registered nurse must decide what may be delegated and what may not be delegated (and to whom) according to professional nursing assessment. A registered nurse may not delegate nursing activities that include the core of the nursing process (assessment, diagnosis, planning and evaluation) or procedures that require specialized knowledge, judgment, and/or skill. Parental Consent and Licensed Health Care Provider (LHP) Authorization are required.**

Why:

Some students are unable to ingest adequate hydration and/or nutrition by swallowing.

- To provide safe medical management for students needing G Tube feedings or hydration-including protection from untoward effects of G Tube feedings or hydration, and to contribute to a safe and healthy learning environment for students needing G Tube medical management

- at school or school sponsored activities.
- To prepare and protect school staff members as they provide care for students needing G Tube feedings.

For Whom:

- For every student who requires G Tube feedings at school.
- For school staff who assist with or perform G Tube feedings: in-service training and ongoing supervision of procedures and symptoms of complications of G Tube feedings.

When:

- When family and LHP request G Tube feedings be given at school.
- Before staff may perform or assist with G Tube feedings the registered nurse must provide training and delegation and thereafter, ongoing supervision.

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Sequence of procedures at any time:

1. **Family responsibilities:**
 - Requests G Tube feedings or hydration at school and gives written authorization for feedings or hydration to be performed at school.
 - Obtains and brings signed LHP authorization with information about the procedure and orders for the procedure to be performed at school.
2. **Registered nurse** initiates LHP authorization for G Tube feeding at school (if not done by family).
3. **School staff** members accept LHP authorization for G Tube feeding at school and give to registered nurse for review.
4. **Registered nurse** assesses student health and functioning to determine if G Tube feeding order is appropriate for student at school.
5. **Registered nurse** reviews G Tube feeding order to determine if it is in the best interest for the student to receive feeding at school.
6. **Registered nurse** develops an Individual Health Plan (IHP) consistent with health care provider orders. IHP describes explicit step-by-step actions of the procedure, signs of problems that might occur with the procedure, and what actions to take if problems occur.
7. **Registered nurse** develops format for documentation of G Tube procedure consistent with LHP orders. Form is to be completed by **school staff** members trained to perform G Tube feeding/hydration.
8. **Registered nurse** develops or ensures that documentation of care form is consistent with LHP orders.
9. **Registered nurse** in collaboration with building administrator, identifies appropriate school staff members who are competent, available, and willing to accept responsibility to provide or assist with G Tube feeding/hydration for student.
10. **Registered nurse** delegates specific school staff to perform or assist with G Tube for a specific student. The RN holds responsibility for all delegated activities and therefore the registered nurse must decide what may be delegated and what may not be delegated according to professional nursing assessment. A registered nurse may not delegate nursing activities that include:
 - The core of the nursing process (assessment, diagnosis, planning and evaluation) or procedures that require specialized knowledge, judgment, and/or skill.
11. **Registered nurse** documents training, delegation and ongoing supervision of staff.
12. **School staff** members document receiving and accepting delegation responsibilities by

signing delegation form.

13. **Registered nurse** files documentation of nurse delegation and staff signature in training/delegation file.
14. **Registered nurse** regularly monitors (often daily) student's health status, evaluates systems and plans, and modifies plans as necessary.

Sequence of procedures for student's first day of school:

1. **Registered nurse** ensures that staff is prepared and that all necessary forms and equipment are in place so that student can safely attend school.

Sequence of procedures throughout the school year:

1. Registered nurse provides ongoing monitoring and supervision of staff to provide or assist with G Tube feeding under registered nurse delegation.

DISTRICT SYSTEMS TO SUPPORT DELIVERY OF SCHOOL HEALTH SERVICES

This section of the manual describes the systems that are necessary to safely deliver health services within educational settings to meet the health and safety needs of students and staff and to comply with state health and education laws and regulations. These systems provide:

1. An infrastructure of policies, procedures, roles , and responsibilities;
2. A schedule and process for routine, ongoing review and evaluation of the infrastructure and practices in school health services delivery.

A district's health care delivery system is not dependent upon one person (nurse, administrator, secretary, etc.). The structure and components of the system are district-wide and all staff members should be familiar with the expectations and procedures that follow.

The system should be understood and implemented by:

- **All district-wide departments:** administrators, central registration, human resources, etc.
- **All school building personnel:** principals, front office staff, athletic directors and coaches, teachers, para-educators, nutrition services personnel, counselors, school nurses, custodial and maintenance staff, transportation staff and any building itinerant staff.

Everyone must know, understand, and implement these procedures, and have an opportunity for input in the systems review process.

This section describes the following components of a district-wide systems approach to support health service delivery in schools:

- **Accidents at School** ([96](#))
- **Automated Electronic Defibrillators (AED)** ([99](#))
- **Confidentiality** ([81](#))
- **Field Trips, Off-campus Activities, After Hours** ([104](#))
- **Food Services** ([87](#))
- **Illness and Injury** ([91](#))
- **Introduction to District Systems to Support Delivery of School Health Services** ([76](#))
- **Job Descriptions – Health Services** ([86](#))
- **Mandated Reporting of Child Abuse and Neglect** ([83](#))
- **Quality Assurance** ([77](#))
- **Required Blood-Borne Pathogen Plan** ([102](#))
- **School Staff Training** ([108](#))
- **Transportation** ([89](#))
- **Migrant Physicals** ([111](#))

QUALITY ASSURANCE:

Quality Assurance is a planned and systematic set of activities to ensure that any concerns are clearly identified, assessed, and improved. Collecting critical data to analyze health services, guides the development and implementation of improvements to achieve desired outcomes. Analysis of critical data will lead

to:

- Enhancing student success and school improvement.
- Exploring solutions to health service challenges.
- Reducing individual and school liability.

Data analysis provides information regarding how work gets done so that efficiency, effectiveness, and adaptability increase.

WHAT IS RECOMMENDED?

- **School improvement planning includes health data to identify and find solutions for non-academic barriers to learning.**
- **Identification of emerging health and safety issues and trends in the district for enhancement and/or improvement of school health services.**

Why:

- For safety, health, and learning in school.
- For improvement of school functioning to:
 - Give confidence to staff, families, and students that their needs will be met.
 - Standardize systems for a consistent approach to operations.
 - Improve work processes and efficiencies.
 - Decrease gaps and duplication.

For Whom:

Stakeholders

- Students.
- Families.
- School staff.
- School administration.
- School board members.

When:

- On a daily basis.
- At specified times during the school year.
- At least annually.

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

School nurses work with administration to develop roles and responsibilities for the following quality assurance activities:

School Improvement Planning:

- **Registered nurse** participates in the School Improvement Team to address areas of school health and student achievement.
- **Registered nurse** increases staff awareness of correlation of student wellness and student success by including health-related goals in the School Improvement Plan.
- **Registered nurse** guides compilation of data that demonstrates how student health influences student academic achievement. Examples include:
 - Increased attendance for students who have well-managed health conditions.
 - Increased instructional time by decreased frequency of health room visits for minor first aid that could be managed by student or teacher.
 - Increased instructional time by nurse assessing psycho-social issues for students presenting physical complaints and referring for appropriate interventions to minimize stress. (Better coping, thus better learning.)
 - Increased attendance due to nurse evaluation of underlying causes of absenteeism; therefore, providing appropriate interventions for families: i.e. 1) family teaching, support, and empowerment; 2) providing access to health care; 3) providing community resources for basic needs; etc.
 - Decreased absenteeism by instituting a school-wide hand-washing and respiratory etiquette curriculum and program.
 - Increased student engagement in learning by providing support for self-efficacy, empowerment and overall health.

Documentation:

- **Registered nurse** documents consistently, using standard definitions and parameters so that individual data points can be aggregated.
 - Use district-wide approved forms.
 - Provide staff training to document and/or complete forms.
 - If electronic data is collected, ensure uniform coding and data input.
- **Registered nurse** stores data so that information can be retrieved easily for analysis. Types of data may include:
 - Electronic health record system.
 - Medication and treatment logs.
 - Health room documentation system.
 - Nursing care: assessment, diagnosis, plan, intervention, and outcome.
 - Individual health care plans.
 - Emergency care plans.
 - 504/IEPs.
 - Attendance.
 - Grades.
 - Health screening data.
 - Medicaid billing.
- Data systems support both student health information and student academic information so that correlation between health and learning is evident.

Determine Trends of Health Concerns in District:

- **Registered nurse** reviews health data *at least annually* to determine trends of health concerns in district:
 - Communicable diseases.
 - Chronic health conditions
 - Intentional and unintentional injuries.
 - Self-harm.
 - Teen pregnancy.
 - Suicide.
 - Health room use (frequent students, times of day, type of problems).
 - Incidents of emergencies and effectiveness of district staff response.
- **Registered nurse** reviews health data as new issues are identified.
- **Registered nurse** annually completes the OSPI “Assessment of District Student Health Services”
 - **Registered nurse** identifies strengths and concerns in the review of data.
 - **Registered nurse** prepares a report of the status of health services in the district for the school board, district and building administrators, parents, OSPI, etc.
 - **Registered nurse** prepares recommendations for changes based on data trends, emerging health issues, evidence of most pressing health needs of the district (programs, staffing, training, equipment, etc.), and evidence-based practice recommendations.

Evaluate Systems, Programs, and Staff Performance:

Quality is measurably meeting expectations and requirements.

- **Registered nurse and administration** collaborate so that systems and programs:
 - Reflect expectations, policies, procedures, job descriptions, roles, and responsibilities.
 - Are clearly understood by key players in school health service delivery.
 - Function properly by careful and thoughtful effort.
 - Work by planning and discipline.
 - Are evaluated on a regular basis.

Communicate, Plan, and Implement Changes:

- **Registered nurse** provides regular updates regarding health services to:
 - School health services staff that deliver health services.
 - School staff who provide delegated nursing tasks.
 - School administration.
- **Registered nurse** submits a written report and recommendations for administration and school board review.
- **Registered nurse** plans for next school year based on findings and recommendations.
Includes:
 - Focused professional development opportunities for school nurse and other members of the health services staff.
 - Improvements and modifications in procedures and systems.
 - Rearrangement of staffing based on student need.
 - Increased awareness and information to school staff regarding health services.
- **Registered nurse and administration** build into the evaluation plan: activities, clear expectations, and timelines for completion.

Resource:

Selekman, Janice, School Nursing A Comprehensive Text, 2nd Edition. F.A. Davis Company, Philadelphia, 2013.

CONFIDENTIALITY OF STUDENT HEALTH RECORDS:

Individuals have the right to control the privacy of their health information. Washington State requires additional protection of health information in addition to federal confidentiality laws. Health care information is defined as: “Any information, whether oral or recorded in any medium, which identifies or can readily be associated with the identity of a patient and directly relates to the patient’s health care.”

WHAT IS REQUIRED?

The following requirements are outlined by Family Educational Records Privacy Act (FERPA), Health Insurance Portability and Accountability Act (HIPAA), and [RCW 70.02.005 to .904](#):

- **Release of health care information** (and sharing of health information) **requires informed, written consent.**
- **Washington State Nurse Practice Act** ([WAC 246-840-700](#)) **requires nurses to practice in accordance with RCW 70.02.**
- **Washington Professional Educators Standards Board** ([WAC 181-87-060](#)) **defines a code of professional conduct for educational professionals.**
- **Written family (or student) permission to share health information.**

Why:

- The Washington State Legislature finds that health care information is personal and sensitive information that if improperly used or released may do significant harm to patient privacy, health care, or other interests.

For Whom:

- Any family, student, or staff member who has submitted any health information to school.
- Any health care provider identified in RCW 70.02 including registered nurses and licensed practical nurses.
- Any individual, including school staff, who assists a health care provider in the delivery of health care.

When:

- When family or student provides written consent to exchange health information between a health care provider or health agency and the school.
- When a school health care provider creates health care information (as described above) at school.
- When family or student provides written authorization to share health care information with specific school staff.

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Sequence of procedures at all times:

1. **School district** has policies and procedures in place to protect private health care information and follow confidentiality laws specified in FERPA, HIPAA, RCWs, and WACs.
2. **Registered nurse** informs and/or clarifies for school administration and staff the additional confidentiality rules for Washington State ([RCW 70.02](#)), including storage and archival information.
3. **Registered nurse** ensures that confidential student health information in **hard copy** is kept in a locked cabinet with access limited to appropriate staff.
4. **Registered nurse** ensures that confidential health information in **electronic format** has access limited to appropriate staff.
5. **Registered nurse** trains and assigns specific staff who then sign an agreement to keep health care information confidential according to RCWs and WACs.
6. **Registered nurse** oversees student health information in accordance with RCWs and WACs.
7. **Registered nurse** is held accountable for confidential health care information by Nurse Practice Act and Professional Educational Standards, RCWs, and WACs.

REFERENCES & RESOURCES:

- <http://www.sos.wa.gov/archives/RecordsRetentionSchedules.aspx>
School Districts and Educational Service Districts Records Retention Schedule Version 7.2-8. (November 2012)
Pg. 57 – 59 refer to health related records
- [Family Education Rights and Privacy Act \(FERPA\)](#) US Department of Education
- [FERPA and the Disclosure of Student Information Related to Emergencies and Disasters](#) (June, 2010)
- [FERPA and H1N1](#) (October, 2009)
- [Joint Guidance on the Application of the FERPA and the HIPAA to Student Health Records](#) (2008) US Department of Health and Human Services
- [Understanding Health Information Privacy Rules \(HIPPA\)](#) US Department of Health and Human Services
- Chapter 70.02 RCW [Medical Records, Health Care Information Access and Disclosure](#)
- [Code of Professional Conduct for Education Practitioners](#) (June, 2014)
OSPI Publication 03-0063

Chapter 181-87 WAC [Professional Certification – Acts of Unprofessional Conduct](#)
- Schwab, N., et.al., **Protecting and Disclosing Student Health Information: How to Develop School District Policies and Procedures** (2005), American School Health Association: Kent, OH.
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District Systems to Support School Health Services

CHILD ABUSE AND NEGLECT

MANDATED REPORTING OF CHILD ABUSE OR NEGLECT:

MANDATORY REPORTING ([RCW 26.44.030](#))

When any person mandated by law (like school personnel) has reasonable cause to believe that a child has suffered abuse or neglect, he or she SHALL report such incident or cause a report to be made to the proper law enforcement agency or to the Department of Social and Health Services within 48 hours.

DUTY TO REPORT PHYSICAL ABUSE OR SEXUAL MISCONDUCT BY SCHOOL EMPLOYEES ([RCW 28A.400.317](#))

A certificated or classified school employee who has knowledge or reasonable cause to believe that a student has been a victim of physical abuse or sexual misconduct by another school employee, shall report such abuse or misconduct to the appropriate school administrator. The school administrator shall cause a report to be made to the proper law enforcement agency if he or she has reasonable cause to believe that the misconduct or abuse has occurred as required under [RCW 26.44.030](#). During the process of making a reasonable cause determination, the school administrator shall contact all parties involved in the complaint.

As a mandated reporter, you are required by law to report. When you give your name, it will be documented that you have met your legal obligation to report suspected child abuse or neglect. This also makes it possible for CPS to contact you later if additional information is needed.

[DSHS Children's Administration - How to Report Child Abuse or Neglect](#)

WHAT IS REQUIRED?

The following requirements are outlined in [RCW 26.44.010 to 900](#), [RCW 28A.300.160](#), [RCW 28A.230.080](#), [RCW 43.63A.066](#), [RCW 9.69.100](#), [RCW 28A.400.317](#)

- **Oral or written reports to the Child Protective Services or the appropriate law enforcement agency must contain the following information if known:**
 - Name, address, and age of the child.
 - Name and address of custodians of child.
 - Nature and extent of injury or injuries, neglect, and/or sexual abuse.
 - Any evidence of previous incidences of abuse or neglect including their nature and intent.
 - Any other information that may be helpful in establishing the cause of the child's injury or injuries, neglect, or death, and the identity of the perpetrator or perpetrators.

- **CPS may ask for other information that may be of assistance in the investigation, such as time and location where the abuse or neglect occurred or any special needs for communication with the family or child that may be known.**
- **If a crime has been committed, law enforcement must be notified.**
- **The name of the person making the report is not a requirement of the Child Abuse and Neglect law. The Department of Social and Health Services encourages responsible reporting and will receive reports with an offer of limited confidentiality. Names of confidential reporters may be released when ordered by the court or as necessary to protect the child or comply with agency rule and policy.**
- **Every school district board of directors shall develop a written policy regarding the district's role and responsibility relating to the prevention of child abuse and neglect.**

Why:

- Certain persons or groups of persons who have frequent contact with children and families are required by Washington's state law to report suspected cases of child abuse and neglect. These persons include medical practitioners and professional school personnel (including but not limited to, teachers, counselors, administrators, child care facility personnel, and school nurses).
- The purpose of this law is to protect children who have been non-accidentally injured, sexually exploited, or deprived of the right to minimal nurture, health, and safety by their family, custodian, or guardian. It is the intent of the law that these designated persons who are in positions to identify children who are at risk from abuse and neglect will report suspected child abuse in order that the need for protective services be assessed.
- The state does not intend to interfere with reasonable family discipline and child-raising practices that are not injurious to the child.

For Whom:

- For any child, legally defined as a person under the age of 18, who has been non-accidentally physically or mentally injured, neglected, or sexually abused.
- For dependent adults and developmentally disabled persons not able to provide for their own protection through the criminal justice system who have been non-accidentally physically or mentally injured, neglected, or sexually abused.

When:

- At any time a school employee suspects that a child, a disabled adult, or dependent adult has been abused or neglected.
- At the first opportunity, but in no case longer than 48 hours after there is reasonable cause to believe that the child, disabled adult, or dependent adult has suffered abuse or neglect.

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Sequence of procedures at all times:

1. **School District** has policies and procedures in place for reporting and documenting suspected child abuse or neglect by school personnel.
2. **Registered nurse** reviews school district policies and procedures to protect students from abuse and neglect.
3. **Registered nurse** reviews and uses school district protocol for child abuse and neglect reporting.
4. **Registered nurse** confirms with **building administrator** the protocol for that building.

5. In all cases, the staff person who has suspicion that abuse or neglect has occurred is mandated to ensure that a report has been made to CPS within 48 hours.

REFERENCES & RESOURCES:

- [Protecting the Abused & Neglected Child: A Guide for Recognizing & Reporting Child Abuse & Neglect](#) (DSHS 22-163) (Rev. 8-12)

JOB DESCRIPTIONS – HEALTH SERVICES

JOB DESCRIPTIONS – HEALTH SERVICES:

Any employee of a public school district or private school that performs health services must have a job description that lists all of the health services that the employee may be required to perform for students.

WHAT IS REQUIRED?

The following requirements are outlined in [RCW 28A.210.255](#):

- **Job descriptions for all school employees who perform health services for students.**
- **All health services that the employee provides are listed in the job description.**

Why:

- To inform employees, administrators, and families of employee roles and responsibilities related to performance of health services.

For Whom:

- For any school staff members who are assigned to perform health services for students.

When:

- For all employees currently working for the school district.
- For any newly hired school district employee.

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Sequence of procedures at all times:

1. **School district** has policies and procedures in place to address requirements for job descriptions.
2. **School staff** “right of refusal” to provide health service is legislated in [RCW 28A.210.280](#) for Clean Intermittent Catheterization. Beginning July 1, 2014, a school district employee not licensed under chapter [18.79](#) RCW who is asked to administer medications or perform nursing services **not previously recognized in law** shall at the time he or she is asked to administer the medication or perform the nursing service file, without coercion by the employer, a voluntary written, current, and unexpired letter of intent stating the employee's willingness to administer the new medication or nursing service. [RCW 28A.210.275](#)
3. **Registered nurse** has responsibility to determine if specific staff members are safe to provide health services and may only delegate to persons who are safe to provide those services. (See [Delegation of Nursing Tasks, page 30](#))
4. **School administrator** is usually the direct supervisor for all staff (including those delivering health services) in the building, but the school nurse is responsible for the supervision of any delegated health tasks.

District Systems to Support School Health Services — **FOOD SERVICES**

FOOD SERVICES:

District system for standard, nutritious meal preparation and delivery.

The following requirements are outlined by “**Guidance for Accommodating Children with Special Dietary Needs in the School Nutrition Programs.**”

(<http://www.fns.usda.gov/cnd/Guidance/default.htm>)

WHAT IS REQUIRED?

Comply with federal guidelines for school nutrition for children with special health care needs.

- **Identify students with health conditions that require nutrition services accommodations.**
- **PRIORITY MUST BE GIVEN TO STUDENTS WITH ANAPHYLACTIC FOOD ALLERGIES.**
- **Review existing individual student plans (504, IEP, ECP, IHP) to ensure accommodations.**
- **Collaboration among all staff working with students who may have special dietary needs.**
- **Prescription diet order.**

Why:

- To meet the nutritional requirements of all students.
- For safety and health of students with special dietary needs and/or food allergies.

For Whom:

- For all students using district nutrition services.
- For all students with special health care needs using district nutrition services.
- Any student with a nutritional health concern even if parent provides meals and snacks.

When:

- Before students use district nutrition services.
- Before school starts annually.
- Before any school-sponsored field trip and/or extracurricular activities using district nutrition services.

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Planning:

- **Nutrition Services** develops and maintains a system for meal preparation and delivery in school.
- **Nutrition Services**, in cooperation with **registered nurse and/or SPED director**, develops and monitors systems to maintain safety for students with special needs.
- **Nutrition Services** considers electronic systems to identify special dietary needs as student proceeds through cafeteria line or obtains school-prepared food).
- **Nutrition Services** ensures that nutrition services system has ability to “flag” students with special dietary needs.
- **Nutrition Services staff** has been trained to recognize those “flags” and respond accordingly.
 - Considerations: field trip requests, cultural and religious dietary practices, when student has no money for meals or when student is hungry.

Assessment:

- **Registered Nurse/Special Education Director (SPED), Occupational Therapist (OT), Physical Therapist (PT), Speech Language Pathologist (SLP)** identifies students with special dietary needs.
- When a student is identified as having an anaphylactic food allergy, **registered nurse and nutrition services** must be notified *immediately*.
- **Registered nurse** reviews and updates at the beginning of each year and as needed - individual student plans that require:
 - Prescription diet order.
 - Food substitutes.
 - Food texture.
 - Utensils.
 - Menu nutrient calculations.
 - Tube feedings.

Management and Evaluation:

- **Registered nurse and/or SPED director** are available for consultation and ongoing support to nutrition services staff.
- Following any adverse nutrition incident, **registered nurse** debriefs with nutrition services to evaluate effectiveness of procedures and, if necessary, makes revision to prevent recurrence of adverse incidents (including but not limited to modifying procedures and instituting staff training).

TRANSPORTATION:

District system for safe transportation of students to and from school and during school-sponsored activities requiring transportation from and returning to school.

WHAT IS REQUIRED?

School districts are responsible for the safe transportation of students. Specific health requirements for district transportation are outlined in the [Washington State School Bus Driver Handbook](#). As in previous chapters, the following health requirements outline procedures to keep all children, including those with special health care needs, safe.

- **General (for all students):**
- **Trained First Aid provider** ([WAC 392-144-102\(3\)](#)).
- **Readily available appropriate first aid kit** ([WAC 392-145-041](#)).
- **Appropriate communication device considering geographic locations and bus routes (e.g. radio, cell phone, etc.).**
- **Special Health Care Needs Students:**
 - **Know students with identified special health care needs.**
 - **Review existing individual student plans (e.g. 504, IEP, ECP, IHP).**
 - **Health Care Plan delegation and training by appropriate health care professional.**
 - **Plan for equipment.**
 - **Plan for procedures.**
 - **Plan for routine medications.**
 - **Plan for emergency medications.**

Why:

- To provide safe transportation of all students.
- To provide continuation of routine health services and emergency response for students with special health care needs.

For Whom:

- For all students using district transportation.
- For all students with special health care needs using district transportation.

When:

- Before students use district transportation system.
- Before school starts annually.
- Before any school-sponsored field trip and/or extracurricular activities using district transportation.

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Planning:

- **Transportation director** develops and maintains general health and safety standards for all students.
- **Transportation director** ensures that systems for training are in place for all transportation staff, including regular and substitute bus drivers and dispatchers.
- **Transportation director**, in cooperation with **registered nurse and SPED director**, develops and monitors systems to maintain safety for students with special health care needs.
 - **Dispatcher or individual bus driver** has immediate access to current Emergency Care Plans for students riding the bus.
 - **Transportation director** ensures that students have either immediate access to their emergency medications or functional plans for quick access to emergency medication.

Assessment:

- **Registered Nurse/Special Education (SPED) Director/Occupational Therapist (OT)/Physical Therapist (PT)/Speech Language Pathologist (SLP)** identifies students with special health care needs and reviews their individual plans that require:
 - Equipment (wheelchair, ramp, glucometer, etc.).
 - Procedure (G-Tube, transferring, lifting, etc.).
 - Medication (Epi-Pens, inhalers, oxygen, etc.).
- **Transportation director**, in cooperation with **registered nurse and SPED director**, if relevant, consider:
 - Appropriate vehicle for special needs.
 - Length of time on the bus.
 - Route of bus (i.e. remote, isolated roads, environmental risks, etc.).
 - Route of child from home to bus stop (i.e. traffic patterns, distance from emergency response, etc.).
 - Need for adult supervision on the bus in addition to bus driver.

Nurse Training/Delegation:

- **Registered nurse**, in collaboration with **transportation director**, identifies transportation staff members who are competent, available, and willing to accept responsibility to assist students with special health care needs.
- **Registered nurse** delegates one-on-one to transportation staff, any necessary nursing procedures for specific students.
- **Registered nurse** documents training and delegation.
- **Transportation staff members** accept delegation responsibilities by signing delegation form.
- **Registered nurse** files documentation of nurse delegation and staff acceptance of delegation responsibilities.

Management and Evaluation:

- **Registered nurse and SPED director** are available for consultation and ongoing support to **transportation director** and **transportation staff**.
- **Registered nurse** debriefs with **transportation director** and **transportation staff** following any adverse student health incident involving the transportation system. Debriefing evaluates effectiveness of procedures and recommends any necessary revisions which may include but are not limited to modifying procedures and additional staff training.

District Systems to Support School Health Services — **ILLNESS AND INJURY**

ILLNESS AND INJURY:

There will be students and staff who become ill and/or injured while at school. It is imperative that school districts have standardized procedures for responding to illnesses and injuries.

WHAT IS RECOMMENDED?

Response to Cardiac Arrest and selected Life Threatening Medical Emergencies: The Medical Emergency Response Plan for Schools: A Statement for Health Care Providers, Policy Makers, School Administrators, and Community Leaders was developed and endorsed by the American Heart Association and multiple partners, including American Academy of Pediatrics, National Association of School Nurses, American Red Cross, Program for School Preparedness and Planning, and others (<http://circ.ahajournals.org/cgi/content/full/109/2/278>). This document is a standard for school use in developing policies and procedures for emergency response in the school setting.

The following recommendations for schools are based on **Washington State School Directors Association (WSSDA) Policy Sample 3418** and **other WSSDA School Health Policy Samples:**

- **DOH booklet: [How to Respond: Injury and Illness at School](#)** (DOH Pub 130-021 – 4/2010).
- **[Infectious Disease Control Guide for School Staff 2014](#)**
- **Staff members trained and certified in First Aid/CPR.**
- **First Aid supplies (readily available).**
- **Communication device (phone and/or radio).**
- **Emergency care plans.**
- **Emergency medications.**
- **Consistent, district-wide documentation system.**
 - **To document on a medical-legal record for illness and injuries.**
 - **To document on a medication log a record of medication administration.**

Why:

- To effectively and efficiently triage illness and injury for immediate needs.
- To support students' presence in class and discourage inappropriate use of the health room.
- To provide expected standard of care for illness/injuries during school and school-sponsored events.
- To manage serious injuries and shock until family and/or EMS arrives.
- To provide basic life support in the event of cardiopulmonary failure until EMS arrives.
- To identify students who verbalize physical symptoms as a manifestation of psychosocial stressors. It is imperative to identify these students for timely and appropriate psychosocial referral and care.

For Whom:

- For all students, staff, and visitors who are ill and/or injured during school and school-sponsored events.
- For students with known health conditions and/or Emergency Care Plans.

When:

- Whenever illness and/or injury occur during school or school-sponsored events.

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Planning:

- **Registered nurse** collaborates with **superintendent, principals, athletic director, transportation director, and other designated administrators** to identify staff required to have First Aid and/or CPR training* and certification.
- **District office** and **building administrators** maintain a list of staff with current First Aid/CPR training and certification.
- **School district** facilitates annual training for specified staff members to obtain or maintain First Aid/CPR certification.
- **Registered nurse** provides support for certified First Aid and CPR members but **registered nurse does not delegate first aid.**
- **Registered nurse** collaborates to develop systems for the delivery of illness and injury care in the absence of the registered nurse.
- **Registered nurse** provides training and delegation of student Emergency Care Plans and medications and/or treatment administration to appropriate staff (See [Delegation of Nursing Tasks, page 30](#)).
- **Registered nurse** monitors administration of all medications necessary during illness, injury, or emergency.
- **Superintendent and/or building administrator** ensures the following staff are responsible for and will maintain adequate first aid supplies for appropriate building preparedness and response to illness and injury:
 - **Registered nurse** oversees and/or maintains first aid supply inventory in the building health room.
 - **Physical Education teachers/coaches** maintain first aid kits to be available during all physical activity practices and events.
 - **Teachers** in classrooms with potentially hazardous materials/activities (equipment, chemicals, etc.) maintain first aid kits in those classrooms and areas.
 - **Transportation director** maintains first aid kits for bus garage and all buses.
 - **Food Services director** maintains first aid kits for kitchen and cafeteria.

*Depending on school district needs, CPR training may include Automated External Defibrillator (AED) training.

First Aid for MINOR or MODERATE Illness and Injury:

- Note: For students with asthma, diabetes, and other health conditions that may have emergent episodes, always ensure that someone responsible accompanies the student to the health room or office.
- The **teacher**, before a student is directed to seek help outside of the classroom,
 - Provides care as appropriate in the classroom (e.g. wash hands, apply bandage, rest head on desk, etc.).
 - Begins the documentation process on the health room pass that includes (or notes):
 - Student name.
 - Teacher name.
 - Date and time.
 - Student complaint(s).

- Teacher observation and actions (e.g. rested for ___ minutes).
- **Teacher** determines the student requires additional care; the student is sent or accompanied to the health room/office.
- **School staff** assigned to cover the health room reviews request form, gathers more information about student complaint, and continues documentation on the request form.
- Provides first aid according to the DOH booklet [How to Respond: Injury and Illness at School \(DOH Pub 130-021 – 4/2010\)](#).
 - Calls family/guardian to take student home or sends student back to class.
- **Principal and other First Aid/CPR trained, certified school staff** assists health room school staff as necessary.

First Aid / Care for SERIOUS Illness and Injury (in the absence of the registered nurse):

- Note: For students with asthma, diabetes, and other health conditions that may have emergency episodes, always ensure that someone responsible accompanies the student to the health room.
- **Teacher** escorts or assigns an appropriate adult to escort student to health room, or calls trained staff member to the location of the student within the school.
- **School staff** assigned to cover the health room provides first aid according to the DOH booklet **How to Respond: Injury and Illness at School (DOH Pub 130-021 –4/2010)**, **and** student Emergency Care Plans if applicable.
- **First Aid/CPR trained staff member**
EITHER
 - Initiates care and immediately contacts the registered nurse by phone or two way radio **IF** the registered nurse is *assigned* for consultation.
 - **Registered nurse** provides direction for management of sickness and injury, and responds to manage care as necessary.
 - **Registered nurse or staff member who has had nurse delegation** administers emergency medication as needed.
 - **Registered nurse and district school staff** follows district/building communication protocol for emergencies.
 - **Registered nurse or other staff member** will contact family members(s) and 911 as needed.
 - Once at the school setting, **911 staff** direct and provide care of the injured or ill person.

OR

- Initiates care and immediately calls 911 if the registered nurse is unavailable. Once at the school setting, **911 staff** direct and provide care for the injured or ill person.

First Aid / CPR for EMERGENCY Illness and Injury:

(See AED section [page 99](#) for additional guidance if AEDs are available or being considered in your district)

- **Registered nurse and district school staff** follows district/building communication protocol for emergencies. Protocols are to include arrangements for:
 - One **staff** always stays with student or staff person needing emergency care.
 - **Staff** to call 911 or designate another staff member to place the call.
 - **Staff** to initiate accepted emergency care procedures or CPR until EMS arrives.
 - **Staff** to call for registered nurse to come to site (if nurse is available in district).

- **Staff** to notify principal.
- **Staff** to notify family member(s).
- **If registered nurse is present**, he/she attends to sick or injured person; **others** call 911, call parent, attend to environmental control, etc.

Documentation:

- **School staff member providing first aid and/or CPR care** immediately documents the event, response, and outcome. Check district policy for guidance about when to complete a Student Accident Report.
- **School staff** uses consistent, district-wide documentation system. For Emergency Care Plan, staff may document on the plan and send it with EMS. Nurses' notes may be used for documenting details of emergencies.
 - Documentation must include:
 - Name of the person who is sick or injured.
 - Date.
 - Time.
 - Complaint.
 - Description of sickness or injury.
 - Registered nurse assessment.
 - Interventions (medications, pressure, cleaned, bandaged, rest, ice, etc.).
 - Outcome (improved, same, worsening, etc.).
 - Disposition of the person who is sick or injured (i.e. back to class, sent home, sent with EMS, etc.).
 - Name/Initials of person providing care.
- **Registered nurse** will maintain all documents related to any sickness and injuries in a locked file cabinet in health room per confidentiality laws (See [Confidentiality page 81](#)).

Follow-Up:

- **Registered nurse** will ensure that principal has been notified of more serious sickness and injuries, potential communicable disease outbreaks, and emergencies.
- **Registered nurse** will contact local health jurisdiction for reportable diseases (See [Infectious Disease Control Guide for School Staff – OSPI](#)).
- **Registered nurse** will follow up with family/guardian, student, or staff members following more serious sickness and injuries or emergencies.

Management and Evaluation:

- **Registered nurse** debriefs with staff members to review illness and injury response to determine effectiveness of the system; then, if necessary, makes needed modifications and/or institutes staff training to improve future responses.
- **Registered nurse** analyzes health room data periodically (at least annually) to evaluate health room use and identify patterns of use:
 - Reasons for contact with health service system.
 - Timing and any correlations with specific events (e.g. P. E. class, recess)
 - Times of specific educational topics use (i.e., tries to skip math class).
 - Specific classroom use (i.e., certain teachers send students more often, or classroom may have an environmental risk).
 - Playground injuries (certain playground equipment).
 - Incidence of specific symptoms (e.g. headaches, nausea and vomiting, etc.).

- Incidence of specific diseases (e.g. asthma, diabetes, etc.).
- Frequent use of “as needed” medication.

Recommendations:

- Based on data above, make recommendations regarding:
 - Student health: identify students who may be using the health room to relieve stress and institute further assessment and then appropriate interventions for students’ actual problems.
 - Specific staff training.
 - Environmental changes.
 - Improved disease management strategies.
 - Improved documentation methodology.

REFERENCES & RESOURCES

- **WSSDA Policy: 3418**
- **How to Respond: Injury and Illness at School** ([DOH Pub 130-021 – 4/2010](#)).
Washington State Department of Health
DOH Publication 130-021 9/2001

District Systems to Support School Health Services —

ACCIDENTS AT SCHOOL

ACCIDENTS AT SCHOOL:

When an accidental injury occurs with a student/staff/visitor, for legal purposes and district liability, there are accepted procedures for care and documentation.

WHAT IS REQUIRED?

Consult with district liability insurance carrier for guidelines and forms required by that carrier.

- **For Students:**
 - **Student accident report form (per district policy).**
 - **Guidance for when to complete a Student Accident Report (per district policy).**
- **For Staff:**
 - **District incident report form (per district policy).**
 - **Medical claim form (per district policy).**

Why:

- To prevent accidents when possible.
- To provide expected standard of care for a student, staff member, or visitor following an accident.
- To create legal medical records to document accidents, including nature of injuries and the steps taken to manage those injuries.
- To analyze documentation data (above) to institute measures to prevent future incidents.

For Whom:

- For all student, staff, and visitor injuries that need immediate and emergent response.
- For all staff and visitor injuries that require medical attention for additional treatment/management of the injury.

When:

- Immediately following the accident.

STUDENT ACCIDENTS – PROCEDURES

Planning

- Ensure first responders in each building have current First Aid/CPR training.
- District policies and procedures written to guide documentation of accidental injury at school.
- District forms available for documenting and reporting accidents.
- District forms available for medical claims.
- District maintains a supply of these forms.
- Staff receives training on procedures and forms.

Prevention

- **All staff** report known risk areas and activities to principals and to the Safety Committee.
- **Registered nurse** may assist in the analysis of accident data with designated district staff and reports patterns of injuries minor and major. This information is shared with building principals and safety committees.
- **All staff** work to reduce risks as they become known.

Responding to a Student Accident

- First aid will be provided as described in the *DOH booklet*, "[How to Respond: Injury and Illness at School.](#)"
- If necessary, **staff** will immediately call 911 for help.
- **School staff** will notify school nurse.
- **School staff** will notify the principal.
- **School staff** will notify the family member(s).

Documentation

- **School staff providing care** will use the district-wide documentation system to describe accidents (forms/procedures) and care provided.
- **School staff** providing care will complete a Student Accident Report per district policy.
- **Principal** signs the completed Student Accident Report.
- Completed Student Accident Reports are filed as follows:
 - Copy filed by **registered nurse** with a copy of the district documentation form in Student Accident file.
 - Copy sent to district office.
 - Copy sent to school insurance carrier per district policy.
 - Copy sent to Migrant Records clerk if enrolled in Migrant Program (Migrant clerk can assist family if they are eligible for financial assistance with medical costs through the Migrant Program).

Follow-up

- **Registered nurse** contacts family member(s) and/or student regarding student condition following accident.
- **Registered nurse** debriefs with all staff members who were involved (to maintain confidentiality and comply with "need to know" guidelines) to review the incident response for effectiveness and then, if necessary, modifies the response or institutes staff training to improve future responses.
- **Principal** confirms that changes are made as needed to prevent future occurrences.
- **Registered nurse** presents incident (maintaining student confidentiality) to the Safety Committee.

STAFF ACCIDENTS – PROCEDURES

Planning

- See *DOH Booklet: “[How to Respond: Injury and Illness at School.](#)”*
- District policies and procedures are written to guide documentation of accidental injury at school.
- **School district** has forms available for documenting and reporting incidents and accidents.
- **School district** has forms available for medical claims.
- **School district** maintains a supply of these forms.
- **School staff** receives training on procedures and forms.

Prevention

- **Registered nurse** reports known risk areas and activities to principals and to the Safety Committee.
- **Registered nurse** may assist the district in the analysis of data and reporting of patterns of injuries (minor and major) to principals and to the Safety Committee.
- **All staff** work to reduce known risks as they become known.

Responding to a Staff Accident

- Emergency care is provided as described in the *DOH Booklet: “[How to Respond: Illness and Injury at School.](#)”*
- **School staff** providing care to the injured staff notifies staff member’s supervisor if staff member has not or is not able to do so.
- **Supervisor** notifies staff member’s emergency contact(s) if staff member is unable to do so.

Documentation

- **School staff providing care** uses the district-wide documentation system to describe incident (forms/procedures) and care provided.
- **Injured staff member or staff member’s supervisor** completes an incident form per district policy (if injured staff member is unable to do so).
- **School staff member’s supervisor** reviews and signs the completed incident form (per district policy).
- Completed incident forms (per district policy) are filed as follows:
 - Original sent to district office.
 - Copy filed by registered nurse with a copy of the incident’s documentation record in Staff Accident file.
 - Copy kept by staff member.
 - If staff member seeks medical attention for the injury, he/she completes district claim form per district policy.

Follow-up

- **Registered nurse** debriefs with all staff members involved in the accident to review the incident response for effectiveness and then, if necessary, modifies the response or institutes staff training to improve future responses.
- **Principal** confirms that changes are made as needed to prevent future occurrences.
- **Registered nurse** (or other designated staff member) presents incident description (maintaining staff confidentiality) with the Safety Committee.

District Systems to Support School Health Services

AUTOMATED EXTERNAL DEFIBRILLATOR

AUTOMATED EXTERNAL DEFIBRILLATOR (AED):

A device that analyzes the heart's rhythm for any abnormalities and, if necessary, directs the rescuer to deliver an electrical shock to the victim. This shock may help the heart to reestablish an effective rhythm of its own. In schools, an AED may assist with the immediate cardiac arrest of staff, students, or visitors.

NOTE: For information about implementing an AED Program see “[Guidelines for Implementing an AED Program](#)” from WASBO Risk Management Committee.

The following document addresses the procedures for using an AED. It is essential that the AED user has had prior CPR training and understands CPR procedures. **Use of the AED is authorized for staff trained in performing CPR and using an AED.** If the AED is not immediately available, perform CPR until the AED arrives on the scene.

See publication: “[Response to Cardiac Arrest and Selected Life-Threatening Medical Emergencies - The Medical Response Plan for Schools](#)”.

WHAT IS REQUIRED?

- **Automated External Defibrillator (AED) and CPR supplies.**
- **First Aid/CPR/AED training for designated staff.**
- **Medical director: licensed physician who authorizes AED for school.**
- **Coordination with local Emergency Medical Services (EMS).**
- **Communication device (phone and/or radio).**

Why:

- To provide basic life support for individuals experiencing cardiac arrest during school and school-sponsored events until EMS arrives.

For Whom:

- For all students, staff, and visitors who experience cardiac arrest in schools, especially those individuals with increased risk related to known cardiac conditions.

When:

- If cardiac arrest occurs.

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Planning & Responsibilities:

- **Registered nurse** collaborates with **principals, athletic director/coaches, maintenance/facilities director, and superintendent** to identify location of AED (i.e. which buildings, where in the building, plan for athletic events on campus and off campus, etc.).
- **Registered nurse** collaborates with **principals, athletic director/coach, maintenance/facilities director, and superintendent** to identify the staff required to have First Aid/CPR/AED training/certification.
- **School district** provides required annual training for specified staff members to obtain initial or maintenance First Aid/CPR/AED certification.
- **Human Resources** office and **building administrator** maintain a list of staff with current First Aid/CPR/AED training/certification.
- **Registered nurse:**
 - Coordinates the maintenance of the AED, including annual maintenance, repairs, and replacement of supplies as needed.
 - Maintains communication with the medical director of EMS on issues related to AED program, including post-event reviews.
 - Communicates and coordinates with local EMS (ongoing).
 - Maintains all necessary records.
- **Facilities director** maintains AED locations and wall mount boxes, including alarms, lights, and signage.

AED Use for Cardiac Arrest:

- **Trained staff** assess the victim to determine need for CPR *per training*.
- **Trained staff** initiate appropriate First Aid/CPR *per training*.
- When additional personnel are present, **trained staff:**
 - Designate another staff member/bystander to call 911.
 - Designate an additional staff member/bystander to get the AED.
 - Administer CPR immediately and attaches AED to victim as soon as it is available.
- If **trained staff member** is alone:
 - Get the AED and attach it to victim before beginning CPR.
 - Call 911.
 - Follow the commands given by AED, including continuing CPR if indicated, until EMS arrives.

Documentation:

- Immediately following CPR and/or use of AED, documentation of the event must be completed by the **staff member providing the care**.
 - **Staff** uses consistent, district-wide documentation system.
 - Notes by a nurse may be used for documenting details of emergencies.
- Documentation must include:
 - Name of the victim.
 - Date.
 - Time.
 - Description of event.
 - Interventions (e.g. CPR, AED shock delivered, etc.) and time of intervention.
 - Disposition of the victim (e.g. transported to hospital per EMS).
 - Name/Initials of person providing care.

- **Registered nurse** will maintain all documents related to any events in a locked file cabinet in health room per confidentiality laws and [RCW 70.02.005 to .904](#).

Follow-up, Management, and Evaluation:

- **Registered nurse** will notify principal of any use of an AED. Conversely, staff will notify nurse if it is used when nurse is not present.
- **Registered nurse** will follow up with victim, parent/guardian, or family member regarding his/her condition following use of the AED.
- **Registered nurse** will notify regional EMS medical director of emergency and provide data regarding use of the AED.
- **Registered nurse** and, as appropriate, **EMS staff**, debriefs with staff members involved to review emergency response for effectiveness and then, if necessary, modifies the response or institutes staff training to improve future responses.

Recommendations:

- **Registered nurse, building administrator, and/or EMS staff** review above data and make recommendations:
 - Specific staff training.
 - Environmental changes.
 - Improved emergency management strategies.
 - Improved documentation methodology.

References:

- [RCW 4.24.300](#) Persons rendering emergency care or transportation – Immunity from liability-Exclusions.
- [RCW 70.54.310](#) Semiautomatic external defibrillator – Duty of acquirer – Immunity from civil liability.

BBP EXPOSURE CONTROL PLAN

REQUIRED BLOOD-BORNE PATHOGEN PLAN:

Schools, as employers, are regulated by Occupational Safety and Health Organization (OSHA) and Washington Industrial Safety and Health Act (WISHA). The Washington State Program is administered by the Department of Labor and Industries (DL&I) and the Division of Occupational Safety and Health (DOSH). These laws require that employers have a Blood-Borne Pathogen Exposure Plan. The exposure control plan is the employer's written program that outlines the protective measures an employer will take to eliminate or minimize exposure to blood and other potentially infectious materials (OPIM).

WHAT IS REQUIRED FOR BBP EXPOSURE PLAN?

The following components are required by [WAC 296-823](#).

- **An exposure determination if employees have occupational exposure to blood or other potentially infectious material (OPIM).**
- **The exposure determination must contain:**
 - A list of job classifications where all employees have occupational exposure.
 - A list of job classifications where some employees have occupational exposure and a description of all tasks and procedures or groups of related tasks and procedures with occupational exposure for these employees.
- **The exposure control plan must be designed to eliminate or minimize employee exposure in the workplace.**
- **The exposure control plan must contain a procedure for evaluating the circumstances surrounding exposure incidents, including documentation of the routes of exposure, and the circumstances under which the exposure incidence happened.**
- **The exposure control plan must be accessible at the workplace when exposed employees are present.**

Why:

- For the health and safety of all employees.
- Risk management for the school district.

For Whom:

- Any school district with one or more employees with occupational exposure to blood or other potentially infectious materials is required to comply with the requirements of the blood-borne pathogens standard.

When:

- Annual review and update of the BBP Exposure Plan. Responsibility for this task should be outlined in the Plan.
- Update plan to reflect new or revised job classifications with occupational exposure.
- Update plan when changes in technology may increase or decrease occupational exposure.

Training:

OSPI's [Blood-borne Pathogens Employee Training on HIV and Protection from Blood-borne Pathogens in the Workplace](#) is available online on the Health Services page of their website. The training is required for school employees.

- Annual training for selected employees.
- New district employees must receive HIV/AIDS training within six months from the first day of employment. ([WAC 392-198-025](#))
 - [Washington State School Staff Health Training Guide](#)

PROCEDURAL GUIDELINES, ROLES AND RESPONSIBILITIES:

Sequence of procedures at all times:

1. **School district** has policies and procedures in place to conform to BBP Standards.
2. **Registered nurse** collaborates with **district administration** to develop training, procedures, documentation of certification, etc.

REFERENCES & RESOURCES:

- **See District-Specific Blood-Borne Pathogens Exposure Plan**
- **Division of Occupational Safety and Health**
(<http://www.osha.gov/dcsp/osp/stateprogs/washington.html>)
- **Frequently Asked Questions – WISHA**
(<http://www.lni.wa.gov/Main/MostAskedQuestions/Safety/WishaFaq.asp#whatdo>)
- [Guidelines for Implementation of School Employee Training on HIV/AIDS and other Blood-Borne Pathogens](#)

District Systems to Support School Health Services — **FIELD TRIPS, OFF-CAMPUS, AFTER HOURS**

FIELD TRIPS, OFF-CAMPUS ACTIVITIES, AND AFTER HOURS:

Field trips and extracurricular activities provide a valuable educational experience for students. While students participate in school-sponsored events, the same safeguards for health are in place *as if the student were in the school during a regular school day*.

“The [Latin] term *in loco parentis* means ‘in the place of the parent’ and refers to the authority of school personnel, in the absence of a parent, to exercise judgment regarding, and to act toward, a student in the same way a parent would judge and act in similar circumstances.”

-Schwab, N. and Gelfman, M. (2001). *Legal Issues in School Health Services: A Resource for School Administrators, School Attorneys, and School Nurses*. North Branch, MN: Sunrise River Press.

“Students have a right to a safe environment, and teachers, administrators, and the school board have the duty to provide a safe environment within the limits of their capabilities. The district has the responsibility to protect students under its care, custody, and control as students may be unable to do so (due to mental or physical limitations) or may not be knowledgeable enough (not understanding the potential dangers) to take care of themselves.”

-Peggy Sandberg, ESD 112, Director of Risk Management

WHAT IS REQUIRED?

- **Family Consent Form for Field Trip** (to include emergency contact information and current health concerns).
- **Medication Authorization Form(s).**
- **Emergency/routine medications and/or equipment.**
- **Nursing delegation and training.**
- **Emergency Care Plan training.**
- **Documentation form.**
- **First Aid kit.**
- **Trained First Aid/CPR provider.**
- **Communication device.**

Why:

- For continuation of routine health services to students while student is attending school-sponsored events away from the school or outside of regular school hours.
- For safety of all students while student is attending school-sponsored events away from the school or outside of regular school hours.

For Whom:

- For all students with health conditions requiring routine nursing procedures or medications during regular school hours.
- For safety of students with health conditions that may require emergency response.

- For all students who do not normally receive nursing procedures or medications at school because the care is given at home. If these students are on overnight trips or will be gone from home (at a school-sponsored event) during the time of a scheduled procedure or medication, the registered nurse will delegate the procedure/medication administration to unlicensed school personnel if it is appropriate.

When:

- Before any students with health conditions requiring nursing care:
 - Leave campus for a school-sponsored event.
 - Attend an activity outside of regular school hours.
 - Attend summer school.

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Planning Prior to Field Trip (at least two weeks):

- **School staff** in charge of field trip notifies registered nurse of all students attending field trip *at least two weeks prior to date of trip*.
- **Teacher** obtains family consent documenting emergency contacts, special health needs, and medications.
- **Teacher** completes a Field Trip Request Form that includes a list of all students attending field trip.
- Two weeks before the field trip date, a form is completed documenting that all the staff below-mentioned have been informed of the field trip:
 - **Principal**
 - **Registered nurse**
 - And as special health needs demand:
 - **SPED director**
 - **Food services**
 - **Transportation director**
- **School staff** keeps record of field trips and files forms in a designated folder.
- **Registered nurse** keeps a copy of the Field Trip Request Form and student list in health office.

Registered Nurse Assessment:

- **Registered nurse** reviews list of students to identify those with known health conditions.
- **Registered nurse** reviews consent forms from family to identify students with previously unknown health conditions.
- **Registered nurse** verifies for each student needing special health care that their medical authorizations, routine and emergency medications, supplies, and Emergency Care Plans are in place.
- **Registered nurse** works with and assists family to ensure that all authorizations, medications, and equipment are ready for the day of the event.
- **Registered nurse**, if necessary, communicates with family the risk to the student if he/she participates in event without emergency safeguards in place.
- If safeguards are not in place after the above steps, follow [Life Threatening Conditions](#) (page 38) and [Medication in School](#) (page 69) guidelines.

Principal Authorization:

- **Registered nurse** notifies principal and teacher if there any students who are unsafe to participate in activity due to lack of medications, authorizations, Emergency Care Plans, etc.
- **Registered nurse** presents medical-risk rationale based on clinical judgment and makes recommendations in writing to superintendent designee and teacher regarding any students with specific health conditions who are unsafe to attend the field trip activity.
 - **Superintendent designee** may exclude student from the field trip based on district policy and procedures.
 - **Superintendent designee** notifies family of administrative decision for student not to attend event due to medical risk to the student.

Registered Nurse Training/Delegation:

- **Registered nurse** works with **teacher** to designate a responsible staff member(s) who is assigned to each student with special health needs and/or Emergency Care Plans.
- **Registered nurse**, in collaboration with **building administrator**, identifies appropriate school staff members who are competent, available, and willing to accept responsibility to assist student by following registered nurse's explicit instructions.
- **Registered nurse** delegates specific school staff to administer medication or perform nursing tasks for specific student.
 - **Registered nurse** may not delegate nursing activities that include:
 - The core of the nursing process (assessment, diagnosis, planning, and evaluation).
 - Or procedures that require specialized knowledge, judgment, and/or skill.
 - **Registered nurse** holds responsibility for all delegated activities, and therefore the:
 - **Registered nurse** must decide what may be delegated and what may not be delegated.
 - **Registered nurse** makes decision according to professional nursing assessment.
- **Registered nurse** documents training and delegation.
- **School staff** documents receiving and accepting delegation responsibilities by signing the delegation form.
- **Registered nurse** files documentation of nurse delegation and staff signature in training/delegation file.

Immediately Prior to Trip/School Activity:

- **Registered nurse** meets with teacher and/or the responsible staff person who has received training/delegation and gives them the necessary medications, supplies, medication log, and/or Emergency Care Plans for each student with special health care needs and/or life threatening conditions.
- **Registered nurse** reviews proper, legal medication storage procedures with the teacher.
- **Teacher** obtains first aid kit.
- **Teacher** verifies device for communication to call for help if necessary.

Immediately Following Trip/School Activity:

- **Teacher** returns medications, supplies, completed medication and/or procedure logs, and other paper work to the registered nurse.
- **Teacher** reports to registered nurse any medical situations that occurred during field trip/activity.

- **Registered nurse** and **teacher** review the medical situation that occurred to evaluate if planning and training was adequate to prepare staff and keep students safe.

RESOURCES & REFERENCES

- [School Field Trip Procedures ESD 112](#)
- [The Administration of Medication in Schools](#)

District Systems to Support School Health Services — **SCHOOL STAFF TRAINING**

SCHOOL STAFF TRAINING:

Schools, as employers, are regulated by Occupational Safety and Health Organization (OSHA) and Washington Industrial Safety and Health Act (WISHA). The Washington State Program is administered by the Department of Labor and Industries (DL&I) and the Division of Occupational Safety and Health (DOSH). There are required topics of **annual** training for selected employees to meet health and safety requirements.

Washington Industrial Safety and Health Act (WISHA) requires two topics of employee training:

- **Blood-Borne Pathogens (BBP) Training** [WAC 296-823-120](#).
- **First Aid Training** [WAC 296-800-15005](#).

The Revised Code of Washington RCW 70.24.250 to 290 requires that school employees have training for specific content regarding **HIV/AIDS**:

- **Transmission.**
- **Prevention.**
- **Treatment.**

WHAT IS REQUIRED FOR BBP TRAINING?

The following requirements are outlined by [WAC 296-823-120](#)

- **All new employees receive training.**
- **Annual training for all employees with occupational exposure risk.**
- **Training by person knowledgeable about the subject matter.**
- **Accessibility to agency-specific BBP Exposure Plan.**
- **Maintenance of training documentation records.**

Why:

- For the health and safety of all employees.
- Risk management for the school district.

For Whom:

- Any school district with one or more employees with occupational exposure to blood or other potentially infectious materials (OPIM) is required to comply with the requirements of the blood-borne pathogens standards.

When:

- Annual training for selected employees.
- Training at time of employment for all new employees.

WHAT IS REQUIRED FOR FIRST AID TRAINING?

The following requirements are outlined by [WAC 296-800-15005](#):

- **First Aid trained personnel (with current certification) are available to provide quick and effective first aid.**
- **First Aid supplies are available.**

Why:

- For the health and safety of all employees.
- Risk management for the school district.

For Whom:

- Any employee designated by administration to administer first aid.

When:

- Before the employee's certification as a First Aid provider expires (every two years)

WHAT IS REQUIRED FOR HIV/AIDS TRAINING?

The following requirements are outlined by [WAC 392-198-010](#):

- **Content requirements include the transmission, prevention, and treatment of HIV/AIDS.**
- **Significant new discoveries or changes in accepted knowledge of transmission, prevention, and treatment for HIV/AIDS are provided to all public school employees.**
- **Federal, state, and local resources for HIV/AIDS.**
- **Impact of HIV/AIDS on infected individuals and their families.**
- **Global impact of HIV/AIDS.**
- **Anonymous and confidential testing for HIV antibodies.**

Why:

- For the health and safety of all employees.
- Risk management for the school district.

For Whom:

- All employees of the school district.

When:

- At employment: within 6 months.
- Within one year of notification of new information.

PROCEDURAL GUIDELINES, ROLES AND RESPONSIBILITIES:

Sequence of procedures at all times:

1. **School district** has policies and procedures in place to conform to BBP, HIV/AIDS, and First Aid statutes.
2. **School nurse or designee** collaborates with **district administration** to develop training, procedures, documentation of certification, etc.

REFERENCES & RESOURCES:

- [Washington State School Staff Health Training Guide](#)
- **See District-Specific Blood-Borne Pathogens Exposure Plan and related policy and procedure**
- **Frequently Asked Questions – WISHA**
(<http://www.lni.wa.gov/Main/MostAskedQuestions/Safety/WishaFaq.asp#whatdo>)
- OSPI's [Guidelines for Implementation of School Employee Training on HIV/AIDS and Other Bloodborne Pathogens](#).

MIGRANT PHYSICALS:

The health of migrant students is influenced by a mobile, rural lifestyle. Access to care for health problems may be difficult and unresolved health issues can be a barrier to learning. Physical examinations for migrant students can help to identify health problems so that referral for health services can be instituted and access supported.

WHAT IS REQUIRED?

The following requirements are outlined in the **Title I Migrant Education Federal Grant**:

- **Training provided by Migrant Education Health Program ([MEHP](#)).**
- **Computer with access to Migrant Student Data & Recruitment (MSDR), Migrant Student Information System (MSIS), and Migrant Education Health Programs ([MEHP](#)).**
- **Physical Exam and Health Data Reporting forms (available from [MEHP](#)).**
- **Family/Guardian Consent forms, which are electronically generated from the electronic Summary/Claim Form system on MSIS**

Why:

- To provide routine physical examinations to migrant students who have difficulty accessing health care due to mobility, poverty, and/or cultural barriers in the host country (language, health practices, etc.).
- To identify migrant students who have health conditions (including dental).
- To assist the family to access care for those identified health conditions.

For Whom:

- For all eligible migrant students, especially those with suspected health conditions, no health care provider, and/or health care coverage (Enrolled migrant students are eligible for one physical examination every three years or if they have a current health concern).

When:

- Annually, as requested by the school district via the Migrant Physical Examination Survey, scheduled by Migrant Education Health Program (May be in the fall or spring).

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Planning:

- **Migrant school staff** completes annual Migrant Physical Examination Survey and submits to MEHP.
- **Migrant Education Health Program (MEHP)** submits the Migrant Physical Examination Survey and requests the local contractor (who conducts the physical examinations) to schedule dates for migrant physicals and verify date(s) with building principals

- **Registered nurse, migrant records clerk, and home visitor or designated school staff** may attend the annual migrant physical training, usually offered in September by the MEHP.
- **Migrant school staff** works with the school's **migrant records clerk** to draft a list of students who may be eligible to receive a physical exam. This must be submitted in the MSIS electronic Claim/Summary Form program.
- **Migrant records clerk** will work with the **home visitor** to obtain the required family/guardian consent generated electronically on the Claim/Summary Form program and health histories for each student scheduled to receive a migrant physical.
- **Migrant Federal Projects director (FPD) or school staff** will create a schedule for the physicals by completing the Migrant Physical Examination Survey sent to the FPD in the spring.

Before Exam Date(s):

- **Migrant records clerk** completes the top portion of the Migrant Physical Exam forms, including student name, family/guardian name, migrant number, etc.
- **Migrant school staff** measures and records each student's height and weight on the Migrant Physical Exam Form.
- **Migrant school staff** conducts vision and auditory screening for students scheduled for a migrant physical.
- **Registered nurse** re-screens failed vision and auditory screenings.
- **Migrant school staff** completes the areas of the Migrant Physical Exam forms requesting immunization information (may print immunization report from electronic student record, or copy the Certificate of Immunization and attach to the exam form).
- **Registered nurse** reviews the Migrant Physical Exam forms and adds information regarding any health condition(s) indicated by the family/guardian on the health history.
- **Migrant school staff** submits the schedule for the exams and the completed Family/Guardian Consent forms and health history forms to the local contractor prior to scheduled migrant physical date(s).
- **Migrant school staff** provides teachers with the date of the migrant physical with a list of students from their class scheduled to receive a physical, 1-2 weeks prior to scheduled dates.
- **Migrant school staff** sends reminder letter to families/guardians of students scheduled for migrant physicals at least 2 weeks prior to physical examination date(s) that:
 - Invites family member(s)/guardian to attend exam (attendance is welcome and preferred, not required).
 - Includes the location, date, and time scheduled for their child's migrant physical.

Day of Migrant Physicals:

- **Migrant school staff or designee** escorts students to and from classroom and/or school to location of exam.
- **Registered nurse** reviews exam results and referrals on the Migrant Physical Exam forms.
- **Registered nurse** collaborates with contractor regarding any questions or concerns documented on the Migrant Physical Exam forms.

Following Exams:

- **Registered nurse or designee** (specifically trained to read Purified Protein Derivatives [PPDs]) meets with each student 2 to 3 days following exams to read results of their PPD (screening for tuberculosis) and records the findings on the Migrant Physical Exam forms.

- **Registered nurse or trained designee** reports any positive PPD results to the local health jurisdiction for follow-up. If a student has health care insurance and a primary care provider, the student is referred to that provider.
- **Migrant school staff** sends letters to family/guardian of students who received a migrant physical, with the results of the physical to include any abnormal findings and referral information. For serious problems, a home visit is required.
- **Migrant records clerk** inputs results of exams into the MEHP systems.

Follow-up:

- **Registered nurse** follows up with students and family/guardian for status regarding referrals or abnormal findings.
- **Registered nurse** maintains all migrant physical exam records in a locked file cabinet in health room (See [Confidentiality of Student Health Records](#), page 81).

REFERENCES & RESOURCES:

- Washington State Migrant Education Health Program (<http://www.ncesd.org/page/373>)

Appendix A
Legal Guidance to Support School Health Services

Legal References to Support School Health Services

<i>Mandated Services/Regulations</i>	<i>Federal and Washington State Law</i>	<i>Office of Superintendent of Public Instruction</i>	<i>WSSDA Policy</i>	<i>Legal Opinions Standards of Practice</i>
School nurse or physician (Class II districts) ESA school nurse Practice of Nursing Practice of Medicine	RCW 28A.210.300 WAC 181-79A-223 RCW 18.79 RCW 18.130 RCW 18.71.011	4099 ESA School Nurse Cert.		NASN (2011); American Academy of Pediatrics (AAP) <ul style="list-style-type: none"> • Role of the School Nurse in Providing School Health Services (2008) • Guidance for the Administration of Medication in Schools (2013)
Job descriptions of those providing health services in schools	RCW 28.A210.255		5230	
Student Health			3410	

<i>Mandated Services/Regulations</i>	<i>Federal and Washington State Law</i>	<i>Office of Superintendent of Public Instruction</i>	<i>WSSDA Policy</i>	<i>Legal Opinions Standards of Practice</i>
Emergency Treatment			3418 3124	
Life Threatening Conditions	RCW 28A.210.320	Bulletin NO. 61-02 09/18/02	3413	
Care of Students with Diabetes	RCW 28A.210.330 RCW 28A.210.340 RCW 28A.210.350	Bulletin NO. 61-02 09/18/02 Guidelines for the Care of Students with Diabetes (2005)	3415	Curriculum Standards for Developing Curricula to Train Parent Designated Adults Working with Students with Diabetes (2009)
Care of Students with Asthma	RCW 28A.210.370	Uniform Staff Training Policy: Students with Asthma (2008)	3419	Asthma Management in Educational Settings (2013)
Care of Students with Anaphylaxis	RCW 28A.210.370 RCW 28A.210.380 RCW 4.24.300 RCW 28A.210.383	Guidelines for the Care of Students with Anaphylaxis (2009)	3419 3420	

<i>Mandated Services/Regulations</i>	<i>Federal and Washington State Law</i>	<i>Office of Superintendent of Public Instruction</i>	<i>WSSDA Policy</i>	<i>Legal Opinions Standards of Practice</i>
Administration of Medications (and Emergency medications)	RCW 28A.210.260 RCW 28A.210.270 RCW 28A.31.150 RCW 4.24.300 RCW 28A.210.383	Bulletin No. 34-06/08/01 The Administration of Medication in Schools	3416 3419 3420	Exception of Epinephrine by Injection: AAG 2/9/89
Catheterization	RCW 28A.210.280 RCW 28A.210.290 WAC 246-840-820		3417	
Contagious Diseases	RCW 28A 210.010	Infectious Disease Control Guide 2014 School Pan Flu Preparedness Resource Manual 2009	3414	
Child Abuse and Neglect	RCW 26.44.030		3421 4310	

<i>Mandated Services/Regulations</i>	<i>Federal and Washington State Law</i>	<i>Office of Superintendent of Public Instruction</i>	<i>WSSDA Policy</i>	<i>Legal Opinions Standards of Practice</i>
AEDs	RCW 70.54.310 RCW 4.24.300		3412	Legal Aspects of Defibrillator Use Defined WSSDA Policy News April 2011 WASBO Risk Management Guidelines for Implementing an AED Program (2010)
Confidentiality	FERPA RCW 70.02 HIPPA	School Districts and Educational Service Districts Records Retention Schedule Version 8.2 OSPI TAP #4 Guidelines for Handling Health Care Information in Schools	3231 3230	Nurse Practice Act WAC 246-840-700 Joint Guidance on the Application of HIPPA and FERPA to Student Records What's Up? Age of Consent Age of Consent - Outpatient Treatment of Minors
Do Not Resuscitate Orders	70.122.020			Law and Education Desk Notes Vol.4 No.5 2/94 School of Law, U of W

<i>Mandated Services/Regulations</i>	<i>Federal and Washington State Law</i>	<i>Office of Superintendent of Public Instruction</i>	<i>WSSDA Policy</i>	<i>Legal Opinions Standards of Practice</i>
Home Hospital Instruction Program	RCW 28A.155.090 WAC 392-172A-02100	Home/Hospital Instruction Program Procedures for School Districts		
Blood Borne Pathogen Exposure Plan	Washington Industrial Safety & Health Act (WISHA) Chapter 296-62-08001 and 08050 WAC 392-198 RCW 28A.210.010	Guidelines for Implementation of School Employee Training on HIV/AIDS and Other Blood-borne Pathogens, 2011	6512	Washington State Department of Labor and Industries: Blood-borne Pathogens
First Aid for Employees	WISHA WAC 296-800-15005 OSHA 29 CFR 1910.151(b)		6511	How to Respond to Illness and Injury at School, Washington State Department of Health

APPENDIX B
Summer School Considerations
For Health Services Coverage

Summer School Considerations For Health Services Coverage

If the school nurse is not employed during the summer session, there is no nurse coverage. **All previous training and delegation is null and void if the nurse that provided the delegation is not available for ongoing supervision and assessment of student health status.** If that school nurse is hired for the summer, then the initial training and delegation could be used if the nurse is comfortable with the training already given. If a new nurse is hired, new training and delegation must be provided. **Training and delegation does not transfer between nurses.**

If there are students with special health care needs who attend summer session when the nurse contract is not actively employed, it is important for the district and the school nurse to consider the following:

For the school nurse:

The school nurse collects and analyzes data describing the student health needs of the district population. Within that population there may be students who have special health care needs who attend summer sessions. Special consideration should be given to nursing care being delivered under delegation by the registered nurse, e.g. medication administration, procedures, etc.

The school nurse should request from district administration, a list of students that will be attending summer school. Nurse reviews list, identifies students with special health care needs, and determines the amount and degree of nurse training, delegation, and supervision that is appropriate/needed for those students.

The nurse would supply to district administration, a description of student need for health care including the level of nursing care required and the recommended nursing coverage for those students. *The nurse needs to clearly state the risk to the student and the risk to the district if a system of care is not in place for summer session.*

* “If delegation of [nursing tasks] by a school nurse to a [licensed practical nurse or an unlicensed school staff] is based on the premise that the nurse will be immediately available in a crisis (i.e., one that can be reasonably anticipated), then delegation of the [nursing task] ...away from the availability of the school nurse to intercede in a crisis – will not be appropriate.”

Options that the nurse may recommend for summer nurse coverage:

- The nurse may recommend nursing services on-site.
- The nurse may recommend nursing services on-call. On-call is not just “available by phone.” It is a formal contract and the nurse is paid a specific rate to be in “stand-by mode” and is available to come on site quickly if necessary.

The nurse makes recommendations regarding the above options based on the nursing needs of the student.

The first question to be asked and answered by the registered nurse is whether or not the health services needed by any particular student can be safely delegated to unlicensed staff. Then he/she must determine if the delegated nursing care be safely supervised on an on-call, stand-by, off-campus contract or if the level of nursing care being delivered needs to have ongoing supervision by a registered nurse on site, in the district. In either case, there needs to be a formal contract with a statement of work and a negotiated hourly salary to be signed by the district and the registered nurse. Only a registered nurse is allowed to delegate tasks to unlicensed staff within the school setting. ([NCQAC Advisory Opinion: Registered Nurse Delegation in School Settings, 2014](#))

Options for nursing coverage (on-call or on-site) in the summer based on student need:

- District could extend the contract with their school nurse if that nurse chooses to work summer hours.
- District could contract with another school nurse who wants summer hours.
- District could contract with a nursing agency for summer coverage.

For the District:

Give the registered nurse a list of students that will be attending summer school. Nurse will review list, identify students with special health care needs, and determine the amount and degree of nurse training, delegation, and supervision that is appropriate/needed for those students.

Discuss the nurse's recommendations for the delivery of health services during summer school based on student needs, the registered nurse's assessment of the students, and the recommendation of coverage based on the nurse's clinical judgment.

District makes the final decision to authorize nursing coverage for summer session based on student need, nurse recommendation, and district resources.

District needs to negotiate with the nurse what district resources are available for nursing coverage. The nurse needs to consider the offer and make a decision to sign the contract based on student risk, district risk, and nurse risk, and on the salary offered by the district.

*** Direct Reference:**

- Schwab, N.C., and Gelfman, M.H.B. (2001) Legal Issues in School Health Services: A Resource for School Administrators, School Attorneys, and School Nurses. Sunrise River Press: North Branch, MN (pp 222-225).

Additional References:

- Washington State Nurse Practice Act: [RCW 18.79](#) and [WACs 246](#)
- ([NCQAC Advisory Opinion: Registered Nurse Delegation in School Settings, 2014](#))

APPENDIX C
Clarification on Confidentiality for
“Need to Know” and School Staff

Clarification on Confidentiality for “Need to Know” and School Staff

Background:

FERPA requires that every school district have a written policy explaining the standards for keeping educational records confidential. FERPA applies to health records as well, **but, IN ADDITION**, Federal and Washington State Law impose further restrictions on handling health records (see [Guidelines for Handling Health Care Information in School Records](#), OSPI, 2001). Parents and students 18 years of age and older must be notified of the school policy on an annual basis.

Health care providers in the school are responsible for keeping health information confidential. “Health care provider” means a person who is licensed, certified, registered, or otherwise authorized by the law of Washington State to provide health care in the ordinary course of business or practice of a profession. Health care providers in the school may include nurses, physical therapists, mental health counselors, etc. The type of health care information discussed in this paper is the responsibility of the school nurse.

The school nurse may only give information to other school staff about a student’s health status with written consent of the parent (or the student if age 18 and older). There are some age-related exceptions attached to specific health problems that are described on pages 11-13 in the publication, [Guidelines for Handling Health Care Information in School Records](#) (OSPI, 2001).

All school staff members who need access to the health care information should be listed on the consent for release of information. It is best to have the parent specify the names of the staff with whom the information will be shared.

- **Emergent Situations in which School Staff “Need to Know What to Do”:**

When parental consent cannot be obtained or if the parent refuses to give consent, the school nurse and the school administration need to discuss a plan to keep the student safe while at school. The law allows the school nurse to release specific information to other school staff if the student is at risk for an emergency at school. This step can be taken after documented attempts to reach the parent to try to get consent have occurred.

In the case of emergency health care plans, many different people “Need to Know What to Do” because the child may be at risk for a life threatening problem in any area of the school campus and at off-site school activities (athletic events, field trips, etc.).

Forms used by some school districts:

- The form: Health Registration Form (district-specific) is a form that can go out to every family each year to have an updated health status for each student. At the bottom of that form, the parent gives implied consent for sharing information. This may not stand the test of a court case, but it at least has some indication from the parent about sharing information if the family is difficult to contact.

- The form: [Parental Consent to Share Health Information with School District Staff](#) (last page of this appendix), is a sample form that can go to the families that have identified specific health problems on the Health Registration Form. The nurse, after performing an assessment of the problem and the development of an individualized emergency care plan, would then decide which staff members need “to know what to do” to carry out the steps outlined in the plan. With this form, the nurse is requesting written permission from the parent to share information. In most cases it would be impossible to identify those staff by name that will need to know about, and be trained to respond to, the child’s emergent needs. The parent has the opportunity to identify specific staff that they do not want to be involved. This form may not stand the test in a court setting, but it shows “good faith” to involve the parent.

- **The Bottom Line:**

It is imperative that the school nurse share limited health information with school staff regarding a student who has a potentially life threatening health problem in order to create a safety net for that student. It is always best practice to attempt to work directly with the student and the family; complete a thorough assessment, obtain consent from the parent, and create a partnership with all staff involved to best assist the child in an urgent situation.

School Nurses considered “Health Care Providers”

Health Care Information Act

Medical Records — Health Care Information Access and Disclosure:

- **Revised Code of Washington (RCW) [70.02.010](#) (18)** "Health care provider" means a person who is licensed, certified, registered, or otherwise authorized by the law of this state to provide health care in the ordinary course of business or practice of a profession.

Effective date - 7/1/1993 (Amended 2014)

Washington State Nurse Practice Act

The Law Relating to Nursing Care and Regulation of Health Professions – Uniform Disciplinary Act:

- **Washington Administrative Code ([WAC](#)) [246-840-700](#) (4) (e)** The registered nurse [...] shall respect the client’s right to privacy by protecting confidential information and shall not use confidential health information for other than legitimate patient care purposes or as otherwise provided in the Health Care Information Act, chapter 70.02 RCW.

Effective date - 7/19/1997

Parental Consent to Share Health Information with School District Staff

You have notified the school nurse that your child:

_____ DOB: _____

has the following health condition(s):

In order to safeguard your child's health and safety during school time, it will be necessary to develop a **plan of action** if your child needs assistance for any health problems that may occur. Other school staff will need to be involved in some situations, especially when the nurse is unavailable.

School staff (and substitutes) will work in partnership with you and the school nurse to *do what is necessary* to assist your child. The following school staff that may "need to know what to do" include, but are not limited to:

- Classroom Teacher
- Office Staff
- Principal
- Playground Monitor
- Bus Driver
- Cafeteria Staff
- Other (specify) _____

If you agree that the above school staff may have as much information as they need in order to respond quickly and appropriately to care for your child's health needs, please sign below:

- I agree that the school nurse may decide who needs to know specific information to assist my child.

Parent Signature

Date

If there is specific school staff you do NOT want to know about your child's health problem, please specify by name and sign below:

- I do not want _____ to know health information about my child.

Parent Signature

Date

APPENDIX D
Diabetes Mellitus and Epilepsy Care Planning
with Parent Designated Adult (PDA)
in Washington Schools

Diabetes Mellitus and Epilepsy Care Planning with Parent Designated Addult (PDA) in Washington Schools

DIABETES

Planning for the care of students with diabetes in schools requires collaboration with everyone involved. All partners share the goal of keeping students healthy and ready to learn. The following sections provide role definitions that may assist the team to develop the plan of care.

PARENT ROLE:

Knows student and specific strengths and needs. Parent will be fully involved with planning. The PDA is chosen by the parent and must be trained by a health care professional or expert in diabetic care. The training expert is chosen by parent; parent cannot provide training. Training is paid for by parent.

PARENT DESIGNATED ADDULT ROLE:

- The PDA is a non-paid volunteer and can be a community member or a school staff member.
- The Parent-Designated Adult (PDA) role must be defined in writing and included in the IHP and the ECP. It must be recognized that the PDA is working under requests by the parent, but those activities should be included in the IHP so that everyone knows “who is doing what and when.” Use the [“Guidelines for Care of Students with Diabetes”](#), [OSPI Bulletin # 61-02](#), September 18, 2002, and [Curriculum Standards for Developing Curricula to Train Parent Designated Adults Working with Students with Diabetes Mellitus](#) (2009) to read specifics of training for PDA and sample forms for documentation of that training.

REGISTERED NURSE ROLE:

- 1) Comprehensive nursing assessment; review medical records; interview parent; interview student; interview staff members who have been working with the student.
- 2) Develop Emergency Care Plan.
- 3) Develop Individual Health Care Plan.
- 4) Train school personnel on signs and symptoms of hypoglycemia/hyperglycemia and their role in the Emergency Care Plan.
- 5) Monitor student’s health status on a regular (sometimes daily) basis.
- 6) Support child and family within scope of practice.
- 7) Provide ongoing, selected school staff training and support for care of specific student needs.
- 8) Conduct annual all-staff training on management of diabetes in the school setting.

LICENSED PRACTICAL NURSE ROLE:

Work under direction of the professional school nurse, contribute to assessment, carry out care plan on a day-to-day basis, collect and document data, report any changes to RN, and support child and family within scope of practice.

HEALTH CARE PROVIDER ROLE:

Responsible for medical management and provides medical orders for licensed nursing staff to implement at school. Licensed nurses can only take orders from persons with prescriptive authority. Medical orders cannot be taken from parents.

REGISTERED NURSE ROLE RELATED TO PARENT DESIGNATED ADULT:

- Registered nurse (RN) develops and monitors comprehensive health care plan that outlines daily management of diabetes at school, support to student, and facilitation of self-management by student.
- Parent Designated Adult performs specific tasks as directed by parent. RN incorporates tasks performed by PDA into the care plan. RN does not train or supervise Parent Designated Adult, but does monitor health status of student as a result of tasks performed by parent-designated and others.

ADMINISTRATION OF GLUCAGON:

When Glucagon is administered at school, 911 MUST be called. (See “[Guidelines for Care of Students with Diabetes](#)” Washington State Task Force for Students with Diabetes, page 22 & 23.

EPILEPSY

Planning for the care of students with epilepsy in schools requires collaboration with everyone involved. All partners share the goal of keeping students healthy and ready to learn to achieve academic success. The following outline describes some role definitions that may assist the team to develop the plan of care.

PARENT ROLE:

Knows student and specific strengths and needs. Parent will be fully involved with planning. The PDA is chosen by the parent and must be trained by a health care professional or expert in epileptic seizure care. The training expert is chosen by parent but the parent cannot provide training. Training is paid for by parent.

PARENT DESIGNATED ADULT ROLE:

- The PDA is a non-paid volunteer and can be a community member or a school staff member.
- The Parent-Designated Adult (PDA) role must be defined in writing and included in the IHP and the ECP. It must be recognized that the PDA is working under requests by the parent, but those activities should be included in the IHP so that everyone knows “who is doing what and when.” Use the OSPI Guidance on Nasal Spray Law (MEMORANDUM NO. 037-14M, July 2014) [Guidance](#) | [FAQ](#) for specifics on PDA training.

REGISTERED NURSE ROLE:

- 1) Comprehensive nursing assessment; review medical records; interview parent; interview student; interview staff members who have been working with the student.
- 2) Develop emergency care plan (ECP).
- 3) Develop individual health care plan (IHP) if indicated.
- 4) Train school personnel on signs and symptoms of seizures and their role in the emergency care plan.
- 5) Monitor student’s health status on a regular (sometimes daily) basis.
- 6) Support child and family within scope of practice.
- 7) Provide ongoing, selected school staff training and support for care of specific student needs.
- 8) Conduct annual all-staff training on management of seizures in the school setting.

LICENSED PRACTICAL NURSE ROLE:

Work under direction of the professional school nurse, contribute to assessment, carry out care plan on a day-to-day basis, collect and document data, report any changes to RN, and support child and family within scope of practice.

HEALTH CARE PROVIDER ROLE:

Responsible for medical management and provides medical orders for licensed nursing staff to implement at school. Licensed nurses can only take orders from persons with prescriptive authority. Medical orders cannot be taken from parents.

REGISTERED NURSE ROLE RELATED TO PARENT DESIGNATED ADULT:

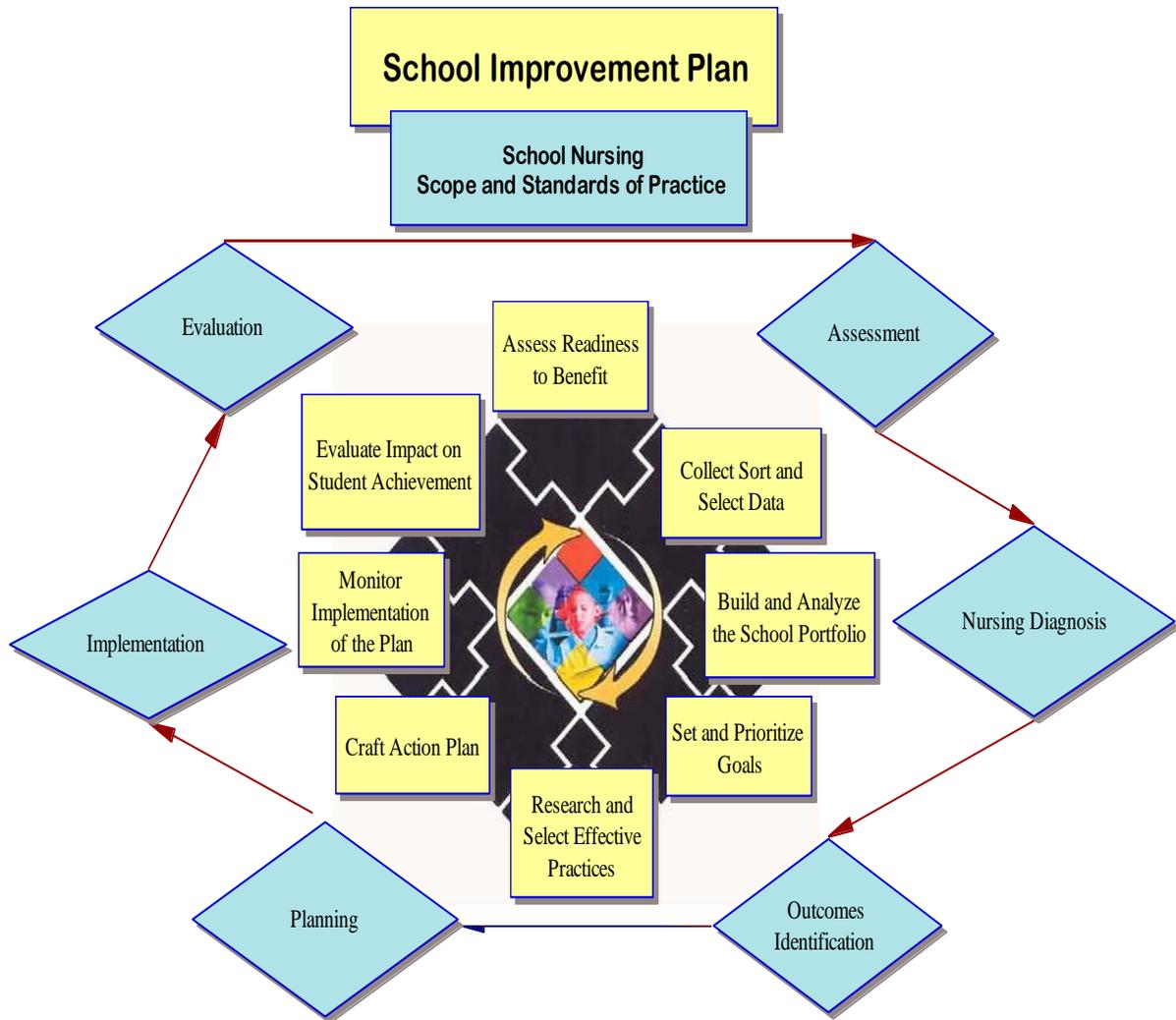
Registered nurse (RN) develops and monitors the seizure action plan that outlines the management of seizures at school, and support to student. Parent Designated Adult performs specific tasks as directed by parent. RN incorporates tasks performed by PDA into the care plan. RN does not train or supervise Parent Designated Adult, but does monitor health status of student as a result of tasks performed by parent-designated and others.

ADMINISTRATION OF MIDAZOLAM:

When Midazolam (a legend nasal spray medication) is administered at school, 911 MUST be called.

[RCW 28A.210.260](#) states, “After a school employee who is not a school nurse administers a nasal spray that is a legend drug or a controlled substance, the employee shall summon emergency medical assistance as soon as practicable”.

APPENDIX E
School Improvement Plan
and
School Nurse Scope and Standard of Practice



The above model shows the parallel thinking and process that is evident in school improvement planning and in professional school nursing practice. School nurses use a process to gather and analyze data to formulate problem statements (nursing diagnosis), hypothesize outcomes, develop evidence-based interventions, create plans, and evaluate health outcomes. School nurses use this process to provide care for individuals and populations. Student health data and outcomes are an integral part of school improvement. School nurses improve school performance. Examples of school nurse contributions to school improvement include:

- increasing student and parent engagement;
- decreasing absenteeism;
- increasing student time in class;
- impacting students' readiness to learn.

The following Standards of Practice for School Nursing are described fully in the document: [School Nursing: Scope and Standards of Practice](#) (2011), National Association of School Nurses and American School Nurses Association; Nurses Books.Org. The Publishing Program of the American Nurses Association: Silver Spring, MD.

Standards of Professional Practice

Standard 1. Assessment: The school nurse collects comprehensive data pertinent to the client's health or the situation.

Standard 2. Diagnosis: The school nurse analyzes the assessment data to determine the nursing diagnoses or issues.

Standard 3. Outcomes Identification: The school nurse identifies expected outcomes for a plan individualized to the client or the situation.

Standard 4. Planning: The school nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.

Standard 5. Implementation: The school nurse implements the identified plan.

Standard 5A. Coordination of Care: The school nurse coordinates care delivery.

Standard 5B. Health Teaching and Health Promotion: The school nurse provides health education and employs strategies to promote health and a safe environment.

Standard 5C. Consultation: The school nurse provides consultation to influence the identified plan, enhance the abilities of others, and effect change.

Standard 5D. Prescriptive Authority (for advanced-practice registered nurses) to prescribe medication and treatments.

Standard 6. Evaluation: The school nurse evaluates progress towards achievement of outcomes.

Standards of Professional Performance

Standard 7. Quality of Practice: The school nurse systematically enhances the quality and effectiveness of nursing practice.

Standard 8. Education: The school nurse attains knowledge and competency that reflects current school nursing practice.

Standard 9. Professional Practice Evaluation: The school nurse evaluates his/her own nursing practice in relation to professional standards and guidelines, relevant statutes, rules, and regulations.

Standard 10. Collegiality: The school nurse interacts with, and contributes to the professional development of peers and school personnel as colleagues.

Standard 11. Collaboration: The school nurse collaborates with the client, the family, school staff, and others in the conduct of school nursing practice.

Standard 12. Ethics: The school nurse integrates ethical provisions in all areas of practice.

Standard 13. Research: The school nurse integrates research findings into practice.

Standard 14. Resource Utilization: The school nurse considers factors related to safety, effectiveness, cost, and impact on practice in the planning and delivery of school nursing services.

Standard 15. Leadership: The school nurse provides leadership in the professional practice setting and the profession.

Standard 16. Program Management: The school nurse manages school health services.

APPENDIX F
Washington State
Scope of Practice Decision Tree



Scope of Practice **Decision Tree***

*Adopted by permission of the National Council of State Boards of Nursing

1. Describe the act to be performed. Review the scope of practice for your licensure level:

RN

Assessment, nursing diagnosis, setting goals, planning care strategies, implementing care, delegating care to qualified others, supervising, evaluating, teaching, managing care, maintaining client safety, collaborating with other health care members

LPN

Contributing to assessment, participating in development of plan of care, implementing aspects of care as directed, maintaining client safety, participating in evaluating care, and delegating care to qualified others

ARNP

Assessing clients, synthesizing and analyzing data, understanding and applying nursing principals at an advanced level; providing expert teaching and guidance; working effectively with clients, families and other member of the health care team; managing clients' physical and psycho-social health-illness status; utilizing research skills; analyzing multiple sources of data, identifying alternative possibilities as to the nature of a health care problem, and selecting appropriate treatment; making independent decisions in solving complex client care problems; performing acts of diagnosing, prescribing, administering and dispensing therapeutic measures; and recognizing limits of knowledge and experience, planning for situations beyond expertise, consulting with or referring to other health care providers as appropriate

1. Is the act expressly permitted or prohibited by the Nurse Practice Act for the license you hold?

UNSURE



GO TO #2

WITHIN SCOPE FOR
YOUR LICENSE



GO TO # 3

PROHIBITED



STOP!

2. Is the act consistent with at least one of the following standards?

- Nursing Commission standards of practice
- National nursing organization standards of practice
- Nursing literature and research
- Reasonable, prudent nurse in similar circumstances

YES



GO TO #3

NO



STOP
NOT WITHIN THE SCOPE
OF PRACTICE!

3. Do you personally possess the depth and breadth of knowledge to perform the act safely and effectively, as acquired in a pre- licensure program, post-basic program, continuing education program or structured self-study?

YES



GO TO #4

NO



STOP
UNTIL ADDITIONAL
KNOWLEDGE GAINED!

4. Do you personally possess current clinical skills to perform the act safely?



GO TO #5

NO



STOP
UNTIL CLINICAL SKILLS
ARE ATTAINED!

5. Is the performance of the act within the accepted "standard of care" which would be provided in similar circumstances by reasonable and prudent nurses who have similar training and experience and consistent with appropriately established facility/agency policies and procedures?



GO TO #6

NO



STOP
PERFORMANCE OF ACT
MAY PLACE BOTH
PATIENT/CLIENT AND
NURSE AT RISK!

6. Are you prepared to accept the consequences of your action?



PERFORM THE ACT*

*with valid order when necessary, and in accordance with agency policies and procedures.

NO



STOP
THE ACCOUNTABILITY
IS NOT ASSUMED!
NOTIFY APPROPRIATE
PERSON(S)!

For information about registered nurse delegation in school settings see the Washington State Nursing Care Quality Assurance Commission Advisory Opinion: [Registered Nurse Delegation in School Settings](#). On page 7 you will find a School Registered Nurse Delegation Decision Tree. The [NCQAC website](#) is also an excellent source of general information about nursing practice in Washington State.

APPENDIX G
School Health Services
A “Slice” of
Coordinated School Health

School Health Services A “Slice” of Coordinated School Health



The eight components of the above Coordinated School Health Program (CSHP) represent different functions in schools that support student learning. The components themselves are not new, most schools have some or partial components in place. What is unique is the integration, in a systematic way, to provide seamless support to all students. The CSHP requires a team commitment to four key practices: communication, cooperation, coordination and collaboration. It takes a team effort with everyone contributing their individual expertise as well as their collective, unified effort in all components. School nurses make an important contribution in each component.

This manual addresses only one “slice” of the model, the Health Services component, and describes the tasks that most schools perceive as the duties of the school nurse. In fact, this manual highlights the importance that *all* school staff performs a variety of critical health-related tasks to assure a safe and efficient health services system. Each chapter highlights the duties of all school staff to support and participate in an effective school health system to keep students healthy and learning.

For more information about Coordinated School Health see:
CDC’s [Coordinated School Health](#) web page

APPENDIX H
Independent Nursing Practice:
Holistic Areas of Assessment

Independent Nursing Practice: Holistic Areas of Assessment

Nursing practice is holistic. Nursing practice is based on human functioning and human development. Patterns of human functions are used in nursing assessment, diagnosis, planning, and evaluation; the steps of the nursing process. Marjory Gordon's *Theoretical Base of Nursing* uses eleven functional patterns to organize nursing critical thinking and decision-making.

School nurses use functional assessments to help students achieve health and academic success.

In this context, assessment means helping students/families know themselves in order to take responsibility and grow. Registered Nurses facilitate this process by:

- Encouraging their stories, listening to their words;
- Hearing their thoughts and feelings, observing their behaviors;
- Standing beside them, looking at the world through their eyes; and
- Providing thoughtful reflections of their words, perspectives, and behaviors back to them.

School nurses strive to understand others' perspectives and points-of-view so they are effective in the therapeutic nursing relationship.

This structure, (Marjory Gordon's *Functional Health Patterns*), is one of several structures used to think about and organize data. This is only a structure; individual nurses use their own approaches and styles of building relationships and gathering assessment data.

This structure of patterns describes a consistent, organized method to think about and analyze information about individual students/families. Each nurse decides which patterns, and the depth of information in each pattern, that should be assessed to assist the nurse in developing an IHP for a specific student depending upon:

- The developmental level of the student;
- The purpose of the nurse-student-family relationship; and
- The specific health issue to be addressed by the nurse.

Marjory Gordon's Eleven Functional Health Patterns are:

- | | |
|---|--|
| 1: Health Perception & Management | 2: Value/Belief Patterns |
| 3: Sexuality/Reproductive | 4: Coping/Stress Tolerance |
| 5: Nutritional/Metabolic | 6: Activity/Exercise |
| 7: Self-Perception/Self-Concept | 8: Elimination |
| 9: Sleep/Rest | 10: Role/Relationships |
| 11: Cognitive/Perceptual | |

The following pages describe each pattern and examples of concerns or student behaviors that may be presented to the school nurse. These examples may indicate either healthy or unhealthy functioning in that pattern.

Functional Health Patterns

HEALTH PERCEPTION & MANAGEMENT

Health Perception & Management:

What does health mean to the student? (i.e. How is health measured? What does the student believe about healthy choices? How are choices made? How are risks considered, acted upon, and/or accepted?)

- Family perspectives of the barriers to health care: (*financial; transportation*).
- Wellness care: (*annual screening; exams; medical/dental*).
- Illness care: (*use of home remedies; use of medical provider; alternative medical practices; knowledge/use of CPR, first aid*)
- Risk Management:
 - Safety: (*use of seat belts; occupational hazards; recreational safety; bicycle helmet; personal flotation device; home safety; smoke detector; etc., storage of harmful materials*)
 - Use/Abuse of substances: (*caffeine; tobacco; alcohol; OTC medications; prescription drugs; illegal drugs*)
 - Exposure to violence: (*in home; neighborhood; family; friends; guns or weapons in home; where stored*)
- Adequate and Hygienic Environment: (*running water; septic; student hygiene*)

Uses Curandero

Immunizations Up to Date

Brushes Teeth Daily

Has Access to Health Care

Adheres to Hunting Safety Recommendations

Self-Management of Diabetes

Understands and Values Prevention

Uses Seat Belts

Does Not Stick Head in Desk!

VALUES/BELIEF PATTERNS

Values/Belief Patterns:

What are the guiding forces that direct this student's life: choices, behaviors, feelings, and decisions?

- **Goals:** (What are the student's goals for the present, for the future? Are there concerns or barriers for reaching those goals?)
- **Values:** (What does the student hold most dear, most important in life? What may create vulnerability when facing issues, events, or people with differing values?)
- **Beliefs:** (How does the student perceive right and wrong? Are there areas for gray, unknown territory, or only black and white? Is the student rigid or flexible with right or wrong, given circumstances, etc.?)
- **Cultural Influences:** (How do the student's cultural norms influence behavior and choices? Are the student's cultural practices within the norm of the larger cultural group or different from the norms of the culture? Does the student have the opportunity to practice cultural traditions, interact with similar people with the same cultural context? Does the student live in a society where their cultural beliefs, practices are in conflict with the larger, majority population? Does the student feel safe to verbalize and practice customs/rituals?)
- **Spiritual Beliefs:** (From where does the student receive inner strength? From where does the student seek guidance...from an omnipotent source, from self? When the student needs spiritual help, from whom or what does he/she seek that help and support?)
- **Religion:** (Does student subscribe to a religious ideology? In what ideology was student raised: what was the student taught to believe? Does student currently believe in those tenants learned early in life? How does student feel about religious ideology at this time? Does student have the opportunity to participate in religious services and fellowship?)
- **Hope:** (What brings joy and happiness to the student? From where does the student receive or search for hope?)



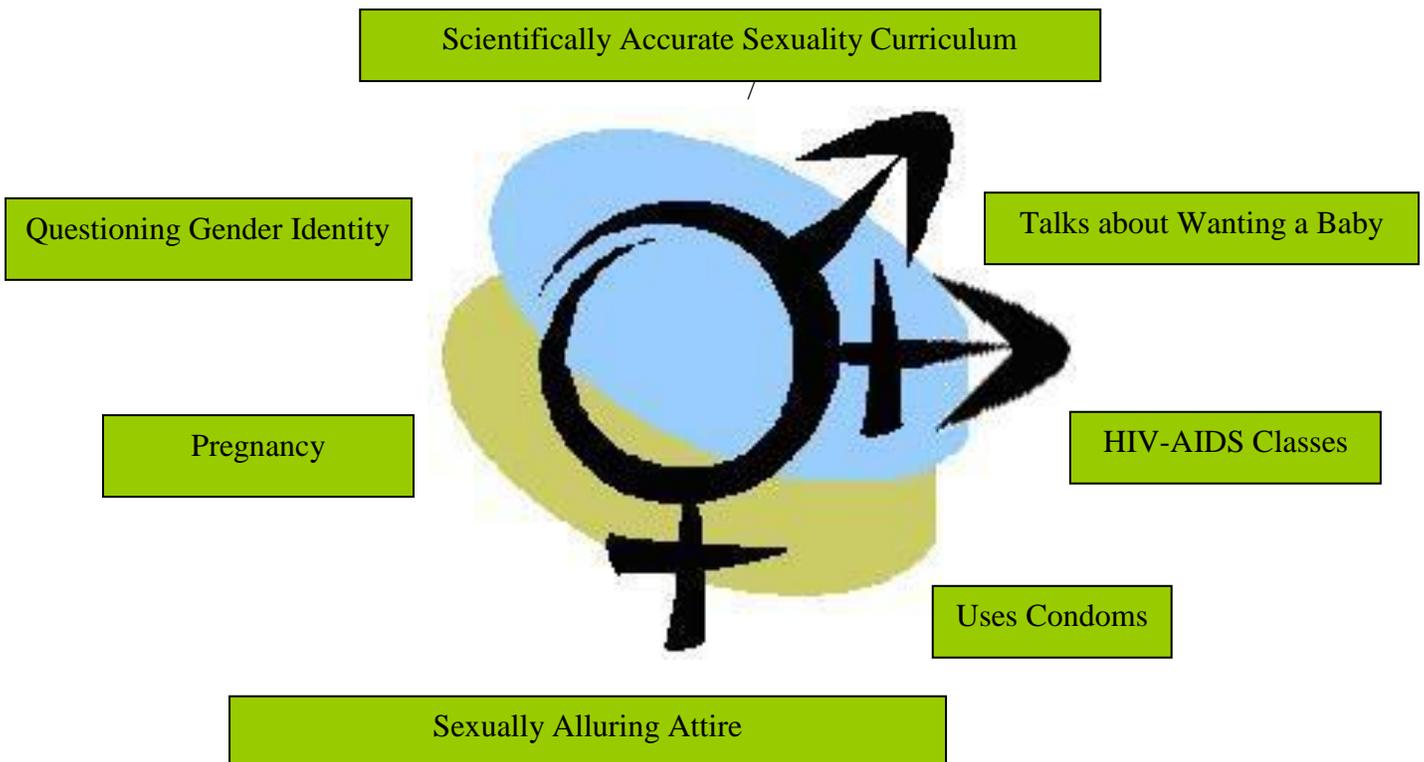
SEXUALITY/REPRODUCTIVE

Sexuality/Reproductive:

*Sometimes it is awkward to address sexuality issues with students, although they usually are grateful to have a health provider who is open to discussing intimate issues. Who else can they ask?

What does sexuality mean to the student? What level of importance does it have to the individual?

- Sexual Identity: (*comfortable with feminine and masculine “mix” within self; comfortable with opposite sex or same sex in conversations, relationships*)
- Sexual Preferences/Patterns: (*heterosexual, homosexual, bisexual, or self-stimulation, celibacy, monogamy, multiple partners*)
- Sexual Satisfaction: (*What does sexual satisfaction mean to this student? Are intimacy needs met? Does student use alternative forms of sexual satisfaction other than intercourse? Does student have capacity or desire to reach orgasm, have adequate erections, and/or ejaculations?*)
- Reproduction Patterns: (*goals for reproduction, family planning, contraceptive methods; aware of infertility resources*)
- Safer Sexual Practices: (*use of condoms; use of barriers when engaging in oral and anal sex; knows risks of having multiple partners?*)



COPING/STRESS TOLERANCE

Coping/Stress Tolerance:

What does feeling stressed mean to this student? What pushes this student's buttons?

- What are usual stressors: (*Student is aware of daily, ongoing, anxiety-producing life events and patterns, and recognizes them as causing stress? High expectations from others? Time pressures, relationships, work, change, etc.? Patterns that disrupt or limit daily activities?*)
- What are predictable stressors: (*Holidays, cycles of home responsibilities, etc.?*)
- What are crisis or emergency stressors: (*Deaths, illnesses, accidents, eviction, etc.?*)
- What are chronic, disabling stressors: (*Chronic illness, family chaos, fears, phobias, etc.?*)

Does student understand their unique physical and emotional response to stressors?

- What are usual responses to stress: (*Student recognizes body's response to stress [e.g. rapid pulse, sweaty hands, shouting, violent or self-destructive behaviors]? For chronic stress, student recognizes disease and chronic illness as result of stress [e.g. hypertension, headache, backache, chronic pain]?*)

What does coping and adaptation mean to this student?

- Can student recognize issues that can be changed and things that cannot be changed? (*If possible, change or modify the stressor, and if that is not possible, can student modify response to the stressor?*).
- What are student's usual coping styles? (*Student is aware of and using a variety of coping strategies?*)
 - 1.) *Physical: (relaxing, walking, running, etc.)*
 - 2.) *Emotional: (crying, laughing, primal screaming, etc.)*
 - 3.) *Social: (talking to a friend, calling the crisis line, etc.)*
 - 4.) *Intellectual: (getting more information, problem solving, conflict resolution, assertive communication, etc.)*
 - 5.) *Spiritual: (meditating, prayer, forgiving self, forgiving others, etc.)*
 - 6.) *Creative: (music, art, reading, writing, etc.)*
- Student feels competent and resourceful in dealing with stress: (*Recognizes, copes, and manages stressor and/or stress response so that no long-term ill effects are evident?*)
- Concerns in Coping and Stress: (*Stressors or coping strategies cause problems for the student with health, relationships, work, or with legal systems?*)

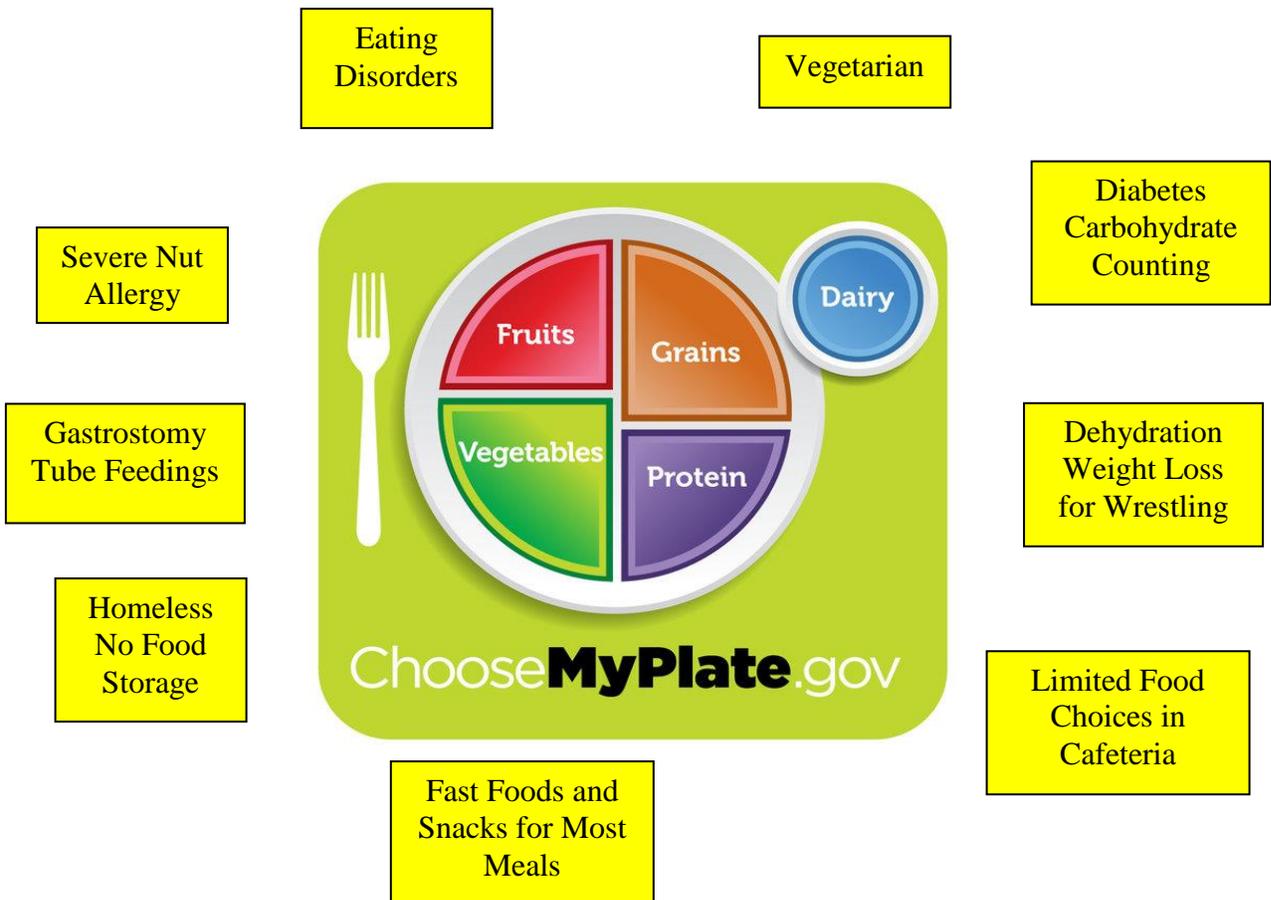
<div style="border: 1px solid black; padding: 5px; background-color: #e0f0ff;"> <p>Worried About MSP/HSPE</p> </div>	<p>How are you feeling today?</p> <table border="0" style="width: 100%; text-align: center;"> <tr> <td> worried</td> <td> pained</td> <td> drunk</td> <td> maniacal</td> <td> angry</td> <td> pleased</td> </tr> <tr> <td> bored</td> <td> ashamed</td> <td> indecisive</td> <td> shocked</td> <td> sullen</td> <td> crazy</td> </tr> <tr> <td> sad</td> <td> knowledgable</td> <td> offended</td> <td> disgusted</td> <td> evil</td> <td> exasperated</td> </tr> <tr> <td> goofy</td> <td> distrustful</td> <td> embarrassed</td> <td> thunderstruck</td> <td> disbelieving</td> <td> suprised</td> </tr> <tr> <td> confused</td> <td> happy</td> <td> tired</td> <td> maddened</td> <td> silly</td> <td> betrayed</td> </tr> </table>	 worried	 pained	 drunk	 maniacal	 angry	 pleased	 bored	 ashamed	 indecisive	 shocked	 sullen	 crazy	 sad	 knowledgable	 offended	 disgusted	 evil	 exasperated	 goofy	 distrustful	 embarrassed	 thunderstruck	 disbelieving	 suprised	 confused	 happy	 tired	 maddened	 silly	 betrayed	<div style="border: 1px solid black; padding: 5px; background-color: #e0f0ff;"> <p>Walks Away From Shouting Bully and Seeks Help From Adult</p> </div>
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 sad	 knowledgable	 offended	 disgusted	 evil	 exasperated																											
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<div style="border: 1px solid black; padding: 5px; background-color: #e0f0ff;"> <p>Uses Alcohol to "Feel Numb"</p> </div>		<div style="border: 1px solid black; padding: 5px; background-color: #e0f0ff;"> <p>Friends Report She is Cutting Her Arms</p> </div>																														

NUTRITIONAL/METABOLIC

Nutritional/Metabolic:

What is the meaning of food, nutrition and/or eating to the student? (What are the values/perspectives of eating for this student? Eats to live? Lives to eat?)

- Food intake: (*food Plate, mealtime patterns, fluid intake*)
- Special nutritional needs: (*restrictions, supplements, calories*)
- Dietary practices: (*fad diets, purging, bingeing, use of drugs for weight control*)
- Weight gain/loss patterns: (*Consistent with growth and developmental needs?*)
- Barriers to obtaining nutritious, culturally appropriate foods: (*financial, isolation from cultural foods*)
- Problems with digestion, metabolism: (*diabetes, celiac disease, etc.*)
- Food preparation and storage: (*fast food consumption; Who prepares food and does the family have refrigerator, stove, etc?*)



ACTIVITY/EXERCISE

Activity/Exercise:

What does exercise and activity mean to the student? (Does the student value exercise? Is there excessive attention and need to exercise? Is there resistance to exercise? How does the student use recreational time?)

- Exercise Patterns: (*usual daily routine; ability to perform ADL's*)
- Promotion of Exercise: (*safe exercise; active play; sedentary play; solitary play; team play; opportunity for play outdoors; feels safe in neighborhood; values regular, scheduled exercise program' type and amount; consciously chooses exercise opportunities, stairs, parking away from building entry*)
- Work and Study: (*employment, active or sedentary work, takes exercise breaks when quietly working*)
- Recreational Activities: (*with family, alone, with friends; hobbies/interests; hours watching TV, computer games, reading, hunting, fishing*)
- Activity/Exercise Capacity: (*ability to run, jump, walk reasonable distance without fatigue or pain; inability to move, stretch, bend; If mobility is impaired, how motivated to be independent?*)

Physical Fitness

Watches TV 6 Hours a Day

Cannot Run Around the Track: Asthma

Female Extremely Active, Absent Menses



Cerebral Palsy: Completely Dependent for Physical Needs

Congenital Cardiac Condition: Tolerates Minimal Activity

Broken Leg: Cannot Continue on Basketball Team

Favorite Activity: Playing Video Games Alone

Unsafe Neighborhood, Parents Will Not Allow Outside Play

SELF-PERCEPTION/SELF-CONCEPT

Self-Perception/Self-Concept:

*It is important to understand the developmental level of the student and what developmental tasks are appropriate for the student to experience. Many of these patterns will be evolving over a student's life span. This is especially true of the pattern of self-concept.

How does the student perceive self?

- Personality: (*outgoing, reserved, predictable, student, strong-willed, controlling, adaptable, calm, orderly*)
- Competencies: (*organized, smart, street-wise, analytical, enterprising, practical, detailed, creative*)
- Physical attributes: (*body image, best physical features*)
- Pride in self: (*can accept compliments; can be self-congratulatory*)
- Provides self-nurturing activities: (*recognizes and appreciates own needs; feels comfortable asking for help to get needs met; has confidence that needs will be met by self or others*)
- Understands that having and expressing a full range of emotions is normal and healthy: (*happiness, sadness, fear, anger; does not reject certain feelings as "bad"*)
- Student feels "free" to express unique qualities and have others accept and honor those qualities: (*personality type, preferences, physical differences; competencies and/or deficits are understood and accepted by student*)
- Concerns in self-concept: (*self-destructive behaviors; self-denigrating comments*)

Enters New Situations Confidently

Boys Talk about Feeling Afraid

Girls Talk about Feeling Angry

Bullying Due to Obesity

Seeks Nurse for Information about Development

Popular Football "Star," Poor Grades

Hosting a Party for Friends When Parents Are Not Home

Refuses to Wear Glasses, "I Look Like a Nerd"

Accepts Compliments after Scholarship



ELIMINATION

Elimination:

What does elimination mean to the student? (How does the student perceive elimination? Are there issues of power and control or excessive attention made to bowel and bladder function?)

- Usual bowel and bladder patterns: (*regular times; predictable elimination; frequency; triggers for bowel movements [e.g. hot liquids, chocolate, etc.]*)
- Routine use of laxatives, diuretics, anti-diarrheals: (*management of regularity with foods, medicines, use of colonics*)
- History of elimination problems: (*urinary tract infections, chronic constipation, colitis, irritable bowel, neurogenic bladder*)
- Menstrual Flow: (*light, heavy, regular*)
- Perspiration/usual sweat patterns: (*in the context of bodily fluids*)

Complains of Stomach
Ache

Using Laxatives
for Weight Loss

Loss of Bladder Control:
Urinary Tract Infection

Refuses to
Have BM at
School



Encopresis

Enuresis

Spina Bifida:
Bowel Program

Seeking Nurse
Monthly for Heavy
Menstrual Flow

Learning to Perform Self
Clean Intermittent
Catheterization

SLEEP/REST

Sleep/Rest:

What does sleep and rest mean to the student? (Are there meanings to excessive sleep and/or rest?)

Does the student perceive sleep as valuable?)

- Hours of sleep and sleep patterns: (*bedtime, awake-time, naps; total hours of sleep; night student or day student? family work schedules*)
- Sleep Effective: (*feels rested on awakening; sleepiness in daytime; awakening at night, nightmares, sweats*)
- Promotion of sleep: (*bed-time routines: story time, baths, reading, massage, warm milk, medications to induce sleep, drugs to induce sleep*)
- Effects of sleep deprivation: (*irritability, inability to concentrate, depression*)
- Sleeping place is safe, promotes sleep and rest: (*privacy; numbers of people in sleeping place; warmth, comfort, quiet, light; feels both physical safety and emotional safety in place of sleep*)

Father Works Evening Shift, Family Stays Awake Until He Returns Home at 11:30 PM.

Irritable, Confrontational, Failing Grades

ADHD Medication Incorrectly Filled: Dose Too High

Five Children Sleeping in One Bed



Frequently Late for School

Adolescents Stay up Late, Sleep Late in Morning

Comes to Nurse's Office to Sleep

Using "Speed"

ROLES/RELATIONSHIPS

Roles/Relationship:

What are the meanings of different roles the student has or wants?

- Multiple Roles: (*child, student, sibling, parent, spouse, employer, employee, professional; meeting responsibilities while juggling time and rights as a student regardless of role*)
- Feels competent, confident, satisfied in roles?

What are the meanings of different relationships the student has or wants?

- Major relationships: (*family, birth-order, friends, peers, co-workers, supervisors, employees, clubs, groups, significant others nearby or far away; recognizes responsibility of initiating, maintaining relationships*)
- Quality of relationships: (*supportive, dependable, nurturing; reciprocal, points and patterns of interactions; camaraderie or conflict with others*)

Worries About
Not Having
Friends

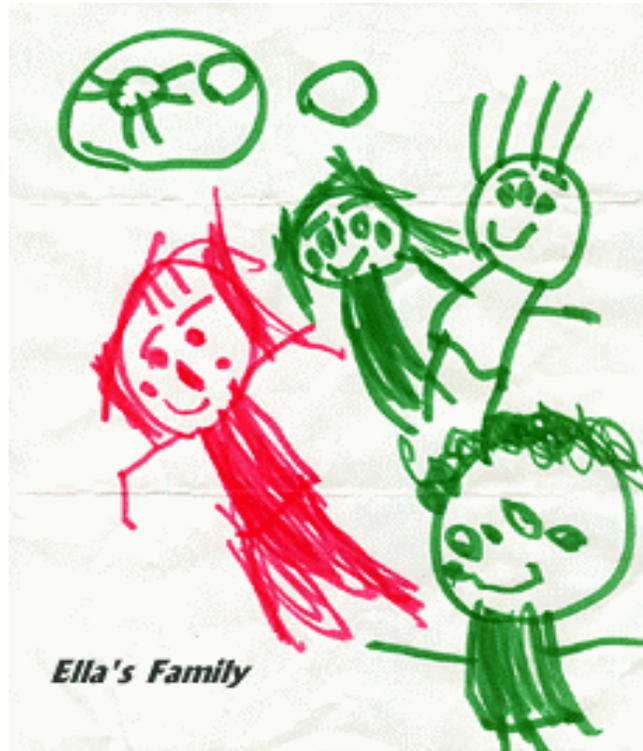
Feels
Responsible as
Oldest Brother

Complains That
"Best Friend" is
Too Demanding

Good Friend
Accompanies
Student to Nurse's
Office

English Paper is Graphic
Story of Threats
Against Others

Single Mother,
Children Protective of
Her: Domestic
Violence



Belongs to 4-H and Proud to be
Part of the Winning Rodeo Team

Reports Severe Physical
Punishment from Parents:
Multiple Bruises

COGNITIVE/PERCEPTUAL

Cognitive/Perceptual:

Does the student have adequate physiological function to take in sensory information?

- Sensory abilities: (*sight, hearing, smell, touch, taste, kinesthetics*)

Does the student have developmentally appropriate and adequate physiological ability to interpret and integrate information?

- Memory/Ability to problem solve: (*can retain information, analyze data and use information to make effective decisions*)

What is the student's learning style?

- Adult or child learner (*auditory versus visual learner; learns by "doing"*)

What is student's educational level?

- Formal schooling, self-taught: (*special needs in education; learning disability; dyslexia, educational goals*)

What stimuli and to what degree of that stimuli does the student perceive pain/pleasure?

- Touch, Pressure, Temperature, Light, Noise?

What is the usual response to discomfort, pain?

- Student's subjective report: (*burning, blinding, searing, sharp, dull, etc.*)
- Objective observations: (*facial expressions, position, vital signs, sweating, skin color, etc.*)

What does student perceive as effective methods of relief of pain?

- What are preferred comfort measures: (*use of massage, medications, relaxation, cultural remedies, position, food, tactile preferences, quiet versus distracting environment, etc.*)

How does the student perceive the world and others?

- Is the world safe, to be trusted, supportive, dangerous: (*optimistic or pessimistic outlook*)

Does the student have a sense of reality?

- Is the student oriented to time and place? (*experiencing delusions or hallucinations*)

