

MARSHALL INDEPENDENT SCHOOL DISTRICT HEALTH SERVICES SCHOOL BOARD POLICIES AND ADMINISTRATIVE PROCEDURES HEALTH SERVICES POLICY

The Marshall Independent School District, in accordance with the applicable state legislation, shall operate a program of student health services under approved rules, regulations, and standards established by the Texas Department of Health and Safety. The services provided shall include, but not be limited to, the following:

- Campus Health Clinic
- Student Health Liaison
 - Parent & Health Care Provider Communication
- Health Appraisals of students
- Health Screenings
 - Vision screening
 - Hearing screening
 - Spinal screening
- Infection Control & Disease Prevention
 - Communicable Diseases
 - Exclusion & Reporting
 - Immunizations
- Medication Administration
- Special Health Care Procedures
- First Aid
- Accident and Injury Response
 - Employee Injury/Workman Comp
- Chronic Illness Management
 - Allergies/Anaphylaxis
 - Asthma
 - Diabetes
 - Seizures
 - Mental, Emotional, & Behavioral Diagnosis
- Documentation/Health Records
- CPS Reporting

School health services personnel in identifying health problems shall function as a liaison among the school, parents, and community health resources. The school nurse will work in coordination with other student services provided by the district.

MISD NURSING SERVICES

A school nurse facilitates positive student responses to normal development, promotes health and safety, intervenes with actual and potential health problems and provides case management service, as well as actively collaborates with others to advance the well-being and academic success of students, per The National Association of School Nurses.

To this end, Marshall Independent School District Health Services Department will staff qualified licensed nurses at each campus. The campus nurse will perform health appraisals and screenings, promote infection control and disease prevention, and operate the health clinic. The nurse will administer medications and first aid, as well as respond to accident and injury. She will act as the school health liaison, and provide care and case management services to those students with chronic illness.

CAMPUS CLINICS

Each campus will include a health clinic to be operated under the discretion of the nurse assigned to that campus, and is supervised by the district Registered Nurse. The clinic will be supplied with basic first aid supplies, durable medical equipment, and a locked cabinet for the storage of medications. Other articles may be added to meet the needs of individual students enrolled on that campus. Clinic office will operate from 7:30 to 4:00 unless otherwise determined by the campus principal.

CLINIC REFERRAL GUIDELINES

The campus nurse will provide appropriate, safe, and timely care to all students who require nursing interventions. In order to accomplish this, as well as maintain confidentiality and promote infection control measures, the criteria for appropriate nursing care referrals will be given to all pertinent staff. They include the following:

- Breathing that is short, labored, or with coughing/wheezing
- Chest pain
- Bone or joint pain, suspicions of a break/sprain
- Injury to head, eyes, and/or spine
- Headache
- Fever and/or chills
- Vomiting and/or diarrhea
- Itching, severe (ex: head lice, scabies, ringworm, rash)
- Insect bites or stings
- Bites or breaks in the skin from animals/humans
- Bleeding, not resolve with bandaids
- Incontinence of bladder and/or bowel

CLINIC GUIDELINES

The nurse has many responsibilities. She is subject to laws and professional obligations that extend outside of those found in the world of Education. In this light, the following clinic guidelines have been established:

- In order to maintain infection control measures, HIPPA compliance, and an orderly working environment, the clinic bathroom will *only* be used by those students requiring nursing services. The nurse has many duties, and therefore, she is not to be used as the bathroom monitor for the general population.
- Bathing of students is discouraged. It is a liability risk. If a student's poor hygiene interferes with the learning, infection/infestation prevention, and or the safety of another student, the parents/guardians will be required to pick up the student. The student will be allowed to return to school once proper hygiene has been established.
- The nurse will supply uniform approved clothing for those students who have experienced incontinence, ripped their clothing, or due to menses, need to change. Otherwise, uniforms need to be dusted or wiped off. If there continues to be an issue, the parent/guardian will be asked to bring the student a change of clothes.
- The clinic is designated for health care. It has a higher concentration of pathogens and other infective agents. Students who receive medication or other health care procedures are assisted as promptly as possible to keep their exposure to a minimum. Because the clinic is for students needing medical services, it is not an appropriate place for students who do not. Students awaiting parents or staff who do not need nursing services will be directed elsewhere.
- Nurses are expected to follow all confidentiality laws. School staff who have questions or concerns about a particular student in the nurse's office, and in whom they have the need to know, will be encouraged to speak about it in private areas. Issues of concern are not to be discussed in the presence of other students or staff. Nurses will inform inquisitive staff that due to strict confidentiality laws they are not at liberty to discuss it until a suitable time and place can be found.
- The campus nurse is responsible for determining the criteria for sending a student home due to health reasons that have been met. Other staff members who intend to send a student home due to health reasons are to consult the nurse first. The nurse must document the event in Skyward, and fill out appropriate paperwork. A student is not to check out of school with illness or injury without notifying the nurse.

HEALTH APPRAISAL OF STUDENTS

Health appraisal is the sum total of all observations made concerning the health status of the student. The campus nurse plans and implements health assessment and screening programs that provides health information to parents and school personnel. Nurses will inform parents of noted signs and symptoms that may indicate a serious problem. If necessary, a nurse can exclude the student from school until a health care provider has certified that it is safe and advisable for the student to attend school.

HEALTH SCREENING

The goal of student screening is to detect possible health problems. Early identification and correction of defects is essential in enabling student to take full advantage of their education opportunities during the school year.

A good screening program is well organized, runs smoothly and rapidly; is acceptable to students, teachers, and community; utilizes personnel efficiently; it's detection, not diagnostic.

The Marshall Independent School District will annually administer the Texas Department of Safety and Health Services recommended vision, hearing and spinal examinations in accordance with Health and Safety Code, Title 2, Subtitle B, Chapter 36, Section 36.001.

As with immunizations and vision, hearing, spinal screening, parents have the option of substituting a *professional examination by a licensed health practitioner in lieu of a school screening*. Parents may also seek exemption from spinal screening because of religious conflict but a signed affidavit from the religious organization must be submitted to the school in lieu of screening.

REFERRALS

Parents of students, who fail the screening process as defined by the Texas State statutes, will be notified by the campus nurse of their student's results. Parents are encouraged to have the student examined by a physician or other professional of the correlating field and results returned to the campus nurse. The screening process is designed for early detection and correction of defects that may hinder or impede the educational process of their child.

Parents may sign a waiver or a refusal to have the student further tested. In some instances, this could be grounds for filing charges of medical neglect with Child Protection Service.

STUDENT HEALTH LIAISON

It is the primary role of the school nurse to act as the student health liaison between staff, parents/guardians, and other health care team members from the community.

School staff is dependent on the nurse to provide for student's health needs during school hours. The nurse acts in partnership with school staff to communicate signs, symptoms, and other physiologic or behavioral changes to parents and providers. Health care providers depend on nurses to carry out medical orders and care for their patient within the school setting. Parents rely on nurses to convey important health information based on what is observed at school. These observations are performed in Health appraisals and screenings. *Appropriate communication is essential in the role of student health liaison.*

COMMUNICATION

Communicating with Parents

One of the most difficult challenges that face school nurses is the necessity of communicating with parents. Busy parents may be difficult to contact because of family or work obligations. They may misunderstand the school nurse's request for information as intrusive or harmful to their child. Screening results that indicate a problem may result in a hostile reaction from parents who are already overwhelmed by caring for healthy children, and the implication that their child has a problem can be more than many parents are equipped to deal with. Acknowledging that parents are the expert in the care of their child neutralizes tense situations. When the nurse understands that parents are acting out of care and concern for their child, whether they express it in a negative or positive manner, it becomes easier for the nurse to help the parent help their child. Often parents react negatively to school administrators out of past fears or frustrations left over from their own school days as a child. Understanding that the school may be an intimidating institution for some parents will help the nurse reach out to those parents in a manner that is less intimidating.

When contacting a parent regarding a non-life threatening situation:

- Be polite.
- Always identify yourself as the campus nurse and the reason you are calling.
- Tone of voice is important. Your tone can help alleviate parent anxiety.
- Be brief, but factual with your information.
- Always call a parent when their student will be coming home looking "different", i.e. a bruise on cheek, abrasion to the knee etc.
- Notify the office staff (Principal) when you called a parent about a situation.
- Notify the Health Services Supervisor on a need to know basis of each situation.

INFECTION CONTROL & DISEASE PREVENTION

At MISD it is our goal to minimize the spread of infection for students and staff through the implementation of controls which reduce the transmission and spread of germs, by;

- Promotion and maintenance of the health of students and staff through the control of communicable diseases.
- Control infection by implementing and encouraging handwashing, food hygiene, and proper cleaning.
- Follow exclusion and reporting guidelines as recommended by Texas Department of Health of all suspected communicable diseases.
- Adhere to and enforce all state immunization requirements.
- Utilize universal precautions in clinics and follow guidelines set forth by the Center for Disease Control (CDC) in the handling of bloodborne pathogens.

COMMUNICABLE DISEASE POLICY

Any student or employee, who has been out of school due to illness caused by a communicable disease designated by the Texas Department of Health, must return to school with a letter from his/her physician stating that he/she is sufficiently recovered from the illness and that he/she is no longer contagious.

The school administrator shall exclude from attendance any *who have or are suspected of having a communicable condition*. Exclusion shall continue until the readmission criteria for the conditions are met.

Any child excluded for reason of communicable disease may be readmitted, as determined by the health authority by:

- Submitting a certificate of the attending physician, advanced practice nurse or physician assistant attesting that the child does not currently have signs or symptoms of a communicable disease or to the disease's non-communicability in a school setting
- Submitting a permit for readmission issued by a local health authority
- Meeting readmission criteria as established by TDH.

CONDITION	READMISSION CRITERIA
Amebiasis	After treatment has begun
Campylobacteriosis	After diarrhea and fever subside
Chickenpox (Varicella)	7 days after onset of rash; immunocompromised individuals should not return until all blisters have crusted over
Common Cold	After fever subsides
Conjunctivitis	Permission and/or permit is issued by a physician or local health authority, or until symptom free
Head lice	After one medicated shampoo or lotion treatment has been given
Hepatitis A	One week after onset of illness
Impetigo	After treatment has begun
Influenza	After fever subsides
Measles (rubeola)	4 days after onset of rash. In an outbreak, unimmunized children should be excluded for at least 2 weeks after last rash onset
Ringworm of the scalp	After treatment has begun
Rubeolla (German measles)	7 days after onset of rash. In an outbreak, unimmunized children and pregnant women should be excluded for at least 3 weeks after rash onset
Salmonellosis	After diarrhea and fever subside

Scabies	After treatment has begun
Shigellosis	After diarrhea and fever subside
Streptococcal sore throat and scarlet fever	24 hours after antibiotic treatment has begun and fever subsides

EXCLUSION AND REPORTING OF STUDENTS AND EMPLOYEES WITH COMMUNICABLE DISEASES

The Marshall Independent School District will follow the regulation for control of communicable diseases as published by the Texas Department of Safety and Health in conjunction with Marshall Independent School District administrative policies regarding communicable disease control. Following a medical evaluation by the school nurse, a student or employee demonstrating symptoms of contagious illness or disease, body parasites or other medical problems which might be detrimental to the health of the student or to the larger group of students or employees may be excluded from school attendance until such disorder has been cured or satisfactorily treated.

A student or employee with any of the following symptoms must be excluded from school until such time as the student or employee is free of the symptoms, been satisfactorily treated, or submits a signed physician's statement that he/she is not contagious:

- Temperature of 100°F or above or at nurse's discretion
- Undetermined rash over any part of the body (any individual with preceding systemic symptoms along with a rash should be kept from school)
- Undiagnosed scaly patches on the body or scalp
- Presence of live lice
- Vomiting, diarrhea, or discretion of the nurse
- Red, draining eyes
- Intense itching with evidence of open lesions or signs and symptoms of secondary infection
- Open draining lesion
- Signs of jaundice

Children suffering from any of the following conditions are to be excluded from school if appropriate treatment has not been initiated:

- Acute infectious conjunctivitis
- Ringworm of the scalp
- Scabies
- Pediculosis – Head Lice

MISD HEALTH SERVICES
Pediculosis – Head Lice
Policy

1. Any student who is suspected of having Pediculosis Capitis (head lice) will have his/her hair examined by the school nurse or an employee of the district who has been trained to perform the procedure.
1. The parent/guardian of any student with evidence of active Pediculosis will be notified and the student will be excluded from school attendance immediately. This is a Marshall ISD policy. The parent/guardian will be notified to pick their child up immediately from school.
1. All siblings of the infested student and any other persons deemed necessary by the nurse will have their hair examined. The nurses will not check the entire classroom.
1. At the nurse's discretion, notification will be sent to the parent/guardian of any student in a self-contained classroom who has come in contact with the infested student.
1. Parental permission is not required to examine a student for possible pediculosis.
1. A student who has been excluded from school for pediculosis may not ride the bus to school until cleared by the campus nurse.
1. A student who has been excluded from school for pediculosis must follow these guidelines to be readmitted:

Grades PK-8

1. The student's parent/guardian must accompany the student to the school nurse's office and the student must be cleared by the nurse or her designee before readmittance to class.

2. The nurse will discuss the treatment used and give advice as needed, which may include exclusion from school if necessary.

Grades 9-12

1. The student must report to the campus nurse's office and be cleared by the nurse or a qualified designee before readmittance to class.
2. The nurse will discuss the treatment used and give advice as needed, which may include exclusion from school if necessary.

Grades PK-12

Treatment must be initiated immediately and the child may return to school the next day upon clearance by the nurse. Students missing school more than one time because of lice will receive notice from the principal reminding them of the compulsory attendance law.

1. Students with recurring problems will be rechecked upon return to school and periodically thereafter by the school nurse for signs of reinfestation. At the discretion of the campus administration, in consultation with the nurse, the student will be required to remain away from school until he/she has been treated and all eggs have been removed.
2. At the discretion of campus administration and in consultation with the nurse, the student may be allowed to ride the school bus home.
3. All absences are cumulative. If a child is out of school for more than ten days, including absences for Pediculosis, parents will demonstrate to the campus attendance committee why the school district should not refer them to the Court for violation of the compulsory attendance law. If the parent/guardian does not attend the campus attendance committee meeting, the school district will refer the case to the Court.
4. The nurse will notify the Student Transportation Department and the student's bus rights will be suspended until clearance is given by the school nurse.
5. Examination of a student's hair should be done by the school nurse or a qualified designee the day of referral if possible. Instructions and recommendations for treatment will be sent home with each student who shows signs of infestation.
6. This process, as with any health-related problem, will be handled with confidentiality and professionalism.

RE-ADMITTANCE

1. The parent/guardian of PK-8th must accompany the student, or student 9-12th can report to the campus nurse's office. The student must be cleared by the nurse or his/her designee before re-admittance to class.
2. The nurse will discuss the treatment used and give advice as needed, which may include exclusion from school if necessary.

MISD Seasonal & Pandemic Illness Preparedness

Marshall ISD will work as an inter-departmental team to maximize the health and safety of our students and staff in the event of Seasonal and/or Pandemic Illness.

Marshall ISD Health Services will inform and instruct campus principals, administrators and staff members of the nature, transmission, and associated precautions of the illness. This information, plus what can be done at home to improve outcomes will be provided to parents/guardians via local media, phone, MISD website, and social media outlets. This will include updates and/or warnings from the Center for Disease Control (CDC), Texas Department of Health Services, Harrison County Health Department, and Region VII Educational Service Center.

Health Service Guidelines

Nursing is the first line of defense in times of school illness. As such, Health Services will implement the following nursing strategies to maximize our district's health and safety by minimizing the negative effects of wide-spread illness.

Health Services Procedure

Assessment: History & Symptoms

1. Contact – has the individual been in contact with an ill person?
2. Travel – has the individual traveled recently?
3. Fever – Does the individual have a temperature of 100.0 or greater?
4. Vital Signs – is the individual under physiological distress? Breath sounds?
5. Does the individual present with at least one other illness specific symptom? (cough, shortness of breath, severe fatigue, headache, body aches, vomiting, diarrhea, etc.)

Plan if Illness Suspected

1. Isolate individual in clinic until pick up can be arranged.
2. Notify Principal/Secretary and initiate isolation clinic status.
3. Refer individuals for medical diagnosis/treatment (following guidelines from county, state, and national health agencies).
4. Use all available personal protective equipment (PPE's).

Implement

1. Notify individual's emergency contact.
2. Notify officials (following guidelines from district, county, state, and nation).
3. Follow 911 – Emergency protocol should student/staff condition become emergent. Including, notifying nurse supervisor and Superintendent's office if 911 is called.
4. Send individual out with MISD Health Exclusion Criteria and Re-Admittance Policy.
5. Clean all areas contacted (either by touch and/or droplet) by infected person(s) with disinfectant immediately after individual has left the clinic.
6. Document Office Visit in Skyward.
7. Notify nurse supervisor when an individual is sent home with suspected illness.

Follow-Up

1. Follow outcome of referral.
2. Guard against hearsay and employ confidentiality safeguards.
3. Contact nurse supervisor for questions and instructions.

Health Services Policy

Exclusion Criteria

1. Fever – Does the individual have temperature of 100.0 or greater?
2. Does individual present with at least one other illness specific symptom? (cough, shortness of breath, severe fatigue, headache, body aches, vomiting, diarrhea, etc.)

Re-admittance Criteria

1. All students/staff who are returning after illness will need to report to clinic for a temperature check. Those with a temperature of 99.0 or greater, without the aid of a fever reducing medication, will not be permitted to return.
2. All students/staff sent home with the suspected illness will need to provide a

release from a licensed Healthcare Provider stating they are cleared for school attendance.

3. Anyone attempting to return without a release will not be permitted to attend unless **fever/symptom free for 24 hours for Seasonal illness/ 24 hours for Pandemic illness, AND 2 days have passed for Seasonal illness/ 10 days have passed for Pandemic illness since date of exclusion.**

Clinic Isolation Status

1. Ill students/staff will be escorted to designated area of clinic.
2. All students with minor issues will be sent back to class.
3. Scheduled medications will be given at the doorway. Well students will not be permitted into clinics.
4. Students, especially those with compromised health conditions, who receive daily procedures will be directed to secure areas outside the clinic. In clinics with a door separating the nurse's office from the main clinic, the office may be used for non-toileting related procedures. When possible, other staff members will be trained to perform these procedures.
5. In the event of injury, the nurse will travel to the site of injured individual.
6. Clinic bathrooms will not be used by well students/staff. Clinic are NOT to be used as a thoroughfare.
7. All areas contacted (either by touch and/or droplet) by infected person(s) will be cleaned with disinfectant wipes immediately after checkout.

Instructional Guidelines:

Students with minor issues will be returned to class. First Aid kits will be supplied for each classroom for these students. These include gloves, bandages, cotton balls, cough drops, and small Ziploc bags. MISD Medical Director permits the use of antibiotic ointment, Caladryl lotion, peroxide, and petroleum jelly for students. If teachers choose, they can provide and use these agents according to the manufacturer's direction.

All students/staff suspected of a particular illness are to go through the nurse. Each individual will be assessed so the necessary course of action can be determined. This information will be recorded and reported to Health Officials if required. Teachers are not to contact the parents directly without the nurse's consent. Strict confidentiality is to

be maintained. Infection status and statistics are not to be reported on social media at any time.

Students will be encouraged to clean their hands regularly with an alcohol-based sanitizer and frequent handwashing. These activities are to be scheduled before eating and after bathroom breaks. Students who cough/sneeze will be encouraged to do so into the bend of their arm and to sanitize/wash hands directly following.

Infection control is *everyone's* job and thorough cleaning is the BEST line of defense in infection control efforts. Providing a safe and healthy classroom requires a daily cleaning of desks, shared supplies and equipment, handles, door knobs, chair backs, etc., with disinfecting wipes.

Environmental Guidelines:

Campus Cleaning: A daily disinfectant wipe down in all areas with desks, cabinets, countertops, doorknobs, light switches, computers, phones, and water fountains will be added to general daily cleaning. All staff must take steps to ensure these tasks are completed consistently.

Transportation Guidelines:

Disinfectant wipes will be used in areas of the bus that students touch (handrails, tops/backs and edges of bus seats, etc.) Fog disinfectant spray for the interior of the bus to be performed daily.

Child Nutrition Guidelines:

Hand sanitizer to be placed near registers for student use. Sanitizing tables between each meal service as well as, all areas in the serving line will protect students and staff from droplet and contact exposure. This is especially important in areas where there is a lot of hand to mouth contact. Cleaning chemicals and cloths are to be changed frequently *AND* between each meal service.

Athletic Guidelines:

All athletic/PE equipment and lockers are to be cleaned daily with disinfecting wipes. Working with Environmental Services on disinfecting dressing rooms, showers, and associated bathrooms with disinfecting spray is to be performed daily.

IMMUNIZATIONS

1. All new students will need to present a current immunization record that you will be able to check for viability before they can be registered.
2. Have a copy of the Texas Minimum Required Immunizations in English and Spanish for reference use with parents.
3. If student lacks compliance, fill out the missing information or immunizations using the MISD Health Department referral form. Refer the student to either personal physician, county Health Departments or local pharmacies according to their individual insurance status. Registration may be resumed after the student receives shots and is current within medical feasibility definitions.
4. The nurse will enter all immunization records into the Skyward program after the nurse has checked the student record for compliance.
5. Obtain a copy of the original immunization record turned in by parent/guardian, enter the immunizations series dates of the student in Skyward.
6. Use Skyward to run a non-compliant report for the entire grade level to find students who are not current with immunizations.
7. Make a list of students who need more shots to *complete minimal requirements for each monthly reference. Notify parent on shots as needed at the appropriate time intervals.* Non-compliance reports are available through Skyward to assist in tracking students who need shots.
8. It is the nurse's responsibility to stay current with new student entries.

9. Nurses shall send home notification at schools end to all 6th graders/ 12 year olds, informing them of the Dtap and Meningococcal vaccine requirements.

GUIDELINES FOR DELINQUENT IMMUNIZATIONS

1. A letter will be sent home notifying the parent or guardian of the immunizations needed for the student to remain enrolled.
2. If the required immunization record is not provided by the specified date, the student will be excluded from school. This extends to transportation services.
3. Exceptions will be made for provisionally enrolled students, (students who are transferring from one school in Texas to another school in Texas, students who are homeless, and students who are under foster care). These students are given 30 days to provide a complete shot record or to receive the necessary vaccines as fast as medically feasible, starting with their date of enrollment. If, at the end of the 30-day period, a student has not received a subsequent dose of vaccine, the student is not in compliance and the school shall exclude the student from school attendance until the required dose(s) are administered.

MEDICATION

ADMINISTERING MEDICINE

School staff members do not administer prescription medication to a student unless the medication is in the original container with appropriate pharmacy label. The same applies to OTC (Over the Counter) medications, which must be in a labeled unopened manufacturer's bottle. All medications require written permission to administer from the student's parent/guardian. Medications are not transported by students, but must be delivered by the parent/guardian.

Medication Administration Protocol

School district employees may administer medication in accordance with Texas Family Code 32.002 with the following regulations:

1. All prescription medication must be in its original container and be properly labeled. A properly labeled prescription medication is one with a pharmacy label stating the student's name; name of medication; dosage to be administered;

doctor's name; and date prescription filled. Prescription medication must be requested and authorized by the physician and the parent/guardian.

2. Non-prescription medication will not be dispensed at school unless delivered by a parent/guardian in the original sealed (*unopened*) bottle with written permission from the parent/guardian.
3. Prescription and non-prescription medication must be delivered by a parent/guardian. Both the parent/guardian and the nurse will confirm the number of pills. *In case of samples, the medication must be accompanied by the doctor's order.*
4. A school nurse or her trained designee should dispense all medications for students. An employee is authorized by this policy to administer medications to student, counselors, registered nurses, nurses' assistants or any other classified personnel employed by the district. The employee must have documentation training by the nurse to dispense the medication.
5. All student medication will be stored in a locked container in the health services office or as designated by the principal. In grade K-5, inhalers must be in the nurse's clinic or in the possession of a teacher. In grade 6-8 a student may carry inhalers in a responsible manner but *furnish the nurse with a doctor's statement acknowledging student is mature enough to handle medication and correct administration of said inhaler.*
6. Medication may not be kept in the classroom unless directed so by a physician. The physician's order must be written the current school year.
7. Parents will be notified when student's daily medication has less than 5 doses available in the nurse's office. Unused portion of medication may be picked up by a parent or guardian during the final days of the school year.
8. At the end of the school year, all medication not picked up will be destroyed.
9. No student may have prescription or non-prescription (O-T-C) in his/her possession on school ground during school hours. The only exception will be if a physician's signed order is filed with the school nurse for student use of medications.
10. Medication policy and regulations will be observed on all off-campus trips. The person responsible for such trips will observe and communicate these regulations to students and parents.
11. In accordance with the Nurse Practice Act, Texas Code, Section 217.11, the school nurse has the responsibility and authority to refuse to administer medications that in the nurse's judgment are not in the best interest of the student.

No school district employee or volunteer, licensed or unlicensed, may provide the first dose of a first time medication to a student.

MEDICATION ADMINISTRATION SCHEDULE

In compliance with Texas DSHS guidelines, medications brought to school will be kept to a minimum. Parents will be encouraged to follow the medication administration schedule stated below.

- AM Meds: Students with morning medication, even those who eat breakfast at school, should be given a small snack, if required, with the medication *prior to transport* to school.
- TID Meds: These medications are to be given 3 times daily; before school, upon arriving home, and at bedtime. Exceptions can be made for students from outlying areas whose transport time is found to exceed 1 hour.

Therefore, medication will only be given at school *if the prescription stated dose times fall during school hours*.

CHANGES IN ORIGINAL REQUEST

Changes in directions for administering a medication can be received via telephone from the prescribing provider, but must be confirmed in writing within 3 days of the change. If the change isn't received in writing via fax, mail, or personal delivery, school staff will not give medication. The parent will be expected to administer the changed order.

DELIVERY AND CONTROL OF STUDENT MEDICATION

It is the policy of Marshall ISD for the legal parent or guardian of a student to deliver medication in the original container to the campus nurse. This includes prescription and non-prescription medication.

1. The legal parent or guardian must complete and return to the campus nurse the "Request for Administration Medication by School Personnel" form before the medication will be administered to the student. This form is available through the campus nurse.
2. The parent or guardian must count the number of pills/tablets in the container and, along with the nurse, initial that the count is correct, at the time of delivery. Any deviation from the *dosage* on the label must be accompanied by a physician's order or statement. Otherwise, the nurse will give the dosage per instruction on the label.

3. Non-prescription medicine must be in its original sealed container with a maximum of 30 doses.
4. Any medication not delivered by a parent/guardian to the campus nurse will NOT be given. Prescription and over-the-counter medication will not be sent via student at any time. Many pharmacies will provide a second labeled prescription bottle so parents may divide the medication for home and school use.

To comply with Department of State Health Services guidelines, school staff must obtain a written physician's statement along with the parent consent form on all medication brought to school for the students. This includes, and is not limited to, over-the-counter (OTC) such as Advil, Tylenol and Benadryl, etc.

DISPOSITION OF MEDICATIONS LEFT AT SCHOOL

The nurse shall provide 2 weeks advance notice that parents will need to collect medication at school year's end. The school nurse should attempt to contact by telephone the parent/guardian of any student who still has medication stored in the clinic 3 days prior to the end of the school year. The parent/guardian should be informed that the medication will be destroyed unless picked up by the end of the last day of class unless the child will be attending summer school.

MEDICATION ADMINISTRATION FOR NON-NURSING STAFF

By state law, School Administrators, Teachers and Support Personnel may administer medication to students if the Medication Administration protocol is followed. Aside from the administration of medication, minor first aid, and aid in state mandated health screenings, all other school health services fall within the scope of the school nurse.

Non-nursing personnel who are expected to assist students receiving medication at school will have in-service training.

It is important to note that the Nursing Practice Act prohibits a nurse from delegating the administration of injectable medications to unlicensed personnel, unless it is injectable epinephrine in the case of anaphylaxis.

UNLICENSED DIABETIC CARE ASSISTANTS

According to HB 984, with a nurse on campus, as in the case of MISD, only one UDCA personnel is mandated for an entire campus. Campus nurses must ensure the UDCA:

- Receives appropriate training
- Is administered pre and post test following training.
- Provide and supervise the skills level of the UDCA
- Campus principals are considered the UDCA supervisor

UDCA, once trained, can assist in the care of students with Diabetes, and injectable Epinephrine in the event of anaphylaxis, as well as assist in medication administration.

HEALTH CARE PROCEDURES

Services once rare and/or thought to be clearly outside the responsibility of schools are legally mandated by state and federal statutes for all children who need them. These include providing catheterization, managing complex medical regimens, administering medications, and providing physical, occupational, speech, and language therapy, in order to meet an individual child's physical health-related needs. New technologies support basic life functions and may include devices for mechanical ventilation, tracheostomy, gastrostomy, equipment for delivery of intravenous medications, and kidney dialysis. New devices are relatively portable, making home care and mobility possible for children who once would have been hospital-or institution-bound.* Health

care procedures that are necessary for the student's health and wellbeing will be performed, provided that a written request by parents/guardian and provider is made. All necessary supplies and equipment must be provided by the parent/guardian.

The following procedures and treatments are the most commonly performed in the school setting;

- Administering enteral feedings via gastrostomy tube
- Nebulization treatments
- Applying a dry dressing
- Applying a wet dressing
- Applying a wet to dry dressing
- Performing wound irrigation
- Suctioning a tracheostomy
- Urinary catheter insertion (sterile)
- Urinary catheter insertion (clean)

When parents request that the school nurse perform a procedure or treatment on their child during school hours, the following steps must be followed before complying with the request:

NURSE RESPONSIBILITIES

1. Obtain a written request from the parents, including a medical release.
2. Assess the student's current need for the procedure.
3. Obtain necessary medical information from the health care provider.
4. Communicate with the health care provider to discuss special circumstances related to performing the procedure at school. Provider shall state specific times for treatment/procedure.
5. Formulate a nursing care plan (RN must create an IHP).
6. Review procedure to be performed (if necessary).
7. Plan and execute a training program for school staff (UAP, who maybe be performing procedure if the school nurse is unavailable.)
8. Assess competency of trained staff to perform the specified procedure after execution of training.
9. Maintain ongoing communication about student's plan of care through ongoing communication with staff involved in the care of the student.
10. Schedule regular conferences/communication with parent/guardian and student's health care provider to maintain ongoing communication.

11. School Nurses are only to perform treatments/procedures that the provider has specified are to be performed during school hours.
12. Document student's responses to intervention(s).
13. Periodically reassess student's continuing need for procedure(s).

Medical Accommodation Request

If a student has an injury or medical diagnosis that requires special accommodations during school hours, a medical release or doctor's orders must be obtained by the health services department.

This information should include:

- Injury/diagnosis
- Accommodations
- Time period for accommodations

Once received, the necessary accommodations can be incorporated into the students health plan and communicated to pertinent staff members.

FIRST AID

First Aid will be provided by a licensed nurse or a certified trainer when available. The injury will be assessed and given the appropriate treatment.

Standing Orders for First Aid Treatment, given by MISD Medical Director, grants the use of specified topical medications for the rendering of First Aid. Orders are renewed yearly and are to be displayed in the campus clinic.

Parents/Guardians will be notified of injury, as applicable.

If accident, injury, or episode is severe, see the following criteria and protocol for the dispatching Emergency Medical Services.

Emergency Medical Service Protocol

1. Stabilize the student. This is top priority. Never leave a student unattended.
2. If this is a **life-threatening emergency** (*i.e. unconsciousness, difficulty breathing, excessive uncontrolled bleeding, suspected paralysis, etc.*) **call 911, and then the parent.**
(If the nurse is involved in emergent care, the principal may be asked to notify parents/guardian.)

If it is **NOT** a life-threatening emergency, call the parent/guardian to determine if they want EMS involved. ***After 2 attempts, EMS involvement is at the nurse's discretion. Notify Supervisor and document accordingly.**

3. Notify the office that 911 has been called. Request additional assistance, if needed.
4. Ask secretary to make copies of the student Skyward information.
5. Notify the Health Service Dept., who will then notify Administration.
6. When EMS arrive at the scene, be prepared to;
 - Give description of incident – facts only
 - Student's vital signs
 - Pertinent medical information
 - Give copy of student's Skyward information
7. If the parent/guardian is not available, a district representative will accompany the student to the designated Emergency Department until parent/guardian arrives.
8. Follow up with appropriate documentation in Skyward.

ACCIDENT/INJURY

Accident/Injury Protocol:

Any student reporting an injury or a suspected injury needs to be taken to the nurse immediately, if safe to do so. It is the nurse's discretion on how to proceed with treatment. IF THERE IS ANY QUESTION WHATSOEVER, TAKE THE STUDENT TO THE NURSE.

Minor Accident/Injury

The injured student is initially seen by the teacher. When deemed necessary, the child will be taken to the nurse. Cuts are cleaned with antiseptic wipes and bandages applied if needed. Parents are notified. Document in to Skyward under Health Injury.

More Serious Accidents/Injuries

If considered safe to do so, the injured student is taken to the nurse's office. Parents/guardians are contacted, particularly if there is a suspicion of broken bones and head or eye injuries. The student is kept under intense observation until parent/guardian arrives, with the emphasis on stabilizing the injury and the student's comfort. Documentation of injury is entered into Skyward under Health Injury. Notification given to Health Services Department via phone or email.

Very Serious Injuries

In the case of a very serious injury, parents/guardians are immediately contacted. Emergency Medical Services will be called when the nurse deems necessary or when an injured student is experiencing;

- o unresponsiveness
- o respiratory or cardiovascular distress, including chest pain
- o change in or loss of consciousness
- o suspected anaphylaxis
- o uncontrolled blood loss
- o unprecedented seizures
- o compound fractures
- o suspected spinal cord injury
- o severe burn

The student is kept under intense observation until EMS arrives.

Blood Protocol

In the case that a student comes into contact with any blood or bodily fluids, wash the area with soap and water. If by chance the blood gets into the student's mouth, rinse the mouth with hydrogen peroxide and water. If blood gets into the student's mucous membranes, flush the area well with water. ALWAYS CONTACT THE PARENT IF THEIR CHILD IS EXPOSED TO BLOOD.

RIGHT TO CONSENT

When the person having the right to consent cannot be contacted and that person has not given notice that no one else may consent, the following persons may consent to *medical, dental, psychological and surgical treatment of a child*:

- Grandparent of the child
- Adult brother or sister of the child
- Adult aunt or uncle of the child
- Educational institution in which the child is enrolled that has received written authorization to consent from a person having the right to consent
- Adult who has actual care, control, and possession of the child; and has written authorization to consent from a person having the right to consent
- Court having jurisdiction over a suit affecting the parent-child relationship of which the child is the subject
- Adult responsible for the actual care, control and possession of a child under the jurisdiction of a juvenile court or committed by a juvenile court to the care of an agency of the state or county.
- Peace officer who has lawfully taken custody of a minor if the peace officer believes the minor is in need of immediate medical treatment.

*This does not apply to consent for the immunization of a child.

WORKMAN COMPENSATION RESPONSIBILITIES OF CAMPUS NURSE

If a MISD employee is injured while at work, the campus nurse will provide the following required paperwork to the employee.

- Claims Administrative Services Inc., *Employees' Injury Report*
- Once the packet is completed, scan and email a copy to Cindy Dawkin at dawkin@marshallisd.com. She can be reached at 903-927-8708 for questions.
- If the employee chooses to be seen by a health care provider, refer them to Health Care Express, 711 SE End Blvd., Marshall, TX. Make a copy of the CAS Injury Report for them to take with them.
- Make a copy for your file.
- Notify your principal, Coordinator of Health Services via phone or email of Workman Comp situation.
- Document on MISD Accident/Incident form

CHRONIC ILLNESSES

ANAPHYLAXIS : SEVERE ALLERGIC RESPONSE

In response to the increase in students with diagnosed food allergies at-risk for anaphylaxis, Senate Bill 27 amends Chapter 38 of the Texas Education Code by adding Section 38.0151. This section requires the Board of Trustees to adopt and administer a policy for the care of students with diagnosed food allergy at risk for anaphylaxis.

Anaphylaxis and other allergic reactions develop from exposure to allergens, most commonly: insect stings, peanuts, milk and other foods, and latex*. *Food-induced anaphylaxis data reveals that 25% of anaphylactic reactions in schools occur among students without a previous food allergy diagnosis.*

Anaphylaxis signs/symptoms may include: difficulty breathing and/or swallowing and a tightening or closing of the throat. Children with asthma or other chronic respiratory disorders are at a higher risk of developing anaphylaxis.

Anaphylaxis requires prompt medical intervention with an injection of epinephrine, followed by transport to the nearest emergency room.

Emergency Injectable Epinephrine Policy

Emergency epinephrine kits will be available to each campus. They will be kept in unlocked areas in order to increase access by staff in emergency situations. Key school personnel (principals, teachers, P.E. teachers, campus nurse, UDCA, and bus drivers should be aware of their location and trained in how to use them).

KNOWN SEVERE ALLERGIES

Student with a history of an allergic reaction, emergency treatment for allergic reaction, chronic respiratory illness such as asthma, or who display warning signs of reactions

are at high risk for anaphylaxis. Students who are at high risk for anaphylaxis will be subject to the following:

FOOD SPECIFIC ALLERGY POLICY

All students with known food allergies that pose a risk of anaphylactic shock must *submit a current physician documentation validating this claim to the school nurse*. Parents are referred to the Director of Food Services for further communication and directives regarding the student's particular needs while in the school environment.

RESPONSIBILITIES OF CAMPUS NURSE

1. Check for allergy information filled out by the parent at registration.
2. Ascertain if this is a *new* allergy student or *known* allergy student.
3. Initiate an Individualized Healthcare Plan (IHP) that includes "continuous monitoring, emergency plans, and evaluation are to be initiated by the school nurse".
4. Ensure students with epinephrine auto-injector devices supply one designated for school use.
 - If student needs to carry Epi-pen on his/her person, must have a physician release stating the need and the capability of the student to self-administer Epi-pen.
 - Though students may be authorized by their provider to self-administer epinephrine, school personnel must be informed that the reaction may incapacitate the affected student. Therefore staff must be trained to administer the epinephrine.
5. Identify areas and/or situations in which allergic reactions are more likely. *Notify personnel with the "need to know" regarding student's allergy. This includes but not limited to Food Services, bus drivers, PE and music teachers.*
6. Personnel working in areas in which students are exposed to insect stings, latex, or foods will be educated about allergies and anaphylaxis and be trained in the use of emergency epinephrine and be aware of where it is stored. (TEXAS SCHOOL HEALTH GUIDELINES 235)
7. Enter student's medical information into Skyward in Health Conditions and Emergency information.
8. Expiration dates on emergency epinephrine kits should be checked regularly!

GUIDELINES FOR SCHOOL NURSES TO ADMINISTER AUTO-INJECTOR EPINEPHRINE IN THE SCHOOL SETTING

INTRODUCTION

Anaphylactic reactions are rare but one of the most common life-threatening emergencies that may occur in the school setting. Anaphylaxis is the most severe manifestation of a systemic allergic reaction and usually occurs within 30 minutes after the sensitized individual is exposed to the antigen. The more rapid the onset of symptoms, the more severe the reaction is likely to be. Early recognition is critical to preventing full blown anaphylaxis and possible death.

In an anaphylactic reaction, one, several, or all of the symptoms listed in the standing order for treatment may be present. Anaphylaxis may present as shock or upper airway obstruction. Any child who suddenly develops hives should be closely observed for the development of additional signs of systemic allergic reaction.

The most common sensitizing agents encountered in schools are:

- Food (nuts, legumes, shellfish, eggs, preservatives, food additives)
- Stinging insects (wasps, bees)
- Antibiotics (penicillin, cephalosporins, sulfa)
- Heat and cold

GUIDELINES FOR SCHOOL NURSES

- Allergy history needs to be established for all students and staff at the beginning of each school year
- Student and staff should be educated about known allergens in the school environment

- The school nurse should develop a plan to inform teachers and staff of the location of epinephrine auto-injector(s) and their appropriate use in anaphylaxis treatment
- A plan for maintaining epinephrine auto-injector(s) kept in the school setting should include monitoring the product expiration date(s).
- **IF**, in the professional opinion of the school nurse, an epi-pen should be available at school for an individual student, request should be made to the parent(s), guardian(s) to procure an epi-pen from the child's personal physician and bring to the campus nurse to be placed in the locked cabinet. The MISD medication guidelines should be followed accordingly with the prescription. Both the order/prescription and guidelines should be included in the student's school care plan.

ASTHMA

Asthma is the most common chronic disease in children, and it is the leading cause of school absences. Asthma is a chronic lung disease characterized by episodes or attacks of coughing, wheezing, chest tightness, and/or shortness of breath. Triggers vary, and some of the more common triggers are:

- o Allergens, which can include seasonal irritants (e.g. pollen), animal dander, dust mites, molds, or foods
- o Irritants, which can include cold air or environmental pollutants (chemicals, chalk dust, smoke, fumes)
- o Upper respiratory infections, including regular colds, flu, or other viruses
- o Physiological changes, including physical exercise, laughing or crying^{1,2}
- o Climactic, including very cold or windy weather, or extreme heat.*

Exercise-induced bronchospasm (EIB) or the seasonal presence of environmental allergens, may necessitate changes in the student's physical activity plans or field trip modifications. Students who have EIB can benefit greatly from using quick relief medication before they participate in activities. When the peak flow meter demonstrates poor airflow and known triggers cannot be avoided, quick-relief medication needs to be available.*

RESPONSIBILITIES OF CAMPUS NURSE

1. Administer prescribed medications when symptoms present.

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2. Recognize and manage acute episodes.
3. If acute, notify parents/guardians of changes in condition.
4. Work with student's family and health care provider to manage asthma at school. Depending on severity, initiate an IHP and ECP that include some combination of:
 - Medication administration plan
 - Physical activity plan
 - Environmental assessment and restructuring as needed
 - Monitoring of the student's overall health status
5. Inform staff of changes in condition, health status, and plan of care.

ASTHMA MANAGEMENT

Principles of asthma management are:

- Controlling symptoms;
- Preventing acute asthma episodes;
- Reducing persistent airway inflammation.

Controlling symptoms

Controlling symptoms involves both reducing exposure to triggers and pharmacologically managing the persistent airway inflammation. This information will then be included in the student's IHP, and environmental modification if possible.

- Peak flow meters play a significant role in controlling symptoms, since they can help to predict when and where symptoms and/or an episode are most likely to occur.
- Appropriate medication plays a critical role in reducing the amount of airway inflammation and long-term damage.

Acute asthma episodes

The management triad aimed at preventing acute episodes includes:

- Avoidance of triggers
- Monitoring of airflow and disease severity
- Pharmacotherapy

The student's IHP should address how these three interventions will be implemented in the school setting.

Reducing persistent airway inflammation

This goal can also be met through a combination of the three basic interventions already discussed and the use of long-term, anti-inflammatory medications.

Recognizing and managing acute episodes

Signs of an acute episode may include:

- coughing
- restlessness/irritability
- increased respirations
- exercise intolerance
- grunting
- anxiety or a “wide-eyed” appearance
- decreased ability to speak
- barrel-shaped chest (presence of trapped air)
- bluish/gray skin appearance
- nasal flaring
- use of accessory muscles to breathe
- “tripod” position (bent forward w/ hands on knees)

ASTHMA EMERGENCY

In the event of an acute episode that does not respond to medication administration within five minutes, or when worsening symptoms occur despite the use of medicine (e.g., a cyanotic, altered level of consciousness), follow the Emergency Medical Services Protocol.

DIABETES

Diabetes mellitus (DM) is a chronic metabolic disorder, which is caused by the inability of the body to use or produce insulin. The treatment plan for diabetes is balancing insulin, food, and exercise. It is critical for the child, family, and school personnel to understand how to work with these 3 factors to achieve good glycemic control.

NURSES RESPONSIBILITY

Students with diabetes must have an IHP which includes an ECP. The school nurse is the case manager for the student and will establish school treatment, emergency plans, coordinate school health care, and educate other school personnel about the monitoring and treatment of symptoms. The nurse is also responsible for involving the student's parents and PCP in the necessary care plans.

The following information should be contained in an IHP for a student with diabetes of either type:

- Definition of hypoglycemia for the student and the recommended treatment;
- Definition of hyperglycemia for the student and the recommended treatment;
- Recommended frequency for blood glucose testing;
- Written orders from the student's PCP outlining the dosage and indications for insulin administration and/or the administration of glucagon, if needed;
- Student may perform blood glucose testing finger sticks in the classroom if they are developmentally capable of doing so. If nurse assessment is that a student

cannot self-manage proper care, a meeting with all involved should be arranged immediately.

- Times of meals and snacks and indications for additional snacks for exercise;
- Authorization for full participation in exercise and sports OR any contraindications to exercise or accommodations that must be made for that student;
- Accommodations for school trips, after school activities, and other recreational activities (e.g., class parties);
- Education of all school personnel who may come in contact with the student about diabetes, how to recognize and treat hypoglycemia and hyperglycemia, and how and when to call for assistance;
- Medical and/or treatment issues that may affect the educational progress of the student with diabetes;
- How to maintain communication with the student, the parents, the child's health care team, the school nurse, and the educational staff.

SEIZURE DISORDERS

Seizure disorders

Seizure disorders occur when clusters of nerve cells, or neurons, in the brain signal abnormally. *Children with seizure disorders are at risk for two life-threatening conditions: status epilepticus and sudden unexplained death.*

The seizures, or the medication that prevents them, may also affect school performance, as the side effects include *drowsiness, fatigue, nausea, vision changes, and clumsiness. Occasionally changes in emotional state, memory, or activity level (e.g., hyperactivity) can occur.* The school nurse and relevant staff (particularly teachers) need to monitor these side effects and report any of the following to the student's PCP and family.

Managing seizures at school

Any member of the school staff could be present while a student is having a seizure. The school nurse shall provide training to all school personnel on seizure disorder, the various types of seizures, how to recognize them, and what to do in the event that one occurs. Staff shall call the school nurse as soon as possible in order to evaluate the student's seizure and determine if further medical attention is needed. The following includes types of seizures and appropriate interventions:

- **Absence seizures** – Previously called petit mal seizures, these typically produce momentary loss of awareness, sometimes accompanied by movements of the face, blinking, or arm movements. They may be frequent, as many as 60 a day. These seizures may be difficult to distinguish from the student who is daydreaming. The child with absence seizures may stop

talking in the middle of a sentence, and a few seconds later continue with their conversation. The child immediately returns to full awareness after one of these episodes.

- ✓ **Management** – Make sure the child did not miss any key parts of the lesson.

- **Simple partial seizures** – These are limited to one area of the brain. Consciousness is not lost, though the child may not be able to control body movements. Senses may be distorted during the seizure so that the child sees, hear, smells, or experiences feelings that are not real.
 - ✓ **Management** – If the child seems confused or frightened, comfort and reassure.
- **Complex partial seizures** – Sometimes called psychomotor or temporal lobe epilepsy, these seizures produce a variety of automatic behavior in which consciousness is clouded. The child may get up and walk around, be unresponsive to spoken direction (or respond inappropriately), may fling off restraints, may mutter, or tap a desk in an aimless, undirected way. He or she may appear to be sleepwalking or drugged. Some children experience fear as part of the seizure and may try to leave the room. This type of seizure usually lasts only a minute or two, but feelings of confusion afterwards may be prolonged. The child will not remember what he or she did during the seizure. Their actions during the seizure are not under their control.
 - ✓ **Management** – If a child has an episode of this type and appears dazed and oblivious to their surroundings, the teacher can take their arm gently, speak to them calmly, and guide them back to their seat. Do not grab or hold the child or speak loudly. If the child resists, make sure that they are safe. If the child is seated, ignore the automatic behavior but have them stay in the classroom until full awareness returns. This may necessitate closing the classroom door to prevent wandering and/or possible injury. Help reorient the child if they seem confused afterwards.
- **Other generalized seizures**--including akinetic, atonic, and myoclonic--can produce sudden changes in muscle tone that may cause the student to fall abruptly or jerk the whole body. A child with this kind of seizure may have to wear a helmet to protect their head. These seizures are more difficult to control than some of the others and, in some cases, may be accompanied by developmental delay.
 - ✓ **Management** – The student should be helped to sit up, examined for injury from the force of the fall, reassured, and allowed to sit quietly until fully recovered.

- **Generalized tonic clonic seizures** – Previously called grand mal, these seizures are convulsions in which the body stiffens and/or jerks. The student may cry out, fall unconscious, and then continue massive jerking movements. Bladder and bowel control may be lost. Seizures usually last a minute or two. Breathing is shallow or even stops briefly and will renew as jerking movements subside. The child may be confused, weary, or belligerent as consciousness returns.

- ✓ **Management** – First aid for a generalized seizure is focused on protecting the child from injury while the seizure runs its course. There are no first aid steps that can alter the course of the seizure. When this type of seizure happens, the teacher should:

- Keep calm. Reassure other children that the student will be okay.

- Time the length of the seizure and try to notice how it started and changed.

- Ease the child gently to the floor and clear the area around him or her of anything that could hurt them.

- Put something flat and soft (like a folded jacket) under the student's head so it will not bang against the floor as their body seizes.

- Turn the student gently on his or her side. This will keep the airway clear and allow any fluid in their mouth to drain harmlessly away.

- DON'T try to force open the mouth.

- DON'T try to hold on to the student's tongue.

- DON'T put anything in the mouth.

- DON'T restrain movements.

- When the jerking movements stop, let the student rest until full consciousness returns.

Breathing may have been shallow during the seizure and may have stopped briefly. This can give the child's lips or skin a bluish tinge, which corrects naturally as the seizure ends. In the unlikely event that breathing does not begin again, check the airway for any obstruction. It is rarely necessary to give artificial respiration.

Some children recover quickly after this type of seizure; others need more time. A short period of rest depending on the child's alertness following the seizure is advised. If a child has frequent seizures, handling them can become routine once teacher and classmates learn what to expect. One or

two of the other students may be assigned to help while the others get on with their work.

Emergency management of seizures

Emergency management of seizures should follow the school district emergency protocol and involve the school nurse and personnel who are trained to perform CPR and other emergency procedures.

The average seizure in a child who has epilepsy is not a medical emergency. It usually resolves without problems. It does not require immediate medical attention unless:

- A child has a seizure and there is no known history of seizures or epilepsy. Some other medical problem might be causing the seizure and emergency treatment of that problem might be required.
- Consciousness does not return after the seizure ends.
- A second seizure begins shortly after the first one without regaining consciousness between seizures.
- The seizure shows no signs of stopping after 5 minutes.
- If a student hits his or her head with force, either during the seizure or just before it began, and has one or more of the following signs, call for immediate medical attention:
 - ✓ Difficulty rousing after twenty minutes
 - ✓ Vomiting
 - ✓ Complaints of difficulty with vision
 - ✓ Persistent headache after a short rest period
 - ✓ Unconsciousness with failure to respond
 - ✓ Dilation of the pupils of the eye, or if the pupils are unequal in size

MENTAL HEALTH OFFICE VISITS

If a student presents to the clinic reporting mental health concerns: self-harm, suicidal ideations, etc., take a set of vital signs, do a brief assessment, and record findings under Office Visit in Skyward *before* referring them to the counselor.

This allows us to assess their physiological state, the possibility of Substance use, and *document our involvement*.

THE TEXAS GUIDE TO SCHOOL HEALTH PROGRAMS:

Mental, Emotional, and Behavioral Problems

Young people can have mental, emotional, and behavior problems that are real, painful, and costly. These problems, often called “disorders”, are a source of stress for the child as well as the family, school, community, and larger society. The number of families who are affected by mental, emotional, and behavior disorders in young people is staggering. It is estimated that as many as one in five children or adolescents may have a mental health problem that can be identified and treated. At least 1 in 20—or as many as 3 million young people – may have “serious emotional disturbance”. This term refers to a mental health problem that severely disrupts a person’s ability to function socially, academically, and emotionally.

Mental health disorders in children and adolescents are caused by biology, environment, or a mix of both. Examples of biological factors are genetics, chemic imbalances in the body, and damage to the central nervous system, such as a head injury. Many factors in a young person’s environment can affect his or her mental health, such as exposure to violence, extreme stress, and loss of an important person.

Caring families and communities working together can help children and adolescents with mental disorders. A broad range of services is often necessary to meet the needs of these young people and families.

The Disorders

Following are descriptions of some of the mental, emotional, and behavior problems that can occur during childhood and adolescence. All of these disorders can have a serious impact on a child’s overall health.

Some disorders are more common than others, and conditions can range from mild to severe. Often, a child has more than one disorder.

Anxiety Disorders are among the most common of childhood disorders. They affect an estimated 8 to 10 of every 100 children and adolescents. These young people experience excessive fear, worry, or uneasiness that interferes with their daily lives. Anxiety disorders include:

- **Phobia** – an unrealistic and overwhelming fear of some object or situation
- **Generalized anxiety disorder** – a pattern of excessive, unrealistic worry not attributable to any recent experience
- **Panic disorder** – terrifying panic attacks that include physical symptoms such as rapid heartbeat and dizziness
- **Obsessive-compulsive disorders** – being trapped in a pattern of repeated thoughts and behaviors such as counting or handwashing
- **Post-traumatic stress disorder** – a pattern of flashbacks and other symptoms that occurs in children who have experienced a psychologically distressing event such as physical or sexual abuse, being a victim or witness of violence, or exposure to some other traumatic event such as a bombing or hurricane

Major Depression is recognized more and more in young people. Years ago, many people believed that major depression did not occur in childhood. But we now know that the disorder can occur at any age. Studies show that up to 6 out of every 100 children may have depression. The disorder is marked by changes in:

- Emotion – the child often feels sad, cries, looks tearful, feels worthless
- Motivation – schoolwork declines, the child shows no interest in play
- Physical well-being – there may be changes in appetite or sleep patterns and vague physical symptoms
- Thoughts – the child believes that he or she is ugly, that he or she is unable to do anything right, or that the world or life is hopeless

Some adolescents or even elementary school children with depression may not place any value on their own lives, which may lead to suicide.

Bipolar disorder (manic-depressive illness) in children and adolescents is marked by exaggerated mood swings between extreme lows (depression) and highs (excitedness or manic phases). Periods of moderate mood occur in between. During a manic phase, the child or adolescent may talk nonstop, need very little sleep, and show unusually poor judgment. Bipolar mood swings can recur throughout life. Adults with bipolar disorder as common as 1 in 100 adults, often experienced their first symptoms during teenage years.

Attention-deficit/hyperactivity disorder (ADHD) occurs in up to 5 of every 100 children. A young person with attention-deficit/hyperactivity disorder is unable to focus attention and is often impulsive and easily distracted. Most children with this disorder have great difficulty remaining still, taking turns, and keeping quiet. Symptoms must be evident in at least two settings (for instance, at home and at school) for attention-deficit/hyperactivity disorder to be diagnosed).

Learning disorders affect the ability of children and adolescents to receive or express information. These problems can show up as difficulties with spoken and written language, coordination, attention, or self-control. Such difficulties can make it harder for a child to learn to read, write, or do math. Approximately 5 of every 100 children in public schools are identified as having a learning disorder.

Conduct disorder causes children and adolescents to act out their feelings or impulses toward others in destructive ways. Young people with conduct disorder repeatedly violate the basic rights of others and the rules of society. The offenses that these children and adolescents commit often get more serious over time. Examples include lying, theft, aggression, truancy, fire-setting, and vandalism. Children and adolescents with conduct disorder usually have little care or concern for others. Current research has yielded varying estimates of the number of young people with this disorder; most estimates range from 4 to 10 of every 100 children and adolescents.

Eating disorders can be life-threatening. A young person with **anorexia nervosa**, for example, cannot be persuaded to maintain a minimally normal body weight. This child or adolescent is intensely afraid of gaining weight and doesn't believe that he or she is underweight. Anorexia affects 1 in every 100 to 200 adolescent girls and a much smaller number of boys.

Youngsters with **bulimia nervosa** feel compelled to binge (eat huge amounts of food at a time). Afterward, to prevent weight gain, they rid their bodies of the food by vomiting, abusing laxatives, taking enemas, or exercising obsessively. Reported rates vary from 1 to 3 out of 100 young people.

Autism spectrum disorder or autism appears before a child's third birthday. Children with autism have problems interacting and communicating with others. They behave inappropriately, often repeating behaviors over long periods. For example, some children band their heads, rock, or spin objects. The impairments range from mild to severe. Children with autistic disorder may have a very limited awareness of others and are at increased risk for other mental disorders. Studies suggest that autism spectrum disorder affects 7 to 14 of every 10,000 children.

Schizophrenia can be a devastating mental disorder. Young people with schizophrenia have psychotic periods when they may have hallucinations (sense things that do not exist, such as hearing voices), withdraw from others, and lose contact with reality. Other symptoms include delusional or disordered thoughts and an inability to experience pleasure. Schizophrenia is even more rare than autism in children under 12, but occurs in about 3 out of every 1000 adolescents.

www.dshs.texas.gov/schoolhealth/shpguide/chap10.pdf

NOTICE OF EMPLOYEE RESPONSIBILITIES FOR REPORTING CHILD ABUSE AND NEGLECT

Anyone who suspects that a child has been or may be abused or neglected has a legal responsibility, under state law, for reporting the suspected abuse or neglect to law enforcement or to Child Protective Services (CPS).

Any District employee, agent, or contractor has an additional legal obligation to submit the oral or written report within 48 hours of learning of the facts giving rise to the suspicion.

Reports may be made to any of the following:

- A local or state law enforcement agency
- The Child Protective Services (CPS)
- 1-800-252-5400
- www.txabusehotline.org

Reporting your suspicion to a school counselor, a principal, or another school staff member does NOT fulfill your responsibility under the law. Furthermore, the District cannot require you to report your suspicion first to a school administrator.

State law requires that the identity of the person making a report of suspected child abuse or neglect be kept *confidential*.

A person who reports or assists in the investigation of a report of child abuse or neglect in good faith is immune from civil or criminal liability.

By failing to report a suspicion of child abuse or neglect:

- You may be placing a child at risk of continued abuse or neglect;
- You are violating the law and may be subject to disciplinary action, including possible termination from your employment; and
- Your certification from the State Board for Educator Certification may be suspended, revoked, or cancelled.

State law specifically prohibits school officials from:

- Denying an investigator's request to interview a child at school in connection with an investigation of child abuse or neglect; or
- Requiring that a parent of school employee be present during the interview.

School personnel must cooperate fully and may not interfere with an investigation of reported child abuse or neglect.

Health Services CPS Reporting guidelines:

CPS guidelines state, "To insure the validity of the child's outcry and maintain the integrity of the report of the abuse or neglect, the first person the child tells of an incident, or has suspicions of abuse or neglect is to initiate the reporting process by contacting CPS by website or by telephone."

If a student makes the initial outcry to the campus nurse, or if she witnesses or discovers evidence of abuse or neglect, a campus nurse is to initiate the reporting process. She is not to initiate the report on behalf of another. The CPS guidelines state, "*A professional may not delegate to or rely on another person to make the report.*" MISD nurses are to follow this guideline. If the campus nurse is the one to initiate the report she will keep principals and other need to know personnel apprised of the on-going situation, as well as any directives CPS may have issued.

For the purpose of documenting injuries for CPS or other agencies regarding possible abuse, Health Services staff will contact MISD Police Dept.

DOCUMENTATION/HEALTH RECORDS

SKYWARD

Skyward is the name of the computer program that is used by MISD and several area school districts for maintaining the educational records. Your job description determines exactly what functions are available to you for student management.

The Health program of Skyward enables campus nurses to keep all pertinent student information current and accessible to those who have the need to know. Each nurse is responsible for the information entered for each student. Documentation is the responsibility of each nurse.

OFFICE VISITS

Daily office visits of each student are to be entered. This helps in tracking student trends, as well as offering specifics of individual students. Recording of daily visits in Skyward is convenient in regards to parent complaints, as information is available to administrators immediately.

Enter in Skyward each student visit on a daily basis. Depending on the age level or your campus population, you can keep a written log of who comes in or have a sign-in log for students entering the clinic.

HEALTH CONDITIONS

Health conditions of each student are to be recorded in the computer. Health conditions may also be referred to as Special Condition students. There is a three letter abbreviation for each condition i.e. AST for asthma. If you have a condition, that is not already a part of the code list, call or email to Jennifer Peters at ext. 1181 to submit a request for the addition.

EMERGENCY INFORMATION

Campus nurses are also responsible for editing the emergency information regarding health concerns on each student. This entry will turn the student's name red in Skyward advertising to school personnel the particular student has a health issue. Campus personnel with the proper authority can access the emergency information to learn about the condition of that particular student.

Often times, nurses will receive new telephone numbers or emergency information from parents. Call or email your campus PEIMS coordinator with the new information and they will enter the new information.

Procedure for Medical Alert Folders

All classrooms with students with moderate to severe medical conditions will have a Medical Alert Folder with pertinent and confidential health information for Substitute Teachers and other need to know Staff members.

Medical Alert Folders are to include the following:

1. Student name and D.O.B.
2. Medical Condition
3. Emergency Action Plan
4. IHP ***IF*** Emergency Action Plan is not available
5. Contact numbers of Parent/Guardian
6. Any other pertinent information.

Medical Alert Folders are to be updated with change in student's condition, contact numbers, and/or change of instruction per Medical Provider.

Staff who receive a Medical Alert Folder will be required to provide a receipt of signature and acknowledge that the information found therein is to be handled confidentially.

MANDATED SCREENINGS

The state of Texas requires that all students PK, K, and 1st, 3rd, 5th and 7th grades be screened regarding vision and hearing. Certification classes are available through the Region VII Educational Center in Kilgore Texas. The certifications are current for five years.

All students transferring from out of state schools and students new to our district are required to have a vision and hearing test. If the student transfers from within the state and have vision and hearing results that are within the current school year, those results may be entered.

Scoliosis or Spinal screenings are required for all 6th and 9th graders. This certification can also be gained at Region VII ESC. Screening results may also be used when a transferring student enters MISD provided the screening was done in Texas.

RECORD KEEPING

The nurse will enter all results from all screenings into the Skyward program. The nurse will also track the referral process. The vision, hearing, and spinal screening results is compiled into an annual report that is due each June. The Lead Nurse will collect from all campus entries and prepares the report.

REFERRAL FOLLOW UP

The nurse will initiate the referral process when deemed outside physician assessment is necessary for a student. That referral process is to be documented in the Skyward program for that particular student.

RECORD/REPORTS

In the medical world, if it is not documented then it did not happen. Documentation is the key to successful clinic management. In education, almost all records are available

for parent inspection. Documentation is facts only. There is no subjective language used in documentation. MISD maintains a medical file on each student. This file is to contain the following: current immunization record, physician orders, medication orders, the previous nurse notes and medication record.

Personnel Information

The Health Services program coordinates with other student services and related instructional programs to focus on health-related needs of students and their families. The nursing staff is directly responsible to the Health Services Supervisor under the direction of the superintendent.

Nurses are governed by the same policies that apply to all teachers. The nurse is responsible to the principal of her assigned campus for the work she performs on that campus. All health activities on any campus are to be performed with the complete knowledge and approval of the principal. The support of the principal is necessary for the success of any campus activity.

Nurses are to communicate to the principals of their assigned campus any pertinent student health related information, and/or concerns, both on an individual and general level. It is the nurse's responsibility to communicate her need to be involved in the ARDs of those students whose IHP's require nursing services.

Nurses are to be on duty from 7:30 to 4:00, or as requested by their principal. If the nurse is unable to report to work, regardless of the reason, it is her responsibility to notify the Health Services Supervisor AND the campus principal. Nurses must receive acknowledgment of the notification from both Health Services, and campus personnel before her obligation has been met.

If you choose to take a personal day off you must submit a request 4 days in advance of the anticipated absence. You must have the permission from the campus principal prior to forwarding the request to Health Services.

Request for staff development workshops and conventions shall be submitted to the Health Services Supervisor two weeks prior to the event.

It is the nurse's responsibility to provide current and up to date copies of their nursing licensure, as well as any related certification or required training.

Lunches will no longer be deducted automatically. You will need to clock in and out for your lunch time. Be mindful of time accrued over 8 hours. Comp time will be monitored by the business office, and overages will need to be explained.

All Campus Nurse Expectations

1. As soon as you arrive, make sure the radio is turned **ON** and is **LOUD** enough for you to hear. You must carry the radio on you at all times, unless the assignment has been given to another. (*This is our primary way of communication*).
2. Respond to all medical calls on the radio **promptly**, regardless of a specific nurse being called for. Bring the GO-bag and wheelchair to designated area.
3. Perform any 1st aid, emergency care, or life saving measures needed by student or staff, within the LVN scope of practice.
4. Treat all visitors to the clinic with respect, using the therapeutic communication model.
5. NO student loitering in the nurse's office.
6. Properly report and document in Skyward all relevant and pertinent information in regards to ANY health related occurrence or visit to the clinic.
7. All keys to medication and supply cabinets are to be left at the individual campus. They are to be locked in the nurse's office, and the principal or secretary is to be informed of their location. In short, DO NOT TAKE CABINET KEYS HOME.
8. ALL administered medications, *particularly controlled substances*, MUST be documented in Skyward. Medication administration consents must be signed by parent/guardians before medications are given. Verbal consents from parent/guardian can be given until written consent can be obtained, but this is not to exceed 2 days. All consents obtained from this time forward are to be uploaded into Skyward as an attachment. (for those of you who need assistance with this, let the Supervisor know and we will walk you through it).
9. Be on time, per designated campus schedule. If you know you will be running late and/or circumstances prevent you from being at work on time, it is your responsibility to inform the Health Services Supervisor, as well as the Principal, as soon as possible. For the Health Services Dept., text messages are acceptable forms of notification. If, however, a response is not forthcoming, it remains the responsibility of the nurse to make direct contact via phone call. The nurse remains under obligation until a response is obtained from the Supervisor. The Department Secretary is not to be called in lieu of the Supervisor.
10. Unless previously discussed with me, ALL nurses need to take a 30 minute lunch. Nurses of elementary campuses need to be in at 7:30am and leave at 4:00pm. Please contact the Supervisor if your medication/procedure schedule doesn't allow this.
11. If you must leave early on a given day, please notify the Supervisor or Health Services Department asap. If you need to leave before 4:00pm at the Elementary level, we have to provide coverage for you. The secondary campuses have scheduled coverage until 4:00pm.

Dress Code

Nurses may have the option of wearing appropriate nursing attire or appropriate school uniform attire. Scrubs pants and coordinated scrub tunic tops may be worn. District guidelines for modesty of dress must be followed. No plunging necklines, exposed midriffs, hemlines more than 3 inches above the knee, or revealing or tight attire.

Tennis shoes with minimal to moderate amount of colored markings can be worn, as well as, close toed shoes. Flip flops, open toed shoes, and sandals are discouraged in the clinics.

As directed by the Texas BON, all nursing staff must wear a name tag with credentials displayed, during work hours. District name tags meet BON standards.

Texas Education Code Provisions

Liability

There are two types of liability exposure related to school health services. The first is civil liability, monetary damages for harm caused by some act of *omission*. The other is professional licensure liability, disciplinary action taken against a license granted by the state of other governmental entity. Because of the broad immunity granted to governmental entities, school districts and their employees have little civil liability exposure. Licensed health care professionals employed by school district are protected from civil liability, but they do have licensure liability exposure, i.e., disciplinary action against their license.

When administering medications in the public school, those who comply with Section 22.052(a), Education Code, enjoy broad immunity from civil liability. This includes nurses (RNs and LVNs) as well as unlicensed assistive personnel (UAPs). This immunity does not apply if the person administering the medication is out of compliance with Section 22.052, Education Code (i.e., does not have the permission of the parent). Acts of gross negligence are not protected from civil or licensure liability

Civil Liability Immunity

The district, the Board and its *employees shall be immune from civil liability, except for acts constituting negligence, for damages or injuries resulting from the administration of medication to a student*, provided such administration conforms to the Education Code 21,914. *It is the responsibility of the nurse to know and conform to the Nurse Practice Act, including Standards of Nursing Practice (Rule 17.11) and the Delegation Rules (Rule 218).*

