

SECTION II

Included in this section are procedures and guidelines for accomplishing preplanned health related activities.

Accident Reports

The nurse and whoever witnesses the accident fill out accident/injury reports. Records shall be maintained on all accidents that require the attention of a medical doctor. Parents are always notified in such an event. One copy of these reports is to be mailed to the Coordinator of Health Services and one copy is to be retained as a part of the student's health record (*See Form I C-1*). Eye injuries are no longer reported to the State of Texas.

Animal Bites

A person having knowledge of an animal bite or scratch to an individual that the person could reasonably be foreseen as capable of transmitting rabies or of an animal that the person suspects is rabid shall report the incident or animal to a local health authority of the county or the city or town in which the person lives. The report shall include the name and address of any victim and of the owner of the animal, if known, and any other data, which may aid in the locating of the victim or the animal. The local health authority shall quarantine for at least 10 days any animal that the authority has probable cause to believe is rabid or has exposed an individual. However, the owner of the animal may request permission for home quarantine. (*Rabies Control Act of 1981, VACS - 44776A Senate Bill 811, sub-chapter C*)

School nurses confronted with an animal bite should wash the wound vigorously with soap and water, cover the wound with a sterile or clean bandage, and contact the parents immediately. They should check on the last date of tetanus vaccine and notify animal control.

Bus Accidents

In the event of a school bus accident, the nurse from the closest school and the nurse from the school where the children attend will be called to come to the scene of the accident. Upon arriving at the scene of the accident the nurse will briefly examine each child and report to parents the condition of each. If a child should need to be transported by ambulance to the nearest hospital, the nurse will follow the child to the hospital, if possible, and report that to the principal and to the parents of the child. Finally, the nurse will write a brief report of her activities and send a copy to the Coordinator of Health Services. Accident/injury forms will be completed for students who have sustained injury (*Form I C-1*).

Child Abuse Reporting

A person who has cause to believe that a child's physical or mental health or welfare has been adversely affected by abuse or neglect by any person shall immediately make a report as required by law. *Family Code 261.101 (a)* (*See Birdville District Policy Manual FFG (LEGAL) and (EXHIBIT A)*), *GRA (LEGAL) and (LOCAL)*.

- That person shall make an oral or written report as prescribed above not later than 48 hours after the hour the professional first suspects that the child has been or may be abused or neglected or is a victim of indecency with a child, as described in Penal Code 21.11. A professional may not delegate to or rely on another person to make the report. *Family Code 261.101(b)*
- The report shall contain, if known, the name and address of the child, the name and address of the person responsible for the care, custody, or welfare of the child, if available, and any other pertinent information concerning the alleged or suspected abuse or neglect. *Family Code 261.104*
- A person who reports or assists in the investigation of a report of child abuse or neglect, other than a person reporting his own conduct or reporting in bad faith or with malice, is immune from

any civil or criminal liability that might otherwise be incurred or imposed. *Family Code 261.106, 19 TAC 61.1051* [See DG]

These reports shall be directed to any of the following:

1. Any local or state law enforcement agency;
2. The Child Protective Services division of the Texas Department of Protective and Regulatory Services (800.252.5400);
3. A local office of Child Protective Services, where available (1.800.321.8600 or 817.255.2300); or
4. The state agency that operates, licenses, certifies, or registers the facility in which the alleged abuse or neglect occurred.
5. If the case does not involve an immediate or emergency situation, healthcare professionals may access a special web-based system for reporting. The link to the web site is: <https://txabusehotline.org>; user name is: **educator**; password is: **report1**.

The school district, as an entity, will not keep any child abuse documentation. If it is kept at the discretion of the person making the report, it must be kept in a folder separate from the student's cum folder and in a locked cabinet. CPS will send an outcome report to the person who called it in.

Family Code 261.103, 19 TAC 61.1051

A person commits a class B misdemeanor if he or she has cause to believe that a child's physical or mental health or welfare has been or may be adversely affected by abuse or neglect and knowingly fails to report it as provided by law. *Family Code 261.109*

Authorized officials conducting a child abuse investigation shall be permitted to conduct the required interview with the child at any reasonable time and place, including at the child's home or school. *Family Code 261.302 (b)* [See GRA]

Classroom/Grade Alphabetical Rolls

When the individual classroom/grade enrollments are fairly stable, usually two weeks after school begins have the secretary run a student roster for each class/grade. All elementary school nurses should use the classroom roll. The middle/high school nurses use the grade (ALPHA) roll. If the classroom alphabetical roll is used, the following procedure is followed:

1. Copy the names on a classroom alphabetical roll sheet (*Form VIII B*). Write in the school last attended by the child in the proper blank.
2. Add the teacher's name, the teacher's room number, and the school year. If information is needed from the teacher, these papers are then placed in the appropriate teachers' boxes.
3. Upon receiving from teachers all the Classroom Alphabetical Rolls, run an immunization deficiency list: mark "OK" in immunization column if no deficiencies are noted.
4. If immunizations are needed by the child, anytime during the school year, the information, in pencil, is recorded in the "Immunizations Needed" blank on the Classroom Alphabetical Roll (*Form VIII B*). This can be determined by running an Immunization Deficiency Report from the Unimis System.
5. The Classroom Alphabetical Rolls are the worksheets for the year. Careful recording on these rolls determines exactly what each child's health needs are for the school year.

6. The Classroom Alphabetical Rolls are to be kept in a letter sized manila folder in your desk so that they are easily accessible.
7. As a suggestion, a list of all children's needs by grade and homerooms could be stapled inside the manila folder. After contacting the parent, that information and date could be recorded next to the child's name. When the need had been corrected, that information and date could be recorded giving a total picture of the follow-up at a glance.
8. The ALPHA roster, when run double-spaced, can be used in the same manner as the Classroom Alphabetical Roll.

Communicable Diseases (Reportable)

Communicable diseases (vaccine preventable) are reportable to DSHS (*See Section III*). Report chicken pox by age, grade, and demographic information. It is important to keep enter vaccine preventable diseases, ILI (influenza flu-like infections) and strep throat in the student log on Skyward. (Note the confidentiality laws concerning HIV). Head lice infestations and any other communicable diseases that require follow-up are recorded on a communicable disease log (*Form II B*).

CPR Instruction

It is recommended that all BISD nurses become certified CPR/AED/First Aid instructors within one year of their employment. It is the intention of health services to provide instruction and renewal every 2 years to all high school and middle school coaches, all-level secretaries and office assistants, bus monitors, lunch room monitors and all other personnel as the need is indicated. American Heart Association standards will be followed. Classes will be scheduled as needed.

Manikins

We have three Kris Kleans, eight Little Annie, three Timmy child manikins, and four baby manikins that belong to health services. In addition, we have one set of adult/child and one of baby Actar. Because these manikins are expensive, we have set up some guidelines for their use. (*See Section III.*)

In the case that you want to use these manikins:

1. Call the service complex/warehouse at 817.547.5771 to reserve them.
2. Arrange for their transportation. (Call the service complex a week ahead and ask if they can move them. Request when you want them moved and when they will need to be returned.)
3. Complete a manikin care report (Form II F) and return it with the manikins. If repairs or replacements are needed, return it to the Coordinator of Health Services.

Daily Medical Log

Students who come to the nurse's office are evaluated and the results are recorded in the Skyward System. The record should include the date, name, grade and/or teacher, time in, complaint, temperature, treatment, time out, and destination. A final end-of-year report (Superintendent's Report) will be due May 15.

Dental Program

February is dental month. Local dentists will graciously donate their time to emphasize dental health in the elementary schools. Kits from Proctor and Gamble are ordered by individual campuses and used to present to first graders. The school nurse makes the arrangement for a dentist's visit and coordinates with teachers for use of the dental kits, dental models, etc.

Diabetic Care Assistants

As mandated by state law, all campuses with diabetic students in attendance will have at least one lay diabetic assistant trained to recognize symptoms of hypo and hyperglycemia and assist a diabetic student in the case that the nurse is unavailable. When such a student attends a field trip during the school hours, the principal must provide the attendance of a diabetic care assistant.

Training for the diabetic care assistants will be done by the school nurses and will be reviewed on a yearly basis.

Emergency Plan Protocol

Emergency protocol is detailed in the BISD Emergency Handbook for most situations arising in the school setting. General instructions include the following:

Anaphylactic Shock

Anaphylactic shock is a well-defined antigen-antibody reaction, a hypersensitive state of the body to a foreign protein or a drug (food, medication, insect bite, etc.) Anaphylactic shock is sudden in its development and may be fatal. Students subject to severe allergic reactions should be identified on their permanent health record, on an individual health care plan, in the Unimis, and on the emergency card, with emergency procedures pre-established. The following guidelines should be followed:

- Observe symptoms. These may include anxiety or marked apprehension, urticaria (hives with itching), generalized edema, profound respiratory distress (starts with “lump in throat” to choking, wheezing, labored breathing), asphyxia (lack of oxygen with skin color pale, then mottles or is bluish), circular collapse (causes shock symptoms of increased heart rate, drop in blood pressure, clammy skin, dizziness, confusion), incontinence, loss of consciousness, and convulsions.
- Assess student and check individual health care plan for instructions
- Give meds (as listed in Emergency Medications, Health Handbook Section II page 9 also Form IX A)
- Call 911
- Maintain airway, assist with breathing, perform CPR as indicated
- Contact parents
- Keep student warm and dry
- Keep student flat and elevate feet unless leg is site of bite. Keep affected part below the level the heart
- Monitor student’s blood pressure and pulse

911 Calls

In the event that an emergency arises which threatens life, involves a major injury, or could precipitate a life-threatening situation, the person in charge must direct a call to 911. (*See protocol, Form IV A*). That person must remain on the phone line until adequate information is given so emergency personnel can respond quickly and appropriately. Simultaneously, emergency first aid will be administered as soon as possible. The parent, guardian, or next of kin must be notified of the situation. If the nurse assigned to that school is not on campus, she or her designated substitute must be notified of the action. She is to respond by traveling as judiciously as possible to the site of the emergency. Campus administrators are to be notified as soon as possible. Accident/incident reports (*Form I C-1*) must be initiated for all 911 calls and are sent to the Coordinator of Health Services as soon as follow-up is completed.

Poison Control Calls

For any incident involving a student where there is suspicion of an overdose or poisoning, the nurse or designated personnel must initiate a call to poison control, and follow the directions given. If need be, a call to 911 can be initiated. Whenever such action is taken, the parent/guardian and nurse must be notified.

First Aid Training

First Aid and Special Procedure training is provided to district employees as needed. It is mandatory that all new educational assistants working with children with special needs, secretaries, and office assistants receive first aid training prior to beginning the school year. It is required that first aid training be updated every 2 years.

The individual school nurses teach choking techniques to all lunchroom personnel and monitors. Bus monitors and drivers of special services buses are advised of special needs regarding the children assigned to those buses and are trained accordingly by the school nurses. All substitute personnel who are called to work in the nurses' offices must be current in CPR and first aid.

Individual Health Plan (IHP)/Emergency Action Plan (EAP) - Guidelines

Individual health/emergency action plans will be developed for all students with special health needs (*Form: IA-9 (pps.1-9)*). The parent, nurse, physician and school building administrator develop them jointly. IHPs encourage full communication and cooperation to provide the best possible care. The plans are treated as confidential and are stored in an area that is easily accessible to personnel who are identified in the plans. If the student is in special education, the plans are initiated in cooperation with the diagnostician.

1) PARENT

- a) Provides medication, supplies, equipment and physician's written instruction to the school
- b) Is encouraged to participate in the training of school personnel in administration of the medication or treatment
- c) Participates in developing the health plan

2) SCHOOL NURSE

At the beginning of each school year the nurse or her designee:

- a) Surveys emergency or health information and develops a list of students who need to have an emergency action plan or individual health plan (IHP)
- b) Obtains significant health data with the assistance of the diagnosticians
 - i) Onset - age of student when health condition began.
 - ii) Description of the significant health condition.
 - iii) Treatment.
 - (1) Subsequent episodes and treatment; and other significant history including allergies
 - (2) Date last seen by physician for above noted concerns
 - (3) Name and phone # of current Texas physician who sees this student
 - (4) Release of Confidential Information form to physician
 - (5) Request to administer medication and get form signed if needed
 - (6) Name of preferred hospital where student is to be transported
 - (7) Current height and weight. (Emergency transportation teams need this.)
- c) Develops and implements the IHP to be carried out in the school. The plan must include the following components:
 - i) Situations that could arise while the student is on the bus or on field trips
 - ii) Student identification data and data of plan
 - iii) Description of the health condition and the possible effects on this student. If multiple health conditions exist, list each as a problem in the plan.
 - iv) General guidelines for determining action
 - v) Immediate action required
- d) Follows procedures
- e) Manages medication plan appropriately by determining:
 - i) Medication and equipment needs and storage,
 - ii) Possible adverse effects of procedure or medication.
 - iii) Signed orders needs,
 - iv) Names and phone #'s of persons to be called.

- f) Identifies the administrator and three other people in the school to be trained to assist with the procedures
- g) Ensures that the plan is typed and signed by parent, nurse, and administrator; obtains physician's signature if prescribed health care is to be provided by the school
- h) Makes every effort to see that medication and/or treatment procedures are followed
 - i) Advises school personnel of health plan
- i) Assists parent in the instruction of identified people in the school to provide care. Lists names and dates of instruction on health record
- j) Inserts Health Plan into file system and makes notation on health and emergency card that a health plan is on file
- k) Updates the Health Problems List to include this student

3) PHYSICIAN - Must be licensed in Texas

- a) Serves as a team member in writing a health plan which is functional in the school setting
- b) Identifies health information and services, which need to be provided in the school setting (See form in Appendix.)
- c) Determines if special training is needed to provide the prescribed health care
- d) Writes prescription for parent to obtain medication and/or equipment:

Medication

- 1. Dosage
- 2. Route
- 3. Site of injection
- 4. Side effects
- 5. Other
- 6. Time

Equipment

- 1. Purpose
- 2. Directions in use of application
- 3. Precautions
- 4. Other

4) ADMINISTRATION AND/OR DESIGNEES

- a) Informs Director of Transportation of the student and the potential need for health care; provides a copy of EAP
- b) Manages potential environmental concerns such as:
 - i) Informs all personnel including lunchroom and playground assistants of potential environmental situations such as allergic reactions
 - ii) Anticipates special equipment needs such as wheelchair ramp
 - iii) Directs extermination of insects
 - iv) Arranges for emergency power supply
- c) Authorizes appropriate outlets for health care equipment, etc.
 - i) Knows the potential of the following rescue teams and inquires into their capabilities:
 - (1) Local emergency unit
 - (2) Flight rescue
- d) Communicates with parents:
 - i) The developed plan and potential concerns
 - ii) What the expected costs will be and who will be responsible
 - iii) Ensures that the emergency card is fully completed
- e) Provides time and financial support for training of school registered nurse(s) and other staff as deemed appropriate

Immunizations

The Texas State Department of Health requires that all children entering Texas elementary or secondary schools of higher education must have been immunized against communicable diseases: diphtheria/tetanus/attenuated pertussis (DTaP/TdaP), poliomyelitis, measles, mumps, rubella, Haemophilus Influenzae, Pneumococcus, meningitis, varicella, hepatitis A, and hepatitis B. Grade level specifics are on *form VI – E*.

Any student enrolling in school for the first time and transferring from schools outside Texas must provide satisfactory evidence of required immunizations. A person may be provisionally enrolled for 30 days in the District schools if he/she is transferring from a Texas school and if he/she has begun the required immunizations and is “on schedule” to receive the remaining immunizations as soon as possible. It is the responsibility of the principal to enforce these regulations. The school nurse is to notify parents at least two times (*Form VI - A*) preferably with a letter and phone call to enforce these regulations. Current immunization deficiency lists can be generated monthly to assist the nurse. Notices will be sent in the spring to notify parents of students’ needs during the summer months. These will be due upon registration in August. If a student must be expelled for noncompliance, the principal shall make the final decision with the advice of the school nurse.

Exclusions from Compliance as outlined on the Department of State Health Services, Immunizations website are allowed on an individualized basis for medical contraindications and religious conflicts. Children falling into these categories must have signed statements as specified in the law:

- Medical Contraindications - The person applying for the child’s exemption must present a statement signed by a physician, duly registered and licensed under the Medical Practice Act in Texas, in which it is stated that, in the physician’s opinion, the immunization required would be injurious to the health and well-being of the applicant or any member or his/her family or household. It should state the specific vaccination contraindicated. Unless a lifelong condition is specified, the affidavit or certificate is valid only one year from the date signed by the physician, and must be renewed at that time for the exclusion to remain in effect.
- Reasons of Conscience - The person applying for the child’s exemption must present an official TDH notarized within 90 days from the date notarized, an affidavit signed by the parent or guardian of the child, provided, however, that this exemption does not apply in times of emergency or epidemic declared by the Commissioner of Health.

Immunization Enrollment Policy

1. Upon enrollment, state law requires that a student present evidence of current immunization or of being in active pursuit of adequate immunization.
2. Evidence must be one or all of the following:
 - a. A validated shot record (signed by or for a doctor/clinic)
 - b. Documented school records
 - c. A school personnel’s verification by phone
3. Prior to completing enrollment, students not current with immunizations must receive required immunizations unless there is a medical reason to do otherwise.
4. When inputting verified immunization records into the Unimis System; the doctor/clinic having given the last immunization must be noted. The record must then be initialed/signed by the person copying the records. Dates since 9/1/91 must include mo./day/year.
5. Provisional enrollment for students transferring from another Texas school should only be used in unusual circumstances. (Provisional enrollment allows a maximum of 30 days of enrollment before receiving records.) In order to be placed on provisional enrollment, a student must provide evidence that immunizations have begun and are currently on schedule. (*See Compliance, Form VI A*).

Immunizations and Health Records

All schools are required to keep an individual immunization record for each child enrolled. These are presently entered into the Unimis System. The records are open for inspection by TEA and TDH at all reasonable times. These records may be subpoenaed at anytime.

Any validated certificate of immunization or comparable document from a physician, health department, or personal immunization record is acceptable, provided it shows the day, the month and the year when each immunization was given (must be present in all records updated after September 1, 1991). Immunization records transferred from another school system may also be considered as acceptable.

If a “B” or the word “booster,” or the words “series completed” appears on a DTaP/Td or polio record, it may be assumed that three doses have been received.

At the beginning of each year a health folder is begun/continued for each child enrolled. (*See Form XI D*) All health records are to be kept up to date. These records include all immunizations (mo./day/yr.), hearing, vision and scoliosis results, referrals, and any follow-up contact that may be done (*see Birdville ISD policy FFAA (Local)*), name and birth date, and physical handicaps or limitations which impact the health and education environment. It is suggested that teachers be notified of such limitations/handicaps. Any statements regarding child abuse, neglect and emotional/psychological ramifications must not be a part of the legal health record. Events and/or behavior must not be labeled. Guess work/opinions are illegal. Upon transfer or withdrawal health folders are sent with cumulative folders to the receiving school or to records maintenance. No original records are sent outside the district.

Medications

Definition: “Medication” is recognized as prescription as well as nonprescription drugs and includes, but is not limited to: analgesics, antipyretics, antacids, antibiotic ointments, antihistamines, decongestants, and cough/cold preparations.

Medication Administration By School Personnel

Employees of the District may administer medication to a student provided:

1. The district has received a written request to administer the prescription or non-prescription medication from the parent, legal guardian, or other person having legal control of the student. Prescription medication that is to be given on an ongoing basis (longer than 10 consecutive days or 10 doses, whichever is greater) must be accompanied by a note/request from a licensed physician dentist or it will be returned to the parent. Non-prescription medication that is to be given on an ongoing basis (longer than 10 consecutive days or 10 doses, whichever is greater) must be written as a prescription medication.
2. Written requests shall state the following information:
 - The date of the request;
 - The name of the student;
 - The name of the medication;
 - Signature by the parent, legal guardian or person having control of the student, and by the physician or dentist when medication is to be administered for more than 10 consecutive days or beyond 10 doses, whichever is greater;
 - Directions by the physician or dentist as to the administration of the prescribed medication; and
 - The physician or dentist that the prescribed medication must state that administration is necessary in order for the student to remain in school. In the absence of such necessity as certified by the physician or dentist, no prescription medication of any kind will be administered to any student.
3. If when administering prescribed medication, the medication is properly labeled and prescribed by a physician/dentist licensed to practice in the U.S. Written directions must accompany the medication from the parent or doctor. Alternative and sample prescribed medications, if approved as medication by the FDA, must be labeled with the child's name and accompanied by a signed Texas board certified physician's order. Product information sheets listing the ingredients, actions, and side effects must accompany the request for these medications. School personnel may not dispense dietary supplements and other nutritional aids not approved as medication by the FDA.
4. If when administering any medication, the medication appears to be in the original container
5. If administering topical preparations as part of the first aid protocol

Authorized Personnel

The school nurse or other personnel shall administer all medication to the student as stated in current legislation. If the school nurse is not available for such purpose on any occasion, an authorized person or persons may administer it to the student. Note the information form for nonmedical and/or substitute personnel. (Form 7.4)

Employees authorized by this policy to administer medication to students shall include superintendents, principals, classroom teachers, educational assistants, secretaries, or any classified personnel employed by the district. The principal of each campus should identify in writing the designated personnel for his/her building. (This is a protection for the principal, designated personnel, and the nurse.) The school nurse will train the nonmedical personnel, and attaches the signed sheets to the principal's letter. These are placed in a file under medications.

Daily Medication/Procedure Administration (MAR) Record

A MAR (Form IX D) shall be maintained to record the administration of all daily medication. Such a log shall record the following information:

- The name of the student;
- The name of the medication;
- The date the medication was administered;
- The dosage administered;
- The time of day the medication was administered,
- The name and (initials) of the person administering the medication; and
- The count of pills returned as refills on the date brought to school.

The MAR is alphabetically placed in the Medication Record Book with the Parent/Physician Permit.

PRN Medication Administration Record (MAR)

A PRN MAR (Form IX H) shall be initiated on all students taking PRN medications. It shall be attached to the medication permits for the appropriate student. This card will include the following information:

- The name of the student;
- Verification, when indicated, that a doctor's signature and prescription have been received.

Other Medication Guidelines

If possible, it is best for all medication to be given at home. Usually the hours at which medication is to be given can be arranged so that a child will not need to take more than one dose during school hours. The initial dose of a medication is to be administered at home, doctor's office or hospital. Sample prescription medication must be labeled with the child's name and accompanied by a signed physician's order.

Dietary supplements and other nutritional aids not approved, as medication by the FDA may not be dispensed at school.

Medication will not be supplied by the school and will only be administered if brought from home with specific written directions from the parent or doctor. Schedule II (controlled) drugs such as Ritalin, medication with Codeine, and other controlled medication must be brought to the nurse's office by the parent/guardian and counted before and after transport. In the event the parent chooses to send such medication with a student, the school cannot assume responsibility for loss or other negligent behavior. Medicine not carried home at the end of the school year will be discarded. It is the basic responsibility of the child to remember his/her medication. The teacher and/or nurse can serve to remind the child until a routine can be established.

Exceptions:

Exceptions will be made for those students classified as special education handicapped and/or handicapped under section 504 (i.e. ADD, Dyslexia, Diabetic, Tourette's Syndrome, Spina Bifida, etc.) In these cases, it is deemed the responsibility of the nurse/and or designated school personnel to see that the child is given the opportunity to take his/her regularly scheduled medication. If for any reason the medication was not administered the parent will be notified and appropriate action taken as directed.

The student may carry an asthma inhaler for proper medical management in the event that it is deemed necessary by the physician, parent/legal guardian, nurse, and principal. In addition, another inhaler must also be kept in the clinic. A signed doctor's statement stating the above must be filed in the nurse's office.

Medications such as Tylenol, Advil and a decongestant may be dispensed to athletic students from stock supplies by the high school trainers during athletic activities only. (Form IX F) This is not available during other regular classroom activities.

Emergency Medications At School:

In the event that a student has a life-threatening allergic reaction, authorized personnel will administer the ANA-Kit as directed by BISSD Physician Consultant using the steps as below. The ANA-Kit is to be used only for patients who are highly allergic to pollens, foods, dust, insect stings, and drugs, which may produce a life-

threatening anaphylactic reaction (see Emergency Plan Protocol, Page II-4) or those having a severe asthma attack.

In the event of a life-threatening situation, these steps will be followed to administer

1. Epinephrine
 - a. The needle cover will be removed and the syringe held upright.
 - b. If the patient is less than 66 lbs., the plunger will be depressed from the 0.3cc mark to the 0.2cc mark thus expelling 0.15cc of epinephrine. After the alcohol swab has been applied, the needle will be inserted straight into the arm or thigh and the plunger pushed until it stops giving the 0.15cc of epinephrine.
 - c. If the patient is 66 lbs. or more, the needle will be inserted straight into the arm or thigh and the entire 0.3cc of epinephrine injected.
 - d. Once the appropriate epinephrine injection has been administered, 911 will be called immediately and the patient's physician contacted if possible.
 - e. If a stinger is present, a plastic card or fingernail will be used to remove the stinger.
2. Benedryl
 - a. If the patient is not asthmatic or pregnant, and
 - b. If less than 50 lbs.,
 - i. The patient will be asked to chew and swallow 1 of the purple tablets (Benedryl 12.5 mg). It may be repeated every 4 hours.
 - ii. If 50 lbs. or more, the patient will be asked to chew and swallow 2 of the purple tablets (Benedryl 12.5 mg). They may be followed every 4 hours with 1 tablet of Benedryl 12.5mg.

Topical Preparations Used in the Health Offices

The following topical preparations may be available for use in the health office. Unless a parent specifically states such preparations are not to be used on his/her child, they will be administered, if available, judiciously and appropriately.

1. Alcohol
2. Anbesol or equal
3. Bacitracin/triple antibiotic ointment or equivalent
4. Betadine or Povidone Iodine
5. Blistex/ Orasol
6. Calamine or Rhulispray
7. Campho-phenic
8. Chloraseptic
9. Emergency Medications – Epinephrine and Benedryl
10. First aid cream
11. Gluco Tabs
12. Hydrogen Peroxide
13. Activated Charcoal
14. Saline Solution
15. Solarcaine/Americaine
16. Sting kill ampules or equivalent
16. Visine or equivalent

Needy Students

Health related services shall be provided to “needy” students, to the extent possible, through donations and other services provided by civic clubs, public institutions, and individual contributions. Each such service is documented on the “Benevolent Services Log” (*Form III A*). See appendix for form and guidelines for requesting Lela P. Key Memorial Funds (*Form III B*). Medication purchased for students will be for no more than 1 mo/yr., must be a generic, and must remain at school.

Northeast Lion's Club referrals are made and sent to the Coordinator of Health Services for students who have failed a vision exam twice and qualify for free or reduced lunch. The school nurse sends Haltom City Lion's Club referrals to the Coordinator for the Lion's Club. Both Northeast Lion's Club (*Form III C*) and Haltom City Lion's Club (*Form III D*) provide services. Referrals for children age 7 and under should be sent to St. Vincents Eye Clinic.

Pregnancy/Parenting Procedure

The Board of Trustees has authorized a procedure for teaching pregnant and/or parenting students. The purpose of this procedure is to coordinate a standard district procedure to protect the students with children either born or unborn. There is a high incidence of inadequate prenatal care and/or childcare. It is our desire to offer assistance to these students by empowering them to continue their education and to develop healthy life-styles conducive to life-long learning. Their children will soon be our students. Therefore, we want to provide guidance so their children will enter school as healthy productive individuals. It is our belief that we can make a difference. The referral process involves school nurses and includes the following guidelines.

1. Principals will designate case managers on each of the secondary campuses for a one-year term.
2. Designated personnel, when selected, will be required to attend an orientation and training session as determined by the Facilitator for School-aged Parents and Coordinator of Health Services.
3. A procedure empowering trained personnel to appropriately counsel and refer students is in place. It involves a permission form to the parent giving them an over-view of the scope of the program. Advice from the TASB attorney, Bob Johnson, research from the TASB office regarding other districts' policies, input from the Health Advisory Committee, and sensitivity to the current health survey has been considered.
4. Institution of this procedure took place during the 1992-1993 school year.
5. Advertisement of the program includes the following:
 - a. Caution to relay information but not glorify teen pregnancy
 - b. Student awareness of the service through the handbook
 - c. Posting the name of campus managers on each campus

Procedural Overview

1. Upon learning a student is pregnant/or parenting; a referral will be made to one of the following persons for case management:
 - a. School-aged Parenting Teacher
 - b. School Nurse, ASAP Program Social Worker, or ASAP Social Work Intern Counselor (if designated by principal.)
2. The school nurse will be notified as soon as possible to help manage health problems that arise. A medical statement will be secured for pregnant students.
3. The District Facilitator for School-aged Parents will be contacted.
4. The Support Committee (Case Manager, Vocational Counselor, Home Economics/School-aged Parenting Teacher) will meet to determine the most successful program for the student. The student (and parent(s) or spouse if appropriate) will be involved.

Procedures for Campus Personnel

Responsibility of the Case Manager

1. Contact District Facilitator for School-aged Parents, and Principal
2. Give overview of program and send home appropriate forms.
3. Encourage student to involve parents/guardian/spouse in decision-making concerning pregnant student:
 - a. If a student is pregnant and is a minor (under 18 years of age who has never been married or judicially emancipated), the case manager will explain the benefits of involving the parents in such an important event. The case manager should discuss with the student the problems, if any, that the student perceives would be caused by informing her parents. The case manager should explain to the student the outcomes, if known, of informing the father of the unborn child. Similarly, the case manager should discuss with the student the problems, i.e., informing the father of the unborn child

that the student perceives could cause problems. The case manager should offer group sessions to the student for participation by the student, her parents and the father of the unborn child for the purpose of informing them and coping with any problems, which arise.

- b. The student will be given two weeks to notify the parent/guardian of the pregnancy, except when the case manager believes that notification is not in the student's best interest. If the student does not inform her parent/guardian, and the case is not an exception, the principal or designee will notify the parent/guardian.
 - c. If an exception exists, a crisis counselor must be notified and the principal kept apprised of the situation.
 - d. If the student is an adult (not a minor as defined above), the case manager will emphasize the importance of involving her parents but will not notify her parents without her consent.
4. Make appropriate referrals to community agencies for services with parent approval, when indicated.
 5. Follow-up referral assisting the student with paperwork, accumulation of necessary data, etc.
 6. Refer the student to the Facilitator for School-aged Parents or appropriate agency, community service or church for pregnancy/parenting counseling. (Note legal guidelines) Get copies of documents impacting childcare.
 7. Maintain counseling notes, needs assessment, referral records, and a copy of student's current class schedule.
 8. Refer pregnant students and forward all medical records and changes to nurse.

School Nurse's Responsibility

1. Initiate and/or update confidential health records. Medical statements, etc. are confidential records.
2. Notify case manager of health concerns that may affect the student's educational progress.
3. Obtain medical statement and notify Facilitator for School-aged Parents.
4. Inform teachers of medical statements regarding chemical fumes exposure or participation in athletic activities.
5. Follow-up student's health progress.

Campus Support Committee's Responsibility

1. Assess student's current academic status and make recommendations.
2. Refer to vocational counselor for career planning.
3. Review attendance history and make appropriate recommendations to attendance committee.

Parent and Student Responsibility

1. Contact the school representative to start the referral process
2. Sign parental permission and medical release forms
3. Complete School-aged Parenting Enrollment Form supplying all requested medical or legal forms
4. Keep the case manager apprised of health/pregnancy changes
5. Request and complete assignments
6. Read and sign service contracts

Teacher's Responsibility

1. Upon identification of a parenting/pregnant student, send completed referral form to a designated case manager.
2. Provide current academic and attendance information as needed.
3. Provide lesson plans to the CEHI teacher and modify assignments as needed. Provide makeup and/or alternative assignments when necessary
4. Receive permission of student's medical provider before allowing pregnant student's exposure to chemical fumes or participation in athletic activities that might harm the fetus. (Request Campus Coordinator's assistance)
5. Adjust classroom rules (for example, a pregnant student cannot be required to tuck in shirt and wear a belt)
6. Turn in grade sheets

7. Notify case manager of student academic/health changes
8. Meet with Support Committee, if requested

Responsibility of Facilitator for School-aged Parents

1. Obtain copy of enrollment forms, medical statements, and copies of marriage certificates and/or divorce decrees (must include any other legal papers impacting child care) and maintain central file
2. Maintain data bank and make necessary reports to district and funding sources
3. Supplement referral process as necessary
4. Coordinate transportation and childcare
5. Train campus case managers

Board Approved 5/92
Revised Board Approval 7/94

Puberty and Developmental Program

Every spring the school nurse coordinates and presents a class for fourth grade girls (optional with principal approval), and fifth and sixth grade girls and boys. Letters are sent to all parents informing them of these programs and providing a time schedule for them to see the films and booklets to be used in the presentations. The Coordinator of Health Services assists all new nurses in their first presentation. The material used is coordinated through the central office and with the principal of the school. (See Section II, 22-24.)

Growth and Development Programs

- Girls and Boys (5th and 6th grade)
- Girls (4th grade)

Boys Program

- | | |
|------------|---|
| Film (5th) | "Boy's Stuff" (arrange to borrow from TDH or Central Stores Warehouse))
"Growing Up and Liking It" (Modules #1, 4)
"Just Around the Corner - for Boys"
"Who Am I Now? – Part 2" |
| Film (6th) | "Everything You Want to Know About Puberty for Boys"
"Kids to Kids"
"The New Improved Me - Accepting Body Changes" - part 1
"The New Improved Me - Understanding Body Changes" - part 1
"Puberty Education for Special Needs Students"
"Always Changing - Boys"
"Puberty: The Great Adventure for Guys" |

Boy's Growth and Development Talk

Physical Changes of Puberty:

- Timing of hair growth/shaving
 - When uncomfortable
 - Have equipment available
- Voice Changes
- Body Shape -
 - Muscle development
 - Side effects of steroids
 - Cessation of natural adrenalin
 - Possibility of being sterile
 - Early aging
- Growth of genitals - each person is an individual
- Hygiene and Grooming
 - Use of deodorant
 - Daily shower/bath

- Daily change of underwear/clothes
- Self-Responsibility
Questions and Answers

Girls Program

- Film (4th) "Always in Action"
"Growing Up on Broadway"
- Film (5th) "Always Changing & Always Growing"
"Growing Up and Liking It" (Modules #1, 2, 3)
"Just Around the Corner - Girls"
"It's A Change Thing"
"Julie's Story"
"The New Improved Me - Accepting Body Changes" - part 2
"The New Improved Me - Understanding Body Changes" - part 2
"Who Am I Now?"
- Film (6th) "Kids to Kids"
"Puberty Education for Special Needs Students"
"Always Changing - Girls"
"Puberty: The Great Adventure for Girls"

Girl's Growth and Development Talk

Anatomical and Physiological Changes

- Signs of impending menses (usually within the year)
 - Breast enlargement - breast buds appear, these are not cancer
 - Vaginal discharge that is whitish clear; feels wet in panties. (This is not an infection. An infection causes colored discharge and itching.)
 - Underarm, leg, and pelvic hair growth. Shave when you are uncomfortable with it.
- Hips get wider, teeny bopper look disappears at about 16 to 17 years old
- Three openings in the pelvis - urethra, vagina, rectum; the vagina is where the drainage comes out and is where you can insert tampons. The lining of the vagina is soft and spongy like the inside of your mouth.
- Hormonal activity
 - Age most likely to start menstruation (9-17 years old), often similar to what "mom" did
 - Menstruation – cramps
 - Mood swings - PMS. This is when you feel sluggish and are more irritable. It can be helped with regular exercise, plenty of sleep, and sometimes decreasing the amount of salt you eat. It occurs in most women about a week prior to their period.

Hygiene

- Daily baths/showers
- Daily change of clothing
- Use of deodorants
- Care of sanitary napkins/tampons; wrap them with toilet paper and put them in the trashcan. Don't leave them on a bathroom floor; that is nasty!
- Exercise and Nutrition
- Rest

Toxic Shock Syndrome

- Occurs when a bacteria is grown in an enclosed area where oxygen cannot get. It is like taking a piece of cotton and holding it in your mouth all night. Yuk!
- Symptoms
 - High fever
 - Diarrhea
 - Vomiting

Find an adult with whom you can talk - your peers may not always have the right answers.

Self - Responsibility - be responsible to your body. You can decide to be healthy and to make right choices. Don't be pressured into doing things that will be harmful to your body.

Questions and Answers

Available to Parents

- Films:
- "Always Changing & Always Growing"
 - "Always in Action"
 - "Boys Stuff"
 - "Growing Up on Broadway"
 - "Growing Up and Liking It"
 - "It's A Change Thing by Kotex"
 - "Julie's Story"
 - "Just Around the Corner - for Boys"
 - "Just Around the Corner - for Girls"
 - "Kids to Kids" - boys or girls
 - "The New Improved Me - Accepting Body Changes"
 - "The New Improved Me - Understanding Body Changes"
 - "Who Am I Now?"
 - "Puberty: The Great Adventure for Girls and Guys"

All are available from Judy Beverly 547-5725 or may be in your school library for check out. Kotex materials are available at the Kotex website: www.kotex.com/education or www.girlthing.com/education.

Screenings – Acanthosis Nigricans, Vision, Hearing and Spinal

The objective of screening students is to detect health problems and to make referrals to the appropriate agencies for the benefit of the students' educational process. A good screening program is rapid and is accepted by the students and staff.

Acanthosis Nigricans

The State of Texas now mandates that school nurses screen and report evidence of Acanthosis Nigricans and weight-related risk factors for 1st, 3rd, 5th, and 7th graders, and **any** other student at risk. These screenings are required because Acanthosis Nigricans is a warning sign for insulin resistance and Type 2 Diabetes.

Vision and Hearing

When a student's initial enrollment in the District is also the student's initial enrollment in any Texas district, the student shall be screened for possible vision and hearing problems. This screening shall occur prior to completion of the first semester of enrollment or within 120 calendar days of enrollment, whichever is longer. Students may meet this requirement by providing evidence of screening conducted one (1) year prior to enrollment.

The school population to be screened for vision and hearing problems beyond the level of first entry is pre-kindergarten, kindergarten, first, third, fifth, and seventh, grades. Students subject to screening after initial entry may be screened at any time during the reporting year prior to May 31.

Criteria and Referral Information

- **Acanthosis Nigricans** –If the screener suspects the presence of Acanthosis Nigricans, the students will be called individually into the nurse's office at a later time for a private evaluation. At that time the nurse will check the students' height, weight, and two blood pressure readings. The nurse will also calculate the students' BMI (body mass index), the standard measure of recommended weight by gender and age. Parents will be advised of the results of the evaluation accompanied by a notification recommending a visit to a medical doctor for further evaluation and to rule out early diabetes.
- **Vision** -Student's failing the first vision screening at 20/40 or greater for 3-4 year olds and 20/30 for kindergartners and older is rescreened. A referral is made if the student is having difficulty in school, is squinting, or has frequent headaches. In addition, a referral is made if there is a 20-point differential between eyes. If failure occurs, a phone call is made and reinforced by sending a completed vision referral form. If nothing is done, nurses should follow up within a month to determine if a financial need necessitates a referral to Lion's Club.

- **Hearing** -Sweep-check will be conducted at 25 db HL for PK, K and grades 1,3,5,7, at the frequencies of 1000, 2000, and 4000 Hz. Failure of one frequency in either ear requires a recheck within 3-4 weeks. Failure of one frequency in either ear on the second sweep-check requires a referral or an extended recheck. Extended rechecks are optional and may be used to verify the sweep-check results. If failure of the second sweep-check and/or the extended re-check occurs, a referral is required.

Spinal:

Students in grades six (6) and nine (9) shall be screened for abnormal spinal curvature before the end of the school year. Students entering the sixth and ninth grades not previously screened shall be screened within 120 days of enrollment.

Students failing two spinal examinations require a referral. Referrals constitute a call to the parents and the completion and subsequently sending home of a spinal referral letter. The nurse should follow up on those referrals within two months.

All Screenings

The student or minor student's parent, managing conservator, or guardian may elect to substitute one or more professional examinations for any or all of the required screening tests. (*See Form XII D*)

Nurse Responsibilities in All Screenings

1. Maintain appropriate equipment for screening.
2. Preplan with involved teachers prior to the day of screening. Mass screening requires planning at least a month in advance.
3. Provide affidavit forms as requested by parents who prefer to have a physician do the screening.
4. Obtain or update health history
5. Utilize health screening as a vehicle for one-on-one health counseling and health education
6. Adapt screening tools to the appropriate mental age of students
7. Record all findings in computer.
8. Record results of follow-up on screening activities (retest, medical referral, etc.). Screening is of no value without adequate follow-up resulting in appropriate treatment. (See attached referral forms) Parents must be notified of any failures resulting in a medical referral. The student computer health record shall include a statement of the referral and any follow-up contact that may be done.

Important Things to Remember:

1. Notify the parent/guardian of all spinal screenings one week to 10 days prior to screening dates. (*Form VII B-2*)
2. Schedule appropriate time via telephone for parent contact, home visit, or parent/school visit regarding referrals on all significant health problems
3. Schedule a teacher-nurse conference following student screening to discuss health problems and their educational implications
4. Notify appropriate building staff of students with significant medical problems and health program adjustment
5. When screening for scoliosis, screen girls and boys at separate times. It works well to have the girls bring halter-tops or wear bras.

School Health and Related Services (SHARS)

The School Health and Related Services (SHARS) program is a targeted Medicaid program available to school districts in Texas. The SHARS program enables school districts to be reimbursed for certain health related services rendered to special education students who are Medicaid eligible.

Reimbursable school health services shall be provided or supervised by a licensed physician or by a registered nurse (RN) with or without a bachelor's degree. The types of school health services considered for reimbursement through the SHARS program are services such as: catheterization, tube feedings, suctioning, etc., by a school

nurse or other similarly qualified person; screening and referral for health needs; monitoring medication needed by students during school hours; and consultations with physicians, parents, and staff regarding the effects of medication. The list of reimbursable services does not include health assessments or counseling.

Billing for school health services may be back billed up to one year of previous service for students who are Medicaid and Special Education eligible and who have a current individualized education plan (IEP) in place. IEP's needed to include specific treatments, medications, and other services for which the school nurse is billing. Eligibility can be determined by checking against the list of Medicaid eligible student and by checking with the diagnostician. If in doubt, complete treatment records and request medicaid eligibility verification on the form.

Services are billed by 15-minute increments. For instance, 0-7 minutes = 0 billing units, 8-22 minutes = 1 unit, 23-37 minutes = 2 units. Accumulated minutes at the end of the week should reflect accurately billed units.

Due to the wide variance in individual needs, it is impossible to develop an all-inclusive list of services to be billed by the school nurse. A district can receive reimbursement for any health service, which is determined individually by the ARD Committee to be needed in order for an eligible student to participate in school. Following is a list of services, which can be billed:

ARD (not billable but important information to track)

1. Consultation
2. Medication
3. Treatments
 - a. Catheterization
 - b. CPT
 - c. Nebulizer Treatment
 - d. Suctioning
 - e. Tracheostomy Care
 - f. Tube Feeding or Gastric Feeding
 - g. Other
4. Other

Smoking and Cancer Program

All middle school nurses should coordinate smoking cessation programs with the school counselor and principal. If requested, the American Cancer Society will send someone to speak at special assemblies for all sixth grade students.

Special Education

School nurses play an important role in the education process for students with disabilities. All students referred to special education require a health evaluation done by the nurse. This includes vision and hearing exams and a minor health evaluation. The health evaluations are updated every three years with screening results necessary within the school year.

In addition, nurses assist with special procedures for some students with disabilities, e.g. tube feedings, catheterizations, trach care, etc. Frequent evaluation of these children and communication with their families and physicians to ensure maximum health are a necessary part of providing the best education possible. In addition to the IHP/EAP, various forms are used to assist in the recording of results, assessment of health needs, and requesting of information from the parent or physician. The nurse or diagnostician prior to the ARD Committee meeting initiates the referral for health services. It is ideal to have IHP/EAP forms available for parents of children with these special needs at the initial ARD meeting. The nurse should attend ARD committee meetings to help answer questions and to clarify special needs. An eligibility form is completed and given to the diagnostician for all students who are ARD'd to receive student health services (*See Form IA-6*). Arrangements

to attend the ARD meeting can be made with the principal and diagnostician. A SHARS billing form is initiated for students who are Medicaid eligible and are served in special education.

Student Assistance Intervention

The school nurse is a member of the campus CARE team. The nurse provides professional expertise in response to student concerns and is qualified to help determine if their personal concerns are related to physical/emotional matters requiring assistance and referral. Procedures for referral are found on forms in the appendix. They are also in the Student Assistance Handbook found in each school. (A chart of “Drugs and Their Effects” and the suicide policy are included in the appendix.)