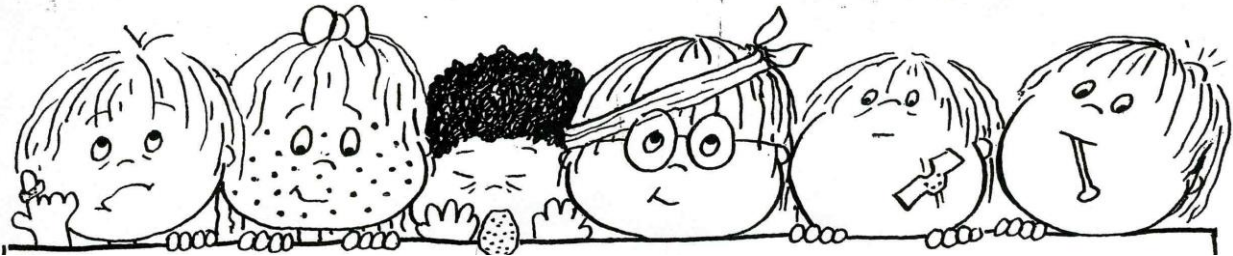


OKLAHOMA SCHOOL NURSE GUIDELINES



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I. SCHOOL NURSE DEFINITION

The National Association of School Nurse (NASN) defines 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 positive student responses to normal development; promote health and safety; 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.”

As defined in the Oklahoma State Statute Title 70 Section 1-116(7):

“A school nurse employed full time by a board of education shall be a registered nurse (RN) licensed by the Oklahoma State Board of Nurse Registration and Nursing Education, and certified the same as a teacher by the Oklahoma State Department of Education (OSDE). A school nurse employed by a board of education shall be accorded the same protection of laws and all other benefits accorded a certified teacher.”

National Certification

NASN supports the delivery of safe and effective care in nursing practice through voluntary certification by examination for all school nurses. NASN works in collaboration with the National Board for Certification of School Nurse (NBCSN). Professional certification provides an ongoing, quality credentialing process for eligible school nurses. Certification assures a national standard of preparation, knowledge, and practice. To assist with this recognition, the NBCSN provides the opportunity for the school nurse to set the standards for their specialty area through voluntary professional certification. The NBCSN has trademarked “NCSN” as the official credential of the National Certified School Nurse. All candidates successfully completing the national examination are eligible to use this credential.

Standards of Professional School Nursing Practice

Licensed professional school nurses have an obligation to provide the highest quality of care within their specialty area. Standards of practice represent agreed upon levels of quality in practice and reflect the values and priorities of the profession. They have been developed to characterize, measure, and provide guidance in achieving excellence in care. Nursing practice standards may be established in numerous ways, such as the following:

- National, state, and specialty nursing organizations have published position statements and other documents that provide direction for professional nursing practice and frameworks for the evaluation of practice.
- Court cases have established precedents that may be used in determining appropriateness of care.
- State departments of education and/or health have established laws, regulations, and guidelines for providing health services in the school setting.
- Licensing standards are established through individual state nurse practice acts to protect the public from incompetent professionals.
- Professional nurses are also accountable to their employers for work place practice. This may create conflict in the practice of the school nursing because of discrepancies between

education laws and regulations and the laws and regulations that impact the practice of nursing.

School Nursing: Scope and standards define the role of the school nurse in providing school health services. This document may be used to assist school nursing personnel in articulating a practice role and in developing tools to assist in the evaluation of practice. The standards of school nursing practice are written within a framework of the nursing process and include data collection, nursing diagnosis, planning, intervention, and evaluation. Standards of practice and the nursing process are essential tools for providing care for any individual in the school setting and for the development of nursing care plans for students with special health care needs.

- A. Assessment: The school nurse collects comprehensive data pertinent to the client's health and/or the situation.
- B. Diagnosis: The school nurse analyzes the assessment data to determine the diagnosis or issue.
- C. Outcome Identification: The school nurse identifies expected outcomes for a plan individualized to the client or the situation.
- D. Planning: The school nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.
- E. Implementation: The school nurse implements the identified plan.
 - 1. Coordination of Care: The school nurse coordinates care delivery.
 - 2. Health Teaching and Health Promotion: The school nurse employs strategies to promote health and a safe environment, especially regarding health education.
 - 3. Consultation: The school nurse provides consultation to influence the identified plan, enhance the abilities of others, and effect change.
 - 4. Prescriptive Authority and Treatment: The Advanced Practice Registered Nurses (APRN) uses prescriptive authority, procedures, referrals, treatments, and therapies in accordance with state and federal laws and regulations.
- F. Evaluation: The school nurse evaluates progress towards achievement of outcomes.
- G. Ethics: The school nurse practices ethically.
- H. Education: The school nurse attains knowledge and competency that reflects current school nursing practice.
- I. Evidence-Based Practice and Research: The school nurse integrates evidence and research findings into the nursing practice.
- J. Quality of Practice: The school nurse contributes to quality nursing practice.
- K. Communication: The school nurse communicates effectively in a variety of formats in all areas of nursing practice.
- L. Leadership: The school nurse demonstrates leadership in the professional practice setting and the profession.
- M. Collaboration: The school nurse collaborates with the healthcare consumer, family, and others in the conduct of nursing practice.
- N. Professional Practice Evaluation: The school nurse evaluates one's own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations.

- O. Resource Utilization: The school nurse utilizes appropriate resources to plan and provide nursing services that are safe, effective, and financially responsible.
- P. Environmental Health: The school nurse practices in an environmentally safe and healthy manner.
- Q. Program Management: The school nurse manages school health services.

School Nurse Job Duties

The primary role of the school nurse is to support student learning by functioning as a health care provider and manager in the school setting. The school nurse provides the following:

- Provides leadership in the development and promotion of a comprehensive health program.
- Advocates for the health rights of children.
- Promotes an optimal level of health for students and staff.
- Serves as a consultant for the health concerns of students, families, and staff.
- Promotes sound health care practices within the school and community.
- Serves as a link between health care providers, families, staff, and community agencies.

The school nurse performs duties in a manner consistent with professional standards, state nurse practice acts, other state and local statutes and/or regulations applicable to school nursing practice, and adheres to school district policies. A school nurse serves as the health professional coordinator for all school health programs.

Services Provided by School Nurse

- Promotes and protects the optimal health status of children.
- Develops guidelines for the management of illness and injury interventions.
- Provides training to designated staff on recognition of signs and symptoms of illness and disease.
- Performs health assessments and participates in Individualized Education Plan (IEP) development.
- Performs nursing procedures such as ventilator care, gastrostomy feedings, tracheotomy care, catheterization, etc.
- Provides health assessments, which includes screening for various health factors impacting student education.
- Provides health education and counseling to help prevent teen pregnancy, sexually transmitted diseases, tobacco use, alcohol, substance abuse, other health related issues, and wellness programs.
- Maintains, evaluates, and interprets cumulative health data to accommodate individual needs of students.
- Provides chronic disease management and education.
- Plans and implements nursing care plans and services for children with disabilities and/or health conditions that interfere with learning, including medication administration and monitoring.
- Provides assessments and interventions for students with mental health concerns.
- Participates as the health consultant on school teams.

- Promotes and assists in the control of communicable diseases through immunization programs, early intervention, surveillance, reporting, and follow-up of contagious diseases.
- Recommends provisions for a healthy school environment conducive to learning.
- Provides health education, health resources, wellness programs, and curriculum recommendations to the school staff.
- Engages in research and evaluation of school health services.
- Assists in the formation of health policies, goals, and objectives for the school district.
- Coordinates school/community health activities and serves as liaison between school, home, community, and health care providers.

Surviving Your First Year as School Nurse

How does a school nurse begin when there is no nurse supervisor or plans for an orientation by another nurse? Once you have been hired, meet with the superintendent or a designee to learn the school district's school health program philosophy, expectations of the nurse's role in the school, and the schedule. If the nurse is serving more than one building; the number of schools, the age/grade levels, the number and health needs of the students, and the number and health needs of special education students should be considered in developing the nurse's schedule. Many resources are available to the school nurse who is practicing without the onsite support of other nurses. These include the following:

- School Health Consultants with Maternal and Child Health Service (MCH), Oklahoma State Department of Health (OSDH).
- School Nurse Organization of Oklahoma.
- NASN.
- American School Health Association.

At the beginning of the school year the school nurse should:

A. Meet the principal and office staff.

1. Arrange to provide an in-service to update the principal, school secretary, and office staff on any new immunization requirements for school enrollment.
2. Arrange for a mailbox where messages may be received.
3. Obtain access to the copy machine, a map of the school, and class rosters.
4. Discuss with the principal how and when to call an ambulance, your schedule, lunch breaks, and coverage during that time, procedures when you are ill, or for days you are not assigned to that school.
5. Discuss with the principal establishing and training an emergency response team within the school.
6. Discuss with the principal what types of statistical data are to be collected on school nurse activities to provide accountability of the school health program.

B. Review school health policies and procedures.

1. Does the school have a Local Healthy and Fit School Advisory Committee or a Safe Schools Committee? Review with the principal the role of the school nurse with these committees.

- C. Inspect the school health office, if there is one. Look at the clinic space, supplies, and available equipment. Compile a list of needed supplies and equipment, and discuss with the principal how these will be ordered.
- D. Find current student health records. Determine what type of health information is available and how confidentiality is maintained.
 - 1. Confer with the secretary about securing health information and immunization data on all new students. Ask how compliance with the immunization law is ensured.
 - 2. Who records the health information, including immunization information?
 - 3. How is the school nurse informed of students who have significant health problems?
 - 4. How current are the health records?
 - 5. Does the school district or individual school have policies regarding when and how to destroy old school or health records?
- E. Arrange a meeting with the staff to describe the school nurse's role on when and how students should be referred to the nurse.
 - 1. Provide the staff with a copy of the school nurse weekly schedule.
 - 2. Set date(s) of training for members of the school's emergency response team in Cardio Pulmonary Resuscitation (CPR), the use of the Automated External Defibrillator (AED), and first aid.
- F. Meet with the special education lead teacher at each school site to determine the following:
 - 1. When the referral conferences are held.
 - 2. Who, in that building, notifies the school nurse when parent/guardian permission has been obtained for student testing?
 - 3. When appropriate, who, in that building, will notify the school nurse when the IEP meeting is scheduled with the parent/guardian and if it is necessary for the nurse to attend?
 - 4. How will the school nurse be informed of special education field trips and events in each building?
 - 5. How and when paraprofessionals and teachers will be trained to administer medication and provide specialized treatments.
- G. Meet with cafeteria manager and staff, school custodian, and bus drivers to determine how the school nurse can serve as a resource for them.
- H. Determine to whom and how notification will take place when there is an observed or reported health hazard at the school.
 - 1. Meet with local emergency response agencies to begin the process of developing an emergency response plan for possible school crisis situations.
 - 2. Discuss the purpose and role of the school emergency response team.
 - 3. Review and update, as needed, the district's emergency response plan with school's emergency response team and staff.

- I. Become acquainted with community agencies and resources such as county health departments, local clinics, tribal entities, turning point coalitions, community coalitions, local businesses, etc.
- J. Meet and discuss with various community agencies the availability of health related or community services for school children and their families.

After assimilating the information listed above, the school nurse should develop a work plan which includes: new, revised, and previously determined goals and objectives. The new school nurse should continue the programs in operation according to existing guidelines until assessment can be made and need for change determined.

II. POLICY AND PROCEDURE DEVELOPMENT

School policies and procedures are essentially the governing document by which your school district and school building is run. It is essential that all policies and procedures be current and up to date, reviewed on a regular basis, and revised as necessary. New policies and procedures should be written as needed. Policies are important because they provide guidelines for how the administration and school board believe their school should be run. Policies and guidelines also determine the expectations to which each school is held accountable.

A good policy is informative, direct, clear, and concise. The information is not ambiguous. A well written policy will not create confusion and is easy to understand.

The majority of policies go through several channels before they are approved by the school board and implemented. The first step is to develop a rough draft of the policy. School nurses can work with school administrators to develop the draft. The next step should be to send the draft policy through a review process. The administrator, along with the school nurse, explains the policy and its purpose. The committee then discusses the draft policy and may make recommendations for revision. Once the draft has completed the review process, the policy should be submitted to the superintendent for review. The superintendent may request the review committee, or policy authors, to make changes in wording or may reject the policy outright. If the policy meets the superintendent's approval it will then be sent to the school board for review. The school board has the authority to vote to accept, reject, or request further revisions before accepting the policy. Once the policy is approved by the school board, it becomes an official school district policy and is added to the appropriate district handbook. Most of the time new or revised policies and procedures should go into effect the following school year.

If there are no health related written policies and procedures, identify those of top priority and prepare them for the superintendent and school board's approval. Basic policies should deal with:

- Medication administration.
- Control of communicable diseases.
- Child abuse and neglect.
- Establishing screening programs.
- Nursing care for illness and injury.
- Special health care needs.
- Disaster preparedness.
- General school health programs.
- Review state laws, practice acts, regulations, or rules that may have an impact on school health programs, and school nursing services, to ensure school health policies and procedures are not in conflict.

School nurse responsibilities will vary according to the goals of the school health program in the school district. The school nurse may be assigned to only one building or may be the only nurse for

an entire district. In either case, the school nurse may have the opportunity to be the school health program manager. Even minimal school health programs should allow the nurse to engage in practices that include case finding, case management of identified health problems, and consultation with school personnel. These can be defined as:

A. Case finding by screening, observation, and direct referral:

1. Obtain health information on all new students.
2. Review school health records at regular intervals as defined by district or department policy or procedure.
3. Conduct screening programs as recommended by district policy or procedure.
 - a. Identify the need and establish a vision and hearing program.
 - b. Assess and determine the need for additional screening programs.
4. Observation and nursing assessment of students.
5. Referrals from students, parent/guardians, and school personnel.

B. Case management of identified health problems:

1. Notification of parent/guardian, students, and when necessary, school personnel of screening referrals.
 - a. Record student screening results on the individual student's health record.
 - b. Determine with the school's legal counsel the appropriateness of paraprofessionals recording individual screening results while remaining in compliance with the Family Educational Rights and Privacy Act (FERPA). See page 17 for additional FERPA information.
2. Discuss with parent/guardians health problems identified by review of school health records, health history forms, and nursing assessments. Make referrals for professional follow-up as indicated.
3. Make necessary recommendations for modifications in a student's IEP when necessary. If nursing services are required by a student they should be included as part of the IEP. The school nurse should be the designated professional to write those service goals and objectives in the student's IEP.
4. Individualized Health Care Plan (IHP) and Emergency Action Plans (EAP) should be developed to address the special needs of the student with chronic health conditions. IHP's and EAP's give greater definition to the nursing goals and objectives written in the IEP and should be developed for those students, as well as students with chronic health conditions.

5. Make necessary recommendations for modifications through Section 504 of the Rehabilitation Act of 1973, hereafter known as the 504 Accommodation Plan for students with chronic health conditions.
 - a. School nurses are qualified to write 504 Accommodation Plans as they relate to chronic health conditions that may affect the performance of a student during the school day.
 - b. IHP's and EAP's give greater definition to the goals and objectives written in the 504 Accommodation Plan and should be developed as a companion for students with 504 Accommodation Plans.
6. Assist parent/guardian in finding appropriate health care providers when needed.
7. Track and document results of all referrals on the student's health record.

C. Consultation:

1. Evaluation of health and developmental status of students with specific health concerns and those being evaluated for special education needs. Provide appropriate written reports to the referral source following nursing assessment.
2. Attend special education staffing for students with health problems or concerns, identify the educationally significant health care needs, and assist in developing the IEP.
3. With parent/guardian permission, share pertinent information from IHP and EAP for students with chronic health conditions that require attention by school staff, even if the student does not receive services through an IEP or modifications through a 504 Accommodation Plan.
4. Chronic health conditions may include diabetes, asthma, cancer, epilepsy, etc.
5. Serve as health consultant to school personnel in health promotion/education instruction.
6. Serve as liaison between parent/guardian, school, and community health care providers on health matters.
7. Develop school health policies and procedures.
 - a. Provide training and monitoring of other school staff members who will implement those policies and procedures.
 - b. Develop programs for training paraprofessionals to assist with initial screenings.
 - c. Research and establish community resources that may provide assistance with initial screenings. These community resources may also be referral resources when students are in need of professional evaluation.

School Nurse Activities by Month

These activities can be adapted for extended school year programs, (i.e., year round school programs), though presented for a traditional nine-month school year. Some of these activities may be assigned to assistive staff for completion. However, the school nurse is responsible for training and follow-up with the assistive staff to ensure the assigned tasks are completed in an appropriate manner.

First Month of School

- A. Create letter to parent/guardian and students informing them where the health office is located and what health services are available. This can be attached to the letter sent by the school principal at the beginning of the school year.
- B. Verify working order of equipment and request repairs as needed.
- C. Review emergency and crisis plans related to emergencies and disasters.
 - 1. Review and update emergency care plans for students with chronic health disorders such as asthma, seizures, diabetes, and catastrophic events such as suicide attempts or threats, and death of a student on or off campus.
 - 2. Review and update emergency response plans related to natural and man-made disasters such as: tornados, earthquakes, explosions, violent incidents, student assaults, playground hazards, hostage situations, etc.
 - 3. Check availability and condition of emergency supplies.
 - 4. Review the local school and district chain of command during an emergency disaster or catastrophic event to ensure the quick and appropriate response by school staff.
- D. Check student records for compliance with the immunization law.
 - 1. Are new students being informed of requirements?
 - 2. Who is checking immunization dates for compliance?
 - 3. Who will fill out the immunization report?
- E. Obtain principal's approval to set up screening schedule for the year.
 - 1. Schedule use of paraprofessionals and/or community resources for screening assistance.
 - 2. Make sure screening equipment is in working order.
 - 3. Consider providing vision and hearing screenings during a Health Fair or a Health Screening Day format.
- F. Set up medication documentation.
 - 1. Secure necessary authorizations from parent/guardians and health care providers.
 - 2. Train and monitor school personnel who may be administering medication in the nurse's absence and when students are on field trips.
 - 3. Communicate with students, parent/guardians, school personnel, and health care providers, as needed, to ensure safe delivery of medications in the school.
- G. Check health records for students who have chronic health conditions.
 - 1. With parent/guardian written permission, notify teachers regarding students who need adjustments in the classroom because of vision, hearing, or physical problems.
 - 2. With written parent/guardian permission, confer with teachers regarding students who have chronic health conditions explaining limits and potential problems or emergencies.
 - 3. Develop with parent/guardian, and provide teachers with EAPs.

4. Develop with parent/guardian, and when appropriate the student, IHPs for appropriate management of chronic health conditions in the school setting.
- H. Update health records as soon as student placement is established.
1. Obtain class lists of all students enrolled according to grade level.
 2. Check health records against class lists to ensure a health record has been established for each student.
- I. Ask all staff in the building to complete a short health form indicating current health conditions, medications, health care provider, and daytime emergency telephone numbers.
- J. Meet with the building principal and ask for time on the next staff meeting agenda to:
1. Provide staff in-service training on handling blood and body fluids and basic first aid on seizures, respiratory and diabetes emergencies, and injuries.
 2. Discuss plans and organization of a health program for the school year.
- K. Attend faculty meetings at each assigned school to discuss the health program and procedures for referral of a student to the nurse.
- L. Confer with principal and school counselor(s) about students for whom you have physician statements to exclude from regular physical education classes. Students with physical education exemptions from the previous school year should be reviewed for extension of the physical education exemption.
- M. Observe each assigned school's environment for unhealthy or unsafe conditions related to lighting, seating, floors, stairs, ventilation, playgrounds, and sanitation.
1. Confer with the principal about any observed concerns a minimum of two times per year or as often as needed.
 2. Follow district procedures for correcting unhealthy or unsafe environmental conditions.
 3. Document in writing the report for observed environmental concerns to school and district administrators. Keep one copy for your files and send the original documentation to the building/district administrator.
- N. Review all student emergency contact cards in your assigned schools. Follow-up with the parent/guardian of students who do not have current emergency contact information on file.
- O. Contact parent/guardian of students known to have special health care needs to review or develop nursing care plans and EAPs that address student special health needs.
1. Obtain necessary parent/guardian and physician authorization and orders for specific procedures.
 2. Identify, train, and monitor school staff or paraprofessionals as appropriate to meet individual student's special health needs.
 3. After obtaining appropriate written consent, share information with teachers who need to know requiring special health conditions of students in their class.

- P. Begin the nursing assessment of students newly identified for special education evaluation. Participate in special education staffing or IEP meetings for students who have special healthcare needs or require some type of nursing service.
- Q. Attend school nurse staff meeting, if your district conducts such meetings.
- R. Work with the school's Healthy and Fit Advisory Committee or Safe Schools Committee to improve the health and safety of students and staff.

If you are working as the only nurse in a school district, contact the School Nurse Organization of Oklahoma (<https://oksnoo.nursingnetwork.com>) or the Oklahoma State Department of Health (405-271-4471) for information on regional and statewide meetings.

Second Month

Items with a (*) at the end are those that need to be repeated from month to month. They will not be listed each month.

- A. Submit a written monthly report of school nurse activities during the first week of this month. Copies should go to principal, school nurse administrator, and/or other appropriate school nurse supervisory personnel. *
- B. Proceed with scheduled screenings. *
 1. Vision, hearing, height, weight, and body mass index.
 2. Follow-up on referrals from counselors, teachers, parent/guardians, or students regarding possible problems with students' vision, hearing, or health.
- C. Review emergency/crisis plan and check availability and condition of emergency supplies. *
- D. Review student records and send referrals to parent/guardians of students who require additional immunization requirements for school enrollment. *
- E. Monitor medication administration records of students receiving medication and students requiring specialized routine medical treatments during the school day. Review medication administrative procedures with designated school staff. Report and document activity related to medication administration or treatment errors to the school principal. *
- F. Begin the nursing assessment of students newly identified for special education evaluation. Participate in special education staffing or IEP for students who have special health care needs. *
- G. Bring the health records up-to-date as soon as newly enrolled students' placements are established. *
- H. Attend school nurse staff meeting. *
- I. Monitor causes of absenteeism among students throughout the school year. *
 1. Report suspected or diagnosed communicable diseases to the county health department as defined by state law and the Oklahoma Administrative Code (OAC) 70 O.S § 1210.194 and OAC 310:520.
 2. Keep the principal apprised of unusual illness or outbreaks of communicable diseases.
- J. Attend staff meetings to address any questions related to school safety and health, or to provide in-service training to staff on health topics. *

Third Month

- A. Continue with scheduling screenings, re-checks, and referrals. Document results and referrals on permanent health record. *
- B. Respond to health promotion/education needs for individual students and in the classroom as teachers' request. *
- C. Review district's curriculum on health. Gather information about health curricula from state and national sources.
- D. Continue work on asterisked (*) items from previous months.

Fourth Month

- A. If the fourth month is in December, submit the December report before the holiday break.
- B. Continue work on asterisked items (*) from previous months.

Fifth Month

- A. February is Dental Health Month. Begin planning special dental education programs for the next month.
 - 1. Check with other area school nurses and with community agencies for support with your dental education program.
 - 2. Arrange with schools and community resources for dental health screenings.
- B. Review second semester enrollment for students with chronic health conditions. Obtain permission from parent/guardian to share with the appropriate teachers' information on students' chronic health conditions that may impact classroom activities and/or attendance.
- C. Ask to be placed on the agenda for the monthly Parent Teacher's Association meeting to discuss the school health program and its impact on school attendance learning.
- D. Continue to work on asterisked items (*) from previous months.

Sixth Month

- A. Conduct or facilitate dental screenings as organized during the previous month.
- B. Conduct dental education programs as planned in the previous month.
- C. Review district health forms and documentation system.
 - 1. Discuss with administration any forms or documentation that needs to be changed based on current state and/or federal laws or regulations.
 - 2. Develop new forms if applicable and submit for administrative approval.
- D. Review and adjust, as needed, the goals, objectives, and outcomes on current IHP and EAP.
- E. Continue to work on asterisked items (*) from previous months.

Seventh Month

- A. Follow-up with parent/guardian on referrals from screening program.
(Note: parent/guardian conferences or home visits, as allowed by the school district, may be required).
- B. Complete screening re-checks, referrals, and documentation.

- C. Review and evaluate current school health programs to date.
 - 1. Begin planning for desired changes to be made during the next year.
 - 2. Review the school health program evaluation with school administrators and present ideas for desired changes.
- D. Continue to work on asterisked items (*) from previous months.

Eighth Month

- A. Follow-up on vision, hearing, scoliosis, and dental screenings from preceding months.
- B. Review all health records to be sure a record has been established for all students enrolled in the school.
- C. Complete all screenings and screening referral follow-ups.
- D. Review the health records of students who will be advancing to another grade level outside of their current building placement, (elementary to middle school and middle school to high school).
 - 1. Update the immunization record as needed.
 - 2. Prepare a list of students known to have chronic health conditions to be shared with the school nurse at receiving school.
- E. Begin making plans with parent/guardians, students, teachers, and administrators for students requiring special health care needs for the next school year.
- F. Continue to work on asterisked items (*) from previous months.

Ninth Month

- A. Follow-up with parent/guardian and students on screening referrals.
- B. Participate in the school's kindergarten pre-enrollment day.
 - 1. Obtain health information as needed.
 - 2. Review immunization records for adequate immunizations for school enrollment as defined by state law. Make referrals for children who do not meet immunization requirements for school enrollment.
- C. Transfer school health records for students moving from one grade level to another.
 - 1. School health records to move to the new school include immunization records, medication authorizations, administration documentations, nursing care plan, and EAP.
 - 2. Prepare for distribution of student health forms needed at the beginning of the next school year, i.e. authorizations for medication administration. Review distribution mechanisms with the principal.
- D. Review all health records and complete all health documentations.
- E. Submit health office supply request for the next school year.
- F. Complete and submit the annual school health program report to the principal and other school district administrators as indicated.

G. Prepare health office for close of school.

1. Secure remaining equipment and supplies.
2. Remind parent/guardians to pick up left over medications or discard according to established district protocols.
3. Send equipment for repair, if needed.
4. Send audiometer for calibration.

Recommended School Health Office Equipment

- Desk with lockable drawers.
- Telephone (separate line for computer use).
- Computer (with network access, monitor, disc drive, CD drive, printer, and privacy features to ensure confidentiality of information).
- Four drawer lockable file cabinet for student health records and instructional materials.
- Three or four chairs for students.
- Lockable medication cabinet.
- Cot- at least one cot per 300 students is recommended.
- Screening equipment (Audiometers, vision charts or vision testing machine, blood pressure cuff, stethoscope, balanced scale, wall mounted stadiometers for measuring height, etc.).
- Blanket and pillow with disposable or plastic covers.
- Sharps container.
- Biohazard receptacle.
- Wall mounted liquid soap dispenser.
- Wall mounted paper towel dispenser.
- Pedal controlled covered waste receptacle with disposable liners.
- Eye wash station.
- Clock with second hand.
- Otoscope/ophthalmoscope.
- Flashlight.
- Gooseneck lamp and/or magnifying lamp.
- Wheelchair.
- Peak flow meter with disposable mouth pieces.
- Gloves (not made with natural rubber latex).
- Crutches (if already available in the clinic but the nurse must be trained to determine appropriate fitting).

Adapted from the NASN “School Nursing Practice: An Orientation Manual” and the School Nurse Organization of Oklahoma “Handbook.”

Record Keeping Confidentiality

Documentation is preparing or assembling records to authenticate the care given to students and the rationale for giving that care. Documentation is critical to the development and maintenance of a high-quality school health program. It is essential to the practice of professional nursing and is a

fundamental component of the nursing process. In the school setting, nurses require methods of documentation that:

- Promote optimal health services for students.
- Support student learning.
- Foster appropriate sharing of information.
- Protect student and family confidentiality.
- Enable the school and community to recognize nursing contributions to the health and learning of students.
- Meet the standards of professional school nursing practice.
- Provide necessary data for research, funding initiatives, and quality control.
- Are compatible with computerized nursing classification languages and client information systems.

School districts should have clear policies and procedures regarding the types, maintenance, and protection of school health records, access to those records, and confidentiality of student health information, which reflect requirements of federal and state statutes. District policies and procedures should address records sent to the district with parent/guardian permission, disposition of records when a student leaves the district, and record retention and destruction schedules.

Basic Principles of Documentation

- Nursing documentation should be accurate, objective, concise, thorough, timely, and well organized.
- Entries should be legible and written in black ink.
- The date and exact time should be included in each entry.
- Any nursing action taken in response to a student problem should be documented.
- Both positive and negative findings should be included in each entry.
- All progress notes, IHPs, flow charts, etc. should be kept current.
- Documentation should include only essential information.
- Documentation should be based on nursing classification languages.
- Precise measurements, correct spelling, and standard abbreviation should be used.
- The frequency of documentation should be consistent over time, based on district policy nursing protocols, and acuity of the student's health status.
- Standardized health care plans increase efficiency and are acceptable as long as they are adapted to the individualized needs of each student.
- Subjective data should be documented in the student's own words.
- Objective data, relevant to the student's care should be recorded.
- Personal judgments and opinions of the nurse should not be included.
- Reference to district problems, such as staff shortages, should not be included in records.
- Words should not be erased or whited-out. Draw a single line through an error, initial and date the entry, and write the correct entry following the section that has been struck out.
- Variation from standard protocols, and any unusual student circumstances or situations, should be documented.

- Notifications regarding changes in student health status or unusual findings should be documented in detail.
- The content of telephone consultation and direction to assistive personnel should be documented.
- Prescriber orders should be included in the health record for nursing interventions.
- Written prescriber orders are preferable to faxed or verbal orders; faxed prescriber orders are preferable to verbal orders.

Electronic Records

The use of electronic health record keeping is increasing as schools are providing more nurses with computers. The standards for electronic health records are similar to those for paper documentation with additional requirements. First, the school nurse needs to be able to control access to electronic health records, generally accomplished by the use of multilevel passwords. Passwords are necessary to enter the system, but the school nurse can assign different levels of access to the system user to allow health aides or secretaries read only capabilities. Passwords also allow the school nurse the ability to verify how and when a record was created, as well as the author of the record.

Another vital feature of computerized record keeping is over-write protection. As with paper records, health information on an electronic record cannot be altered or removed and any updates must not alter data originally entered into the record. All information should be backed up at regular intervals to retain records in the event of mechanical failure or a natural disaster. Records backed up to compact disks (CDs) should be kept in a secured location.

FERPA

FERPA is a Federal law that protects the privacy of students' "education records." (See 20 U.S.C. § 1232g; 34 CFR Part 99). FERPA applies to educational agencies and institutions that receive funds under any program administered by the U.S. Department of Education, including virtually all public schools and school districts, most private and public post secondary institutions, and medical and other professional schools. If an educational agency or institution receives funds under one or more of these programs, FERPA applies to the recipient as a whole, including each of its components, such as a department within a university. (See 34 CFR § 99.1d).

Private and religious schools at elementary and secondary level generally do not receive funds from Department of Education and are, therefore, not subject to FERPA. Note that a private school is not made subject to FERPA, just because its students and teachers receive services from a local school district or state educational agency that receives funds from the department. The school itself must receive funds from a program administered by the department to be subject to FERPA. For example, if a school district places a student with a disability in a private school that is acting on behalf of the school district with regard to providing services to that student, the records of that student are subject to FERPA, but not the records of the other students in the private school. In such cases, the school district remains responsible for complying with FERPA with respect to the education records of the student placed at the private school.

An educational agency or institution subject to FERPA may not have a policy or practice of disclosing the education records of students, or personally identifiable information from education

records, without a parent or eligible student's written consent. (See 34 CFR § 99.30). FERPA contains several exceptions to this general consent rule. (See 34 CFR § 99.31). An eligible student is a student who is at least 18 years of age or who attends a postsecondary institution at any age. (See 34 CFR §§ 99.3 and 99.5a). Under FERPA, parents and eligible students have the right to inspect and review the student's education records and to have them amended in certain circumstances. (See 34 CFR §§ 99.10- 99.12 and 99.20 and 99.22).

The term "education records" is broadly defined to mean those records that are: (1) directly related to a student, and (2) maintained by an educational agency or institution or by a party acting for the agency or institution. (See 34 CFR § 99.3). At the elementary or secondary level, a student's health records, including immunization records, maintained by an educational agency or institution subject to FERPA, as well as records maintained by a school nurse, are "education records" subject to FERPA. In addition, records that schools maintain on special education students, including records on services provided to students under the Individuals with Disabilities Education Act (IDEA), are "education records" under FERPA. This is because these records are: (1) directly related to a student, (2) maintained by the school or a party acting for the school, and (3) not excluded from the definition of "education records."

At postsecondary institutions, medical and psychological treatment records of eligible students are excluded from the definition of "education records" if they are made, maintained, and used only in connection with treatment of the student and disclosed only to individuals providing the treatment. (See 34 CFR §§ 99.3). These records are commonly called "treatment records." An eligible student's treatment records may be disclosed for purposes other than the student's treatment, provided the records are disclosed under one of the exceptions to written consent under 34 CFR §§ 99.31a or with the student's written consent under 34 CFR § 99.30. If a school discloses an eligible student's treatment records for purposes other than treatment, the records are no longer excluded from the definition of "education records" and are subject to all other FERPA requirements.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Congress enacted HIPAA in 1996 to, among other things, improve the efficiency and effectiveness of the health care system through the establishment of national standards and requirements for electronic health care transactions and to protect the privacy and security of individually identifiable health information. Collectively, these are known as HIPAA's Administrative Simplification Provisions, and the U.S. Department of Health and Human Services (DHHS) has issued a suite of rules, including a privacy rule, to implement these provisions. Entities subject to the HIPAA Administrative Simplification Rules (see 45 CFR parts 160, 162, 164), known as "covered entities," are health plans, health care clearinghouses, and health care providers that transmit health information in electronic form in connection with covered transactions. (See 45 CFR § 160.103). "Health care providers" include institutional providers of health or medical services, such as hospitals, as well as non-institutional providers, such as physicians, dentists, and other practitioners, along with any other person or organization that furnishes, bills, or is paid for health care in the normal course of business. Covered transactions are those for which DHHS has adopted a standard, such as health care claims submitted to a health plan. (See 45 CFR § 160.103, definitions of "health care provider" and "transaction" and 45CFR Part 162, Subparts K-R).

The HIPAA Privacy Rule requires covered entities to protect individuals' health records and other identifiable health information by requiring appropriate safeguards to protect privacy, and setting limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The rule also gives patients rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.

Where FERPA and HIPAA May Intersect

When a school provides health care to students in the normal course of business, such as through a school based health center, it is also a "health care provider," as defined by HIPAA. If a school also conducts any covered transactions electronically in connection with that health care, it is then a covered entity under HIPAA. As a covered entity, the school must comply with the HIPAA Administrative Simplification Rules for transactions, code sets, and identifiers with respect to its transactions. However, many schools, even those that are HIPAA covered entities, are not required to comply with the HIPAA privacy rule, because the only health records maintained by the school are "education records" or "treatment records" of eligible students under FERPA, both of which are excluded from coverage under the HIPAA privacy rule. See the exception at paragraph (2)(i) and (2)(ii) to what is considered "protected health information," (PHI) at 45 CFR § 160.103. In addition, the exception for records covered by FERPA applies both to the HIPAA Privacy Rule, as well as to the HIPAA Security Rule, because the security rule applies to a subset of information covered by the Privacy Rule (i.e., electronic PHI).

- FERPA and HIPAA laws are in place to protect the privacy of client records and individuals.
- School nurses who are employees of their school districts are not subject to HIPAA, but are required to keep health information in student records confidential under FERPA laws.
- FERPA allows release of student health records to persons in a school who need the information in order to provide education.
- Schools that bill private insurance or Medicaid for health services provided to a student may be engaging in HIPAA-covered transactions which could bring the school district under HIPAA regulations.
- School nurses accustomed to calling doctors, hospitals, and clinics for student immunization records, which are required for school admission, may find providers unwilling to provide such information without written parent/guardian authorization. HIPAA privacy protection applies to prevention health care, as well as other treatment, and there is no exemption in the regulations for immunization records.
- School immunization records are considered required for school entry, thus making them a part of school records that are covered by FERPA laws. The school nurse must have written permission from the parent/guardian to release a student's immunization information to another origination or agency.

School based health centers operated by HIPAA covered entities; such as hospitals, health centers, or public health departments, are subject to HIPAA and may not release student health information to the schools, in which they are situated since most schools are not HIPAA covered entities without written consent of parent/guardian. Schools are subject to FERPA and may not release student information to school based health centers without written consent from the parent, guardian, or adjudicated child.

Continuing Education

Developing as a school nurse begins with educational preparation and is continuing commitment to learning in both education and health. It is a commitment to reading professional journals, to participating in continuing education opportunities offered by the school district, the School Nurse Organization of Oklahoma, and the NASN. In addition, the school nurse participates in professional organizations and community activities. The school nurse is committed to developing a personal philosophy that will allow him/her to function in the best interest of the students. Documentation of staff development activities are required by the OSDE to renew certification as a school nurse on a five year basis.

Improving school nursing standards should be an ongoing goal of all school nurses. Improvement starts with the individual. A high standard of personal performance builds the school nurse's influence on positive health practices. As improved services are provided, educators and parents will expect high standards of school health service for all students in Oklahoma's schools. The school nurse can enhance his/her performance through the process of evaluation. Peer evaluation is especially helpful. However, the school nurse may be evaluated by the principal or may not be evaluated at all. If the school nurse is evaluated by non-nursing personnel, the evaluation can only relate to activities that are non-nursing in nature. Non-nursing personnel cannot evaluate nursing practice. Several evaluation forms are included in the appendix. One of the forms is for self-evaluation use. Additional information pertaining to professional journals, publications, and organizations is included in the resource section of the manual.

III. IMPLEMENTING THE NURSING PROCESS

The nursing process is the common thread uniting different types of nurses who work in varied settings. It is essential core of practice for the RN to deliver holistic, patient-focused care. The nursing process includes assessment (data collection and formation of nursing diagnosis), planning, intervention, and evaluation. Through the use of the nursing process, school nurses properly identify health concerns, plan interventions, and evaluate outcomes of students. Education and health are very different systems. Health professions focus on the individual, identify strengths and deficits, and plan interventions for the individual. Education generally focuses on moving a group of students from one academic level to another. The school nurse is the most qualified person to interpret the student's health needs in the education setting. School nurses use many sources of health information as part of the assessment process. This information can be obtained from a physician, parent, dentist, from conferences with the parent and/or student, from school staff observations, or student health records, etc. Information gathered is used to assess the student and his/her health care needs while at school and to develop an IHP. The IHP includes the nursing diagnosis, specific goals, interventions, and methods for evaluation. The nursing diagnosis may range from first aid requirements to chronic health problems. The best plans are developed in collaboration with school nurses, students, parents, physicians, and school personnel. Interventions and goals must be individualized and incorporate the student's and parent's goals and priorities. School nurses should intervene appropriately for students at risk of preventable diseases, potential health problems, acute illness, and injury, as well as for the chronically ill child.

School nurses share essential information with teachers and other appropriate personnel regarding a student's health, safety, and interventions that may need to be implemented. Sharing this information should be done on a need to know basis, respecting student's privacy and maintaining confidentiality. School nurses must conduct education and training for appropriate school personnel to help facilitate understanding of student health issues and concerns.

SOAP/SOAPIE(R) Charting

SOAP/SOAPIE(R) charting is a problem-oriented approach to documentation whereby the nurse identifies and lists client problems, and documents according to the identified problems.

Documentation is organized according to the following headings:

- S = Subjective data (e.g., How does the client feel?)
- O = Objective data (e.g., Results of the physical exam, relevant vital signs?)
- A = Assessment (e.g., What is the client's status?)
- P = Plan (e.g., Does the plan stay the same? Is a change needed?)
- I = Intervention (e.g., What occurred? What did the nurse do?)
- E = Evaluation (e.g., What is the client outcome following the intervention?)
- R = Revision (e.g., What changes are needed to the care plan?)

Similar to focus charting, flow sheets and checklists are frequently used as an adjunct to document routine and ongoing assessments and observations.

Nursing Care Plans

A school nurse should provide written nursing care plans for students with special health care needs. The nursing care plan can only be written by the school nurse who must be a RN. A Licensed Practical Nurse (LPN) can contribute information to the nursing care plan, but by the Oklahoma Nurse Practice Act only a RN can develop the nursing care plan. Teachers, counselors, and related service providers are not recognized as having the knowledge or expertise to develop a nursing care plan.

An increased number of students are attending schools with chronic health conditions that may affect their attendance or participation in the classroom. These chronic conditions are considered long-term with possible residual aspects that may limit functioning.

School nurses use their professional judgment to determine whether students require a nursing care plan, then initiate the nursing care plan to meet the student's health needs. Not all students need a nursing care plan. Priority for nursing care plan development must be given to those students with medically fragile or chronic conditions that may result in a health crisis. The nursing care plan is necessary for students who qualify for an IEP or 504 plan, especially if they require school health management and/or monitoring to access the learning or school environment.

Finally, a nursing care plan is the plan of care that guides and documents the nursing process. A nursing care plan facilitates communication among families, school health team members, and the student's own health professionals in the community, and helps ensure that students receive necessary services. Nursing care plans are required for Medicaid reimbursement and may be an integral part of an IEP or 504 plans.

Recommendations

Written plans for student health care in school should address:

- Diagnoses and related health concerns.
- Emergency care and safety concerns.
- Medications, those given at home and at school.
- Allergies.
- The individual designated to provide the services.
- Frequency of services.
- Duration of services.
- Parameters to be monitored (medical and behavioral) and frequency of monitoring.
- Expected results of providing school-based services.
- The impact of the health problem on learning.
- The impact on peer interactions.
- Special food service or nutritional needs.
- Special transportation and equipment needs.
- Health education needs.
- Accommodations needed for participation in all school activities.
- All pertinent medical, dental, family contact, insurance, and emergency information should be included.

All student activities and environments (e.g., after-school programs, field trips, extended school year), plans for transition (e.g., transition to other schools, to adult medical and dental care), and plans for students to gain independence should be addressed. Families must be notified of their legal rights as plans are developed. With parental permission, share copies of IHPs with students' own health care providers and coordinate school care with care that is community-based.

Professional coordination involves interaction among all those who work with the student at school and elsewhere (e.g., social worker, psychologist, occupational therapist, speech therapist, physical therapist, dentist, nutritionist, physical education teacher, bus driver, and food service personnel). The multidisciplinary team should include the parent, teacher, school nurse, and additional team members (depending on the nature of the students' need), and have physician or other health care provider input.

A school-based health professional should screen all requests for special school health-related services. In compliance with laws of privacy and confidentiality, elicit information from parents and professionals who manage students' special health needs so that members of the staff fully understand these needs. Information collected may include data derived by school staff from home visits and school assessments from previous years. Utilize all information to consider various placement and service-delivery options for the student. Students, parents, physicians, and other health care providers usually have the best understanding of a child's special health-related needs. School nurses and other school personnel usually are most aware of various school options available to meet those needs and have the most experience in individualizing plans for students so that they are both safe and minimally restrictive. When there are differences of opinion about what constitutes a plan of care, that is both least restrictive and safe for a student, the school nurse should establish an open dialogue among school health staff, students' parents, and health care providers managing these needs in order to finalize the plan.

Emergency Action Plans

Some chronic conditions have the potential to develop into a medical crisis and require the EAP. It is the school nurse's responsibility to develop the EAP. Unlike the nursing care plan, the EAP is to be given to faculty and staff who need to know how to recognize a health crisis and intervene appropriately. This includes individuals who have responsibility for the student in any capacity, such as the teacher, playground or cafeteria staff, principal, and bus driver. A list of all individuals who have a copy of the EAP should be noted on the bottom of the EAP. The EAP must be written in clear, concise language that can be understood by all school staff. The EAP should contain emergency contact information and emergency actions that are to be taken in a crisis. One suggestion is to attach the student's picture to the EAP form. This can help reduce staff fears of the unknown, provide safety for the student, and allow for the distribution of the information in a confidential yet informative manner.

Delegation

The decision to delegate rests with the school administrator. However, determining of the appropriateness rests on the professional judgment of an RN or APRN, if available. Sometimes confusion exists when an unlicensed assistive personnel (UAP) is asked to do a procedure that a parent has been doing at home. For example, some parents have been taught to give intravenous IV medication. The assumption is made that because a parent has been administering the medication intravenously, any school employee can do it. Family members can legally provide nursing care

without a nursing license as an allowable exception to the Nurse Practice Act. However, when these services are transferred to the public, the Nurse Practice Act applies.

Only a RN may determine that an UAP, paraprofessional, or other school staff can safely deliver the care. Factors the professional school nurse should consider when delegating nursing care include:

- A. The complexity of the child's condition and the nursing care that is required: A routine dressing change is less likely to result in complications than the administration of IV medications, even if both are done poorly. Consider the question: What are the risks to the student if this procedure is done improperly?
- B. The dynamics of the child's status of frequency with which nursing care requirements change: A newly inserted tracheostomy presents significantly different problems than one that has been in place for ten years. A student with Type I diabetes who has many insulin reactions and a noon glucometer check with directions for varying the insulin dosage, is different than a student who is stable with a noon glucometer check to validate stable blood sugar levels.
- C. The knowledge and skills that are required to complete the task: Feeding through a nasal gastric feeding tube requires knowledge and skills that are not required in a gastrostomy tube feeding.
- D. The technology that is employed in providing the nursing care: Assess whether the UAP has had appropriate training to perform the task or operate equipment required in performing the task that is being delegated. Using a glucometer to monitor a stable client's blood sugar requires less knowledge and skill than adjusting the settings on a ventilator.
- E. The amount of supervision that is required by the UAP to whom the task is being delegated: Has the UAP demonstrated the ability to competently perform the task and is that competency documented in their personnel file? Since the competency was documented, has the individual performed the task frequently enough to maintain competency?
- F. The availability of the licensed nurse for supervision: Is a written plan of care and up-to-date policy and procedure manual readily accessible to the UAP? Does the UAP know the signs and symptoms that require them to call for assistance and/or to report to the licensed nurse? Is the licensed nurse who delegated the task readily available in person or telephonic communications?
- G. Relevant safety and infection control issues: Has the UAP had the training and competency validation to safely perform the task and utilize infection control principles?
- H. Healthcare policies and procedures: School nurses are responsible for ensuring current policies and procedures are available to guide the nursing care that is delivered. While district school boards may review and approve internal policies and procedures, the school nurse is accountable for maintaining current nursing practice standards.

Delegation always requires assessment of the client and the person being delegated the task. This includes assessment of the five rights of delegation. They include:

- A. The right task.
- B. The right person.
- C. The right circumstances.

- D. The right communication.
- E. The right sight supervision.

Some tasks that are commonly delegated after this assessment include:

- A. Activities of daily living.
- B. Non-invasive and non-sterile treatments.
- C. Data collection.
- D. Ambulating, positioning, and turning.
- E. Personal hygiene.
- F. Oral feeding.
- G. Socialization activities.

Tasks that cannot be delegated in any circumstances include:

- A. Physical, psychological, and social assessment, which requires nursing judgment, intervention referral, or follow-up.
- B. Formulation of the plan of nursing care evaluation of the client's response to care rendered.
- C. Specific tasks which require nursing judgment or intervention.
- D. The responsibility and accountability for student health teaching and health counseling, which promotes student education and involves the student's significant others in accomplishing health goals.
- E. Administration of intra-venous medications or fluids.
- F. Receiving or transmitting verbal or telephone orders.

After assessment and consideration of the principles of delegation, the decision to delegate nursing care must be based on the following:

- A. Child's nursing care needs are stable.
- B. Performance of the task does not pose a potential harm to the child.
- C. Task involves little or no modification.
- D. Task has a predictable outcome.
- E. Task does not inherently involve ongoing assessments, interpretations, or decision making.
- F. The UAPs skills and competency levels.
- G. The availability of supervision.

Only the RN responsible for the student's nursing care may determine which nursing tasks may be delegated to an UAP. The tasks listed in the chart at:

https://www.ncsbn.org/Delegation_joint_statement_NCSBN-ANA.pdf may only be delegated after consideration of the principles of delegation and when the five rights of delegation are met.

Supervision

The American Nurses Association defines supervision as “the active process of directing, guiding, and influencing the outcome of an individual’s performance of an activity.” Supervision does not require the supervisor to physically be present 100% of the time, however, the supervisor must be able to critically watch and direct the LPN’s and/or UAP activities or course of action. The amount of supervision required is directly related to the individual LPN’s or UAP’s experience, skills, abilities, and the healthcare needs of the students being served. The school nurse should document periodic supervision of delegated tasks in an administrative file rather than the student health record.

Regardless of the school districts title of the position, job duties, and approved policies and procedures, when individuals are providing nursing services or other similar care, the delegation and supervision rules of the Oklahoma Nurse Practice apply to the school nurse.

IV. ESTABLISHING A COORDINATED SCHOOL HEALTH PROGRAM

Coordinated school health (CSH) is recommended by the Centers for Disease Control and Prevention (CDC) as a strategy for improving students' health and learning in our nation's schools. The healthy development of children and adolescents is influenced by many societal institutions. After the family, the school is the primary institution responsible for the development of young people in the United States.

- A. The health of young people is strongly linked to their academic success, and the academic success of youth is strongly linked with their health. Thus, helping students stay healthy is a fundamental part of the mission of schools. After all, schools cannot achieve their primary mission of education if students, and staff, are not healthy.
- B. Health-related factors, such as hunger, chronic illness, or physical and emotional abuse, can lead to poor school performance.
- C. Health-risk behaviors such as substance use, violence, and physical inactivity are consistently linked to academic failure and often affect students' school attendance, grades, test scores, and ability to pay attention in class. The good news is that school health programs and policies may be one of the most efficient means to prevent or reduce risk behaviors and prevent serious health problems among students. Effective school health policies and programs may also help close the educational achievement gap.

School health programs and policies in Oklahoma have resulted, in large part, from a wide variety of regulations, initiatives, and funding streams. The result, in many schools, is a "patchwork" of policies and programs with differing standards, requirements, and populations to be served. In addition, the professionals who oversee the different pieces of the patchwork come from multiple disciplines: education, nursing, social work, psychology, nutrition, and school administration, each bringing specialized expertise, training, and approaches.

Coordinating the many parts of school health into a systematic approach can enable schools to:

- Eliminate gaps and reduce redundancies across the many initiatives and funding streams.
- Build partnerships and teamwork among school health and education professionals in the school.
- Build collaboration and enhance communication among public health, school health, and other education and health professionals in the community.
- Focus efforts on helping students engage in protective, health-enhancing behaviors and avoid risk behaviors.

The following are working descriptions of the eight components of coordinated school health:

- **Health Education:** Health education provides students with opportunities to acquire the knowledge, attitude, and skills necessary for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others. Comprehensive school health education includes courses of study (curricula) for students in pre-K through grade 12 that address a variety of topics; such as alcohol and other drug use, abuse, healthy eating/nutrition, mental and emotional health, personal health and wellness,

physical activity, safety and injury prevention, sexual health, tobacco use, and violence prevention. Health education assists students in living healthier lives. Qualified, trained teachers teach health education.

- PE: PE is a school-based instructional opportunity for students to gain the necessary skills and knowledge for lifelong participation in physical activity. PE is characterized by a planned, sequential K-12 curriculum (course study), that provides cognitive content and learning experiences in a variety of activity areas. Quality PE programs assist students in achieving the national standards for K-12 PE. Qualified, trained teachers teach PE.
- Health Services: Health services are designed to ensure access or referral to primary health care services or both, foster appropriate use of primary health care services, prevent and control communicable disease and other health problems, provide emergency care for illness or injury, promote and provide optimum sanitary conditions for a safe school facility and school environment, and provide educational and counseling opportunities for promoting and maintaining individual, family, and community health. Qualified professionals such as physicians, nurses, dentists, health educators, and other allied health personnel provide these services.
- Nutrition: Schools should provide access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students. School nutrition programs reflect the U.S. Dietary Guidelines for Americans and other criteria to achieve nutrition integrity. The school nutrition services offer students a learning laboratory for classroom nutrition and health education, and serve as a resource for linkages with nutrition-related community services. Qualified child nutrition professionals provide these services.
- Counseling, Psychological, and Social Services: These services are provided to improve students' mental, emotional, and social health and include individual and group assessments, interventions, and referrals. Organizational assessment and consultation skills of counselors and psychologists contribute not only to the health of students but also to the health of the school environment. Professionals, such as certified school counselors, psychologists, and social workers, provide these services.
- Healthy and Safe School Environment: A healthy and safe school environment includes the physical and aesthetic surroundings and the psychosocial climate and culture of the school. Factors that influence the physical environment include the school building and the area surrounding it, biological or chemical agents that are detrimental to health, and physical conditions; such as temperature, noise, and lighting. The psychosocial environment includes the physical, emotional, and social conditions that affect the well-being of students and staff.
- Health Promotion for Staff: Schools can provide opportunities for school staff members to improve their health status through activities such as health assessments, health education, and health-related fitness activities. These opportunities encourage staff members to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and a

greater personal commitment to the school's overall coordinated health program. This personal commitment often transfers into greater commitment to the health of students and creates positive role modeling. Health promotion activities have improved productivity, decreased absenteeism, and reduced health insurance costs.

- **Family and Community Involvement:** An integrated school, parent, and community approach can enhance the health and well-being of students. School health advisory councils, coalitions, and broadly based constituencies for school health can build support for school health program efforts. Schools actively solicit parent involvement and engage community resources and services to respond more effectively to the needs of students.

Suggested School Nurse Roles in Coordinated School Health Programs

In a coordinated school health program, the nurse may provide the leadership or play a supporting role in any of the eight components. School health requires a cooperative, collaborative school health team effort. The nurse's role is primarily as manager of the health services program. This list demonstrates some of the nursing activities that might be included in each area:

School Health Services

- Assess, plan, and implement coordinated school health services.
- Establish and maintain comprehensive school health records.
- Assess the health and development status of all students.
- Identify students with special health concerns and develop health care plans with students and families.
- Establish system to provide care for illness and injury.
- Establish system to provide for safe medication administration.
- Monitor communicable disease prevention and control program.
- Establish and maintain immunization records, comply with state laws, rules, and regulations regarding immunization requirements, exclusion of students with communicable diseases and staff with chronic infectious diseases.
- Determine priorities for screening programs as needed: education, fluoride rinse programs, and screenings.
- Serve as a clearinghouse for abuse and neglect reporting (if designated) and provide staff education.
- Provide in-service education for school personnel on surveillance of health problems, communicable disease control, infection control, abuse and neglect reporting, etc.

Comprehensive School Health Education

- Establish resource files on health topics.
- Promote special health promotion observances (e.g., dental health month).
- Participate on health curriculum committees to provide input regarding current health risks, types of health concerns of students, etc.

- Support and reinforce health instruction goals and objectives.
- Act as a resource to classroom teachers as a presenter on health-related subject matter.

Healthy School Environment

- Monitor school environment to identify hazards, and work to correct problems.
- Establish/monitor injury reporting system and ensure action is taken on preventable situations.
- Monitor emotional needs of students and staff.
- Develop and implement crisis intervention plans.
- Assure potential emergency needs of students with special health concerns are addressed.
- Participate in disaster planning for schools and the community.

Physical Education

- Support efforts to increase cardiovascular activity during PE classes.
- Contribute information for designing adaptive PE programs for students with special health concerns.
- Provide information regarding physical activity and chronic disease conditions.
- Collaborate with physical educators to meet PE program goals.

School Nutrition Services

- Encourage school breakfast programs.
- Monitor school food services menus for adherence to current dietary guidelines.
- Encourage presence of nutritious foods in vending machines.
- Discourage use of non-nutritious foods for rewards, fund-raising activities, etc.
- Assist in education programs for school food services staff.
- Assist in monitoring food preparation areas in regard to sanitation.

School Counseling, Psychological, and Social Services

- Collaborate with counseling staff to identify students with actual or potential emotional health risks.
- Participate on interdisciplinary teams to provide input regarding students with health-related problems and take leadership for intervention when the predominant problem is health-related.
- Monitor absenteeism for possible health factors.

School-Site Health Promotion for Staff

- Maintain health records of employees and identify any potential emergency situations.
- Offer health education/health promotion activities based on health risk appraisal information.

- Provide monitoring of chronic disease conditions at the request of staff.
- Offer immunization clinics and tuberculin testing as needed.

Family and Community Involvement in School

- Take leadership in developing and mobilizing community-based school health advisory groups.
- Network with community agencies to identify physical and mental health needs of children and families, and collaborate to develop programs to meet the needs.
- Participate on community-based advisory groups that address the problems of children and youth.

V. ILLNESS AND INJURY

The role of the school nurse in illness and injury should be one of leadership. School nurses are not usually available for all potential emergencies or to assess all ill children. Policies and procedures must be in place to guide these situations. Administrators, teachers, secretaries, and other school employees are responsible for managing student health problems daily. The school nurse should assume responsibility for identifying risks and training appropriate personnel to handle specific procedures as well as emergencies. These individuals should be trained in basic first aid and CPR, as well as applicable policies and laws. The school nurse should verify that all personnel receive training and know how to respond in the event of an emergency. CPR posters, emergency procedures, and a list of personnel trained in CPR and first aid should be posted where school employees can easily access the information. Schools are required to have one certified, and one non-certified, staff member in each building trained annually in first aid and CPR.

Because many school nurses have duties and responsibilities off the school campus, they should post their schedules with those designated to respond to accidents/injuries and illness in their absence, and notify schools in the event of a change in schedule so that school personnel may reach him/her if a question arises.

310:520-1-4. Diseases for which children should be excluded

- A. When school officials have reasonable doubt as to the contagiousness of any person who has been excluded from school for an infectious disease, they may require a written statement from the county health department director, county superintendent of health, school nurse, or a private physician before the person is permitted to reenter school.
- B. The superintendent, teacher, or other official in charge of any school may exclude any child suffering from or exhibiting the following symptoms:
 - 1. Fever alone, 100 degrees Fahrenheit.
 - 2. Sore throat or tonsillitis.
 - 3. Any eruption of the skin, or rash.
 - 4. Any nasal discharge accompanied by fever.
 - 5. A severe cough, producing phlegm.
 - 6. Any inflammation of the eyes or lids.
- C. The decision to close schools in times of epidemics should be made by the school authorities in consultation with public health officials. In times of epidemics, the teachers should be unusually alert for signs of illness and report any symptoms of illness to the proper authorities.

Accidents and Injuries

Minor accidents and Injuries: Accidents and minor injuries are common in the school setting. The school nurse is responsible for responding to accident and injury situations, triaging and providing care, as well as planning for emergency response in his/her absence. Many publications are available to guide policy development and decision making. Because school nurses may not be on site when injuries occur, the principal should designate the appropriate staff member to be trained to respond. The school nurse is responsible to assure that training is adequate and to supervise by

periodic record review and observation. Often, first aid is taught along with CPR and those guidelines are followed. Not all school injuries are covered in those courses.

Extreme Emergencies: Schools should have policy and procedures identified and staff should review them annually covering extreme emergencies. Extreme emergencies are those situations that are life threatening or a major disability may result if immediate medical intervention is not obtained. All school personnel should be aware of location of telephones and call 911 in the event of such emergency. The office personnel, school administrator, the student's parents, and the school nurse should be notified if 911 is called. The school nurse should be aware of typical response times for the school neighborhood.

Documentation: Documentation of accidents and injuries should include both an accident report and care delivered. Most schools have an accident/injury reporting form available that should be filled out by the person witnessing the event and the school first aid responder. When the nurse is involved care should be documented in the student health record using the usual forms. The student's treatment log or health record should include appropriate first aid care, parent contact, referral, and/or follow up. The accident/injury reporting form should be kept separate from the student's health record as it is intended for tracking purposes and district documentation. It is appropriate for administrators and nurses to evaluate accident/injury reports to detect trends that indicate need for preventive measures and/or training.

Recommended First Aid Supplies for the School Health Office:

- Bandages (including adhesive and elastic, of various types and sizes).
- Gauze pads (prefer non-stick) of various sizes.
- Tape of various widths, hypoallergenic.
- Basins (emesis, portable wash).
- Sealable plastic bags to be used for ice packs.
- Cotton tipped applicators.
- Cotton balls.
- CPR masks (pediatric and adult).
- Disinfectant for surfaces and body fluid spills.
- Vinyl gloves or gloves not made from natural rubber latex.
- Disposable gowns.
- Eye irrigating bottle.
- Eye pads.
- Masks.
- Paper cups (medicine, drinking).
- Plastic bags (large and small, resealable).
- Safety pins.
- Feminine sanitary products.
- Scissors.
- Record forms (emergency cards, logs, medication, sheets, accident reports, etc.).
- Slings and/or triangular bandages.
- Soap (in a dispenser).

- Assorted splints.
- Tissues.
- Tweezers.
- Goggles.
- Tongue blades.
- Bandage shears.
- Stethoscope.
- Blood pressure cuff (adult and pediatric).
- Penlight or flashlight.
- Biohazard waste bags and receptacles.
- Sharps container.
- Pen/pencil.
- Clip board

Parent Notification

School personnel should notify parents of students who become ill or are injured at school. Minor situations that can be resolved by simple first aid such as applying band-aids may not require parent notification. However, some district policies require notification of parents and some parents request to be notified any time their child is treated. Most often parents are notified by telephone. When the parent is not available it may become necessary to contact an emergency contact listed by the parent. The school nurse or designated person must use care when calling other family members, neighbors, or family friends. Health conditions must not be conveyed to persons other than parents unless there is a need to know and permission has been given. The school nurse or designated employee should follow district policy in these situations. It may be necessary to send a school employee to the home to notify the parent, in some communities the local police will do this for schools. All attempts to contact parents and the response should be documented.

VI. CARING FOR STUDENTS WITH SPECIAL HEALTH CARE NEEDS

Most children function within a normal range of growth and development throughout their school years; however, somewhere between 10% and 15% of students will, at some time during their schooling, require special services to meet their educational needs. Many of these students will need short term services while recovering from an acute illness or surgery. The rest are students who require multi-disciplinary programs that will provide optimum educational opportunities for them. The following are guidelines for the school nurses role on the multidisciplinary team:

- School nurses should function as part of the multi-disciplinary team – not in isolation. The team should consist of a representative from administration, special education, regular education, school nursing, school psychologists, and any other discipline that need to participate in the student’s plan; such as speech therapist, physical therapist, etc.
- The school nurse should function as a case manager and work as a liaison between the school, home, health care provider, and community agencies.
- Student’s special needs must be met guided by Federal law, Oklahoma law, scope and standards of school nursing, and the policies and procedures of the school district.
- Every attempt should be made to meet the student’s needs within normal school routines and in the least restrictive environment.
- School staff must be kept informed regarding student’s special health needs. This information should be disseminated with student confidentiality at the forefront, while also ensuring that all appropriate personnel have been given pertinent information.

This chapter includes information regarding some of the most common categories of special needs of school age children, but is in no way to be considered a complete reference for special needs information. Forms included in the appendix may be used, but are only given as an example. Sources of valid current information include the OSDH, CDC, American Academy of Pediatrics (AAP), and their publications on health, mental health, and safety guidelines for schools.

Children with Disabilities

Section 504 of the Rehabilitation Act of 1973 was the first law protecting the rights of students with disabilities. In September 2008, the U.S. Congress passed the American with Disabilities Act (ADA) Amendments Act effective on January 1, 2009, in an effort to broaden the definition of disability. “Section 504 and the ADA defines disability as: (1) a physical or mental impairment that substantially limits a major life activity; (2) a record of such impairment; or (3) being regarded as having such impairment {29 U.S.C. § 705(9) (B); 42U.S.C. § 12102(1)}” (USDE, 2012, p.2). The Amendments Act does not change these basic elements, but rather broadens them to be more inclusive. In addition, the Amendments Act provides a list of major life activities or major bodily functions, which are examples and are not limited to these lists (USDE, 2012). It requires schools to make reasonable accommodations to allow students with disabilities to attend schools. Since its inception in 1973 there have been revisions. Most recently, the Office of Civil Rights of the U.S. Department of Justice has advised Oklahoma schools that each district must have in place a procedure for identifying students with health concerns and evaluating their need for accommodations under a 504 plan. Students with chronic health conditions which may impact their ability to fully participate in the school day may qualify for a section 504 plan. This decision

should be made by a multidisciplinary team and should include the parent as well as school personnel.

IDEA

IDEA is a federal law ensuring educational services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education, and related services to more than 6.5 million eligible infants, toddlers, children, and youth with disabilities. Children and youth (ages 3-21) receive special education and related services under IDEA Part B. The purpose of IDEA regulations is as follows:

- To ensure that all children with disabilities have available to them a free and appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for employment and independent living.
- To ensure that the rights of the parents and their children with disabilities are protected.
- To assist states, localities, educational service agencies, and Federal agencies to provide for the education of all children with disabilities.
- To assess and ensure the effectiveness of efforts to educate children with disabilities.

To be eligible for special education and related services, a child must meet the definition of a “child with a disability” according to IDEA. A child with a disability means a child evaluated in accordance with §300.304 through §300.311 as having mental retardation, hearing impairment (including deafness), speech or language impairment, visual impairment (including blindness), a serious emotional disturbance (referred to in this part as “emotional disturbance”), an orthopedic impairment, autism, traumatic brain injury, any other health impairment, specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services. The law requires that a child with a disability have an IEP. School nurses should be responsible for writing the IHP and the health component of the IEP. Guidelines for emergencies involving students with special needs should be addressed as part of the IHP and/or IEP. Accommodations for participation in all schools activities, both on and off campus, are required.

Do Not Resuscitate Orders

Do not resuscitate (DNR) orders present difficult and unfamiliar ethical issues for school personnel. The complex health conditions of today’s children are not restricted to hospitals. In rare situations, the resuscitation of a child would likely cause physical and emotional pain with little likelihood of successful resuscitation and meaningful life. Faced with this reality some parents request that resuscitation efforts not be commenced and only comfort measures be provided in the event of life threatening symptoms. The professional school nurse is the most qualified person in the school to coordinate the schools response to such a request. It is important to convey to school staff that DNR does not mean “do not respond”, rather that the response includes comfort and privacy, not efforts to resuscitate.

DNR orders are medical orders and may not be applicable to the school setting. The Oklahoma State School Boards Association recommends schools should not develop policies to address DNR orders. The AAP, the NASN, and The Education Law Association offers guidance for schools in policy development, if the district chooses to develop a policy. The professional school nurse

should review these documents and establish a team to develop policy for the school if one does not already exist. This team should include administrators as well as those who may be asked to carry out a DNR order. If the school chooses to proceed with the DNR order, the nurse should be notified. DNR orders must be written and signed. The nurse should request an original signature from the physician. The nurse should review the order and establish communication with the physician and parents. After conversation with the physician and parents to gather information about the child, the nurse should assemble a team to develop an IHP that will include an Emergency Response Plan for the student in accordance with school policy. Members of this team may include a school-based social worker, a counselor or school psychologist, and in some communities, a minister may be appropriate in addition to the school principal, secretary, and teachers. If none of these staff members are familiar with the dying process, a hospice nurse could sit on the team as an advisor. After the plan is developed, it may be appropriate to notify community emergency responders and the local emergency room of the DNR **with the parent's consent**. The plan should be reviewed at least annually, when there are personnel changes, or when the child's health status changes.

Medicaid Reimbursement

Medicaid is a means-tested entitlement program that provides third party payment for health care services to low-income children, pregnant women, families, persons with disabilities, and the elderly. Medicaid is financed jointly by the state and federal government, and is administrated directly by states. Under broad federal guidelines, each state establishes a state medicaid plan that outlines eligibility standards, provider requirements, payment methods, and benefit packages tailored to the needs of its citizens. Medicaid is a critical source of health care coverage for children. The Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) provision is Medicaid's comprehensive preventive child health program. EPSDT services include periodic health screening, vision, dental, and hearing services.

Public schools engage in a variety of activities that were not traditionally thought of as education services. Schools are required to provide a broad range of "related services" (e.g., educational, social, and medical services), under the IDEA and section 504 of the Rehabilitation Act of 1973. These include health services that may be provided under the Medicaid program; such as physical therapy, occupational therapy, mental health services, nursing services, and others.

While schools are legally obligated to provide Section 504 and IDEA-related health services at no cost to eligible students, Medicaid reimbursement is available for IDEA-related services under the following conditions:

- The services are medically necessary and included in a Medicaid covered category (speech therapy, physical therapy, etc.).
- All other federal and state Medicaid regulations are followed, including those for provider qualifications, comparability of services, and the amount, duration, and scope provisions.
- The services are included in the state's plan or available under EPSDT.
- The medical service must be provided to a Medicaid eligible student.

EPSDT

In addition to being eligible for the Medicaid services offered under a state Medicaid program, children under the age of 21 are entitled to EPSDT. EPSDT is Medicaid's comprehensive and preventive children's health care program geared toward early assessment of children's health care needs through periodic examinations. The goal is to assure that health problems are diagnosed and treated as early as possible, before the problems become complex and treatment more costly. States must develop periodicity schedules for each service. The following are required services:

- A. Screening services, which must contain the following five elements:
 - 1. Comprehensive health and developmental history, including assessment of both physical and mental health development.
 - 2. Comprehensive unclothed physical exam.
 - 3. Immunization according to the Advisory Committee on Immunization Practice (ACIP) schedule.
 - 4. Laboratory tests, including blood lead level assessment.
 - 5. Health education, including anticipatory guidance.
- B. Vision services.
- C. Dental services.
- D. Hearing services.

Provision of medically necessary interperiodic screening; such as vision and hearing screening, can be completed when referred by parent, teacher, child, or school nurse.

School districts must prepare an IEP for qualified students that specify all special education and related services needed by the child. The Medicaid program can pay for some of the health related services required by IDEA included in an IEP, if they are among the services specified in the states Medicaid plan or available through the EPSDT benefit. Examples of such services include physical therapy, speech pathology services, occupational therapy, psychological services, nursing services, medical screening, and assessment services as outlined in the state plan.

Medicaid Provider Qualification

In order for schools or school providers to participate in the Medicaid program and receive Medicaid reimbursement, they must meet the Medicaid provider qualifications. It is not sufficient for a state to use Department of Education provider qualifications for reimbursement of Medicaid-covered school health services. Schools should check with the state Medicaid agency to determine specific state requirements regarding provider qualifications for participation in the Medicaid program. Any entity wishing to become a provider of Medicaid services, including schools or school districts, must be qualified to enroll to provide those services.

Provider Agreement

In order for a school district to participate in the Medicaid program and receive Medicaid reimbursement, there must be a provider agreement between the state Medicaid agency and the actual health care provider. Schools may enroll as Medicaid providers, either by qualifying to provide services directly, under certain conditions, or by contracting with independent practitioners

to provide the services. Information regarding becoming a Medicaid provider is available from the state Medicaid agency.

Medicaid Documentation

A school, as a provider, must keep organized and confidential records that detail client specific information regarding services provided for each student and retain those records for review.

Relevant documentation includes the dates of service, who provided the service, where the service was provided, any required medical documentation related to the diagnosis or medical condition of the recipient, length of time required for service if relevant, and third party billing information.

This information will be necessary in the event of an audit and will also be helpful, if necessary, to adjust the rates in the future.

There are many challenges in the collaboration between Medicaid programs and schools. Federal Medicaid requirements are complex and the implementation of Medicaid varies by state and sometimes by the year. Many schools are unaccustomed to these requirements and the complexity of operating in the “medical services world.” Therefore, understanding and negotiating Medicaid in order to receive reimbursement often has the effect of placing a considerable administration burden on schools. Federal Medicaid law provides the general framework regarding payment for covered services but states will also have specific guidelines regarding payment methodologies. Billing for Medicaid reimbursement sometimes requires more administrative work than schools have the time and personnel to invest. For information about school based Medicaid services in Oklahoma, schools should contact the Oklahoma Health Care Authority (OHCA) and ask for a current copy of the EPSDT School-Based Services Manual. OHCA provides annual training for School-Based Services.

VII. MONITORING IMMUNIZATION REQUIREMENTS

Infectious disease is the leading cause of death worldwide. Epidemics of infectious disease have ravaged entire populations throughout history. Improvements in sanitation, availability of antibiotics, and immunizations have dramatically increased the quality of life and life expectancy worldwide. While infectious diseases have decreased due to immunizations, they have not disappeared. Outbreaks of diseases such as polio, diphtheria, measles, mumps, and rubella were common occurrences in schools before vaccines were available. As recently as 1980 an outbreak of measles was found in school-aged children. Vaccine preventable disease is still a significant health problem in the United States. Healthy People 2020 lists US DHHS objectives related to vaccine preventable disease; some of these objectives are specifically related to school immunization practices. Healthy People 2020 immunization goals are listed on the Healthy People 2020 website. The immunization of school-aged children continues to play a pivotal role in control of these diseases.

Legal Authority

Both Federal and State law impact school immunization practices. In general, when there is a conflict between State and Federal laws or regulations, Federal law prevails. Immunization records held by schools are educational records, and so are governed by FERPA, not HIPAA. The US Department of Education is the authority on FERPA and has clarified its opinion regarding release of immunization records to public health departments for the purposes of auditing compliance with state laws.

Oklahoma Law

The Oklahoma Legislature passed legislation giving the OSDH authority to set immunization requirements for school enrollment in public and private schools in accordance with the Administrative Procedures Act in 1970.

In accordance with the law, the OSDH Immunization Service has established immunization requirements for daycare, private, and public schools. These requirements become part of the OAC filed with the Oklahoma Secretary of State. Title 310 includes all rules related to the practices of the OSDH, Chapter 535 includes immunization requirements for adults and children, Subchapter 1 is the school immunization requirement. These rules carry the power of the law.

Penalties for Noncompliance

There is no penalty for the parent who chooses not to immunize their child. Children who are not immunized, in accordance with the approved schedule, may not be enrolled in school in Oklahoma unless the parent has applied for an exemption. This is covered in the Administrators Guide. The responsibility for enforcement of the school immunization requirements belongs to the school administrator/principal. School administrators may delegate this task to the school secretary, registrar, or nurse. The Oklahoma Attorney General has ruled that schools must enforce this requirement. Not to enforce it constitutes willful neglect of duty by a public official, which is a misdemeanor punishable by fines of up to \$500.00, imprisonment for up to one year, or both.

The OSDH Immunization Service has established an Immunization Advisory Committee to make recommendations regarding school immunization requirements. One member of this committee is a school nurse.

Oklahoma State Immunization Information System (OSIIS)

OSIIS is a statewide immunization registry operated by the OSDH, designed to collect and maintain accurate, complete, and current immunization records. Some immunization providers do not participate in OSIIS, so it does not contain the immunization records of all Oklahomans. Schools may be given read only access to OSIIS to review immunization records for students enrolled in their district. Schools who provide immunizations are given access to enter data about immunizations given in their clinic.

Exemptions to Immunization Requirement

There are three conditions allowing a child not to meet the immunization requirement to attend school. First, there are instances when the vaccination of a child carries an increased risk of harm to the child or an immediate family member. These children qualify for a “Medical Exemption” which must be signed by a licensed health care provider. Second, some religious sects do not believe in medical care in any form, and others do not believe in injecting biological agents into their bodies. These children qualify for a “Religious Exemption” which should be signed by the leader of their congregation. If that is not available a parent may sign. Third, some parents are not willing to immunize their children for personal beliefs and these children qualify for a “Personal Exemption.” Schools may obtain the exemption form from Immunization Service of the OSDH. Exemptions are made for the school rather than the child. A new exemption must be filed with the OSDH Immunization Service each time the student moves from one school district to another.

Resistance to Immunization

Because vaccine preventable diseases have become less common, many parents no longer consider them significant risk for their children, and vaccination rates in some areas have declined. In addition, there is an increasing concern regarding the safety of the number of vaccines recommended, combined vaccines, and the timing or schedule recommended. Parent groups with these concerns are widely covered by the press and have a visible presence on the Internet. It is worthwhile for the school nurse to become informed about these concerns and sensitive to parents fears. It is also worthwhile to be informed of the current evidence and be able to communicate the evidence in a sensitive nonconfrontational way. To assist the school nurse in understanding the history of these concerns, see the resource table on page 64 on immunizations.

VIII. ADMINISTRATION OF MEDICATION

Overview of Medication Issues

School districts have a responsibility to provide an environment in which learning can occur optimally for all students. The purpose of school health services is to allow students to participate fully in their learning by preventing, removing, and/or reducing health related barriers. Many students require medication that may be given daily on an ongoing basis for chronic illnesses or episodically for short-term illness. Both the federal IDEA and Section 504 of the Rehabilitation Act require public schools to provide appropriate services to enable students with disabilities to attend school. This includes the administration of medication, which allows students to be full participants in their learning.

To provide for the best possible medical outcome, schools need to develop protocols to prevent medication error. The focus is on a systems approach that ensures the safe keeping of medication and delivery of medication at the prescribed time. It is appropriate to develop a system of accountability for students who carry and self administer their own medications.

School nurses and district personnel must be aware of the Oklahoma laws and regulations that guides its educational system, and the role of nursing as defined in the Oklahoma Nurse Practice Act, Oklahoma Statutes, Title 59, Chapter 12, Section 567.1 et seq. School administrators may delegate the administrator according to State Statute 70 O.S. § 1-116.2. This delegation occurs after the school nurse has performed an assessment of the student, developed an IHP for the student, and determined the competency of those designated by the building administrator to perform the task. Competencies of the designated school personnel are assessed in accordance with the training, supervision, and evaluation procedures established by the school nurse in relation to the Oklahoma Nurse Practice Act.

The **Oklahoma Board of Nursing Policy/Guideline #P-02 “Delegation of Nursing Functions to Unlicensed Persons”** states:

- A. Licensed nurses (Registered Nurse/Practical Nurse) within the scope of their practice are responsible for all nursing care that a client receives under their direction. Assessment of the nursing needs of a client, the plan of nursing actions, implementation of the plan, and evaluation of the plan are essential components of nursing practice. **Unlicensed personnel may be used to complement the licensed nurse in the performance of nursing functions, but such personnel cannot be used as a substitute for the licensed nurse.**
 1. General Criteria for Delegation. *Delegation of Nursing tasks* to unlicensed persons shall comply with the following requirements:
 - a. The licensed nurse delegating the tasks is responsible for the nursing care given to the client, and the final decision regarding which nursing tasks can be safely delegated in any specified situation is within the specific scope of that licensed nurse’s professional judgment;

- b. The licensed nurse must make an assessment of the client's nursing care needs prior to delegating the nursing task;
- c. The nursing task must be one that a *reasonable and prudent* licensed nurse would assess to be appropriately delegated; would not require the unlicensed person to exercise nursing assessment, judgment, evaluation, or teaching skills; and that can be properly and safely performed by the unlicensed person involved without jeopardizing the client's welfare;
- d. The unlicensed person shall have documented competencies necessary for the proper performance of the task on file with the employer. Written procedures shall be made available for the proper performance of each task;
- e. The licensed nurse shall adequately supervise the performance of the delegated nursing task in accordance with the requirements of supervision as found in 59 O.S. § 567.1 et seq. *Nursing tasks that may be delegated* are those that do not require nursing assessment, judgment, evaluation, and teaching during implementation; such as:
 - 1) The collecting, reporting, and documentation of simple data;
 - 2) Tasks which meet or assist the client in meeting basic human needs, including, but not limited to: nutrition, hydration, mobility, comfort, elimination, socialization, rest and hygiene.
- f. Nursing tasks that may not be delegated. By way of example, and not in limitation, the following are nursing tasks that are not within the scope of sound nursing judgment to delegate: Nursing tasks that require nursing assessment, judgment, evaluation, and teaching during implementation; such as:
 - 1) Physical, psychological, and social assessment that requires nursing judgment, intervention, referral, or follow-up;
 - 2) Formulation of the plan of nursing care and evaluation of the client's response to the care provided;
 - 3) Administration of medications except as authorized by state and/or federal regulations.

The school nurse must document and inform the building administrator if a designated school staff member is unable to demonstrate the competencies required for safe medication administration. In this situation the school nurse will work with the building administrator to identify and train another designee to administer medications without consulting with the school nurse. The school nurse remains responsible for locating, training, and documenting the training provided to all those designated by the building administrator to administer medications.

School nurses manage and supervise the administration of medication and understand the purpose and recommended dosages for all medications administered in school. In accordance with standards of nursing practice, school nurses may refuse to administer any medication that, based on the nurse's professional judgment, has the potential to cause harm. This may include medications that exceed recommended dosages. If a question arises, it is the responsibility of the school nurse

to notify the parent/guardian and the prescriber of the reason for the concern. Sometimes conflict between the Nurse Practice Act and school district procedure arise if the building administrator designates the delegation of nursing tasks to unlicensed individuals without active participation and training by the school nurse. The school nurse should assist the school district, school board, superintendent, and principal in developing policies and procedures that provide uniform standards for safe and proper administration of medications in the school setting, and recognize the role of the school nurse in managing and supervising medication administration activities. The school policies and procedures must conform to state statutory regulations, taking into consideration both education law and the Oklahoma Nurse Practice act. District policies and procedures must be communicated to district administrators, school staff, parent/guardians, students, and community health providers on a regular basis.

Administration of Medications in Schools

A. Medication guidelines/policies should be written in a format consistent with other school health policies. In the absence of such policies, the format recommended includes the following sections:

1. Rationale.
2. Structure criteria.
3. Process criteria.
4. Outcome criteria.

B. Specific considerations for medications given in school:

1. Must be given only with parent/guardian written permission.
2. May be given on the written authorization of a physician or other health care provider (i.e. nurse practitioner with prescriptive authority).

a. The written authorization must include:

- 1) Name of the student.
- 2) Name of the medication.
- 3) Dosage.
- 4) Route of administration.
- 5) Frequency and time interval of administration.
- 6) Conditions under which PRN medications should be administered.
- 7) Reason for medication.
- 8) Date written.
- 9) Prescriber's name, title, signature, and telephone number.
- 10) Self-administration orders if indicated and appropriate.
- 11) Parent/guardian signature.

b. The pharmacy label **does not constitute a written order and should not** take the place of a written authorization.

3. Long-term authorization for medications from legal prescribers must be renewed annually.
4. Medication is given from the original, properly labeled pharmacy container that includes on the pharmacy label the following information:
 - a. Name of the student.
 - b. Name of the medication.
 - c. Dosage.
 - d. Route of administration.
 - e. Time interval.
 - f. Date of expiration.
5. Always check the date of expiration.
6. Medications must be stored in a securely **locked, clean container, or cabinet**. Medications requiring refrigeration must be kept in a **secure location**.
7. School personnel administering medication to a student must record the administration information on a record/medication form that indicates:
 - a. Name of student.
 - b. Name of the medication.
 - c. Dosage.
 - d. Route of administration.
 - e. Time interval.
 - f. Name of person administering the medication.
8. Parent/guardian will be advised to pick up any unused portions of the medicine at the end of the school year, if the student transfers to another school, or if the medication is out of date. If the parent/guardian chooses not to pick up the unused or expired portions of the medication, it must be disposed of according to district policy.
9. This type of discard must be witnessed by another school employee such as the principal, secretary, or another school nurse and documented with the signature of both the person wasting the medication and the witness.

C. Emergencies related to the administration of medications in schools:

1. An information system for properly monitoring emergencies should be established in terms of notifying parent/guardian, school nurse, emergency personnel, and family physician.
2. Current emergency telephone numbers should be available to permit contact with parent/guardian in the event of an emergency.
3. School personnel need training and rehearsal of the procedures to follow in case of an emergency.

D. Controlled Substances are medications classified by the Drug Enforcement Agency (DEA) as substances that have a potential for addiction or abuse. The DEA has five schedules Class I through Class V.

1. Class I medications have no legal medical uses and include illegal drugs and those used for research in institutional patients, have a high potential risk for abuse, and include opiates, opium derivatives, and hallucinogens.
 2. Class II medications have legal medical uses and high abuse potential, which may lead to severe dependence. They are narcotics, amphetamines, barbiturates, and others.
 3. Class III medications have legal medical uses and a lesser degree of abuse potential, which may lead to moderate dependence.
 4. Class IV medications have legal medical uses and low abuse potential, which may lead to moderate dependence. They include barbiturates, benzodiazepines, propoxyphenes, and others.
 5. Class V medications have legal medical uses and low abuse potential, which may lead to moderate dependence. They include narcotic cough preparations, diarrhea preparations, and others.
 - a. Some medications such as Ritalin® (methylphenidate) are not narcotics, but are classified as Class II because they have abuse potential.
 - b. All Class II medications, such as Tylenol with Codeine®, Oxycontin®, Fentanyl®, Ritalin®, etc., should be kept under additional security because of the potential for abuse.
- E. Controlled drugs must be counted upon arrival at school daily by the individual administering the medication. The school nurse should count controlled substances with a witness (another school nurse, principal, trained teacher, etc.).
1. All counts of controlled substances must be documented to include date, time, and signature of the individual counting the medications and the witness.
 2. Discrepancies in the controlled substance medication count must be reported to the designated school authority. Count discrepancies in Class I through Class V medications may necessitate a report to legal authorities, and should be reported to the student's parent/guardian.

Medication Administration Training

- A. Provide the participants (i.e. those designated by the building administrator) with the basic knowledge of pharmacology, federal regulations, state law, and district policy to safely administer and/or monitor the student receiving oral, topical, or inhalant medications at school.
- B. Upon completion of the training, participants will demonstrate the following competencies:
 1. Read a medication label accurately.
 2. Correctly follow directions on a medication label.
 3. Carry out the correct procedure for re-labeling a medication when the original label is detached, damaged, soiled, or otherwise unreadable.
 4. Develop a uniform procedure for disposing of unlabeled or otherwise or expired medications.
 5. Demonstrate the proper storage of prescription and over the counter medications.

6. Demonstrate correct, accurate notations on the record if medications are not taken/given either by refusal or omission.
 7. Use resources correctly, including school nurse, physician, pharmacist, or emergency services when problems arise.
- C. Tasks assigned to designated school personnel giving medications.
1. Assist students to take prescribed, or over the counter medications, or remind students to take medications.
 2. Tasks are assigned only to school personnel designated by the building administrator and trained by the school nurse to administer medications.
- D. The school nurse must keep a record of training to include, but not limited to:
1. Name(s) of person(s) trained.
 2. Date of training.
 3. Type of training provided.
 4. Tools used in training.
 5. Criteria for skill mastery.
 6. Skill mastery demonstration.
 7. Schedule of training updates.
 8. Schedule and documentation of periodic on-site observations.
- E. Training should include:
1. State law **Administration of Medicine to Students (70 O.S. § 1-116.2) and Self Administration of Inhaled Asthma Medication (70 O.S. § 1-116.3)**.
 2. District policy regarding medication administration.
 3. How to obtain medication administration information from the physician's order or label directions from an over-the-counter medication, and/or from the care plan developed by the school nurse.
 4. How to obtain parent/guardian written permission to administer medication in the school setting.
 5. Federal regulations regarding accountability and administration of controlled substances (Ritalin, Adderal, Dexedrine, etc.).
 6. Specific instructions for the administration of each student's medications including:
 - a. Right student.
 - b. Right time.
 - c. Right medication.
 - d. Right dosage.
 - e. Right route of administration.
 7. How to avoid touching pills and capsules.
 8. How to appropriately witness the student taking a medication.
 9. Dispensing medication one student at a time to avoid possible errors.

10. How to record the time of administration of medication and any observed effects.
11. How to report any unusual reactions.
12. How to relay information to the school nurse regarding any problems.
13. How and when to seek further instructions from the school nurse regarding uncertainty about medications being asked to administer or changes in medication orders.

IX. HEALTH SCREENING

Screening is a nursing intervention intended to evaluate a group of individuals for the identification of previously unrecognized conditions. In schools, screenings are an opportunity to identify barriers to learning and provide interventions. Screening programs should be based on the documented health needs of the specific student population and follow a clearly written protocol. A screening program protocol includes a statement of established need based on current literature, identification of a valid and reliable screening tool, a statement of the referral process, and guidelines for follow-up.

CRITERIA FOR EVALUATING SCHOOL-SCREENING PROGRAMS

(AAP Committee on School Health, 2004)

Condition: Undetected cases of the disease are common or new cases must occur frequently and the condition is associated with adverse outcomes physical, psychological, or educational.

Treatment: Early detection and treatment result in reduction of the adverse outcome of the condition. This reduction in morbidity is greater than if the condition had not been identified before becoming symptomatic.

Screening Test/Tool: The screening procedure is simple, brief, cost effective, and acceptable to the population screened. The procedure detects a high percentage of those with disease, has a low occurrence of false positives, and reliably gives consistent results.

Screener: The screener must be trained in the procedure and reliably conduct the procedure in the same way with each subject.

Target Population: The target population is documented to have a high occurrence of the undetected condition and will benefit from treatment.

Referral and Treatment: Evaluation and treatment is available for all of those with positive screening results.

Cost Benefit Ratio: The benefit of early detection and treatment outweighs the cost of screening. This includes the costs associated with evaluations of false positives and the anxiety associated with them.

Appropriateness of School Screenings: Privacy, confidentiality, and consent issues make some screening programs inappropriate for the school setting. Screenings may require more privacy than available in schools, may involve invasive, or painful techniques not appropriate for young children without a parent.

Program Maintenance: Screening programs require periodic review of evidence and calibration of equipment, as well as staff committed to the project. Schools with limited resources may not be able support all facets of screening programs.

Before initiating any screening program, the school nurse should:

- Review state law, national guidelines, and local policy for requirements and recommendations related to the screening procedure.
- Identify the population, screening tools, and techniques, as well as referral and follow-up procedures.
- Find a screening site appropriate for the screening procedure. Consider space, privacy, equipment needs, and noise levels.
- Notify parents and obtain permission/declination.
- Conduct training for all individuals assisting with screenings.
- Share information with administrators and teachers regarding time and place.
- Prepare students.

Legal Authority

Oklahoma statutes do not mandate school screening. However, many school districts have local policies. When local districts choose to screen students, parents must be notified and must be given the opportunity to decline. Oklahoma Statute 70-O.S. 1210.284: identifies special circumstances for vision screening covered in this manual under Vision Screening.

Selected Screening Interventions and Resources

Height, Weight, and Body Mass Index (BMI) Screening

Height and weight should plot at approximately the same percentile with sequential evaluations. A large change in either height or weight should be rechecked for accuracy of measurement. Crossing over multiple percentiles in a short amount of time is an indication for referral.

Height: There is no evidence that children in any percentile for height are any more or less healthy than another. Therefore, height is rarely assessed alone. It is measured for BMI calculation.

- Select a secluded area where a stadiometer can be placed.
- Acquire a table, desk, or clipboard for recording results.
- Measure students one at a time after giving clear instructions according to screening protocol.
- Students should stand on the stadiometer footplate without shoes, with his/her back to the backboard, heels close together, legs straight, and arms at sides looking straight ahead.
- Record height to the nearest $\frac{1}{4}$ inch in student's health record.

Weight: Weight is also measured for BMI calculation. Scales should be easily calibrated according to the manufactures guidelines and screening protocol. Balance beam scales and some electronic scales meet this requirement.

- Select a secluded location, privacy is imperative.
- Acquire a table, desk, or clipboard for recording results.
- Weigh students according to protocol, one at a time, after giving clear instructions.

- Students are weighed after removing shoes and all but one layer of outer clothing, with pockets empty.
- Weights are recorded to the nearest ¼ lb.

BMI: BMI is the currently accepted index for classifying adiposity. It is not without criticism and the school nurse is responsible to understand current trends in the literature. It is calculated by the formula {Weight in Pounds/ (Height in inches x Height in inches)} x 703. For students under 18, this number alone has little significance. BMI in children and adolescents is interpreted using percentiles. BMI categories and the corresponding percentiles are listed below.

Weight Category	Percentile Range
Underweight	Less than the 5 th percentile
Overweight	85 th to less than the 95 th percentile
Obese	Equal to or greater than the 95 th percentile

Height and weight can be plotted on growth charts or calculated using BMI wheels or calculators. The CDC provides an online calculator at: <http://apps.nccd.cdc.gov/dnpabmi/> and a downloaded excel spreadsheet with formulas formatted at:

[http://www.cdc.gov/healthyweight/assessing/bmi/childrens BMI/tool for schools.html](http://www.cdc.gov/healthyweight/assessing/bmi/childrens%20BMI/tool%20for%20schools.html).

Once the BMI has been calculated results should be interpreted for parents and referrals made in writing. Follow-up after referral to answer parents' questions can be done by phone or by scheduling an appointment for the parent with the school nurse.

Blood Pressure Screening

Epidemiologic studies over the past 20 years indicate the prevalence of hypertension and prehypertension are increasing in children. This increase is believed to be the result of the corresponding rise in obesity rates. Hypertension in children occurs when blood pressure is between the 90th and 95th percentile for age, gender, and height, or in adolescents if blood pressure is greater than 120/80. (National Heart, Lung, and Blood Institute, 2005)

Guidelines for blood pressure screening:

- Schedule blood pressure measurement at least 30 minutes after PE, recess, or other cardiovascular activity.
- Select a quiet secluded space with two chairs and a table, of appropriate size, so that the child's feet are flat on the floor and the arm rests comfortable on the tabletop.
- Acquire appropriate sized cuffs for the age group. See resource table on page 66 under blood pressure screening.
- The preferred method of measurement is auscultation (listening to sounds).
- Record results in the students' health record.
- Recheck students according to protocol.
- Refer students according to screening protocol.
- Follow-up with a phone call on week after referral letter is sent home.

Normal Physical Assessment

Weight and Vital Signs by Age Group

Age	Weight, kg (lb)	Respirations	Pulse	Systolic Blood Pressure
Newborn	3-4kg (6-9 lbs)	30-50	120-160	60-80
6 mo - 1 yr	8-10 kg (16-22 lbs)	30-40	120-140	70-80
2 - 4 yr	12-16kg (24-34 lbs)	20-30	100-110	80-95
5 - 8 yr	18-26kg (36-55 lbs)	14-20	90-100	90-100
8 - 12 yr	26-50kg(55-110 lbs)	12-20	80-100	100-110
> 12 yr	> 50kg (110 lbs)	12-20	60-90	100-120

Scoliosis Screening

The U.S. Preventive Services Task Force recommends against the routine screening of asymptomatic adolescents for idiopathic scoliosis. This position is not supported by all scoliosis care providers. The school nurse must evaluate the literature and make a decision based on current evidence and community input.

Hearing Screening

Hearing screening is part of the special education evaluation process and is a category for special education services. It is not mandated for students not in special education, however, many schools do hearing screening with selected grade levels. The school nurse should be trained in screening methods and equipment before implementing a hearing screening program.

- A. Select a quiet room with electrical access, a table and two chairs, and few distractions.
- B. Check the audiometer for calibration. Audiometers should be calibrated annually (calibration dates may be found on the tag attached to the audiometer).
- C. Give clear directions to the student according to protocol.
- D. Seat the student so that he/she cannot see you manipulate the audiometer controls.
- E. Place earphones on the student being sure to adjust placement for comfort and fit (red on right ear and blue on left ear).
- F. Start screening with the right ear (if the child reports greater hearing problems in right ear, begin with left ear).
- G. Present 1000 Hz at 40 dB.
 1. If there is no response, re-instruct.
 2. If the child continues not responding, rescreen at a later date. If again he does not respond, he is considered to have not passed the screening. Mark the screening form appropriately.
 3. If there is a response, proceed as described below.
- H. Move attenuator to 20 dB (25 dB for age 18 and above).
 1. Present tone three times at this level noting child's response or lack of such. Two responses out of three is considered a pass.

2. Mark the screening form appropriately for the right and left ear at 1000 Hz ("+" for pass or "-" for does not pass).
 - I. Change frequency selector to 2000 Hz and present tone at 20 dB (25 dB). Follow procedure used for 1000 Hz and record results.
 - J. Change frequency selector to 4000 Hz and again present tone at 20 dB (25 dB) as described above. Record results.
 - K. Switch audiometer's output to left and right ear and then repeat steps 3 through 5. Be certain to record the results in the student's health record.

(OSDH Screening and Special Services, 1994 revised 07/12)

Recheck any student that does not hear all frequencies at 20 or 25 decibels in approximately two weeks, or refer to the school speech therapist for evaluation. Send referrals according to screening protocol and follow up with a phone call one week after referral.

Vision Screening

Vision screening may be the most common population screening conducted in schools and is required as part of the special education evaluation process. Vision screening is not a legal mandate for schools. Special circumstances for vision screening and training of screeners are mandated by Oklahoma Statute 70-O.S.1210.284, which requires parents to present evidence of passing vision screening in the past year for students enrolling in kindergarten, 1st grade, and 3rd grade. Schools are mandated to inform parents of this requirement but are not required to conduct the screening. Schools are required to submit a vision screening report to the OSDE by June 1st of every year. There is no penalty for noncompliance on the part of the parent. Screening in compliance with this law must be performed by a screener certified according with the statute.

School nurses not certified in accordance with this law may provide vision screening, but may not provide the screening required by the law for enrollment. For information regarding becoming certified, contact the School Health Program, MCH Service, OSDH, 1000 Northeast Tenth Street, Rm. 903, Oklahoma City, OK 73117-1299 Phone: (405) 271-4471.

Tuberculosis

Mass screening of the school-aged population for Tuberculosis is not recommended by the OSDH. OSDH, in cooperation with local health departments, conduct screening based on exposures. When necessary, schools may be asked to facilitate screening of students based on a known exposure. Should this happen, the county health department (CHD) is the lead agency.

Lead Screening

Lead is a neurotoxin heavy metal that can harm the developing nervous system of children under six years of age. In sufficient levels it can damage the liver and kidneys of persons of all ages. The most common cause of exposure is peeling lead paint in older homes. Paper and pencil screening for possible lead exposure is part of the annual health assessment for children under six years of age. Lead exposure screening is not recommended in the school setting unless there are special community circumstances.

Oral/Dental Screening

Dental screening may be coordinated by school nurses, using either dentists or dental hygienists. School nurses should be cautious of professional boundaries, which require dentists or dental hygienists to conduct dental screening. School nurses may conduct oral screening, which includes referral for apparent dental concerns.

Scalp/Head Lice Screening

Screening for lice is not recommended by leaders in school health. Head lice are a nuisance condition and do not cause illness. There are many misconceptions regarding head lice infestations and appropriate treatment, leading parents and communities to implement policies and procedures that are not based in science. School nurses should review current literature to guide evidence based policy development.

Drug Screening

Drug screening is conducted in schools for a variety of reasons in a variety of ways. Some schools contract these services to local health care providers, while some schools develop in house programs to collect the specimens and contract with lab. Any school conducting drug screening in any way form should have written policy guiding the program. Policy development advice is available from the Oklahoma School Board Association.

Confidentiality and Reporting of Screening Results

The information collected by school nurses during health screening is protected information. While nurses are familiar with HIPAA, which only applies to health information in schools under special circumstances, all educational information, including student health records, is protected by FERPA. Individual screening results may be released to the parent of the student only, unless the school nurse has written permission to share the results with identified individuals. Aggregate screening results may not be learned from the report. It is important to report these results using a large enough group so that individual results cannot be identified. School nurses may share health information with consent of the parent, or when there is a legitimate need to know in order to protect the student. School nurses are mandatory child abuse reporters and so must share information with child welfare investigators. It is appropriate to ask parents to list, in writing, with whom their student's information may be shared.

X. THE MENTAL HEALTH OF STUDENTS

Good education predicts good health, and disparities in health and educational achievement are closely linked. Mental health is as critical to academic success as physical wellbeing. According to the AAP, the proportion of pediatric patients in which psychosocial problems are seen has increased significantly over the past two decades.

Research shows that when student's mental health needs are properly addressed, the likelihood of school success increases. In contrast, schools that ignore the mental health needs of students miss reaching a population of children whose academic ability is adversely affected by emotional distress. Health services are one of the eight components of the CDC and Prevention Coordinated School Health (PCSH) program. School health services are provided by school nurses and include access, and/or referral to prevention, control of communicable disease, chronic illness, and other health problems, emergency care for illness or injury, counseling on health behaviors, and activities that promote the health of all students.

Standard 13 of the Scope and Standards of School Nursing Practice says school nurses are to work collaboratively with others in the healthcare profession as well as provide leadership and communication, as noted in other standards of school nursing practice. According to an article in NASN School Nurse 2010 25:30 edition, there are several recommendations for school nurses working with children who are having mental health problems and include the following:

- A. Advocate for the student and work to improve access to treatment for mental health and psychiatric disorders.
- B. Ask for clarification of roles and responsibilities among all school team members.
- C. Give clear examples of actual nursing interventions, done in behalf of students, to principals and supervisors to illustrate the effectiveness of the nursing process.
- D. Discuss how untreated mental health issues can impede learning.
- E. Be available to coordinate family, school, and outside resources with a comprehensive, coordinated team approach.
- F. Develop quality assurance strategies and standards across the school district to ensure quality interventions.
- G. Examine outcomes-based research for help in designing and evaluating current and proposed models for intervention.

School nurses, because of the educational background, should plan a more active role in designing, implementing, and evaluating mental health programs in our schools. School nurses often are the first to identify the subtle signs that have been associated with emotional or behavior issues in children. Through early intervention and treatment of problems, school nurses help students to manage chronic health conditions, thereby improving their attendance and enhancing their ability to achieve academic success. School nurses provide education to school staff, which enables staff to recognize signs and symptoms of potential mental health issues, and help build the capacity of the staff to address barriers to learning.

Using their advocacy skills, school nurses promote family-centered care, link parents and children with school and community resources for mental health services, and monitor continued treatment

and follow-up. School nurses help promote success by providing assistance with the development of the 504 Accommodation Plan or the IEP, as well as the IHP.

By joining forces with other health professionals in the school setting and the community, school nurses can act as strong advocates for child mental health programs in the political and public arena.

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CDC: http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html

CDC: <http://www.cdc.gov/mmwr/PDF/rr/rr4411.pdf>

CDC: recommendations for lead screening:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5809a1.htm>

<http://www.cdc.gov/parasites/lice/index.html>

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<http://www.nasn.org>

FERPA regulations and other helpful information can be found at:

<http://www2.ed.gov/policy/gen/guid/fpco/index.html>

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<http://www.ok.gov/health2/documents/School%20Hearing%20Screening%20Guidelines-Final%20Version-August%202012.pdf>

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Health, Mental Health, and Safety Guidelines for Schools:

<http://www.nationalguidelines.org/guideline.cfm?guideNum=4-20>

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Information on the other HIPAA administrative simplification rules is available at:
<http://www.cms.hhs.gov/HIPAGenInfo/> .

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National Association of School Nurses

School Nurse Oral Health Resources: <http://www.oralhealthconnections.org/>

National Association of School Nurses Vision Tools: <http://www.nasn.org/ToolsResources/Vision>

National Association of School Nurses Pediculosis Management in the School Setting:
<http://www.nasn.org>

http://www.ok.gov/health/Disease_Prevention_Preparedness/Acute_Disease_Service/Disease_Information/General_Disease_Prevention/

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Oklahoma State School Boards Association Legal Counsel

Oklahoma State Department of Health:

http://www.ok.gov/health/County_Health_Departments/Latimer_County_Health_Department/Tuberculosis/index.html

Oklahoma State Department of Health Dental Health Service webpage:

http://www.ok.gov/health/Child_and_Family_Health/Dental_Health_Service/

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[http://www.ok.gov/health/Child and Family Health/Dental Health Service/Dental Health Education Tobacco-Use Prevention Program/index.html](http://www.ok.gov/health/Child%20and%20Family%20Health/Dental%20Health%20Service/Dental%20Health%20Education%20Tobacco-Use%20Prevention%20Program/index.html)

OSIIS information:

[http://www.ok.gov/health/Disease, Prevention, Preparedness/Immunizations/Oklahoma State Immunization Information System - OSIIS/](http://www.ok.gov/health/Disease,_Prevention,_Preparedness/Immunizations/Oklahoma_State_Immunization_Information_System_-_OSIIS/), phone: (405) 271-7200, or email questions to: OSIISHELP@health.ok.gov.

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The National Academy of Sciences: <http://www.nap.edu>

The National Association of School Nurses, Inc. and American Nurses Association Scope and Standards of Professional Nursing Practice Standards: <http://www.nursingworld.org/scopeandstandardspractice>

The National Vaccine Compensation Trust can be found at: <http://www.hrsa.gov/vaccinecompensation/index.html>

The Oklahoma Nurse Practice Act can be found at: <http://www.ok.gov/nursing/>. The Scope and Standards of Professional School Nursing Practice can be purchased through the NASN website at: https://portal.nasn.org/members_online/members/createorder.asp.

Training Resources: John W. Keys Speech and Hearing Center: <http://www.ah.ouhsc.edu/clinics/johnkeys.asp>

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RESOURCES FOR SCHOOL NURSES

Name	Purpose/ Description	Contact Info
Organizations		
American School Health Association	Organization for school health professionals	www.ashaweb.org
National Association of School Nurses (NASN)	Professional organization for school nurses, site has many resources	www.nasn.org
Oklahoma Nurses Association	Professional association for all registered nurses in Oklahoma.	6414 N. Santa Fe, OKC, OK 73116 www.oknurses.com
School Nurse Organization of Oklahoma (SNOO)	Oklahoma affiliate chapter of NASN	Follow us on Facebook
Agencies and Services		
American Academy of Pediatrics	Professional resources, continuing medical education and more	www.aap.org
American Alliance for Health, Physical Education, Recreation & Dance		www.aahperd.org/
American Cancer Society		www.cancer.org
American Dental Association		www.ada.org
American Diabetes Association		www.diabetes.org
American Heart Association	CPR/AED/First Aid training, etc.	www.heart.org
American Lung Association		www.lung.org
American Nurses Association		www.nursingworld.org/
American Red Cross	CPR/AED/First Aid training, etc.	www.redcross.org
Bullying Prevention		www.stopbullying.gov
Center for Disease Control Prevention (CDC)	Register for email news (flu reports, vaccine updates, etc.)	www.cdc.gov
CDC National Prevention Information Network	To speak to a Health Information Specialist about HIV/AIDS, Viral Hepatitis, STD, or TB prevention	1-800-458-5231 www.cdcnpin.org
Child Nutrition Services	From OSDE	(405) 521-3327
Department of Human Services (DHS)	Report child abuse and neglect	1-800-522-3511 www.okdhs.org

Name	Purpose/ Description	Contact Info
Agencies and Services		
Discount Script Programs	Several websites offer discount prescription	NASN Free Discount Prescription
Eating Disorders Association	Eating disorder help	1-800-931-2237 www.nationaleatingdisorders.org
Emergency Medical Services for Children (EMSC)		http://www.childrensnational.org/emsc/
Environmental Protection Agency (EPA)	Healthy School Environment	www.epa.gov/schools/
Federation for Children with Special Needs		www.fcsn.org
Health Alliance for the Uninsured	Serves low income uninsured in Oklahoma City	(405) 286-3343 www.hauonline.org
Health and Health Care in Schools		www.healthinschools.org/
Healthy Lifestyles	From OSDE	(405) 521-2374
Healthy People 2020	Provides science-based, 10-year national objectives for improving the health of all Americans	www.healthypeople.gov
Kids Health	Site for children's health & development, for parents, kids and teens	www.kidshealth.org
National Alliance on Mental Illness	Education, support and resources	www.nami.org
National Center for Education Statistics	Primary federal entity for collecting and analyzing data related to education	www.nces.ed.gov/
National Institute of Health	Nation's medical research agency—supporting scientific studies that turn discovery into health	www.nih.gov/
National Reyeye's Syndrome Foundation	Reyeye's Syndrome information	1-800-233-7393 www.reyeyesynndrome.org
Occupational Safety and Health Association (OSHA)	Government agency enforcing safe and healthy workplace conditions	(www.osha.gov) (405) 278-9560 55 N Robinson Suite 315 Oklahoma City, OK 73102-9237

Name	Purpose/ Description	Contact Info
Agencies and Services		
Oklahoma Board of Nursing		http://www.ok.gov/nursing/
Oklahoma Caring Van Program	Student immunizations (Tulsa/OKC metro areas call to schedule the mobile van for your school)	(405) 316-7170 or (405) 316-7250 (918) 551-3404 or (918) 551-3414 http://www.oklahomacaringfoundation.org/caringvanprogram.html
Oklahoma City County Health Department (OCCHD)	Many resources including Road to Health (monthly newsletter), fact sheets, etc.	http://www.occhd.org/
Oklahoma Commission on Children and Youth (OCCY)		www.okkids.org
Oklahoma Disability Law Center		www.oklahomadisabilitylaw.org
Oklahoma Institute for Child Advocacy		www.oica.org
Oklahoma Safe Kids Coalition		http://www.safekidsok.org/
Oklahoma State Department of Education	Certification	http://www.ok.gov/sde
Oklahoma State Department of Health	Immunization and epidemiology services, fact sheets, etc.	http://www.ok.gov/health/Child_and_Family_Health/index.html
Oklahoma State Immunization Information System (OSIIS)	State's immunization data base; see contact info to register as user to access	http://www.ok.gov/health/Disease_Prevention_Preparedness/Immunizations/Oklahoma_State_Immunization_Information_System_-_OSIIS/
Proctor & Gamble School Programs	5th grade puberty education, middle school girls health education , 1st grade dental health, 4th grade nutrition	www.pgschoolprograms.com
School Health Programs	National School Boards Association	www.nsba.org
SoonerCare	Medicaid for qualifying families	www.okhca.org www.mysooner.org www.okhca.org/toolkit
Sooner Success (Formally known as OASIS)	Resource center for Oklahomans with disabilities and special health care needs	(405) 271-6302 1-800-426-2747 http://soonersuccess.ouhsc.edu

Name	Purpose/ Description	Contact Info
Agencies and Services		
Substance Abuse and Mental Health Services Administration (SAMHSA)		http://www.samhsa.gov/index.aspx
The ARC	For people with intellectual & developmental disabilities	www.thearc.org/
U.S. Department of Education		www.ed.gov
U.S. Environmental Protection Agency		www.epa.gov
U.S. Food and Drug Administration		www.fda.gov
Information Resources		
Adolescent and School Health	CDC information	http://www.cdc.gov/healthyyouth/
Advisory Committee on Immunization Practices (ACIP)	Makes recommendations for the administration of vaccines	http://www.cdc.gov/vaccines/acip/index.html
Asthma and Schools	CDC information	http://www.cdc.gov/asthma/default.htm
Choose My Plate		www.choosemyplate.gov/
Disease Information	Oklahoma State Department of Health	(405) 271-4060 http://www.ok.gov/health/Disease_Prevention_Preparedness/index.html
Emergency Preparedness & Response	CDC Information for Schools & Childcare Centers	http://emergency.cdc.gov/children/schools.asp
Competencies for Licensure and Certification	Information on certification	http://www.ok.gov/sde/ can be found by written request or telephone request at: Oklahoma State Department of Education, Teacher Certification, Room 212 2500 North Lincoln Boulevard, Oklahoma City, OK 73105 (405) 521-3337
Control of Communicable Disease	Oklahoma health code identifies certain conditions for which students may be excluded from school	https://www.sos.ok.gov/oar On the left, go to “Online Code and Register” and click on “Search Code.” Type in “disease, school” and you will see ‘ <u>Disease for which children should be excluded -Section- 310:520-1-4.</u> ’ Click on the link, and the section of “The Rule” will open.
Healthy and Fit School Scorecard	To help determine the quality of their nutrition and physical activity school programs	http://www.ok.gov/OGCPFS/okfitness/index.php
Immunization Action Coalition	Immunization information for health professionals	www.immunize.org/
Immunization Service	Okla. State Dept. of Health, Immunization Schedule and Certificate of Exemption	(405) 271-4073 http://www.ok.gov/health/Disease_Prevention_Preparedness/Immunizations

Name	Purpose/ Description	Contact Info
Information Resources		
Immunization Service	To help interpret foreign immunization records, from the CDC	http://www.cdc.gov/vaccines
Immunization Service	To interpret common immunization abbreviations, from the CDC	http://www.cdc.gov/vaccines/about/terms/vacc-abbrev.htm
Infectious Diseases at School	CDC information	http://www.cdc.gov/healthyyouth/infectious/
Injury Prevention Center	CDC information	http://www.cdc.gov/injury/
Meningitis	OSDH facts and information	http://www.ok.gov/health/Disease_Prevention_Preparedness/Acute_Disease_Service/Disease_Information/Meningitis.html
MRSA Guidelines	OSDH	http://www.ok.gov/health/Disease_Prevention_Preparedness/Acute_Disease_Service/Seasonal_Disease_Topics/Staph_and_MRSA/
National Board for Certification of School Nurses	NBCSN and the national school nurse certification exam info	www.nbcsn.org
National Health Information Center (NHIC)	A health information referral service linking people to organizations that provide reliable health information	www.health.gov/nhic/
Oklahoma Emergency Guidelines for Schools		http://www.ok.gov/health2/documents/School%20Hearing%20Screening%20Guidelines.pdf
Pandemic Flu for Schools		http://www.flu.gov/planning-preparedness/school/
Physical Education Curriculum Analysis Tool (PECAT)	To help deliver high-quality physical education	http://www.cdc.gov/healthyyouth/PECAT
Shape your Future Oklahoma		http://shapeyourfutureok.com/
Traumatic Brain Injury	CDC info on Concussion in Sports, Injury Prevention and Control	http://www.cdc.gov/concussion/sports/prevention.html
Weather Guidelines for Schools	OSDA	www.ok.gov/health2/documents/weatherwatchforchildren2.pdf
Wellness Policies	Child Nutrition Reauthorization 2010: Local School Wellness Policies	http://www.fns.usda.gov/cnd/Governance/Policy-Memos/2011/SP42-2011_os.pdf

Name	Purpose/ Description	Contact Info
Helplines, Hotlines, Tiplines		
Child Care Warmline	Consultation for child care providers on numerous topics of concerns	1-888-574-5437 (405) 271-4477 http://www.ok.gov/health/Child_and_Family_Health/Child_Guidance_Service/Child_Care_Warmline/
Cyber Tipline	To report suspected sexual exploitation of a child	1-800-843-5678 www.cybertipline.com
Dating Abuse Helpline	Help for abusive relationships	1-866-799-7233 www.loveisrespect.org
Domestic Violence Hotline	Help for domestic violence	1-800-799-7233
Heartline, 211	State's data base of crisis services	dial 211 (405) 632-6688 1-877-362-1606 www.heartlineoklahoma.org www.211oklahoma.org
Missing and Exploited Children	To report a missing child or sighting of a missing child	1-800-THE-LOST (843-5678) www.missingkids.com
Oklahoma State Bureau of Investigation Tipline	To report info on crime or suspected crime	1-800-522-8017 www.ok.gov/osbi/Tipline.html
Poison Control	Poison helpline	1-800-222-1222 www.oklahomapoison.org
Reach-Out Hotline	Information on treatment or prevention facilities	1-800-522-9054
Runaway Switchboard	Help for at-risk children considering running away	1-800-RUN-AWAY (786-2929)
Suicide Prevention and Hotlines	Suicide help and information	1-800-273-TALK (1-800-273-8255) 1-800-SUICIDE (1-800-784-2433) http://www.suicide.org/hotlines/oklahoma-suicide-hotlines.html www.suicidepreventionlifeline.org
Screening		
BMI Calculators	From the CDC	http://apps.nccd.cdc.gov/dnpabmi/ http://www.cdc.gov/healthyweight/assessing/bmi/childrens_BMI/tool_for_schools.html
Blood Pressure Charts	Pediatric charts, male & female	www.pediatrichypertension.org
Blood Pressure Guides		http://www.nhlbi.nih.gov/health/prof/heart/hbp/hbp_ped.pdf http://pediatrics.aappublications.org/content/123/6/e972.full.pdf

Name	Purpose/ Description	Contact Info
Screening		
Color Blindness Poster	Poster to screen for colorblindness	http://store.colorblindness-testing.com/poster.html
Dental Care Resources		https://sites.deltadentalok.org/site_docs/DDOK_FND_ResourceGuide_LR.pdf
Dental Screening		http://www.ok.gov/health/Child_and_Family_Health/Dental_Health_Service/
Drug screening	Any school conducting drug screening in any form should have written policy guiding the program. Policy development advice is available from the Oklahoma School Board Association.	http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNIssueBriefs/FullView/tabid/445/smId/853/ArticleID/118/Default.aspx
Guidelines: A School Hearing Screening Program	OSDH	http://www.ok.gov/health/Child_and_Family_Health/Screening_and_Special_Services/Newborn_Hearing_Screening_Program/Hearing_Information_Resources/
Head Lice	Fact sheets and information	http://www.ok.gov/health/Disease_Prevention_Preparedness/Acute_Disease_Service/Disease_Information/Head_Lice.html
Lead Exposure Screening	Not recommended unless special community circumstances	http://www.cdc.gov/nceh/lead/
Lions Club	Has clubs through-out the state; offers help with vision exams, cost of glasses & other community needs	
Prevent Blindness	Vision screenings	http://www.preventblindnessok.org/
Scoliosis	U.S. Preventive Services Task Force	http://www.uspreventiveservicestaskforce.org/3rduspstf/scoliosis/scoliors.htm
Scoliosis Screening	Recommendations	http://jbjs.org/article.aspx?Volume=90&page=195 http://pediatrics.aappublications.org/content/121/5/1069.full
Tuberculosis	Mass screening not recommended	http://www.ok.gov/health/Disease_Prevention_Preparedness/Acute_Disease_Service/Disease_Information/Tuberculosis.html
Vision Screening Information	OSDH	(405) 271-4471 http://www.ok.gov/health/Child_and_Family_Health/Maternal_and_Child_Health_Service/Child_and_Adolescent_Health/School_Health_Vision_Screening/
Vision Screening Report	State requirement, due June 1 every year, to OSDE	http://www.ok.gov/health/Child_and_Family_Health/Maternal_and_Child_Health_Service/Child_and_Adolescent_Health/School_Health_Vision_Screening/

Name	Purpose/ Description	Contact Info
Assessment		
American Academy of Allergy Asthma and Immunology	Expert resources to make informed decisions regarding allergies, asthma and immune deficiency disorders	www.aaaai.org
American Lung Association	Asthma Action Plan	http://www.lung.org/lung-disease/asthma/living-with-asthma/take-control-of-your-asthma/AsthmaActionPlan-JUL2008-high-res.pdf
Asthma and Allergy Foundation of America	Information, etc.	www.aafa.org
Fitness Gram	Assessment & Reporting Tool	http://www.fitnessgram.net
Food Allergy & Anaphylaxis Network- FAAN	Food Allergy Action Plan	www.foodallergy.org
Inhaler Poster	Allergy and Asthma Network	http://www.aanma.org/?s=inhaler+poster
Oklahoma Prevention Needs Assessment Survey	Risk behavior survey, Oklahoma Mental Health & Substance Abuse	http://www.ok.gov/odmhas/Prevention_Programs/Initiatives/Oklahoma_Prevention_Needs_Assessment_(OPNA)/
President's Challenge	Awards Program of the President's Council on Physical Fitness and Sports	www.presidentschallenge.org
Seizure Log	Form for recording seizures	http://www.cdk15.com/UserFiles/files/seizure-observation-record-pdf%5B1%5D.pdf
Youth Risk Behavior Survey (YRBS)	To monitor risk behaviors	http://www.ok.gov/health/Child_and_Family_Health/Maternal_and_Child_Health_Service/Data_and_Evaluation/Youth_Risk_Behavior_Survey_(YRBS)/
Miscellaneous		
AIC Medical	Calibrates audiometers (they sell & service all equipment related to hearing)	7133 NW 3rd, Oklahoma City, OK 73127 (405) 522-4002
Local Clinic For Indigent	Donate meds (unclaimed student meds at end of school year, etc.) rather than trashing	Network in your community for beneficial partnerships
Local Hospital, Medical, Pharmacy, Health Department, Fire Department	May take your sharps containers for disposal	Network in your community for beneficial partnerships

Name	Purpose/ Description	Contact Info
Books/Publications		Many books are available thru several web sites; just Google title
A Guide for Those Caring for Children	Good Health Handbook, 2007	www.ok.gov/health2/documents/ECCS%20Introduction.pdf
Child Abuse and Neglect, A Guide to References & Resources	American Academy of Pediatrics	
Children and Youth Assisted by Medical Technology in Educational	Guidelines for Care, Stephanie Porter, et al 1997, Paul H. Brookes Publishing Co.	
Computerized Classroom Health Care Plans for School Nurses	4 th Edition, Clara F. Brennan, R.N., B.S. and Mary B. Clark, R.N., NBCSN, JMB Publishers	
Diabetes Care in the School and Day Care Setting	American Diabetes Association	http://care.diabetesjournals.org/content/35/Supplement_1/S76.full
Guidance for the Administration of Medication in School	Policy Statement, from the American Academy of Pediatrics	http://pediatrics.aappublications.org/content/124/4/1244.full
Guidelines for School Nursing Documentation: Standard, Issues & Models	2nd Edition	
Health is Academic: A Guide to Coordinated School Health Programs	The text discusses topics from health education to nutrition services providing students the knowledge and skills they need to deal with the problems they face in and out of school.	
Healthy Oklahoma Schools Manual	OSDH	https://www.ok.gov/health/trails/app/search.php?type=resource
Healthy Youth! Coordinated School Health Program		www.cdc.gov/HealthyYouth/CSHP/
Helping the Student with Diabetes Succeed	A Guide for School Personnel	1-888-693-6337 http://ndep.nih.gov/
Journal of School Nursing	Criteria for software evaluation: legal issues	http://jsn.sagepub.com/
Legal Issues in School Health Services	Nadine C. Schwab and Mary H.B. Gelfman, Sunrise River Press. 2001	
Management of Food Allergy in the School Setting	Clinical Report from the American Academy of Pediatrics	http://pediatrics.aappublications.org/content/126/6/1232.full

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Managing Asthma, A Guide for Schools, NHLBI		http://www.nhlbi.nih.gov/health/prof/lung/asthma/asth_sch.htm
Managing Infectious Diseases in Child Care and Schools	3rd Edition, American Academy of Pediatrics	
Manual of School Health, 3rd Edition	A Handbook for School Nurses, Educators, and Health Professionals	
Medication Use in Schools	Resource Manual, Florida Edition 2003	http://sss.usf.edu/resources/format/pdf/med_in_use.pdf
NASN Position Statement on the Coordinated School Health Program	Revised 2013	http://nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/smId/824/ArticleID/36/Default.aspx
Oklahoma Emergency Guidelines for Schools		http://www.ok.gov/health2/documents/New%20Emergency%20Guidelines%20for%20Schools.pdf
Overview of School Health Services	NASN	www.nasn.org
Protecting & Disclosing Student Health Information	American School Health Association, 2005	www.ashaweb.org
Research Priorities in School Nursing: A Delphi Process	Journal of School Health	
School Administrator's Guide to Immunizations	2011, OSDH	http://www.ok.gov/health2/documents/IMM_School_Administrators_Guide_to_Okla_Immunization_Law.pdf
School Health Policy & Practice	6th edition, American Academy of Pediatrics	www.aap.org/bookstore
School Nurse Resource Manual	A Guide to Practice, 2010 School Health Alert	http://www.schoolnurse.com/products/item7.cfm
School Nursing: A Comprehensive Text	2nd Edition, Janice Selekmán, 2013, F.A. Davis Company, Philadelphia	
School Nursing: Scope and Standards of Practice	2nd Edition, 2011, Silver Springs, MD.	www.NursesBooks.org
Standards For School Health	OSDH	http://www.ok.gov/health/Child_and_Family_Health/Maternal_and_Child_Health_Service/Child_and_Adolescent_Health/School_Health/
The Calorie King Calorie Fat & Carbohydrate Counter	2011 Edition, Allan Borushek, Dietitian	www.CalorieKing.com
The Medically Fragile Child in the School Setting	American Federation of Teachers, 2009	www.aft.org/pdfs/healthcare/medicallyfragilechild0409.pdf

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To See or Not To See Screening the Vision of Children in School	A Guide for the Vision Screening of Preschoolers, School Aged Children, and Adolescents in School	http://www.schoolhealth.com/to-see-or-not-to-see-screening-the-vision-of-children-in-school
Oklahoma State Laws	See all Statues at this site →	http://www.oscn.net/applications/oscn/Index.asp?ftdb=STOKST70&level=1
Administration of Medicine	Title 70 Section 1-116.2; Liability of School Employees for Personal Injury	http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=89757
Alcohol and Drug Abuse Prevention	Title 70 Section 1210.229.1 & .2 Drug Abuse Prevention and Life Skills Education Act	http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=91255
Asthma and Anaphylaxis Medication	Title 70 Section 1-116.3; School district will establish policies that allow student to carry and self-administer asthma and anaphylaxis medication.	http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=436413
Automated External Defibrillators	Title 70, Chapter 15. Section 1210.200 Zachary Eckles and Luke Davis Automated External Defibrillators in Schools Act.	http://www.oscn.net/applications/oscn/
Communicable Disease in Schools Regulations	State Administrative Code Title 310, Chapter 520; quarantinable diseases 310:520-1-2; diseases for which children should be excluded 310:520-1-4	https://www.sos.ok.gov/oar/online/viewCode.aspx

Name	Purpose/ Description	Contact Info
Oklahoma State Laws	See all Statues at this site →	http://www.oscn.net/applications/oscn/Index.asp?ftdb=STOKST70&level=1
CPR Training Act	Title 70 Section 1210.199; Dustin Rhodes and Lindsay Steed Cardiopulmonary Resuscitation and Heimlich Maneuver Instruction Program: all students enrolled in physical education classes grades 9-12 in public schools <u>may</u> receive instruction in CPR & Heimlich maneuver, and each public school district <u>shall</u> ensure that a minimum of 1 certified teacher and 1 non-certified staff member at <u>each school site</u> receives training in CPR & Heimlich maneuver.	http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=91243
Diabetes Management Plans	Title 70 Section 1210.196.7; Requires schools to develop diabetes management plans that include: blood glucose checks, administering insulin, treating hypoglycemia and hyperglycemia, allowing diabetic students to carry their own equipment, provide a trained person to administer to the health needs of a student with diabetes, provide a private area for the student with diabetes to attend to the management and care of their disease.	http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=450388
Farm to School	HB 2655	
Healthy and Fit Kids Act	Senate Bill 1627	
Healthy and Fit School Advisory Committee	Senate Bill 1459	
Pediculosis (Head Lice)	70-O.S.Section 1210.194	

Name	Purpose/ Description	Contact Info
Oklahoma State Laws	See all Statues at this site →	http://www.oscn.net/applications/oscn/Index.asp?ftdb=STOKST70&level=1
Physical Activity Requirement	Senate Bill 1186 requires additional 60 minutes of physical activity each week	
Physical Education	Senate Bill 312, effective November 1, 2005, school districts must provide physical education programs to all students; Senate Bill 1876 effective November 1, 2010; Walk Across Oklahoma.	
Physical Fitness Assessment Program and Pilots	S.B. 519 directs the State Department of Education and the State Department of Health to facilitate the development of a physical fitness assessment software program customized for public schools, effective July 1, 2008.	
Sex Education	Statute 70-11-103.3 (1987); Statute 70-11-103.3; Statute 70-11-105.1 (1995)	http://www.oscn.net
Sports Related Head Injuries	Senate Bill 1700	
Vision Screening	Title 70 Section 1210.284; Requires parents to provide schools with documentation that their child has received a vision screening before entering kindergarten, first, and third grades.	http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=447911

EXAMPLE IHSP

INDIVIDUALIZED HEALTH CARE PLAN

Student _____	Date of Birth _____	Date of Plan _____	Review Date _____
Student ID/Medicaid ID _____	School _____	Teacher _____	Grade _____
Address _____		City/State _____	ZIP _____
Parent(s)/Guardian _____		Home Phone _____	Work Phone _____

Health-related problem(s) or medical diagnosis: _____

Goal(s): Prevent injury and aspiration during seizure. Promote optimal school health. Support student participation in school activities. Administer medication as prescribed to prevent seizure episodes.

PRESENTING HEALTH PROBLEMS OR NEEDS	OBJECTIVES/OUTCOMES	INTERVENTIONS	FREQUENCY & DURATION BEGIN & END DATES	PROVIDER
1. Potential for injury r/t uncontrolled movements or aspiration, during seizures. 2. Potential for injury r/t history.	1. Protect student and prevent injury/aspiration during seizure. 2. Decrease seizure activity with no seizures during the school day.	1. Monitor student during seizure and use measures to protect from injury. Call parents. For Respiratory distress or seizure lasting longer than 5 minutes call 911 and parents. 2. Medications as directed by physician. Avoid flashing lights or other stimulus that may precipitate a seizure.	1. Daily- as needed Every day student is in attendance. Never changes. 2. Daily- as prescribed.	1. School Nurse or LPN when required by law or otherwise designated personnel.

Provider(s) Signature(s)/Title _____ Other Signature(s) _____

EXAMPLE IHSP

INDIVIDUALIZED HEALTH CARE PLAN FOR SCHOOL-BASED SERVICES

Student _____	Date of Birth _____	Date of Plan _____	Review Date _____
Student ID/Medicaid ID _____	School _____	Teacher _____	Grade _____
Address _____		City/State _____	ZIP _____
Parent(s)/Guardian _____		Home Phone _____	Work Phone _____

Health-related problem(s) or medical diagnosis: Type I Diabetes Mellitus

Goal(s): _____

PRESENTING HEALTH PROBLEMS OR NEEDS	OBJECTIVES/OUTCOMES	INTERVENTIONS	FREQUENCY & DURATION BEGIN & END DATES	PROVIDER
1. Potential for physiological injury due to development of acute complications related to hypoglycemia 2. Knowledge deficit and self-care alteration related to balance of insulin, diet, and exercise.	1. Protect student and prevent injury/aspiration during seizure. 2. Decrease seizure activity with no seizures during the school day.	1. Monitor student during seizure and use measures to protect from injury. Call parents. For Respiratory distress or seizure lasting longer than 5 minutes call 911 and parents. 2. Medications as directed by physician. Avoid flashing lights or other stimulus that may precipitate a seizure.	1. Daily- as needed Every day student is in attendance. Never changes. 2. Daily- as prescribed.	1. School Nurse or LPN when required by law or otherwise designated personnel.

Provider(s) Signature(s)/Title _____ Other Signature(s) _____