YOUR SCHOOL NURSE PRECEPTOR HANDBOOK

A comprehensive guide to school nursing

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INTRODUCTION

Welcome and congratulations on obtaining a copy of Your School Nursing Preceptor Handbook! Whether you are new to school nursing and seeking to gain confidence in your role, or you are considering a career in school nursing and want to learn more about the field, this handbook is designed to provide you with all the information you need.

ABOUT ME

My name is Kristen Reilly, and I have been a school nurse working with grades K-12 since 2019. I began my nursing career in 2015 after graduating Summa Cum Laude in December 2014. Initially, I worked as a med/surg nurse and then transitioned to home care. However, as a sensitive individual, I found working with chronic and terminal illnesses in geriatric patients for long-extended hours emotionally overwhelming. Just as I was nearing burnout, I accepted a full-time position at a high school and rediscovered my passion for nursing.

School nursing is a rewarding and enjoyable career that combines healthcare and education to support student well-being. It offers meaningful work through caring for physical and emotional health, managing chronic conditions and promoting wellness. Not to mention, the hours are perfect if you have young children, and who wouldn't want summers off!

THE PURPOSE OF THIS HANDBOOK

The purpose of Your School Nursing Preceptor Handbook is to equip you with comprehensive knowledge to become a confident school nurse and alleviate any work-related stress. This handbook is also valuable for nurses considering a transition to school nursing but are hesitant due to the uncertainties of a new role.

Inside, you will find essential information on the core aspects of school nursing, your role, protocols and procedures, common scenarios, and much more.

Let's dive in and become experts in school nursing!

**Disclaimer: This information is presented solely for educational purposes and does not constitute medical or instructional guidance. Healthcare professionals are responsible for exercising their autonomous professional judgment and adhering to the guidelines of their license and expertise in all clinical decision-making and patient/student management.*

The author practices as a nurse in New York State and follows the New York State nursing practice acts governed by the New York State Board of Nursing, which operates within the New York State Education Department, specifically the Office of the Professions (OP). These regulations may differ from your state's nursing practice acts. Please consult your local state board of nursing for your territory's nursing practice acts to ensure you practice within your scope.

The information contained in this ebook is based on author's personal experience as a school nurse and is provided solely for educational and general informational purposes. The author is a licensed nurse, but this ebook does not provide medical advice, nursing advice, legal advice, or professional guidance specific to any individual, school district, or situation.

Please note that RN and LPN school nurses have different job descriptions as directed by the school district as the LPN must work under the direction of the RN so limitations may be present. Please familiarize yourself with the RN and LPN scope of practices in your specific state to ensure you practice within your scope of practice.

*In addition to adhering to your state's Nursing Practice Acts and understanding the defined roles and scopes of practices for both RNs and LPNs within your state, it is essential that you are also familiar with and follow the specific policies and procedures established by the school district in which you are employed. **

DISCLAIMER NOTICE CONTINUED

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Readers are encouraged to:

- *Follow their state's nursing practice act and licensure requirements*
- *Adhere to their school district's policies and procedures*
- *Consult qualified medical, legal, or administrative professionals as needed*

Privacy and Confidentiality

Any case examples or scenarios included in this ebook are fictionalized or presented in a way that protects the privacy and confidentiality of students, families, and staff. No real individuals are identified.

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SECTION 1

LEGAL AND ETHICAL CONSIDERATIONS OF SCHOOL NURSING

LEGAL AND ETHICAL CONSIDERATIONS OF SCHOOL NURSING

Understanding your role as an RN or LPN is fundamental to any nursing career. Our primary responsibility is to care for individuals under our state's nurse practice acts, governed by our local state board of nursing. As a nursing graduate, you should be familiar with your state's nurse practice acts and follow them with integrity.

Most states have a single nursing board that regulates all levels of nursing, including RNs and LPNs. However, some states have separate boards for RNs and LPNs. It is crucial to understand your state's specific governance regarding nursing practice acts and to know which regulations to follow.

LPNs must work under the direction of an RN, but the extent of their duties is clearly defined in each state's nurse practice acts. For instance, in New York State (NYS), an RN must present in the building unless very specific parameters are all met which are outlined in the New York State nursing practice acts (New York State Education Department). However, to avoid liability, school districts may choose to have an RN present at all times in buildings where an LPN is working, regardless if all parameters are met. Ensure you understand all of the rules and regulations to avoid legal issues related to practicing outside your scope *and also ensure you are following your school district's policies and procedures*.

LEGAL AND ETHICAL CONSIDERATIONS OF SCHOOL NURSING

Health and Safety

The number one priority as a school nurse is to ensure the health and safety of the children and staff. That will always supersede anything else.

You may face challenges where parents or even co-workers do not understand the ramifications of allowing certain activities that you know as the nurse are unsafe or are not in the best interest of the student from a health and safety perspective. It is never our job to please parents, staff members or student's wants over their health and safety. We are the ones responsible for the health and safety of the students and at the end of the day it is our conscious and license to consider.

Example 1

A parent may feel frustrated that the school nurse is requesting a cardiac note for a student with a history of Marfan Syndrome who is trying out for football.

No matter how frustrated the parent may be and how much the parent may try to coerce you by stating that the student has been fine and hasn't had any issues in years, it's still job as the nurse to stand firm and state that the student cannot be cleared for sports until the cardiologist note is received that states that the student is fully cleared to participate in all physical activities without restrictions. I'll discuss this more in section 7.

LEGAL AND ETHICAL CONSIDERATIONS OF SCHOOL NURSING

Example 2

A recently diagnosed fourth grade student with diabetes is brought to the health office from the lunch room with a blood glucose of 65 trending down after the nurse received an alert on the iPad that her glucose is dropping. This student and family have refused an aide to remain with her throughout the day to monitor her and report any changes to the nurse. The student has not told her friends she has diabetes and wants to go back and finish her lunch with her friends even though her glucose level is 65 and the arrow is pointing down. The student is still in denial of her condition and is not at the maturity level just yet to know to report any symptoms or glucose highs and lows to the nurse. Because she feels asymptomatic, the student wants to go back to the lunchroom and the parent also feels the student can go back.

We have to stand firm and tell both the parent and the student that it is unsafe to allow the student to return to the lunchroom unattended with a low blood glucose and state that the student must continue to eat her lunch in the nurse's office until the number reaches an acceptable number and is continuing to rise.

Your role is to ensure the safety and well-being of the students, even in the face of challenges and opposition. This commitment to health and safety is fundamental to your professional practice as a school nurse.

LEGAL AND ETHICAL CONSIDERATIONS OF SCHOOL NURSING

Professional Standards and Certifications for School Nurses

School nurses must adhere to a set of professional standards to ensure they provide the highest level of care and support to students. Key professional standards include:

1. **Nursing Practice Acts:** Adherence to the state's nursing practice acts, which define the scope of practice for RNs and LPNs.

2. **Ethical Practice**: Commitment to ethical principles as outlined by professional organizations such as the American Nurses Association (ANA).

3. **Evidence-Based Practice:** Utilization of the latest research and best practices in nursing care.

4. **Continuous Professional Development:** Engagement in ongoing education and training to stay current with medical and nursing advancements.

5. **Collaboration**: Effective communication and collaboration with educators, parents, healthcare providers, and other stakeholders.

6. **Confidentiality** Maintenance of student privacy and confidentiality in accordance with HIPAA and FERPA regulations.

7. **School District Policy and Procedure:** Know and study your school district's policies and procedures as well as when there are any changes or additions to them. Stay in the know with Board of Education meetings as that is typically where changes/additions occur.

LEGAL AND ETHICAL CONSIDERATIONS OF SCHOOL NURSING

Required Certifications

1. **Registered Nurse** (RN) Licensure: All school nurses must hold a current and valid RN license in their state of practice.
-the same applies for Licensed Practical Nurses (LPN).

2. **Basic Life Support** (BLS) Certification: Certification in BLS, often required by employers to ensure nurses can respond to emergency situations.

Recommended Certifications

1. **Certified School Nurse** (CSN): Certification offered by various state boards or educational departments. This certification often requires additional coursework and passing an examination.

2. **National Certified School Nurse** (NCSN) Offered by the National Board for Certification of School Nurses (NBCSN), this certification demonstrates advanced competency in school nursing practice. Requirements typically include RN licensure, relevant experience, and passing a certification exam.

3. **Pediatric Advanced Life Support** (PALS): Advanced certification in pediatric emergency care, which may be beneficial for handling severe medical emergencies in a school setting.

4. **First Aid and CPR Instructor Certificatio**n: For school nurses who may need to train staff and students in first aid and CPR.

LEGAL AND ETHICAL CONSIDERATIONS OF SCHOOL NURSING

Managing Student Health Records under FERPA

As a school nurse, you will need to have a **FERPA** (Family Educational Rights and Privacy Act) complaint office as well as an organizational system in place to make your work day manageable.

In many ways, FERPA can be considered the school's equivalent of HIPAA, but they are distinct laws with different scopes and applications:

1. Primary Function

FERPA (Family Educational Rights and Privacy Act): Protects the privacy of student education records in schools that receive federal funding.

HIPAA (Health Insurance Portability and Accountability Act): Protects the privacy and security of health information within the healthcare system.

2. Covered Entities

FERPA: Applies to educational institutions, such as schools, colleges, and universities.

HIPAA: Applies to healthcare providers, health plans, and healthcare clearinghouses.

3. Type of Information Protected

FERPA: Covers education records, which include grades, enrollment information, and health records maintained by the school.

HIPAA: Covers protected health information (PHI), which includes medical records, billing information, and other health-related data.

LEGAL AND ETHICAL CONSIDERATIONS OF SCHOOL NURSING

Managing Student Health Records under FERPA

4. Consent and Disclosure

FERPA: Generally requires written consent from parents or eligible students to disclose information from education records, with some exceptions (e.g., emergencies).

HIPAA: Requires patient consent to disclose PHI, with exceptions (e.g., treatment, payment, healthcare operations).

5. Rights of Individuals

FERPA: Grants parents and eligible students the right to access, review, and request amendments to education records.

HIPAA: Grants individuals the right to access their own PHI and request amendments.

6. Enforcement

FERPA: Enforced by the U.S. Department of Education.

HIPAA: Enforced by the U.S. Department of Health and Human Services' Office for Civil Rights.

In essence, FERPA serves a similar role in educational settings as HIPAA does in healthcare settings, focusing on protecting the privacy of students' information, including health information when it is part of their education records. However, because schools are primarily educational institutions rather than healthcare providers, FERPA addresses a broader range of student information, while HIPAA is specifically tailored to health data within the healthcare sector *(US Department of Education)*.

LEGAL AND ETHICAL CONSIDERATIONS OF SCHOOL NURSING

How Does FERPA Affect School Nurses?

FERPA affects school nurses by requiring the protection and proper handling of student health records as part of education records. Key points include:

1. Privacy of Health Records: Health records are protected under FERPA and must be kept confidential and secure.

2. Access to Records: Parents and eligible students have the right to inspect and review health records. Nurses must provide access within a reasonable timeframe.

3. Amendment Requests: Parents and eligible students can request amendments to health records they believe are inaccurate or misleading.

4. Consent for Disclosure: Written consent is generally required before disclosing health records to third parties, with exceptions like health or safety emergencies.

5. Record Keeping: Schools must log each request for access and each disclosure of health records.

6. Directory Information: Health information is typically not directory information and should not be disclosed without consent.

7. Annual Notification: Schools must annually inform parents and students of their FERPA rights, including those related to health records (Centers for Disease Control and Prevention).

LEGAL AND ETHICAL CONSIDERATIONS OF SCHOOL NURSING

Ways to Maintain FERPA Compliance

Ensuring FERPA compliance is essential in maintaining the confidentiality and privacy of student information. Here are some key practices:

Visible Information

Ensure no student information is visible to unauthorized individuals.

Secure Storage

Student charts must be kept in a locked cabinet, which should be locked every night.

Binders containing student information (e.g., allergy care plans, diabetic information, gym exclusion notes) must also be stored in a locked cabinet at the end of each day.

Desktop Security

If you leave your desk, even momentarily, ensure your computer is locked and the monitor is powered off.

Private Conversations

Conduct private conversations with parents or school employees regarding a student in a secure, private setting to avoid being overheard by other students or unauthorized individuals.

LEGAL AND ETHICAL CONSIDERATIONS OF SCHOOL NURSING

Ways to Maintain FERPA Compliance Continued

Email Communication

Avoid using email for communicating sensitive student information unless it is encrypted. Fax is a safer alternative for transmitting such information.

Cell Phone Policy

In middle and high schools that allow students to carry cell phones, consider implementing a policy requiring students to place their cell phones in a designated bin or cubby when entering the health office. This prevents any potential recording of confidential matters.

By adhering to these guidelines, school nurses can ensure they maintain FERPA compliance and protect the privacy of student health information.

SECTION 2

YOUR ROLE AS THE SCHOOL NURSE

YOUR ROLE AS A SCHOOL NURSE

School nurses provide a wide range of treatments including:

First aid
Diabetic care
Asthma care
Allergy management
Anaphylaxis care
Seizure treatment
Triage of ailments and care for each specific ailment

Not to mention, school nursing is largely dependent on thorough and accurate record keeping, follow-up, and collaboration and communication with students, family, and staff.

Your role as a school nurse depends on which type of school nurse you choose to be.

School nurses may work in three capacities:

Office nurse

1:1 nurse

Field trip nurse

YOUR ROLE AS A SCHOOL NURSE

Office Nurse

The office nurse is typically what one envisions when thinking of a school nurse. This nurse is responsible for the entire student body within a school building. Responsibilities include managing immunizations, tracking and following up on physical exams and screenings, providing first aid and general nursing care, and handling all duties encompassed by the school nurse role as discussed in this handbook. The office nurse may work alone or with another RN or LPN and, if fortunate, may receive clerical assistance from a secretary to help with attendance, filing, copying, mailings, and office setup.

Duties include but are not limited to:

Health Assessments
Conducting thorough health assessments and screenings for students, identifying health issues, and developing care plans.

Emergency Care
Providing first aid and emergency care for injuries and acute illnesses that occur during school hours.

Chronic Disease Management
Monitoring and managing chronic health conditions such as asthma, diabetes, and epilepsy, including medication administration and health education.

Medication Administration
Administering prescribed medications and treatments according to physician orders and ensuring proper documentation.

YOUR ROLE AS A SCHOOL NURSE

Office Nurse Continued

Health Education
Educating students, staff, and parents on health-related topics, promoting wellness, and providing resources for healthy living.

Immunization Compliance
Ensuring that students are up-to-date with immunizations as required by state laws and maintaining accurate health records.

Collaboration
Collaborating with teachers, counselors, and other school staff to support student health and well-being, and participating in individualized education plan (IEP) meetings as needed.

Communication
Acting as a liaison between the school, families, and healthcare providers to coordinate care and address health concerns.

Record Keeping
Maintaining detailed and confidential health records for all students, including documenting visits, treatments, and communications with parents and healthcare providers.

Public Health Advocacy
Implementing and promoting public health initiatives, such as vaccination clinics, health fairs, and screenings for vision, hearing, and scoliosis.

YOUR ROLE AS A SCHOOL NURSE

1:1 Nurse

A 1:1 nurse is assigned to a specific student with particular medical needs requiring constant attention.

This may involve administering prescribed and approved medications, such as emergency medications for students with seizure disorders, or providing ongoing medical care throughout the day, such as gastrostomy tube care or tracheostomy care.

A 1:1 nurse may be assigned during the school day if the student's medical needs are significant or after school hours when the office nurse is not available.

For example, during after-school sports or extracurricular activities, as well as field trips, the 1:1 nurse would accompany the student on the bus and remain with the student for the assigned activity.

Always remember that an LPN must work under the direction of an RN, so an RN may need to be physically present if the LPN is administering authorized medication within the LPN scope of practice. Typically, only an RN may be assigned as a 1:1 nurse outside of school hours since the office RN would not present in the building or on the field.

Important Tip: If you are a 1:1 nurse, you are assigned exclusively to a particular student who requires constant nursing supervision and care. Other staff members in the building may not fully understand this specific responsibility and may ask you to assist with other students. While it is important to ensure all students receive necessary medical care, you may direct them to contact the office nurse or assist in contacting the office nurse to attend to other students.

YOUR ROLE AS A SCHOOL NURSE

Field Trip Nurse

A nurse may be assigned to a field trip if one or more students have medical concerns that require an RN to administer medications in case of an emergency.

In some states, including NYS, a nurse must be present on field trips for students with diabetes or seizure disorders that require emergency medication. The field trip RN is responsible for carrying and administering any emergency medications or supplies for these students. Additionally, the nurse may need to administer daily medications to students at specified times during the trip.

Important Tip: If you are working through a nurse staffing agency and are assigned to field trips, you may be placed in buildings with which you are unfamiliar. It is essential to arrive early to receive a report from the office nurse responsible for the student. Always ensure that the nurse provides you with both the medication and the physician's order. Verify that the medication matches the exact medication and dosage specified on the signed and stamped physician's order, which should also include the parent's approval signature.

Check the expiration date, and if it's an EpiPen or seizure medication, open the box to confirm the medication is present and correct. Unfortunately, you may encounter discrepancies so it's best to be your own advocate and check everything yourself. It is crucial to remember that the label on the medication container is not sufficient; it is not an official order and may be outdated. The valid order for the current school year must be a signed and stamped document by the physician, also signed by the parent.

ESSENTIAL SKILLS FOR OFFICE SCHOOL NURSES

As the saying goes, "a nurse is a nurse is a nurse." Regardless of the field of nursing you practice, your comprehensive nursing assessment skills are indispensable in providing high-quality care to students.

Some may mistakenly think school nurses pass out band-aids all day long, but anyone who has spent even a day in this role knows how unfounded such assumptions are. School nursing is as demanding and multifaceted as any other nursing specialty, involving full assessments, triage, treatment, collaboration, communication and all the responsibilities typical of any nursing position.

The perception that school nursing is "simple" is a misconception. The reality portrayed in popular culture does not accurately reflect the complexity of the role.

Each child who visits the school nurse requires a thorough assessment based on their specific complaint, appropriate treatment, and potentially a call to a parent or guardian. In certain situations, collaboration with a school psychologist, social worker, or principal may be necessary.

Managing these tasks for 30+ children, along with follow-up calls, note-taking, processing physicals and immunizations, record-keeping, charting, and tracking attendance, clearly illustrates the busy nature of a school nurse's day. However, this busyness is rewarding. To excel as a school nurse, as in pediatric nursing, one must have a genuine love for children. If you enter school nursing for the right reasons, you will find joy in your daily work. The amusing things children say and their endearing nature provide daily moments of laughter and joy.

ESSENTIAL SKILLS FOR SCHOOL NURSES

As an office nurse, you have the opportunity to personalize your workspace and establish processes that suit your style, creating a sense of ownership and pride in your environment.

This mindset fosters a deep connection with your students, your office, your school community, and your career. In a supportive school setting, colleagues often operate as a family, with main office staff, support staff, and teachers working harmoniously with the nurse, creating a synchronous and supportive daily workflow. Additionally, there is a sense of celebration and camaraderie, with frequent shared treats for birthdays and other occasions. Now who doesn't appreciate cake!

So never forget, will need to utilize all of your nursing assessment skills, judgment, critical thinking, thorough history taking, and triage abilities that are expected of a nurse.

In school nursing, you will become familiar with the common reasons students may visit your office, including:

Anaphylaxis: requiring administration of Epinephrine and Benadryl
Asthma: managed with an inhaler and/or nebulizer
Epilepsy: with orders for Valtoco or Diastat
Diabetes management: including pens, syringes, pumps, supplies, understandings highs, lows and trends, etc.
Students requiring daily medications
Students with head injuries: from recess, gym, sports, or other activities
Students with injuries sustained at school
Students presenting with specific complaints such as gastric upset, dizziness, headache, or fever

I will discuss these common concerns in more detail in future sections of this handbook.

SECTION 3

DAILY OPERATIONS

CORE RESPONSIBILITIES

ORGANIZATIONAL GUIDELINES

FOLDERS/BINDERS NEEDED IN YOUR OFFICE

COMMUNICAITON

CREATING A HEALTHY SCHOOL ENVIRONMENT

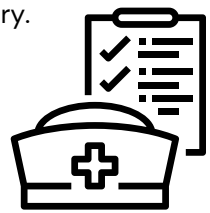
DAILY OPERATIONS

Core Responsibilities

Maintain Health and Safety of Children and Staff
Managing Student Health Records
Scheduling and Time Management
Communication with Students, Parents, and Staff
Creating a Healthy School Environment

In your role as a school nurse, your daily operations will encompass several critical tasks.

The primary focus is always the health, care and safety of the children. All other tasks are secondary.



Health and Safety

<u>You will provide:</u>
-First aid for cuts and falls
-Care for gastrointestinal upset, headaches, etc
-Administration of daily scheduled medications and PRN medications
-Assisting with the proper resources/staff for mental health concerns
-Diabetic care

Record Keeping

You will be responsible for:
-Charting physicals on the cumulative health record (cume) and your grade sheet
-Keeping accurate and up-to-date records
-Maintaining FERPA (Federal Educational Rights and Priavacy Act)

DAILY OPERATIONS

Core Responsibilities Continued

Medical Notes and Notifications

You will:

-Chart medical notes received for exclusion from or re-entry into gym, sports, and recess

-Notify the appropriate individuals:

Middle/High School:

Gym teacher
guidance counselor,
athletics department (if applicable)

Elementary School:

Classroom teacher
gym teacher
lunch monitor

DAILY OPERATIONS

Organizational Guidelines for School Nursing

Maintaining meticulous records is crucial in school nursing to ensure efficiency and ease in managing student health information.

Student Charts

Ensure student files/charts are organized by grade, with documents arranged in chronological order, placing the most recent documents at the front.

Cumulative Health Record

Each file should contain a cumulative health record (often referred to as the "cume" or CHR), which documents all immunizations, physicals, screenings, medical notes, and any special considerations.
Visit logs are typically documented separately, either in a district-wide computer program or on a visit sheet included in the file.

Placement of Documents

The cumulative health record should be at the front of the file, with medical notes and other documents filed underneath or inside it.

Documentation Standards

Use only black ink for all charting; pencil is not permitted.

Immunizations may need to be documented both in the computer and on the physical record at the front of the file.

Include all received immunizations, not just the mandated ones, and document them in chronological order.

Organizational Guidelines for School Nursing

Physicals

The cumulative health record has a dedicated section for documenting physicals. Physicals received from the family or conducted by the school physician should be recorded here.

Each state's regulations will dictate which grades require mandated physicals for that year, with these grades typically bolded on the record. Document all received physicals on the cume, regardless of whether they are mandated for that year.

Physicals must be fully completed by the physician, including height, weight, blood pressure, pulse, review of body systems, weight status category/BMI, scoliosis check, and activity level.

Vision and hearing screenings may not be included in every physical due to insurance coverage limitations. Depending on state policies, the school nurse may be responsible for conducting these screenings if they are mandated for the year and not covered in the physical.

DAILY OPERATIONS

Organizational Guidelines for School Nursing

Further details on vision and hearing screenings will be discussed in Section 6.

The BMI/weight status category (WSC) will be discussed in section 8 under Reportable Surveys

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Dental forms

Dental forms or dental certificates are generally used to confirm that students have received the necessary dental care and to identify any dental issues that may require attention. These forms are typically required at the beginning of the school year or upon enrollment and must be completed by a licensed dentist. Depending on your state's regulations, submission of these forms may be optional. If so, it may not be necessary to track them as they are submitted; instead, they can be filed in the student's health record for future reference.

DAILY OPERATIONS

Organizational Guidelines for School Nursing

Notes From Physicians

All medical notes provided to the school by the family should be filed in the student's medical chart in chronological order, with the most recent note placed on top.
It is important to be aware of your state's policies, as there are specific regulations regarding which medical notes can be accepted and by whom.

For instance, depending on your state, a note from a physical therapist may not be accepted to clear a student for physical activities from an injury; the note may need to come from the diagnosing orthopedist or pediatrician.

Medical notes from specialists may be accepted if they correspond to the relevant medical condition. For example, a note from a chiropractor may be acceptable if the issue involves the spine, or a note from a podiatrist if the condition pertains to the foot.

Medical notes and physicals are typically accepted from MDs, DOs, PAs, and NPs only.

Always make sure to review your state's policy on acceptance of medical notes/physicians.

DAILY OPERATIONS

Organizational Guidelines for School Nursing

Understanding 504s and IEPs

In a school setting, both a 504 Plan and an Individualized Education Program (IEP) are designed to provide accommodations and support to students with disabilities, ensuring they have equal access to education. However, they serve different purposes and are governed by different laws.

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504 Plan

A 504 Plan is developed under Section 504 of the Rehabilitation Act of 1973, a civil rights law that prevents discrimination against individuals with disabilities. The primary goal of a 504 Plan is to provide accommodations that allow students with disabilities to access the same educational opportunities as their peers (US Department of Education)..

Key Aspects of a 504 Plan:

Eligibility: To qualify, a student must have a physical or mental impairment that substantially limits one or more major life activities, such as learning, walking, or breathing.

Accommodations: The plan outlines specific accommodations that the student needs, such as extended time on tests, preferential seating, or modifications to the curriculum. setting.

DAILY OPERATIONS

Organizational Guidelines for School Nursing

Understanding 504s and IEPs Continued

504

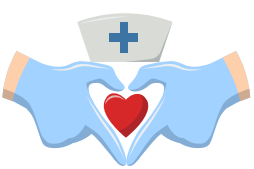
No Special Education Services: Unlike an IEP, a 504 Plan typically does not involve specialized instruction but focuses on accommodations within the general education.

Nurse's Role in a 504 Plan

Medical Input: The school nurse may be involved in the evaluation process by providing medical information that supports the need for accommodations. This may include documentation of chronic health conditions such as diabetes, asthma, or ADHD.

Implementation: The nurse helps implement health-related accommodations, such as administering medication, developing emergency care plans, or monitoring a student's health needs during the school day.

Collaboration: The nurse collaborates with teachers, administrators, and parents to ensure the student's health needs are adequately addressed within the 504 Plan. The nurse may need to regularly sit in on students' 504 meetings.



DAILY OPERATIONS

Organizational Guidelines for School Nursing

Understanding 504s and IEPs Continued

Individualized Education Program (IEP)

An IEP is developed under the Individuals with Disabilities Education Act (IDEA), a federal law that ensures students with disabilities receive special education and related services tailored to their individual needs (US Department of Education).

Key Aspects of an IEP:

Eligibility: To qualify for an IEP, a student must have one or more of the 13 specific disabilities listed in IDEA, such as autism, specific learning disabilities, or speech/language impairments, and the disability must affect the child's educational performance (US Department of Education).

Special Education Services: The IEP outlines the special education services, goals, and objectives for the student, as well as the specific accommodations or modifications required to support the student's learning.

Annual Review: The IEP is reviewed and updated annually to ensure it continues to meet the student's evolving needs.

DAILY OPERATIONS

Organizational Guidelines for School Nursing

Understanding 504s and IEPs Continued

Nurse's Role in an IEP

Medical Evaluations: The school nurse may participate in the evaluation process by providing medical records or health assessments that are essential for determining eligibility for an IEP.

Health-Related Services: If a student requires health-related services, such as catheterization, tube feeding, or respiratory care, these services are included in the IEP. The nurse is responsible for providing or overseeing these services.

IEP Team Member: The nurse is a key member of the IEP team, collaborating with educators, specialists, and parents to develop a comprehensive plan that addresses both the educational and health needs of the student.

Training and Education: The nurse may provide training to school staff on health-related procedures or emergency protocols for students with specific medical conditions outlined in the IEP.

DAILY OPERATIONS

Organizational Guidelines for School Nursing

Understanding The Role of The Medical Director

The role of the medical director in a school setting is pivotal in ensuring that health services are delivered effectively and in compliance with regulatory standards. The medical director provides oversight, guidance, and support to the school health program. Here's a detailed discussion of their role and how the school nurse interacts with them.

Oversight and Guidance

Policy Development: The medical director helps develop and implement school health policies and procedures, ensuring they align with state and federal regulations.

Compliance: They ensure that the school health services comply with health regulations, standards, and best practices.

Quality Assurance: The medical director monitors and evaluates the quality of care provided by school nurses and other health personnel.

DAILY OPERATIONS

Organizational Guidelines for School Nursing

School Nurse's Involvement and Relationship to the Medical Director

Communication and Reporting

Regular Updates: The school nurse regularly communicates with the medical director about health concerns, student health data, and any issues that arise.

Reporting: The nurse reports any significant health incidents, trends, or concerns to the medical director for further evaluation and action.

Implementation of Policies

Policy Adherence: The school nurse implements health policies and procedures established by the medical director and ensures compliance in the school health office.

Feedback: The nurse provides feedback to the medical director on the effectiveness of policies and procedures and suggests improvements based on practical experience.

DAILY OPERATIONS

Organizational Guidelines for School Nursing

School Nurse's Involvement and Relationship to the Medical Director Continued

Professional Development

Training Participation: The school nurse participates in training sessions and professional development opportunities organized by the medical director.

Consultation: The nurse consults with the medical director for guidance on complex medical cases and receives advice on handling specific health issues.

Collaboration

Team Coordination: The nurse collaborates with the medical director and other healthcare providers to address student health needs and coordinate care.

Resource Management: The nurse works with the medical director to ensure that necessary resources and supplies are available and effectively used.

Organizational Guidelines for School Nursing

School Nurse's Involvement and Relationship to the Medical Director Continued

Ensure you are fully aware of the scope of authority and responsibilities of the medical director and adhere strictly to district guidelines.

The medical director's role typically includes:
Conducting student and sports physicals
Signing off on return-to-play forms for student athletes
Reviewing and making decisions on immunization exemptions
Providing guidance on unique or complex medical situations.

It is essential to follow their directives carefully and consult them for instruction on how to manage and proceed in these cases.

DAILY OPERATIONS

Binders/Folders Needed in the Office

As mentioned above, as an office nurse, you have the opportunity to personalize your workspace and establish processes that suit your style. Creating organized binders is part of establishing a process to suit your style.

1. Food Allergies

- Organize students with orders for epinephrine auto-injectors (EpiPen/AuviQ) and Benadryl.
- Separate those with medication in the health office from those who self-carry (typically high school and some middle school students, as per MD order/parent permission).
-Keep a copy of the allergy care plan, parent permission, face sheet with emergency contact info and medication administration sheet.

2. Daily Medications

- Keep a copy of the medication order, parent permission, administration sheet, pill count form, student's schedule, and teacher/room number for each student requiring daily medication.

3. PRN Medications

- Include orders for medications like OTC medications like Advil, and Motrin, lotions, topical creams, inhalers, nebulizers, etc., used on a PRN basis.
- Keep a copy of the medication order, administration sheet, student's schedule, and teacher/room number.
- Note: No medication, including body creams, can be administered without a doctor's order and parent permission.

DAILY OPERATIONS

Binders/Folders Needed in the Office

4. Gym/Recess or Gym/Sports Exclusion

- Track students excluded from gym/recess/sports due to injury or illness, with accurate, constantly updated lists.

A student may be excluded for a musculoskeletal injury, head injury, status post surgery, or for an illness such as mononucleosis where the spleen may be enlarged and the doctor may want the student to avoid physical activity for 6 weeks.

- A student cannot be excluded from gym without a doctor's note. Parental notes may be accepted at the gym teacher's discretion for a short-term duration of time, 1 day or more, outlined by your school's policy, but ongoing issues require a doctor's evaluation and note.

- For middle and high school athletes, further investigation is needed to determine student or parental requests for exclusion from gym, and they cannot participate in sports if injured.

A student athlete must be cleared for gym to be cleared for a sport.

- For head injuries, medical clearance cannot be predated.

A follow-up visit and clearance notice from the MD as well as a completed and passed "return to play" protocol signed by the athletic trainer and medical director are also required.

Effective communication must be maintained between the nurse, athletic department and gym teacher regarding injuries, exclusions, and return to activity.

More information on sports/concussions will be discussed in section 7.

DAILY OPERATIONS

Binders/Folders Needed in the Office

5. Diabetic Students

- Keep all information in one diabetic binder, including the diabetes management plan, medication orders for insulin as well as glucagon, flow sheet, and emergency contact information.

6. Medical Concerns

- List all students with medical concerns such as Crohn's disease, ADHD, autism, immunodeficiency, bleeding disorders, allergies, diabetes, etc.

Sometimes the assistant principals/principal will request a copy to be familiar with the medical conditions of the students they oversee.

7. Medical Alert List

- Track students with food allergies, asthma, and diabetes who have active medication orders for the current school year.

-Refer to this list when planning field trips to determine if a nurse is needed and if the assigned teacher is trained in administering an epinephrine auto-injector depending on your state's regulations/school policy.

8. Communicable Diseases

- Maintain records of all communicable diseases that must be reported to the state, following state guidelines.

9. Substitute Nurse Folder

- Include directions for locating keys to medication cabinets, charts, etc., phone system instructions, fax usage directions, emergency contacts, daily medication schedules, diabetic student instructions, locations of other binders as well as any other pertinent considerations a substitute nurse should know but may not be aware of.

DAILY OPERATIONS

Binders/Folders Needed in the Office

10. Special Concerns

- Keep information regarding legal matters such as restraining orders that affect student pick-up. Ensure no student is dismissed to a parent with a restraining order against them.

11. Emergency Contact Binder

- Maintain emergency contact information and student schedules in the event of a computer outages.

12. Blank Forms

- Store original copies of all blank forms, such as physical forms, medication administration forms, allergy care plans, medical restriction forms, medication administration sheets, fax cover sheets, and daily visit sheets.
- Most of these forms can usually be downloaded as PDFs from the district's website.

13. Scoliosis

- Track scoliosis screenings, completions, and referrals for the assigned grades to keep track of.

14. Vision/Hearing

- Track vision/hearing screenings, completions, and referrals for the assigned grades to keep track of.

15. Grade Sheets

- Maintain grade-level records of physicals received, BMI/WSC, and whether vision/hearing/scoliosis screenings were completed by the doctor.

- Use these sheets to track mandated physicals and schedule school doctor appointments for those who need them depending on your state regulations/school policy.

Binders/Folders Needed in the Office

16. Field Trips

- Track field trip dates, times, locations, and attending students.
- Review the list to determine if any student with a medical concern requiring a nurse will attend.
- Students with diabetes and seizure disorders typically need a nurse on field trips. Students with food allergies usually require an epinephrine auto-injector administered by trained staff, but sometimes, the school principal may just want a nurse to attend the trip regardless so it's a good idea to check with your building administrator to determine their particular parameters for when a school nurse should attend a trip.

17. New Entrants

This folder maintains a running list of students who are new entrants to your building at any given time. Typically, you will receive a preliminary list at the end of the school year for the following September and an updated list at the beginning of September. Since new entrants can arrive at any time during the school year, it is beneficial to keep an ongoing list.

For each new entrant, ensure the following:

I. Immunizations:

- Immunizations are required to be submitted.
- Verify each immunization and its date against your state's immunization requirements to ensure they are received and valid.
- States may have different guidelines for the submission and completion of immunizations or proof of being in process. In New York State (NYS), immunizations must be submitted within 14 days for students within the U.S. and 30 days for students coming from outside the country (New York State Department of Health).

DAILY OPERATIONS

Binders/Folders Needed in the Office

II. Physical:
- A valid physical is required, adhering to your state's guidelines.
- In NYS, for example, a physical is valid if it is dated within one year of the first day of the current school year and must be documented on a NYS-mandated health examination form, a requirement effective since 2021. Before January 2021, any physical form was acceptable as long as it included a review of body systems, vital signs, and activity level.
- Check if your state accepts any physical form or requires a mandated universal form.

III. *Vision/Hearing Screening*:
- All new entrants must undergo a school vision and hearing screening within 30 days of entry in NYS (New York State Education Department).

By maintaining these records diligently, you ensure that all new entrants meet health requirements and receive necessary screenings, facilitating a smooth integration into the school environment.

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18. Withdrawals

- Log students who withdraw from the school, ensuring their records are moved to the main office or guidance department and removed from other lists and binders.

19. AED Checklist

-Keep a monthly checklist of all AEDs located in your building. You will want to include that the indicator light was verified to be working and valid, that the battery is not expired
the pediatric and adult pads are present and not expired.

DAILY OPERATIONS

Binders/Folders Needed in the Office

20. Emergency Evacuation Plan

-Keep a folder of your school's emergency evacuation plan in the event of any emergency situation that can occur. This is usually provided to you by your administrator.

21. Medication Expiration Date

-Keep a folder of a a list of all students with medications in the health office, the specific medication/s as well as their expiration dates.
-Then break that list down by month of when the medication is to expire.
Contact the parent the month before as a reminder that a new medication will be needed in the health office.
Never give an expired medication to a student whether you have parent permission or not

22. Immunization Folder

-Keep a folder of all students who are either missing immunizations, in-process of immunization series, and those with medical or religious (if applicable) exemptions.
-This will be very important to keep on top of which will be explained later on.

23. School Insurance/Injury Folder

-Maintain separate, organized folders for both staff and students to document any accidents that occur on school grounds, particularly those that may involve the use of the school's insurance policy. This ensures that all incidents are recorded systematically and can be easily referenced when necessary for insurance claims or administrative purposes. You would typically keep a copy of the incident report in this folder.

DAILY OPERATIONS

Binders/Folders Needed in the Office

25. Working Card Folder

- If working in a high school setting, you may have students come to you to sign off on their working card. Typically to be eligible for a working card, a student cannot be currently excluded from PE/Sports and must have a valid physical within 1 year of obtaining the working card. Typically the nurse checks the PE list and grade sheet and signs the form then the form is given to guidance. Each school/state may have their own policy on this. You may want to keep a running list of who entered you office for a working card signature in case you may need to refer to the list for any future reference.

25. Personal File

- Maintain records of your certifications and completed training as required by the district.

By following these detailed organizational guidelines, you will ensure that your record-keeping is thorough, accurate, and efficient, facilitating better health care for the students in your school.

DAILY OPERATIONS

Organizational and Prioritization System

Creating an effective system will help structure your day and improve efficiency.

Understand Office Flow

Be aware of when students with daily medication and diabetic needs visit. Avoid placing phone calls or charting during these times unless there is an emergency.

Recess Period: Keep this block of time open for treating injuries, as it tends to be busy. Record the names, grades, times, and reasons for visits on a health office visitor log to chart later and contact parents. In emergencies, contact the parent and depending on the situation, 911 immediately.

Communication Protocols

Communication with Families

You will:

-Place phone calls/emails to families as needed for office visits and follow-ups

Effective communication is crucial. Over-communicating with parents is often better than under-communicating, as parents appreciate being informed, even for minor issues.

When to Call Home

Your nursing judgment will be key in determining when to place a phone call. It is often better to err on the side of caution and make a call for most concerns. Ultimately, the decision is yours.

DAILY OPERATIONS

Communication Protocols Continued

Tips for When to Call the Parent/Guardian

-Emergencies (immediately)
-Head injuries
-Injuries to body parts occurring at gym or recess (e.g., ankle, arm)
-Fever, vomiting, large lacerations
-Patterns in complaints or health office visits
-Intentional injuries by another student (ensure the assistant principal, principal, and/or teacher also contact the parent/guardian from a disciplinary standpoint)
-Any office visit from a special-needs child as they may be unable to communicate to their parents their selves.

When a Phone Call May Not Be Necessary

Non-Urgent Issues:

You may not call for a student needing to use the bathroom once, but if a student visits the bathroom at the same time daily and is ambiguous about the reason, it's prudent to inform the parent. There may be underlying physical, social, or psychological issues that the parent can help uncover.

Side note: always be attentive to patterns, as they often indicate underlying issues.

Non-Urgent issues such as:

-Needing to use the bathroom after lunch or gym
-Mild menstrual cramps
-Paper cuts or minor injuries
-Minor headaches resolved by water or rest

Note: please always check with the rules of your building. Your principal may want a phone call/email to be placed for every single student who enters your office.

Once again, you may feel more comfortable calling on all visits. That is fine if that is what you prefer to do.

DAILY OPERATIONS

Communication With Staff

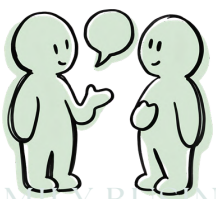
Interdisciplinary Team

The school staff associated with the student includes:

-Principal
-Assistant Principal (if applicable)
-Guidance Counselor (middle/high school)
-Athletics Department (middle/high school)
-Gym Teacher
-Classroom Teacher
-Lunch Monitor
-School Psychologist/Social Worker/Therapy Discipline
-Teacher's Aide

When to Notify the Principal/Assistant Principal

-In the event of an emergency
-If 911 is called
-If a student reports being bullied
-If a student reports being injured by another student
-If a student is missing immunizations (as the principal may be held accountable)
-For students with suspected abuse at home
-For students with suspected drug use
-For any concerns requiring their assistance to your discretion



DAILY OPERATIONS

Communication With Staff

When to Notify the Athletics Department (High/Middle School)

-When a student athlete has an injury/illness and is restricted from PE/sports
-When a student athlete is cleared by their physician for PE/sports
-When a student athlete is diagnosed with a concussion
-When a student athlete reports pain requiring evaluation by the athletic trainer prior to a practice/game
-When a student athlete has a medical concern and requires restrictions/accommodations

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When to Notify the Gym Teacher

When a student is excluded from PE due to an injury/illness
When a student is cleared for PE following an injury/illness
When a student is diagnosed with a concussion
When a student is placed into an alternate gym placement
When a student has a medical restriction form.

DAILY OPERATIONS

Communication With Staff

When to Notify the Classroom Teacher

-When a parent/guardian reports an absence (may be recorded in the computer system)
-To educate the teacher about a diagnosis
-On an as-needed basis for the overall wellness of the child

Note: The teacher should share pertinent information with you and notify you if something is "off" with a child, or if they know something that you may not be privy to health-wise, sending the child to you for evaluation.
There should be thorough and effective communication between you and the teacher when it comes to the health and wellness of the child. If teachers are not communicative, it may be helpful to bring this to the principal's attention to come up with a solution to improve the situation.

When to Notify the Lunch Monitor

-Any restrictions to physical activity to ensure the child is sent to an alternate placement instead of playing at recess.

DAILY OPERATIONS

Communication With Staff

When to Notify the School Psychologist/Social Worker

-If a student reports feelings of anxiety/depression or displays symptoms of anxiety/depression.

Increasing Anxiety Among Students

Anxiety has been on the rise, with noticeable increases each year. Children today face numerous stressors, which are increasingly evident in their behaviors and symptoms. Regular meetings with the school psychologist can be beneficial for some students, making a phone call to the psychologist an important step.

Obvious Symptoms of Anxiety

-Reports of feeling anxious
-Biting nails
-Picking skin
-Repetitive motions (excluding those related to Tourette's syndrome, or worsening symptoms in Tourette's syndrome)
-Crying excessively
-Talking excessively
-Sweating
-Pacing
-Lightheadedness or dizziness
-Elevated heart rate
-Elevated blood pressure
-Changes in pallor
-Vomiting/diarrhea

DAILY OPERATIONS

Communication With Staff

Subtle Symptoms of Anxiety

-Avoiding class
-cutting class
-patterns of lateness
-lack of friendship
- long and/or bathroom visits
-poor academic performance
-refusal to discuss feelings.
-as well as other specific symptoms for any particular child.

It is essential to conduct a thorough assessment to rule out any other causes of physical distress before referring the student to the school psychologist.

If you have any suspicion that a student is suffering from anxiety, it's best to have a discussion with the psychologist.

Regular meetings/talks with the school psychologist can strongly benefit some students.

DAILY OPERATIONS

Creating a Healthy School Environment

Separating Well From Sick

To ensure a healthy school environment, it is crucial to maintain a clean office and separate ill children from well children as much as possible. If your office is spacious enough to allow physical separation, this is ideal.

For smaller offices, employ creative strategies to keep children with contagious conditions, such as fever, away from those with non-contagious conditions, such as menstrual cramps. For example, you might position the child with a fever on the opposite side of a curtain from a child with cramp, near an open window, if the weather permits.

Hanging Informational Posters

Additionally, you will likely be tasked with hanging informational posters around the school and in the health office, particularly during cold and flu season. These posters should provide valuable information on how to prevent the spread of illnesses such as influenza and COVID-19 through proper hygiene techniques such as handwashing, covering mouths when coughing or sneezing.

-Child and adult choking posters can also be hung as informational purposes for safety.

Information for Classrooms

In addition, you may provide classroom teachers with educational materials on hygiene practices, such as proper hand washing and covering mouths when coughing or sneezing, to help reduce the spread of germs. This information can be shared/taught to students/families.

DAILY OPERATIONS

Creating a Healthy School Environment

Community Guidance

It is essential to share pertinent information with families regarding good hygiene practices via mailings or communication via email or through an email blast such as “ParentSquare”. This includes advising on proper hand washing, covering mouths when coughing or sneezing, and other methods to keep germs at bay.

Additionally, provide guidance on when to keep a child home, such as during illness.

If a cluster of a particular illness is discovered in a classroom, it may be your building’s policy to send a notice home detailing the particular illness in the classroom, the signs and symptoms to look for, when to take the child to the doctor, and guidelines for when the child can return to school. This proactive communication helps ensure the health and safety of all students.

DAILY OPERATIONS

Creating a Healthy School Environment

Return to School After a Contagious Illness

As the school nurse, you are responsible for ensuring that a child who was home with a contagious illness remains home for the required duration, depending on the illness and if a fever is involved
(usually must be 24 hours fever-free without any use of fever reducing medication such as Tylenol or Motrin).

Typically, a doctor's note is required for the child to return to school. This note should indicate that the child is cleared to return on a specific date.

For certain illnesses, such as pink eye or rash, the note should also confirm that the child is no longer contagious at the time of their return. This ensures the safety and health of all students in the school.

DAILY OPERATIONS

AED and School Safety

Automated External Defibrillators (AEDs) are critical life-saving devices that can significantly improve survival rates in the event of sudden cardiac arrest (SCA) in schools. As a school nurse, your role in managing AEDs is crucial to ensuring the safety and well-being of students, staff, and visitors.

Nurse's Role in AED Management

Maintenance and Readiness: Regularly check the AEDs to confirm they are functioning correctly. This includes ensuring that the batteries are charged, the pads are within their expiration date, and the device itself is in good working order. Many AEDs have self-check mechanisms, but it is essential to manually verify that the device is ready for use.

Location and Accessibility: The school should make sure AEDs are strategically placed in easily accessible areas, such as near gymnasiums, cafeterias, and auditoriums, where large groups gather. Clearly mark the locations of AEDs and ensure that all staff members know where they are located.

DAILY OPERATIONS

AED and School Safety

Nurse's Role in AED Management Continued

Record Keeping: Maintain detailed records of all AED checks, including dates of inspections, any issues identified, and actions taken. These records should be kept in accordance with district policy and may be subject to review during audits or emergency drills.

Emergency Response Plan: Collaborate with school administrators to ensure that AED use is integrated into the school's emergency response plan. This plan should include clear steps for calling emergency services, performing CPR, and using the AED when necessary.

Compliance with District Policy

Ensure that all AEDs are checked and maintained according to the schedule set forth by the district. This may include weekly, monthly, or quarterly checks, depending on the specific guidelines. In addition, participate in any district-led audits or evaluations of the AED program, and promptly address any concerns or deficiencies identified.

Bleeding Kit

"Stop the Bleed" kits may be placed near AEDs or in the nurse's office which include items needed in the event of severe bleeding from a traumatic injury. The district may offer training on how to use a bleeding kit. If not, it is best to watch a refresher course that goes over the items in the kit and how/when to use them properly.

DAILY OPERATIONS

Attendance

As a school nurse, your responsibility for managing attendance may vary depending on whether you are at the primary or secondary level, as well as the size of your building's population and rules set by the building. In general, primary school nurses may oversee attendance, while high schools and middle schools typically have designated attendance personnel to handle this task.

Monitoring and Reporting Absences

Tracking Absences: The school nurse may track student absences related to health issues, including chronic conditions, contagious diseases, and emergency situations.

Reporting Patterns: Identify and report patterns of frequent absences or unusual attendance trends to the school administration, which can indicate underlying health issues or other concerns.

Managing Health-Related Absences

Medical Documentation: Ensure that students who are absent due to health reasons provide appropriate medical documentation. This includes notes from healthcare providers that explain the reason for the absence and any necessary accommodations upon their return.

Communication with Parents: Communicate with parents about their child's health-related absences, including the need for medical documentation and follow-up care.

DAILY OPERATIONS

Attendance

Supporting Students with Chronic Health Conditions

Individual Health Plans: Assist with the development of Individual Health Plans (IHPs) or 504 Plans for students with chronic conditions or disabilities that affect their attendance. These plans may include accommodations and modifications to support the student's participation in school.

Coordination with School Staff: Work with teachers and administrators to ensure that students with chronic conditions receive the necessary accommodations and support to manage their health while attending school.

Managing Contagious Diseases

Infection Control: Implement protocols for managing contagious diseases, including notifying parents and staff, and following guidelines for student exclusion and return.

Health Education: Educate students and staff about infection prevention and control measures to reduce the spread of diseases that could impact attendance.

DAILY OPERATIONS

Attendance

Providing Support for Return to School

Re-entry Coordination: Assist students in transitioning back to school after an extended absence due to health reasons. This may include coordinating with teachers, providing temporary accommodations, and ensuring that any ongoing medical needs are addressed.

Follow-Up Care: Schedule follow-up appointments or additional support as needed to ensure that the student is managing their health effectively while attending school.

Organization and Blocking Time for Attendance

If you are responsible for attendance in a primary building, hopefully you have the support of clerical staff. Typically, clerical staff manage the attendance process and will inform you of any students who are absent due to illness, reportable diseases, or recent hospitalizations. This collaboration ensures that you are promptly aware of any health concerns that may require your attention.

Attendance

Organization and Blocking Time for Attendance Continued

When a parent informs the school that a student has been hospitalized, it is recommended to ask follow-up questions to understand the nature of the hospitalization if the parent is willing to share. This inquiry helps determine whether the student has been newly diagnosed with a condition that could impact their academic performance or require additional nursing care while at school. Additionally, it is recommended to assess whether the reason for hospitalization is related to a contagious illness that could pose a risk to other students. This information allows the school to implement necessary accommodations, monitor the student's health, and take appropriate precautions to protect the broader school community.

In the absence of clerical support, your morning will likely be quite busy managing incoming calls from parents reporting their child's absence. Following this, you will receive an attendance list from the classroom teachers indicating which students are absent. In some cases, teachers may have already been informed by parents through emails or communication platforms like ParentSquare, but this is not always the case. If the reason for a student's absence is not known and you did not receive a call or voicemail from the parent, it becomes your responsibility to contact the family to verify the reason for the student's absence.

DAILY OPERATIONS

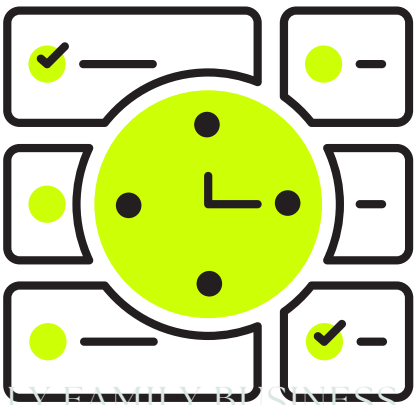
Attendance

Organization and Blocking Time for Attendance Continued

You will then record attendance according to the district's protocol, whether that involves both paper documentation and district software, or solely the district's software.

It is advisable to allocate the morning hours specifically for attendance, as this task can be time-consuming and is often expected to be completed by a designated time early in the day.

If you find yourself occupied with student care and unable to dedicate sufficient time to attendance, consider requesting clerical assistance from the main office to ensure the task is completed promptly.



DAILY OPERATIONS

Attendance

Considerations For Students Returning to School After an Injury

You may receive a call from a parent informing you of an absence due to an injury that now requires the student to use crutches or a wheelchair.

In such cases, the school will typically require a medical note from the student's physician authorizing the use of crutches or a wheelchair. This documentation is necessary to ensure the safety of the student and to protect the school from potential liability should the student be injured or re-injured while using these assistive devices without proper medical authorization.

The medical note should include the following

Confirmation of the injury and a statement that the student is excluded from PE/Sports or PE/Recess, either until further notice or for a specified period.

Authorization for the use of crutches or a wheelchair while at school.

Additional accommodations as needed, such as permission to leave class early, assistance with carrying books, or access to an elevator (if applicable).

SECTION 4

COMMON HEALTH CONCERNS IN SCHOOLS

TYPE 1 DIABETES MELLITUS

ANAPHYLAXIS

ASTHMA

SEIZURE DISORDERS

REASONS FOR A STUDENT TO VISIT THE NURSE

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Diabetes is a significant aspect of school nursing, often daunting for new school nurses. The treatment of Type 1 diabetes in schools differs from Type 2 diabetes management in hospitals. Unlike hospital settings, the school environment requires specific protocols for insulin administration, which can seem intimidating initially. However, with experience, it becomes manageable.

Type 1 Diabetes Management

A child with Type 1 diabetes is insulin-dependent and requires insulin for meals, snacks, and high blood sugar coverage.

Essential Supplies for a Diabetic Student

Diabetes management plan
(including orders for insulin and glucagon)

Insulin (refrigerated) and glucagon

Glucose tablets and/or glucose gel (if prescribed)

Ketone sticks, glucometer, test strips, lancets, alcohol wipes

Extra pump supplies (if the student uses a pump)

15-gram carb snacks and juice boxes for low blood glucose

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Glucagon

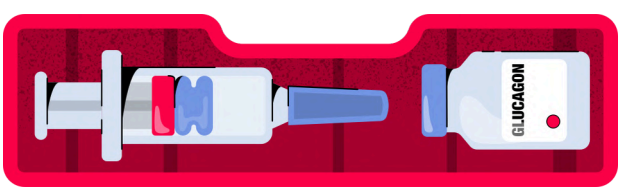
Glucagon is a rescue medication to be administered PRN for severe hypoglycemia, characterized by unconsciousness, unresponsiveness, seizures, or inability to swallow. It can be administered either as an injection or intranasally depending on the type ordered by the physician.

For injectable glucagon, turn the individual on their left side to prevent aspiration and administer as per the doctor's orders.

Intranasal glucagon is administered similarly to Narcan.

Of course, you will check the doctor's orders for the instructions on administering the medication, ensure the medication is not expired, and store in a secure, locked place.

Fortunately, glucagon is rarely needed as hypoglycemia is typically treated before reaching this stage, especially for students with a Dexcom and a pump.



COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Important Diabetic Management Supplies/Medication

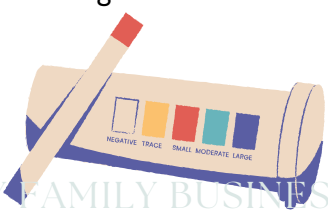
Ketone Sticks

Ketone sticks measure ketones in urine. High ketone levels might restrict the student from participating in physical education (PE) classes, and elevated blood glucose levels with ketones may require corrective action.

Ketones are chemicals produced by the liver when the body breaks down fat for energy, which happens when there is not enough insulin to use glucose as the primary energy source.

In people with Type 1 diabetes, ketone production can indicate that the body is not getting enough insulin, leading to potential complications like diabetic ketoacidosis (DKA).

The family will typically provide the ketone sticks for the student but it's a good idea to keep a spare bottle in the health office, if your budget allows for that.



COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Important Diabetic Management Supplies/Medication Continued

Glucose Tablets

These chewable tablets, usually 3-4 grams each, are used when blood glucose drops below the prescribed level (typically around 70-80 mg/dl). The total dosage to be given is specified by the physician. It is common to see the glucose tablet orders to amount to 15 grams per dosage administration.

Glucose Gel

Glucose gel is a concentrated form of glucose that comes in a gel form, making it easy to administer orally and quick to absorb. It is typically packaged in small, single-use tubes or sachets amounting to 15 grams of glucose per packet. This will also have to be listed on the doctor's order to be administered.

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Hypoglycemia

Hypoglycemia refers to low blood sugar, below the doctor-set parameters.

Symptoms can vary and include but are not limited to:

Shaking
Sweating
Feeling Anxious and/or irritable
Dizziness
Hunger
Tachycardia
Weakness and Fatigue
Headache
Disorientation
Impaired Vision

Causes of hypoglycemia may include:

Overcorrection of insulin
Early insulin administration relative to meal times
Physical activity, especially if the pump is not set to activity mode
Incorrect recognition of low symptoms
Hormonal changes including puberty and menstruation
Pump malfunctions or failures
Absence of a diabetic sensor
Sometimes there is no rhyme or reason for hypoglycemia

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Treating Hypoglycemia

Depending on the doctor's orders, treatment might involve: administering 15 grams of rapid carbs (typically juice), glucose tablets, or glucose gel.

After 15 minutes, check if blood sugar is above the set parameters given by the doctor (somewhere from 70-100 mg/dl) and observe the directional arrows indicating the trend (rising or falling).

If necessary, provide additional snacks to stabilize blood glucose.

Always let the parent know of an incident of a low blood sugar. It's best to notify them in the moment and discuss the treatment plan together with the parent involvement.

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

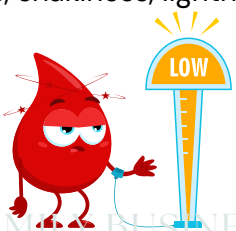
Procedure for Mild Hypoglycemia

Student Escort

A student experiencing a *still within safe range* trending down blood glucose without any symptoms or feelings of dizziness or shakiness may walk to the health office only if accompanied by an escort, typically a classmate or an aide.

Nurse Notification

Alternatively, the nurse may call the student to the health office. If the nurse is able to monitor the student's blood glucose readings via an iPad, the student can be escorted by another student or the nurse if the nurse notices a blood glucose pattern trending down and the blood glucose is still high enough to be within a safe range to walk. Again, only if the student is free from symptoms that may increase their risk of falling like dizziness, shakiness, lightheadedness, etc.



COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Procedure for Moderate to Severe Hypoglycemia

Moderate Hypoglycemia

If a student shows symptoms and the glucose readings are indicating a moderate to severe speeding down drop in blood glucose levels, the nurse should promptly use a wheelchair to safely escort the student to the health office for treatment. Bring supplies with you (snacks, glucose gel, glucose tabs, glucagon) so the student can begin to eat a snack or take a tablet while sitting in the wheelchair. It's always good to have everything on hand to be prepared.

Critical Hypoglycemia

In rare cases where the student is critically low, unconscious, or has passed out, the nurse should promptly attend to the student with snacks, glucose gel, glucose tablets, and glucagon as necessary and provide treatment immediately.

In severe cases, where the student is unconscious, unresponsive, having a seizure, or unable to swallow, administer glucagon as per doctor's orders, call 911, and notify the parents immediately.

If a student is ever escorted to the emergency room via ambulance, a parent or building staff member must accompany the student (check your district's policy).

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Hyperglycemia

Hyperglycemia refers to high blood glucose readings beyond the MD's set parameters.

Symptoms include:

Extreme thirst
Extreme hunger
Increased and frequent urination
Dry skin
Blurred vision
Feeling sleepy
Headache

Causes of hyperglycemia include:

Inadequate correction for carb intake
Miscalculation of carbs
Illness
Dehydration
Hormonal changes
Puberty and menstruation
Pump malfunctions
Absence of a diabetic sensor

Like with hypoglycemia, sometimes there is no rhyme or reason for highs.

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Treating Hyperglycemia

Treatment depends on the physician's orders and involves understanding terms like:

Target

Refers to the optimal blood glucose range that is considered safe and healthy for a person with diabetes. This target range is set by a healthcare provider and is individualized based on various factors such as the person's age, overall health, type of diabetes, and specific needs.

In my experience, I often see individual target ranges set around 120–150 mg/dL depending on the student's Diabetes Medical Management Plan.

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Insulin Sensitivity Factor (ISF) aka Correction Factor

Refers to the amount by which one unit of insulin will lower a person's blood glucose level. This factor helps in calculating the correct dose of insulin needed to correct high blood glucose levels. This number is found in their Diabetic Medical Management Plan (DMMP) created by their doctor.

For example, if a student's ISF is 50, it means that one unit of insulin will reduce their blood glucose by 50 mg/dL. Therefore, if their blood glucose is 200 mg/dL and the target is 100 mg/dL, they would need 2 units of insulin to lower their blood glucose to the desired level (200 - 100 = 100; 100 / 50 = 2).

The ISF is individualized based on factors like age, weight, insulin sensitivity, physical activity, and overall health. It can change over time, requiring regular monitoring and adjustments by healthcare providers.

(Note: If the student is also eating, this correction dose is added to their mealtime carbohydrate coverage dose.)

Clinical Safety Warning (Insulin Stacking): Always check the student's DMMP for their specific correction frequency (typically every 2–3 hours). Do not calculate or administer a correction dose using ISF if the student received insulin within the past 2–3 hours unless explicitly ordered by their provider or calculated automatically by a smart pump (IOB/Active Insulin feature), as this can cause severe hypoglycemia.

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Insulin to Carb Ratio

The insulin to carb ratio indicates how many grams of carbohydrates one unit of insulin will cover.

For example, an ICR of 1:15 means that one unit of insulin is needed to cover every 15 grams of carbohydrates consumed.

The calculated carbohydrates are divided by the ICR to determine the number of insulin units needed.

For instance, if a meal contains 60 grams of carbohydrates and the ICR is 1:15, the calculation would be: 60 grams of carbohydrates divided by 15 (ICR) = 4 units of insulin.

Insulin to Carb Ratio (ICR) Time block

Always check the doctor's orders to ensure you are following the proper coverage time block during school hours.

The Insulin to Carb Ratio (ICR) can vary throughout the day based on several factors, including hormonal fluctuations, activity levels, and circadian rhythms.

How Time Blocks Work: An endocrinologist may set specific ICRs for different windows of the school day (e.g., 1:10 from 7:00 AM–11:00 AM for breakfast, but 1:15 from 11:00 AM–2:00 PM for lunch).

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Example Timeblock of ICR Ratio Changes

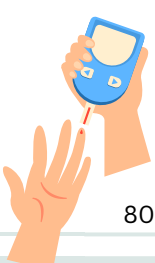
Morning vs. Afternoon (e.g., Breakfast vs. Lunch):
In the morning (e.g., 7:00 AM – 10:00 AM), the body is often more insulin-resistant due to natural morning hormone surges (like cortisol and growth hormone).

As a result, a student may require more insulin per gram of carbohydrate in the morning than in the afternoon.

Morning / Breakfast ICR (More Aggressive Ratio):
1:8 (1 unit of insulin for every 8 grams of carbs)
Example: 40g carbs ÷ 8 = 5 units of insulin

Afternoon / Lunch ICR (Less Aggressive Ratio):
1:12 (1 unit of insulin for every 12 grams of carbs)
Example: 40g carbs ÷ 12 = 3.3 units of insulin

Ratio Takeaway
Lower numbers in the ratio (like 1:8 vs. 1:12) mean more insulin is being given. Always double-check the time of the meal against the active time block on the DMMP so you don't accidentally apply a morning ratio to a lunchtime meal.



COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Because insulin sensitivity changes throughout the day, a student's Diabetes Medical Management Plan (DMMP) may list multiple time blocks.

Remember: A lower denominator (e.g., 1:8) means a more aggressive dose (more insulin), while a higher denominator (e.g., 1:15) means a less aggressive dose (less insulin).

Key Clinical Notes

After-School Programs & Athletics: Pay close attention to late afternoon ratios (2:00 PM – 4:00 PM) for students staying after school for clubs, sports practice, or extended care. Increased physical activity during these hours often requires a less aggressive ICR to prevent delayed hypoglycemia.

Nighttime Orders: While nighttime ratios (11 PM – 7 AM) are primarily managed at home, they may appear on the DMMP orders provided to the school. Ensure you are looking strictly at the school-hour time window when dosing for snacks or delayed lunches.

Helpful Tool: The BolusCalc app is a helpful resource for double-checking dose calculations.

Clinical Caution: Be aware that BolusCalc may automatically round final doses upward. Always review the itemized calculation breakdown within the app to ensure accuracy and verify that the final dose aligns strictly with the student's Diabetes Medical Management Plan (DMMP) rounding rules before administering insulin.

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Considerations for Diabetes Management Plans

ICR and ISF adjustments can vary significantly based on the doctor's orders and may change frequently.

It is crucial to always follow the specific timeframe listed on the doctor's orders for the current period and ensure your calculations are consistent with the doctor's orders (make sure to take your time and really read the diabetes medical management plan (DMMP).

Additionally, the DMMPn, which includes the doctor's orders, may change every time a student visits the endocrinologist, or it may remain consistent for an extended period.

If you are informed by the family about upcoming endocrinologist appointments, please ensure to inquire if there have been any adjustments to the orders. Request the parent to provide a copy of the updated orders for accurate and up-to-date diabetes management.

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Correction (Refers to ISF)

the amount of insulin the student will need to administer depending on what their blood glucose is.

Please note: the doctor's order will have guidelines set as to how far apart a student must wait to make a correction to BG. Oftentimes, it must be at least 2-3 hours.

For example, if a student's order reads that 2 hours must pass before another correction can be made, but the student has a snack at 11:00 AM and lunch at 12:30 PM:

- At 11:00 AM (Snack): Administer both Carb Coverage (ICR) and High BG Correction (ISF), if needed.
- At 12:30 PM (Lunch): Administer Carb Coverage (ICR) for the lunch food, but SKIP the BG Correction (ISF) because 2 hours have not passed since the previous correction (always check orders depending on BG reading as keytones may be suggested and depending on the result, further action may be required).

Coverage (Refers to ICR)

The amount of insulin to administer to cover the amount of carbohydrates depending on the doctor's instructions for ICR. This is typically done prior to every time a student will eat (snack and lunch).

I have included a blank worksheet to detail these important key terms and apply them to determine how much of a correction and how much coverage a student would need depending on what their blood glucose is at that moment as well as how many carbs they will be eating.

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Diabetic Equipment

Diabetic Sensors vs. Finger Stick Puncture

Diabetic Sensors

Students may have a diabetic sensor, aka continuous glucose monitoring (CGM) placed on their body, typically on the upper arm, abdomen, or thigh.

These sensors provide continuous glucose readings, typically updated every 5 minutes.

Dexcom is a popular brand of diabetic sensors.

Sensor readings can be synced to any device authorized by the family, allowing the school nurse to access these readings via a district-provided iPad, given parental permission.

CGM offers consistent glucose readings and alerts on a phone or tablet, facilitating timely treatment and easier tracking of blood glucose trends.

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

CGM Discrepancies

Continuous glucose monitors (CGMs) are highly useful tools, but it's important to understand that CGM readings can occasionally differ from blood glucose (BG) meter readings. Here's what you need to know:

How "Off" Can a CGM Readings Be?

CGM readings can typically be off by up to 15–20% compared to a fingerstick glucose reading. This is considered normal and acceptable within current accuracy standards for CGMs.

For example, if a fingerstick BG is 150 mg/dL, the CGM may show a value anywhere between approximately 120–180 mg/dL and still be considered accurate (Taking Control of Your Diabetes).

Why the Difference?

CGMs measures interstitial fluid glucose, not blood glucose. Interstitial glucose naturally lags behind blood glucose by 5 to 15 minutes, especially during times of:

- Rapid rises (after meals)
- Rapid drops (after insulin or exercise)
- Hypoglycemia recovery (after treating a low)

(Taking Control of Your Diabetes).

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

When CGM Is Usually Reliable

During stable glucose periods
For trend monitoring (arrows showing if glucose is rising or falling)
Overnight or between meals

⚠️ When to Confirm with Fingerstick

The CGM reading does not match symptoms (e.g., CGM shows 110 mg/dL, but the student feels shaky or dizzy).

The glucose is rapidly rising or falling (multiple arrows).

Before treating for hypoglycemia or giving correction insulin if the reading seems off.

The CGM shows "???" or a signal loss.

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

What This Means for School Nurses

Follow the student's Diabetes Medical Management Plan (DMMP) for instructions on when fingersticks are required.

Trust trends (directional arrows) more than single-point readings during rapid changes.

Document any discrepancies and actions taken.

Communicate with parents/caregivers if patterns of inaccuracy are observed.

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Finger Stick Puncture

If a student does not have a diabetic sensor (due to personal preference or being newly diagnosed), blood glucose levels must be tracked via finger stick punctures.

This method has a higher risk of diabetic emergencies as readings are only obtained manually.

Some students may not feel high or low blood glucose symptoms.

If a student's blood glucose level is trending down and reaches 60 mg/dL without being felt, it could lead to unconsciousness before a finger stick reading is taken.

Diabetic sensors are generally preferred by doctors and families for tracking blood glucose, making them common among students.

Sensors may be delayed initially immediately following diagnosis due to the honeymoon period (see next slide), families adjusting to the learning curve of understanding diabetes, or insurance reasons.

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Understanding the Honeymoon Period in Type 1 Diabetes

The honeymoon period refers to a temporary phase shortly after a diagnosis of Type 1 Diabetes (T1D) when the pancreas still produces some endogenous insulin, and blood glucose levels may be easier to manage. This period typically occurs within weeks to a few months after diagnosis and may last from a few weeks to up to a year or more.

What Happens During the Honeymoon Period?

After initial treatment begins and blood glucose is stabilized with insulin therapy, the pancreatic beta cells may partially recover and resume some insulin production.

As a result:
The student may require lower doses of insulin.
Blood glucose levels may appear more stable than expected.
Families and staff may mistakenly believe the diabetes is "getting better" or "going away."

⚠️ Important: Type 1 diabetes does not go away. The honeymoon period is temporary, and insulin dependence will increase again over time as beta cell function declines permanently.

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Understanding the Honeymoon Period in Type 1 Diabetes

Implications for School Nursing Practice

Frequent Dose Adjustments
Students in the honeymoon period may have frequent changes to their insulin regimen, which will be updated in their Diabetes Medical Management Plan (DMMP).

Increased Risk of Hypoglycemia
Because the body is still producing some insulin, there's a higher risk of low blood sugar if exogenous insulin needs are not adjusted promptly.

Ongoing Communication Is Key
Maintain regular communication with parents/caregivers to ensure you have the most current insulin orders and understand where the student is in their diabetes journey.

Reinforce Education
Help staff understand that while blood sugars may seem "normal" for a while, this does not mean the student no longer needs support or insulin.

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Diabetic Pump vs. Pen

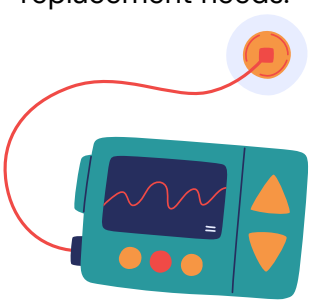
Diabetic Pump

Diabetic pumps are used to control diabetes, with various models available for families to choose from based on preference.

They provide a continuous infusion of insulin to help maintain stable blood glucose levels throughout the day and night.

The pump holds the insulin and is connected to the student.

Pumps come with various parts, so it is beneficial to keep extra supplies at school to address any pump malfunctions or replacement needs.



COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Types of Diabetic Pumps:

Tethered Pumps
These pumps have a tube that connects the pump (worn on a belt or in a pocket) to a cannula inserted under the skin.

Tubeless Pumps (Patch Pumps)
These pumps are attached directly to the skin and do not have tubing. The Omnipod is a popular example.

How They Work:

Basal Rate
Delivers a steady, small amount of insulin continuously to manage blood glucose levels between meals and overnight.

Bolus Dose
Delivers additional insulin doses at mealtimes or to correct high blood glucose levels. This can be programmed manually or calculated based on the insulin-to-carb ratio and the insulin sensitivity factor.

COMMON HEALTH CONCERNS IN SCHOOLS

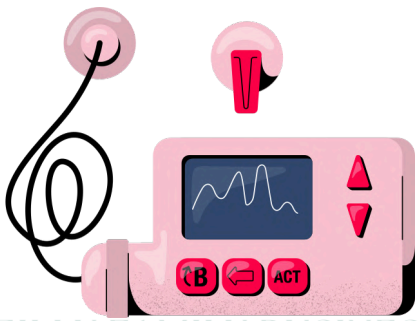
Type 1 Diabetes Mellitus

Advantages of Diabetic Pumps

Improved Blood Glucose Control
Pumps provide precise insulin delivery, which can lead to better blood glucose management and fewer fluctuations.

Flexibility
Pumps allow for adjustable insulin delivery rates, making it easier to manage varying daily activities and dietary habits.

Convenience
They eliminate the need for multiple daily insulin injections.



COMMON HEALTH CONCERNS IN SCHOOLS

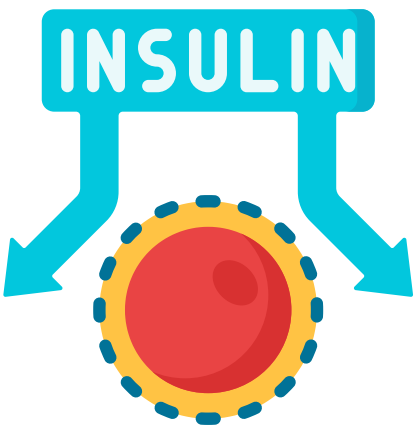
Type 1 Diabetes Mellitus

Term to know for pumps

Insulin on Board (IOB)

Represents the active insulin still working in the body after an initial dose. Insulin does not act immediately; it has a specific duration of action, and during this time, it continues to lower blood glucose levels.

A modern pump will typically account for IOB and will adjust the insulin amount depending on the IOB. By accounting for IOB, one can avoid administering too much insulin, reducing the risk of hypoglycemia.



COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Diabetic Pump Considerations

Training
Proper training is essential for students and caregivers to understand how to use and troubleshoot the pump.

Monitoring
Regular blood glucose monitoring is still required to ensure the pump is delivering the correct amount of insulin.

Maintenance
Pumps require regular maintenance, including site rotation to prevent infection and checking for any malfunctions.

Common Features
Insulin Reservoir: Holds the insulin, which needs to be refilled or replaced periodically.
Infusion Set: Includes the cannula and tubing (for tethered pumps) that deliver insulin under the skin.
User Interface: Allows the user to program insulin delivery, view data, and receive alerts.
Alarms and Alerts: Notify the user of low insulin levels, occlusions, or other issues that need attention.

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Diabetic Pump Considerations

Extra Supplies
It is advisable to keep extra pump supplies at school, including:

-Infusion sets and cannulas
-Insulin reservoirs or cartridges
-Adhesive patches
-Batteries or chargers

Emergency Protocols
In case of pump failure, it's essential to have a backup plan, such as using insulin pens or syringes to administer insulin until the pump is functional again.

Diabetic pumps offer a convenient and flexible method for insulin delivery, enhancing blood glucose control and quality of life for students with diabetes. Proper training, regular monitoring, and maintenance are key to effectively using diabetic pumps. Having extra supplies and an emergency protocol ensures continuous diabetes management in a school setting.

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Diabetic Pen

Diabetic pens are devices used to administer insulin for the management of diabetes if a student does not have a pump.

Types of Diabetic Pens

Disposable Pens
Pre-filled with insulin and discarded after use.
Convenient and easy to use.

Reusable Pens
Designed to be used with replaceable insulin cartridges.
Environmentally friendly and can be more cost-effective over time.

Components

Pen Body: Houses the insulin cartridge and mechanism for dosage adjustment.

Insulin Cartridge: Contains the insulin. In disposable pens, this is pre-installed; in reusable pens, it is replaceable.

Needle: Attached to the pen for each injection and disposed of after use to maintain sterility and reduce pain.

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Diabetic Pen

Prepare the Pen
Attach a new needle to the pen.

Prime the pen by dialing a small dose and expelling it to ensure the needle is clear and the pen is working (the pen must always be primed prior to each use).

Set the Dose
Turn the dosage dial to the prescribed number of insulin units.

Administer the Insulin
Clean the injection site with an alcohol swab.
Insert the needle into the skin (usually the abdomen, thigh, or upper arm).

Press the injection button to deliver the insulin.

Hold the needle in place for a few seconds to ensure the full dose is administered.

Dispose of the Needle
Remove the needle and dispose of it in a sharps container.

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

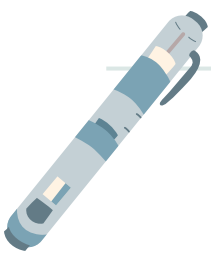
Diabetic Pen Considerations for Use

Training
Proper training is essential to ensure correct usage and to maximize benefits.

Storage
Insulin pens should be stored according to the manufacturer's instructions, typically in a refrigerator before first use and at room temperature afterward.

Monitoring
Regular blood glucose monitoring is necessary to adjust insulin doses as needed.

Maintenance
Ensure the pen is functioning correctly and keep track of the insulin levels in the cartridge.



Emergency Protocols

Backup Supplies
Keep extra insulin pens or cartridges and needles available.

Communication
Ensure that the school nurse and relevant staff are informed about the student's diabetes management plan.

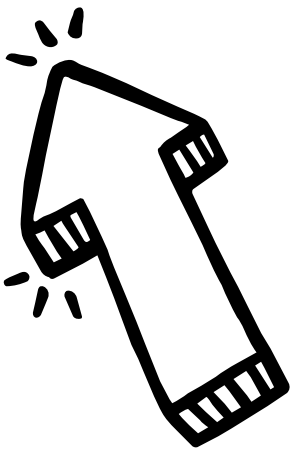
COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Understanding Arrows on Glucose Monitoring Devices

As I have mentioned above, “trending down or trending up” refers to the placement of the arrows provided by the CGM.

When using an insulin pump or glucometer, you will notice arrows next to the glucose reading. These arrows provide crucial information about the trend of blood glucose levels:



COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Understanding Arrows on Glucose Monitoring Devices

Side Arrow Facing Up 
Indicates a slow rise in glucose levels.

Single Up Arrow ⬆️
Indicates a rapid increase in glucose levels.

Double Up Arrow ⬆️⬆️
Indicates a very rapid increase in glucose levels.

Straight Arrow 
Indicates that glucose levels are stable, neither rising nor falling significantly.

Side Arrow Facing Down 
Indicates a slow decline in glucose levels.

Single Down Arrow ⬇️
Indicates a rapid decrease in glucose levels.

Double Down Arrow ⬇️⬇️:
Indicates a very rapid decrease in glucose levels.

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

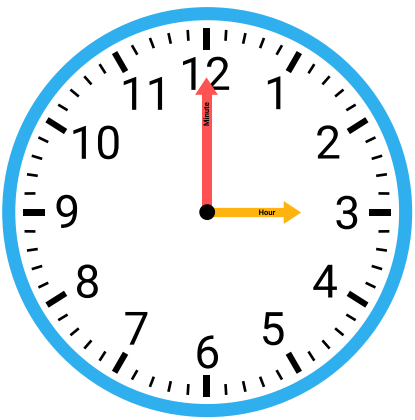
Sometimes, the arrows may also be referred to an analogue clock for reference.

For example,

⬆️⬆️ Can be referred to “double arrow to 12:00”

➡️ “Arrow to 3:00"

⬇️ “Single arrow to 6:00"



COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Importance of Monitoring Arrows

Being aware of these arrows is essential. For example, if during an episode of hypoglycemia, a student's blood glucose level rises from 75 to 82 mg/dL after 15 minutes, but the arrow points downward, this indicates that the increase is not stable. Continued observation is necessary as the student may require another 15 grams of carbohydrates to prevent further decline.

In addition, the arrow can help assist in determining trends in the blood glucose pattern for that day.

Further Steps

If the student's glucose level is rising but not yet within a safe range and they still exhibit symptoms of hypoglycemia, it is important to continue monitoring and keep the student under observation. Administer additional treatment as needed until blood glucose levels reach a comfortable range and symptoms improve.

By closely monitoring the arrows and understanding their implications, school staff can make informed decisions to ensure the effective management of students' blood glucose levels.

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Diabetic Care Communication

It's extremely important to ensure thorough and effective communication with the family and appropriate staff members.

The parent/guardian should always be made aware of highs and lows and involved in the treatment process of any situation.

the staff should always be aware of signs/symptoms of hypo/hyperglycemia and when to notify the school nurse.

In addition, it's crucial for the teacher to make the nurses aware of any snack or lunch time changes as that will affect the time of insulin coverage.

In addition, if the parent communicates the lunch/snack carb # to the nurse, the parent also needs to inform the nurse of any carb amount changes.

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Important Considerations

Ensure Safety Before Dismissal

Never release a child to ride the bus, walk, or drive home if they have low or high blood glucose levels.

Communicate with Parents

If you are uncertain or uncomfortable with a student's condition, promptly contact the parent.

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Health Considerations for the Safety of Diabetic Students in a School Setting

Individualized Health Plans (IHP)
The school staff should develop and maintain an Individualized Health Plan for each diabetic student, detailing their specific medical needs, insulin regimen, emergency contacts, and protocols for managing hypo- and hyperglycemia.

Training for Staff
Provide comprehensive training for teachers, aides, and other school staff on diabetes management, including recognizing symptoms of hypo- and hyperglycemia, and responding to diabetic emergencies.

Accessible Supplies
Ensure that diabetes management supplies, such as insulin, glucagon, glucose tablets, ketone test strips, and blood glucose meters, are readily accessible to the student throughout the school day.

Regular Monitoring
Schedule regular blood glucose monitoring times, especially before meals, physical activities, and exams, to ensure the student maintains stable blood glucose levels.

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Health Considerations for the Safety of Diabetic Students in a School Setting

Dietary Accommodations

Collaborate with the school cafeteria to provide appropriate meal options and allow students to eat snacks as needed to manage their blood glucose levels.

Physical Activity Management

Adjust physical activity schedules to accommodate the student's needs, including allowing for blood glucose monitoring before, during, and after exercise, and providing access to snacks and water.

Emergency Action Plans

Create and distribute an emergency action plan that includes step-by-step instructions for handling diabetic emergencies, and ensure it is easily accessible to all school staff.

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Health Considerations for the Safety of Diabetic Students in a School Setting

Communication

Maintain open lines of communication between the school, parents, and healthcare providers (with consent) to ensure any changes in the student's health status or diabetes management plan are promptly addressed.

Effective communication with parents is crucial. Schools should collaborate with parents to develop a plan that ensures the student's safety and inclusion on field trips. This plan should be detailed in the student's Individualized Health Plan (IHP) or Section 504 Plan.

Stress Management

Recognize the impact of stress on blood glucose levels and provide support for students during exams, social situations, or other potentially stressful events.

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Health Considerations for the Safety of Diabetic Students in a School Setting

Routine Checks

Conduct routine checks of insulin pumps, continuous glucose monitors, and other medical devices to ensure they are functioning correctly.

Also ensure insulin and glucagon are not expired and stored properly.

Substitute Staff Preparedness

Ensure that substitute teachers and staff members are informed about diabetic students in their care and trained on the basics of diabetes management and emergency procedures.

After-School Activities

Coordinate with coaches and leaders of after-school programs to ensure they are aware of the student's needs and are trained to manage diabetes-related situations.

By implementing these considerations, schools can create a supportive and safe environment for diabetic students, ensuring their well-being and ability to participate fully in all school activities.

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Field Trip Preparation

Plan ahead for field trips by ensuring necessary supplies are packed, arranging for a trained staff member or nurse to attend, and coordinating with parents to ensure all medical needs will be met.

Know your building and state's policies
Your state may require a nurse to attend any field trips where a diabetic student is attending.

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

Key Points on American's With Disabilities Act and Field Trips for Diabetic Students

Non-Discrimination

The ADA mandates that schools must not discriminate against students with disabilities. This includes ensuring that students with diabetes are not excluded from or penalized for participating in field trips due to their medical needs.

Reasonable Accommodations

Schools are required to make reasonable accommodations to support the health and safety of diabetic students on field trips. This may include arranging for a nurse or trained personnel to attend the trip to manage the student's diabetes (The American Diabetes Association).

No Penalty for Lack of Nursing Staff

If a nurse is not available to accompany the field trip, the diabetic student cannot be penalized or excluded from participation. The school must find alternative ways to accommodate the student's needs.

A parent may be permitted to attend a field trip to support their child if a nurse is not available. However, it is essential to consult your state's regulations and school policies to ensure compliance.

COMMON HEALTH CONCERNS IN SCHOOLS

Type 1 Diabetes Mellitus

I hope that clears up diabetic care management!

Don't forget to check out the worksheets and practice to really feel confident in your role as a school nurse.

COMMON HEALTH CONCERNS IN SCHOOLS

Food Allergies/Anaphylaxis

Managing Food Allergy and Anaphylaxis in School

Food allergies and anaphylaxis are critical health concerns in schools, requiring vigilant management to ensure the safety and well-being of affected students.

As the school nurse, it is essential to be equipped with the necessary tools and information to effectively handle these situations.

Understanding Food Allergies and Anaphylaxis:

Food Allergies

Food allergies occur when the immune system reacts abnormally to certain foods, such as peanuts, tree nuts, milk, eggs, soy, wheat, fish, and shellfish.

Symptoms can range from mild (hives, itching, stomach pain) to severe (difficulty breathing, swelling, anaphylaxis).

Anaphylaxis

Anaphylaxis is a severe, potentially life-threatening allergic reaction that can occur rapidly.

Symptoms include difficulty breathing, swelling of the throat and tongue, rapid pulse, severe drop in blood pressure, and loss of consciousness.

COMMON HEALTH CONCERNS IN SCHOOLS

Food Allergies/Anaphylaxis

Allergy Care Plans

Personalized Care Plans:
Each student with a known food allergy should have an Individualized Health Plan (IHP) tailored to their specific needs.

The IHP should detail the allergens, typical symptoms, emergency contact information, and step-by-step instructions for managing reactions.

In addition to the Individualized Health Plan (IHP), it is imperative to obtain an order from the student's physician for the epinephrine auto-injector and Benadryl.

The physician's order should include:

The student's name, date of birth, and specific allergy.

Detailed parameters indicating when Benadryl should be administered versus when the epinephrine auto-injector should be used, including the signs and symptoms for both.

The specific dosage, route, and frequency of administration for both epinephrine and Benadryl.

COMMON HEALTH CONCERNS IN SCHOOLS

Food Allergies/Anaphylaxis

Allergy Care Plans

Depending on your district, the physician's order may be consolidated into an "Allergy Care Plan."

This Allergy Care Plan will include all the necessary details mentioned previously, as well as the following sections:

Parental Authorization
A designated area for a parent to sign, providing parental permission.

Self-Carry Authorization
A section to indicate if the student, typically in middle or high school, is permitted to self-carry their medication.

Emergency Contacts
A section to list emergency contact information.

Physician's Order
A designated area for the physician's signature and stamp.

Date
The order typically needs to be dated for that specific school year. If working in a summer program, the program may require a specific “summer medication form” in which the school year form is not valid so please check with your specific district.

COMMON HEALTH CONCERNS IN SCHOOLS

Food Allergies/Anaphylaxis

Medication Considerations

Ensure that any epinephrine auto-injector supplied by the parent is not expired, is in the original labeled container from the pharmacy, and matches the doctor's orders (Allergy Care Plan).

Similarly, if Benadryl is supplied by the parent, confirm that it is not expired and matches the doctor's orders (Allergy Care Plan).

If its liquid, it must match the liquid dosage. If its a pill, it must match the pill dosage.

Additionally, label the Benadryl with the student's name.

Store the student's epinephrine auto-injector and Benadryl together in the same bag or container, clearly marked with the student's name.

Add the student's name and medication expiration date to your Medication Expiration Date folder.

COMMON HEALTH CONCERNS IN SCHOOLS

Food Allergies/Anaphylaxis

Stocking and Training on Emergency Medication

Epinephrine Auto-Injectors (EpiPen, Auvi-Q, or Epinephrine)

Ensure your district has a standing order from the medical director for "universal" or "stock" epinephrine auto-injectors. It is essential to maintain a box containing a set of two EpiPens, in both adult and pediatric sizes.
with the student if appropriate.

Train all school staff, including teachers, aides, cafeteria workers, and bus drivers, on how to recognize the signs of an allergic reaction and depending on what your state/district allows, you may be able to train specified individuals like teachers and coaches how to properly administer an EpiPen.

*As of March 2025, Neffy® (epinephrine nasal spray) became FDA approved for use in children 4 and older who weight 33-66 lbs. Neffy may be prescribed for anaphylaxis by your students physicians. In order to have universal Neffy, your district's standing order must align with your state nurse practice acts, board of education policy, and district protocols.

COMMON HEALTH CONCERNS IN SCHOOLS

Food Allergies/Anaphylaxis

Educating Staff, Students, and Parents

Staff Training

Conduct regular training sessions for all school personnel/coaches on the identification and management of food allergies and anaphylaxis.

Ensure staff know the location of the school nurse during school hours and if there is a school nurse present for sports after school as well as the extension to reach the nurse.

Student Awareness

Educate students about food allergies to foster a supportive and understanding environment.

Encourage practices like not sharing food and washing hands after eating.

Parental Involvement

Work closely with parents to understand their child's specific allergies and preferences.

Communicate any incidents or concerns promptly and effectively.

COMMON HEALTH CONCERNS IN SCHOOLS

Food Allergies/Anaphylaxis

Creating a Safe School Environment

Allergen-Free Zones

Depending on your district's policy, there may be designate allergen-free zones, such as specific tables in the cafeteria or entire classrooms, to reduce the risk of exposure.

Labeling and Communication

The school should ensure all food served in the cafeteria is clearly labeled with ingredients.

Communicate with parents about classroom celebrations or events involving food, and encourage the inclusion of allergen-safe options.

Cleaning Protocols

The school should implement strict cleaning protocols for areas where food is consumed to prevent cross-contamination.

Ensure staff are aware of the importance of thorough cleaning practices.

COMMON HEALTH CONCERNS IN SCHOOLS

Food Allergies/Anaphylaxis

Emergency Preparedness and Response: Emergency Action Plans (EAPs)

Develop and regularly update Emergency Action Plans for students with severe allergies.

Conduct drills to ensure all staff and students are familiar with the procedures.

Prompt Response

In the event of an allergic reaction, act swiftly according to the student's IHP and EAP.

Administer emergency medication immediately and call emergency services.

You may need to provide EMS with the exact epinephrine auto-injector used, which they may need to take to the emergency room.

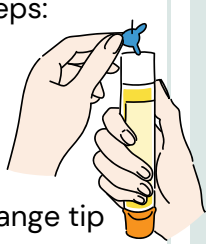
Additionally, ensure you contact the parent to confirm they are en route to the school. If the parent is unable to come to the school, typically a designated school staff member must accompany the child in the ambulance to the emergency room until a parent or guardian arrives.

COMMON HEALTH CONCERNS IN SCHOOLS

Food Allergies/Anaphylaxis

Instructions for Administering an EpiPen

Administering an EpiPen correctly is crucial during an anaphylactic reaction. Here are the detailed steps:



1. Prepare the EpiPen

Remove the EpiPen from its carrying case.

Hold the EpiPen in your dominant hand, with the orange tip pointing downward.

With your other hand, remove the blue safety release cap by pulling straight up without bending or twisting it.

---

2. Administer the Injection

Firmly push the orange tip against the outer thigh, at a right angle (90 degrees) to the thigh.

You can inject through clothing if necessary.

Press firmly until you hear a click, indicating the injection has started.

Hold the EpiPen in place for approximately 3 seconds to ensure the full dose is delivered (Mylan).

note the time of administration

COMMON HEALTH CONCERNS IN SCHOOLS

Food Allergies/Anaphylaxis

Instructions for Administering an EpiPen

4. Seek Emergency Medical Attention

Call 911 immediately after administering the EpiPen.

Inform school administration about the situation so they can assist as needed and ensure proper communication with the student's family.

Inform EMS that an epinephrine auto-injector has been used and provide them with the used EpiPen for their reference.

Monitor the student closely for any changes in their condition.

5. Follow Up

As previously mentioned, contact the student's parent or guardian to inform them of the situation and ensure they are on their way to the school.

You may have already made the parent aware of the situation prior to administering the epinephrine auto injector.

As mentioned above, If the parent cannot come to the school, a designated school staff member should accompany the child in the ambulance to the emergency room until a parent or guardian arrives.

COMMON HEALTH CONCERNS IN SCHOOLS

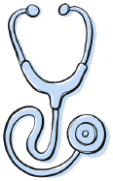
Food Allergies/Anaphylaxis

Nursing Care While Waiting For The Ambulance

Stay Calm and Reassure the Student

Maintain a calm demeanor to help reassure the student.

Inform the student that help is on the way.



Monitor Vital Signs

Continuously monitor the student's vital signs, including breathing, pulse, and blood pressure.

Check for any changes and document all observations.

Position the Student

Position the student in a comfortable and safe position, typically lying down with their legs elevated unless they are experiencing breathing difficulties.

If breathing is impaired, help the student sit up to ease breathing.

Avoid Further Exposure

Ensure the student is away from the source of the allergen.

Prevent exposure to any known triggers.

COMMON HEALTH CONCERNS IN SCHOOLS

Food Allergies/Anaphylaxis

Nursing Care While Waiting For The Ambulance

Maintain Open Airways

Ensure the student's airways remain clear.

Be prepared to perform basic life support (BLS) if necessary.

Keep the student calm and encourage slow, deep breaths.

Prepare Documentation

Have the student's medical records and emergency contact sheet/face sheet, including their allergy action plan, ready to provide to emergency responders.

Document the time of epinephrine administration and any other interventions performed.

Prepare for Transportation

If the parent or guardian cannot arrive before the ambulance, ensure a designated staff member is prepared to accompany the student to the ER.

Bring the student's emergency contact information and medical records.

COMMON HEALTH CONCERNS IN SCHOOLS

Food Allergies/Anaphylaxis

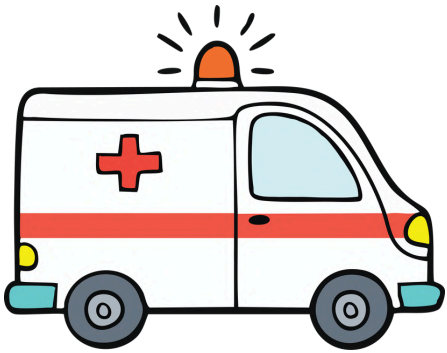
First TIme Reaction

After the incident, follow up with the parent to obtain a copy of the discharge/return-to-school note.

Additionally, inquire about any follow-up appointments with an allergist, especially if this was a first-time reaction and a universal EpiPen was used.

If it is a first-time reaction of a newly diagnosed allergy, update the student's medical alerts and ensure the student's designated staff members assigned to that student are aware.

Provide the parent with a copy of the Allergy Care Plan to be completed by the doctor, and ensure that the proper medication is provided to the school.



COMMON HEALTH CONCERNS IN SCHOOLS

Food Allergies/Anaphylaxis

Field Trips and Extracurricular Activities

Pre-Trip Planning

Plan ahead for field trips by ensuring that all necessary medications and emergency plans are in place.

Inform trip chaperones and staff about any students with food allergies and their specific needs.

If your district/building prefers a nurse on any trip where a student with a food allergy will be attending, ensure you have the proper staffing prior to any trip.

Continuous Supervision

Ensure that trained personnel are present on all field trips and extracurricular activities to manage any potential allergic reactions.

Conclusion

Managing food allergies and anaphylaxis in school requires a comprehensive approach that includes education, preparation, and prompt response.

By developing personalized health plans, training staff, creating a safe environment, and fostering open communication with parents and students, schools can effectively safeguard the health and well-being of students with food allergies.

COMMON HEALTH CONCERNS IN SCHOOLS

Asthma and Difficulty Breathing

Understanding Asthma

Asthma is a chronic respiratory condition characterized by inflammation and narrowing of the airways, leading to difficulty breathing.

Triggers can include allergens, physical activity, respiratory infections, weather changes, and stress.

Asthma Action Plan

Each student with asthma should have an Asthma Action Plan provided by their physician.

This plan outlines

Medication Management: Daily control medications and quick-relief (rescue) medications, including dosages and times.

Symptoms Monitoring: How to recognize early warning signs of an asthma episode.

Emergency Procedures: Steps to take during an asthma attack, including when to administer rescue medication and when to seek emergency medical assistance.

COMMON HEALTH CONCERNS IN SCHOOLS

Asthma and Difficulty Breathing

Identifying and Avoiding Triggers

Environmental Control

Minimize exposure to common asthma triggers in the school environment.

These can include

dust, pet dander, mold, pollen, strong odors, and smoke.

Physical Activity

Encourage participation in physical activities but ensure pre-exercise medications are taken if prescribed.

Monitor closely during physical activity, particularly during high-pollen seasons or in cold weather.

Typically, students with asthma may require their PRN inhaler after recess or physical activity, especially during allergy seasons.

High school and middle school students may be permitted to self-carry their inhalers, provided they have authorization from their physician and parent. These students may administer a dose in the health office before gym, recess, or sports activities.

COMMON HEALTH CONCERNS IN SCHOOLS

Asthma and Difficulty Breathing

Medication Administration

Rescue Medications

The parent may supply you with a prescribed quick-relief medications obtained from the pharmacy, such as an albuterol inhaler.

-Ensure proper usage and dosage as per the MD orders.

-the medication must be in the original, labeled container and must match the doctor's order exactly.

An example order may read, "inhale 2 puffs q4-6h, prn"

The prescribed inhaler typically provides relief but there may be situations where they do not.

COMMON HEALTH CONCERNS IN SCHOOLS

Asthma and Difficulty Breathing

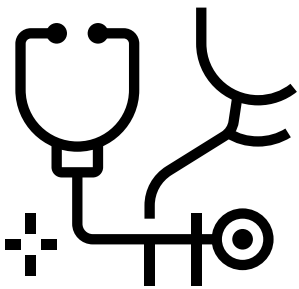
What to Do if the Inhaler Isn't Working

Mild Symptoms After Inhaler Administration

If a student has already received a dose of their rescue inhaler but continues to experience mild breathing difficulty and/or mild wheezing (heard on auscultation) with a normal oxygen saturation, pulse, and blood pressure, another dose should not be administered.

In this situation:
Contact the parent immediately.

Advise the parent to pick up the student and take them to the doctor for further evaluation.



COMMON HEALTH CONCERNS IN SCHOOLS

Asthma and Difficulty Breathing

What to Do if the Inhaler Isn't Working

Moderate to Severe Symptoms After Inhaler Administration

If a student experiences moderate to severe difficulty breathing, wheezing, poor oxygen saturation, or abnormalities in pulse and/or blood pressure after using their inhaler, follow these steps:

-**Contact Emergency Services:** Call 911 immediately (let your building administrators know as well).

-**Notify the Parent:** Inform the parent promptly and request their immediate arrival at the school.

Ambulance Protocol: If the student is transported by ambulance and the parent is unable to arrive in time, a designated staff member must accompany the student to the emergency room.

COMMON HEALTH CONCERNS IN SCHOOLS

Asthma and Difficulty Breathing

Nursing Care While Waiting for the Ambulance

While waiting for the ambulance to arrive, the following nursing care steps should be taken to support the student experiencing moderate to severe asthma symptoms:

Stay Calm and Reassure the Student

Keep the student calm and reassure them that help is on the way. Anxiety can exacerbate asthma symptoms.

Positioning

Position the student in a comfortable, upright position to ease breathing. Sitting up and leaning slightly forward can help open the airways.

Administer Additional Medications if Directed

If the student has a physician-approved Asthma Action Plan that allows for additional doses of the rescue inhaler in emergencies, follow the plan. Do not exceed the prescribed dosage by the doctor.

If the action plan does not specify administering additional puffs, do not administer any further doses.

COMMON HEALTH CONCERNS IN SCHOOLS

Asthma and Difficulty Breathing

Nursing Care While Waiting for the Ambulance

Monitor Vital Signs

Continuously monitor the student's vital signs, including oxygen saturation, pulse, and respiratory rate.

Document any changes and communicate this information to emergency responders upon their arrival.

Avoid Triggers

Ensure the student is away from any known asthma triggers, such as allergens or strong odors, that could worsen their condition.

Maintain Clear Airways

Encourage the student to take slow, deep breaths. If the student is coughing up mucus, provide tissues and encourage them to spit it out.

Prepare Documentation

Have the student's emergency contact sheet/face sheet and medical records, including their Asthma Action Plan, readily available to provide to emergency responders.
This should include information about the student's baseline condition, medications administered, and any changes in symptoms.

COMMON HEALTH CONCERNS IN SCHOOLS

Asthma and Difficulty Breathing

Nursing Care While Waiting for the Ambulance

Notify School Administration

Inform school administration about the situation so they can assist as needed and ensure proper communication with the student's family.

Prepare for Transportation

If the parent is not present when the ambulance arrives, ensure a designated staff member is ready to accompany the student to the hospital. Bring the student's emergency contact information and medical records.

By following these steps, the school nurse can provide essential care to the student while awaiting emergency medical assistance.

COMMON HEALTH CONCERNS IN SCHOOLS

Asthma and Difficulty Breathing

Asthma Monitoring and Support

Symptom Tracking

Regularly monitor and document the student's symptoms and peak flow readings if part of the AAP.

Education

Teach students to recognize early symptoms and to self-administer medication if appropriate.

Educate staff and peers about asthma to foster a supportive environment.

Emergency Preparedness

Ensure all staff are trained to recognize asthma symptoms and know how to respond. Have a clear emergency plan in place.

COMMON HEALTH CONCERNS IN SCHOOLS

Asthma and Difficulty Breathing

Considerations for Small Children With Asthma

Small children may need more demonstration instruction on how to use the inhaler to ensure all of the medication is received.

Use Simple Language

Use age-appropriate language and simple instructions.

Demonstration

Show the child how to use the inhaler and spacer, possibly using a doll or toy for demonstration.

Comfort and Reassurance

Calm Environment: Administer the inhaler in a calm and comfortable environment to reduce anxiety.
Reassurance: Provide reassurance and encouragement to help the child stay calm and cooperative.

Proper Positioning

Sitting Position: Ensure the child is sitting upright or slightly reclined to facilitate easier breathing.

Stable Surface: Have the child sit on a stable surface, such as a chair or a parent's lap, to prevent movement during administration.

In addition, an inhaler spacer may be used.

COMMON HEALTH CONCERNS IN SCHOOLS

Asthma and Difficulty Breathing

Use of Inhaler Spacer and/or Mask

An inhaler spacer is a device used to enhance the delivery of medication from a metered-dose inhaler (MDI) to the lungs. It helps improve the effectiveness of the medication, especially for individuals who may have difficulty coordinating the inhalation process.

Steps for Using an Inhaler Spacer

Assemble the Spacer

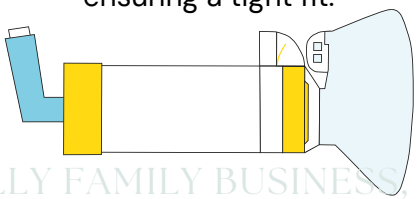
Ensure the spacer is clean and dry.
Attach the mouthpiece or mask (for younger children) securely to one end of the spacer.

Shake the Inhaler

Shake the inhaler vigorously for a few seconds to mix the medication properly.

Insert the Inhaler

Remove the cap from the inhaler.
Insert the inhaler into the open end of the spacer, ensuring a tight fit.



COMMON HEALTH CONCERNS IN SCHOOLS

Asthma and Difficulty Breathing

Use of Inhaler Spacer and/or Mask

Exhale Completely
Have the student breathe out fully to empty the lungs, ensuring they are ready to take a deep inhalation.

Seal the Lips Around the Mouthpiece
Place the mouthpiece of the spacer into the student's mouth, ensuring a tight seal with the lips.
If using a mask, place the mask securely over the nose and mouth.

Press the Inhaler
Press down on the inhaler to release a puff of medication into the spacer.

Inhale Slowly and Deeply
Have the student inhale slowly and deeply through the mouthpiece or mask.

Ensure the student continues to breathe in until the lungs are full, typically for 3-5 seconds.

COMMON HEALTH CONCERNS IN SCHOOLS

Asthma and Difficulty Breathing

Use of Inhaler Spacer and/or Mask

Hold Breath
Instruct the student to hold their breath for about 10 seconds, or as long as comfortably possible.
This allows the medication to settle into the lungs.

Breathe Normally
After holding the breath, the student can breathe out slowly and return to normal breathing.

Repeat if Necessary
If a second puff is required, wait about 30 seconds to a minute before repeating the steps.
Shake the inhaler again before administering the next dose.

Rinse the Mouth
(any time using a corticosteroid inhaler with or without a spacer)

After using the inhaler, especially if it contains corticosteroids, it's important for the student to rinse their mouth with water to prevent any potential side effects such as oral thrush.

COMMON HEALTH CONCERNS IN SCHOOLS

Asthma and Difficulty Breathing

Use of Inhaler Spacer and/or Mask

Benefits of Using a Spacer

Improved Medication Delivery
The spacer allows the medication to be suspended in the chamber, giving the user more time to inhale the medication deeply into the lungs.

Reduced Coordination Issues
Spacers help eliminate the need to coordinate pressing the inhaler and inhaling at the same time, making it easier for students to use correctly.

Minimized Side Effects
By reducing the amount of medication deposited in the mouth and throat, spacers can help minimize side effects such as hoarseness and oral thrush.

Using an inhaler spacer is a simple yet effective way to ensure that students with asthma or other respiratory conditions receive the maximum benefit from their inhaled medications.

COMMON HEALTH CONCERNS IN SCHOOLS

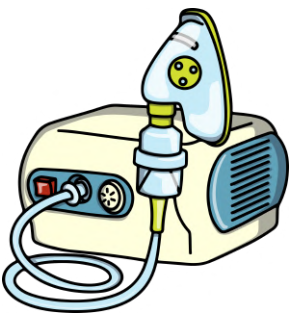
Asthma and Difficulty Breathing

Nebulizer

Sometimes, a child with severe asthma, cystic fibrosis, or a younger child may use a nebulizer instead of, or in addition to, an inhaler.

Nebulizers offer several advantages over inhalers for certain patients and situations, including ease of use for young children, effective medication delivery for severe respiratory conditions, the ability to use liquid medications, and comfort for children with significant breathing difficulties.

A child may use a nebulizer instead of, or in addition to, an inhaler. A nebulizer can be easier for younger children to use, as it allows them to breathe normally while wearing the nebulizer mask.
This contrasts with an inhaler, which requires the child to coordinate their breath with the actuation of the device.



COMMON HEALTH CONCERNS IN SCHOOLS

Asthma and Difficulty Breathing

Nebulizer

In a school setting, managing nebulizer treatments for students with respiratory conditions is a crucial aspect of ensuring their health and well-being.

Proper care and administration are essential to provide effective treatment and maintain the functionality of the nebulizer equipment.

Preparation and Documentation

Obtain Orders

Ensure that you have a current physician's order detailing the medication, dosage, frequency, and any specific instructions for nebulizer use.

Ensure that you also have signed parental permission.

IHP/Health Plan

Update the student's Individual Health Plan (IHP) or health care plan to include information about the nebulizer treatment.

COMMON HEALTH CONCERNS IN SCHOOLS

Asthma and Difficulty Breathing

Nebulizer

Equipment and Medication

Check Equipment

Ensure that the nebulizer is in good working condition, including checking the nebulizer cup, tubing, and mask or mouthpiece. Ensure it appears clean as well.

Medication Storage

Verify that the medication is stored according to manufacturer instructions, typically in a cool, dry place. Ensure that it is not expired and is in the original container.

Prepare Medication

Measure the exact dose of medication as prescribed. Always use clean equipment for this purpose.

COMMON HEALTH CONCERNS IN SCHOOLS

Asthma and Difficulty Breathing

Nebulizer

Administration Procedure

Set Up Nebulizer

Assemble the nebulizer by connecting the tubing to the machine and nebulizer cup.

Add the prescribed medication to the nebulizer cup.

Attach the mask or mouthpiece securely.

Conduct Treatment

Ensure the student is seated comfortably and is calm.

If using a mask, place it over the student's nose and mouth, ensuring a good seal.

If using a mouthpiece, instruct the student to close their lips tightly around it.

Turn on the nebulizer and instruct the student to breathe deeply and slowly until the medication is fully administered.

COMMON HEALTH CONCERNS IN SCHOOLS

Asthma and Difficulty Breathing

Nebulizer

Monitoring and Support

Monitor Symptoms

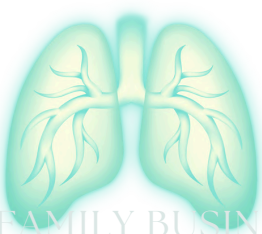
Observe the student for any immediate reactions or side effects during and after the treatment.

Assess Effectiveness

Evaluate if the student shows improvement in symptoms. If the student's condition does not improve or worsens, follow the school's emergency protocols and notify the parent or guardian.

Provide Support

Offer comfort and reassurance to the student during and after the treatment.



COMMON HEALTH CONCERNS IN SCHOOLS

Asthma and Difficulty Breathing

Nebulizer

Post-Treatment Care

Cleaning Equipment

Disassemble the nebulizer parts after each use.

Wash the nebulizer cup, mask, or mouthpiece with warm, soapy water.

Rinse thoroughly and allow to air dry.

Regularly disinfect the equipment as per manufacturer guidelines to prevent contamination and maintain hygiene.

Storage

Store the nebulizer and its components in a clean, dry place when not in use.

Keep medication and nebulizer parts organized ad labeled to ensure easy access and avoid mixing with other students' supplies.

COMMON HEALTH CONCERNS IN SCHOOLS

Asthma and Difficulty Breathing

Nebulizer

Documentation and Communication

Record Treatment

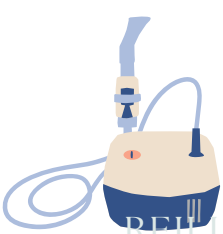
Document each nebulizer treatment in the student's health log, including time, medication, and any observations made during the process.

Notify Parents/Guardians

Inform parents or guardians of any issues or concerns regarding the nebulizer treatment. Provide updates on the student's condition and any required follow-up.

Update Health Records

Make sure the student's health records are current with the latest treatment plans and any changes in their condition or medication.



COMMON HEALTH CONCERNS IN SCHOOLS

Seizure Disorder (Epilepsy)

Epilepsy, or seizure disorder, is a neurological condition characterized by recurrent seizures. In a school setting, it is essential to understand how to manage and support students with epilepsy to ensure their safety and well-being.

Epilepsy, or seizure disorder, may present on its own or in conjunction with other diagnoses such as autism or other neurological conditions.

Common Types of Seizures You May Come Across Working In a School

Absence Seizures (Petit Mal)

These are brief episodes of staring or daydreaming that last only a few seconds. The student may not respond when their name is called and might seem momentarily disconnected from their surroundings.

Other symptoms may include

Sudden halt in activity, blank stare, slight movements like blinking or lip-smacking.

Individuals with this type of seizure tend to return to recovery time fairly quickly with minimal confusion.

COMMON HEALTH CONCERNS IN SCHOOLS

Seizure Disorder (Epilepsy)

Common Types of Seizures You May Come Across Working In a School

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Tonic-Clonic Seizures (Grand Mal)

Characteristics

Involves both tonic (stiffening) and clonic (jerking) phases. The duration typically lasts 1-3 minutes.

Symptoms include

loss of consciousness, stiffening of the body, followed by rhythmic jerking of the limbs.

Recovery

Post-seizure confusion, drowsiness, headache, muscle soreness.

COMMON HEALTH CONCERNS IN SCHOOLS

Seizure Disorder (Epilepsy)

Common Types of Seizures You May Come Across Working In a School

---

Focal Seizures (Partial Seizures)
These seizures start in one specific area of the brain.
Focal Aware Seizures vs Focal Impaired Awareness Seizures

Focal Aware Seizures (Simple Partial)

Characteristics
Awareness remains intact.

Duration
Usually lasts 1-2 minutes.

Symptoms
Sensory experiences (like tingling, visual disturbances), motor symptoms (jerking in one part of the body), emotional symptoms (fear, déjà vu).

Recovery
Immediate return to normal activity.

COMMON HEALTH CONCERNS IN SCHOOLS

Seizure Disorder (Epilepsy)

Common Types of Seizures You May Come Across Working In a School

---

Focal Impaired Awareness Seizures (Complex Partial)

Characteristics
Altered awareness and responsiveness.

Duration
Typically lasts 1-2 minutes.

Symptoms
Staring, repetitive movements (hand rubbing, lip-smacking), confusion.

Recovery
Post-seizure confusion and drowsiness.

COMMON HEALTH CONCERNS IN SCHOOLS

Seizure Disorder (Epilepsy)

Management of Epilepsy in Schools

Individual Health Plans (IHP)

Students with epilepsy should have an Individual Health Plan (IHP) tailored to their specific needs. This plan includes detailed information on the student's seizure types, triggers, medications, and emergency procedures.

Medication Management

Students with epilepsy often have prescribed medications to control their seizures. These medications must be administered by the nurse, as directed by the physician.

The IHP/medication order should include

Names and dosages of medications
Specific times for administration
Instructions for missed doses

COMMON HEALTH CONCERNS IN SCHOOLS

Seizure Disorder (Epilepsy)

Diastat vs. Valtoco

Understanding Seizure Rescue Medications

Diastat

Diastat AcuDial (Diazepam Rectal Gel) is a rescue medication for students with epilepsy.

It comes as a pre-filled rectal gel.
The dosage is individualized based on age and weight.

The AcuDial device allows for adjustable dosing.

Procedure

Administered by inserting the gel applicator into the rectum and pushing the plunger to deliver the medication.

The medication typically works within minutes.

Must be stored at room temperature and in a secure location.

It should be included in the student's Individual Health Plan (IHP) with detailed instructions for administration during a seizure emergency.

COMMON HEALTH CONCERNS IN SCHOOLS

Seizure Disorder (Epilepsy)

Valtoco (Diazepam Nasal Spray)

Valtoco is also used as a rescue medication for students with epilepsy. Valtoco is more commonly seen now due to it's ease of use and less invasive nature vs. diastat once students are of a specific age/weight to be able to receive it.

It comes as a nasal spray.

The dosage is based on the student's weight, with a fixed-dose nasal spray delivering either 5 mg, 10 mg, 15 mg, or 20 mg of diazepam.

Valtoco is administered by spraying the medication into one nostril, with instructions to ensure proper delivery.
It typically works within minutes.

It should be stored at room temperature, away from light and moisture, and in a secure location.

Emergency Plan
It should be included in the student's IHP with detailed instructions for administration during a seizure emergency.

COMMON HEALTH CONCERNS IN SCHOOLS

Seizure Disorder (Epilepsy)

Comparison and Considerations of Diastat and Valtoco

Diastat

Requires rectal administration, which can be more challenging and invasive, especially in a school setting.

Valtoco

Nasal administration is generally easier and more acceptable for both the student and the caregiver.

Effectiveness

Both Diastat and Valtoco are effective in stopping seizures quickly, but the choice between them may depend on factors like the student's age/weight, preference, and specific medical needs.

You may notice that more younger children are prescribed Diastat where as the older children are prescribed Valtoco due to age/weight.

Valtoco has recently been approved for children ages 2 and up (Valtoco).

Another nasal spray you may encounter is midazolam (Nayzilam).

COMMON HEALTH CONCERNS IN SCHOOLS

Seizure Disorder (Epilepsy)

Nursing Care for a Student Experiencing a Seizure in a School Setting

Stay Calm

Keep yourself calm to effectively manage the situation.

Ensure Safety

Gently guide the student to the floor if they are not already there.

Clear the area of any sharp or hard objects that could cause injury.

Place something soft, like a folded jacket, under the student's head.

Turn the student onto their side to keep their airway clear and prevent choking.

Time the Seizure

Note the start time of the seizure.

Most seizures last between 1 to 3 minutes.

Seizures lasting longer than 3-5 minutes may require emergency medical intervention depending on if there is a doctor's order and what the parameters are as per the MD order.

COMMON HEALTH CONCERNS IN SCHOOLS

Seizure Disorder (Epilepsy)

Nursing Care for a Student Experiencing a Seizure in a School Setting Continued

During the Seizure

Do not restrain or hold the student down or try to stop their movements.

Do Not Put Anything in Their mouth as this could cause injury or choking.

Loosen Tight Clothing (loosen any tight clothing around the neck, such as a tie or collar, to aid breathing).

Monitor breathing and color: watch for any changes in the student's breathing or color. If the student appears to have difficulty breathing or turns blue, call 911 immediately.

Post-Seizure Care (Postictal Phase)

Once the seizure stops, reassure the student as they regain consciousness. They may be confused, tired, or embarrassed.

Allow the student to rest in a comfortable position. Many students feel tired or need to sleep after a seizure.

Check for Injuries: Perform a quick assessment for any injuries sustained during the seizure.

COMMON HEALTH CONCERNS IN SCHOOLS

Seizure Disorder (Epilepsy)

Nursing Care for a Student Experiencing a Seizure in a School Setting Continued

Follow-Up Actions

Document the Incident
Record the details of the seizure, including the start and end times, what the seizure looked like, and any first aid provided.

Notify Parents
Contact the student's parents or guardians to inform them of the seizure.

Administer Rescue Medication if Prescribed
If the student has a Seizure Action Plan that includes the administration of a rescue medication (like Diastat or Valtoco), follow the prescribed instructions.
(Ensure you have been trained and are comfortable with administering the rescue medication).

Assess the Need for Emergency Services
Call 911 anytime a rescue medication is administered, if the seizure lasts more than 5 minutes, if another seizure follows immediately, if the student does not regain consciousness, or if there are any breathing difficulties or serious injuries.

COMMON HEALTH CONCERNS IN SCHOOLS

Seizure Disorder (Epilepsy)

Nursing Care for a Student Experiencing a Seizure in a School Setting Continued

Ongoing Monitoring

Observe the Student: continue to monitor the student's breathing, level of consciousness, and overall condition until they are fully recovered or until emergency personnel arrive.

Prepare for Transportation if Needed

If the student needs to be transported to the hospital, ensure a copy of their Seizure Action Plan and any relevant medical information accompanies them.

Ensure a parent is on the way to accompany the child on the ambulance. If not, a designated school staff member must attend.

COMMON HEALTH CONCERNS IN SCHOOLS

Seizure Disorder (Epilepsy)

Nursing Care for a Student Experiencing a Seizure in a School Setting Continued

Communication and Documentation

Communicate with School Staff

Inform relevant school staff about the incident and any actions taken. Ensure they are aware of the student's condition and any follow-up care required.

Update Health Records

Ensure the student's health records are updated with details of the seizure and any changes in their Seizure Action Plan.

Follow-Up Care

Schedule a follow-up meeting with the parents and, if necessary, the healthcare provider to review the Seizure Action Plan and make any necessary adjustments.

COMMON HEALTH CONCERNS IN SCHOOLS

Seizure Disorder (Epilepsy)

Nursing Care for a Student Experiencing a FIRST time Seizure in a School Setting Continued

For First Time Seizures in School

If this is a student's first time seizure, you may not have any rescue medication.

Call 911 to ensure the student receives immediate medical evaluation and assistance.

Inform the student's parents or guardians about the seizure and the actions taken. Ensure they understand the need for immediate medical evaluation.

Encourage the parents to take the student to a neurologist or healthcare provider for a comprehensive evaluation.

Request that the parents provide the school with any prescribed medications and the corresponding medical orders from the neurologist. This may include rescue medications such as Diastat or Valtoco.

COMMON HEALTH CONCERNS IN SCHOOLS

Seizure Disorder (Epilepsy)

Nursing Care for a Student Experiencing a FIRST time Seizure in a School Setting Continued

For First Time Seizures in School Continued

Develop an Individualized Healthcare Plan (IHP)
Work with the student's healthcare provider and parents to develop an IHP that outlines specific care and emergency procedures for managing the student's seizures at school.

Long-Term Management (504 Plan Implementation)
Ensure the student is placed on a 504 plan to accommodate their medical needs. This plan will outline necessary accommodations and support in the educational setting.

Staff Education
Educate relevant school staff on how to recognize and respond to seizures. Provide training on the student's specific care plan and emergency procedures.

Maintain open communication with the student's parents and healthcare provider to monitor the student's condition and update the IHP as needed.

COMMON HEALTH CONCERNS IN SCHOOLS

Seizure Disorder (Epilepsy)

Field Trips

Students with epilepsy who have an order for a rescue medication such as Valtoco or Diastat will usually require a nurse to attend the trip.

Ensure you have proper nursing coverage if you know one of your students who has a rescue medication will be attending.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Stomachache

Students often visit the nurse's office complaining of a stomachache. Common causes are:

Digestion

This can occur after lunch or snack time, and they may simply need to use the bathroom, finding comfort in the nurse's bathroom.

Chronic Conditions

Some students may have chronic constipation or bowel conditions like IBS, Crohn's Disease, or colitis, and may require liberal bathroom use and frequent visits to the nurse's office.

Illness Symptoms

A stomachache may also indicate the onset of a virus or be a symptom of an existing illness.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Nursing Care for Stomachaches

History
Ask the student about the location, duration, and nature of the pain (e.g., cramping, sharp, dull).

Diet
Inquire about their recent meals and any possible triggers (e.g., spicy food, milk).
Determine if they have a food allergy and obtain details of the recent foods and ingredients in those foods they may have just eaten to investigate further.

Bathroom Habits
Ask if they have used the bathroom recently and if there were any issues such as constipation or diarrhea.

Other Symptoms
Check for additional symptoms such as nausea, vomiting, fever, or headache.

Physical Examination
Temperature Check: to rule out fever, which may indicate an infection.

Abdominal Palpation: If the assessment indicates, gently palpate the abdomen to identify any tenderness, distension, or masses. Note if the pain increases with touch.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Nursing Care for Stomachaches

Determine Severity

Mild Symptoms

If the pain is mild and there are no other concerning symptoms, allow the student to rest for a short period. Encourage them to use the bathroom if needed.

Moderate to Severe Symptoms

If the pain is moderate to severe, persistent, or accompanied by other symptoms such as fever, vomiting, or diarrhea, further intervention is necessary. The parent and/or 911 may need to be called.

Management

Rest and Hydration

Encourage the student to rest in a quiet area and drink water if they are not nauseous.

Bathroom Access

Allow the student to use the nurse's bathroom to provide privacy and comfort.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Nursing Care for Stomachaches

Parental Contact

If the pain persists or worsens, contact the parent or guardian to inform them of the situation and discuss further steps.

Follow-Up:

Documentation

Record the visit, symptoms, interventions, and outcomes in the student's health record.

Monitoring:

Check in with the student later in the day to see if there has been any improvement or if further action is required.

Chronic Conditions:

Individual Health Plans:

For students with chronic conditions like IBS, Crohn's Disease, or colitis, ensure there is an Individual Health Plan (IHP) in place. This should include details on symptoms, treatment protocols, and emergency contacts.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Nursing Care for Stomachaches

Virus Symptoms:

Isolation:

If the stomachache is accompanied by symptoms of a contagious virus (e.g., fever, vomiting), follow the school's protocol for isolating the student (keeping student in nurses' office, preferably if you have a "sick side" until parent pickup) and preventing the spread of illness.

Return to Class:

If the student's symptoms resolve and they have no fever, they may return to class. If symptoms persist or worsen, advise the parent or guardian to pick up the student for further evaluation.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Diarrhea/Soiled Clothing

A student presenting with diarrhea in school may be experiencing gastrointestinal distress due to food consumption, a flare-up of a chronic medical condition, or an illness. While you should assess the student's temperature and encourage hydration, persistent diarrhea warrants notifying the parent or guardian for pickup.

If the student has soiled their clothing, they should be provided the opportunity to clean up and change into a spare set of clothes. If the student does not have a spare, they may use the clean clothing supplied by the school, provided you have obtained parental permission and if is allowed in the school district's policy.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Headache

Headaches are a frequent complaint among students and can arise from various causes, including:

Dehydration
Inadequate fluid intake can lead to headaches, especially after physical activity or on hot days.

Eye Strain
Prolonged screen time, reading, or other visual tasks can strain the eyes, resulting in headaches.

Stress and Anxiety
Academic pressure, social issues, or personal problems can cause tension headaches.

Poor Posture
Slouching or improper sitting positions can strain neck and shoulder muscles, leading to headaches.

Hunger
Skipping meals or not eating enough can result in low blood sugar levels, triggering headaches.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Headache Reasons Continued

Lack of Sleep
Insufficient or poor-quality sleep can contribute to headaches.

Environmental Factors
Noise, bright lights, or strong odors in the school environment can cause headaches in sensitive students.

Medical Conditions
Conditions such as migraines, sinus infections, or other illnesses or conditions can present as headaches.

Nursing Care for Headaches

History
Ask the student about the onset, duration, and intensity of the headache. Inquire about any known triggers or recent activities.

Location
Determine the location of the headache (e.g., forehead, temples, back of the head).

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Associated Symptoms

Check for other symptoms such as nausea, visual disturbances, dizziness, or sensitivity to light/sound.

Physical Examination

Vital Signs: Measure the student's temperature, blood pressure, and pulse to rule out any underlying conditions.

Hydration Status: Check for signs of dehydration, such as dry mouth or decreased skin turgor.

Management

Hydration: Encourage the student to drink water if dehydration is suspected.

Rest: Provide a quiet, dimly lit area for the student to rest. This can help alleviate headaches caused by stress, eye strain, or environmental factors.

Medication: Administer over-the-counter pain relief medication supplied by the parent if available in the nurse's office and there is a doctor's order and parental permission for its use. Some students with regular migraines may commonly have medication submitted by the parent each year (with the MD order and parent permission).

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Headache Management Continued

Cold Compress: Apply a cold compress to the forehead or neck to help reduce pain and tension.

Snacks: Offer a light snack if the headache may be due to hunger or low blood sugar. Ensure the child does not have a food allergy and the snack is nut free and not processed in a facility where nuts are processed).

Follow-Up

Monitoring: Observe the student for improvement. If the headache persists or worsens, consider contacting the parent or guardian for further evaluation.

Documentation: Record the visit, symptoms, interventions, and outcomes in the student's health record.

Prevention and Education

Hydration: Educate students on the importance of staying hydrated throughout the day.

Posture: Encourage proper sitting posture and regular breaks from screens and reading.

Stress Management: Provide resources for managing stress and anxiety, such as relaxation techniques or counseling services.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Nausea/Vomiting

Nausea and vomiting in a school setting can stem from various causes, including infections, gastrointestinal issues, food intolerances, or stress. Addressing these symptoms promptly and effectively is crucial to ensure student comfort and health.

Causes of Nausea and Vomiting in School

Infections
Like gastroenteritis: Often caused by viruses or bacteria, leading to nausea, vomiting, diarrhea, and abdominal pain.

Other Illnesses
Conditions like the flu or upper respiratory infections can also cause nausea.

Indigestion
Often related to eating too quickly or consuming fatty or spicy foods.

Constipation
Can cause nausea due to abdominal discomfort.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Nausea/Vomiting

Causes of Nausea and Vomiting in School Continued

Food Sensitivities

Reactions to certain foods or ingredients can result in nausea or vomiting.

Emotional Factors

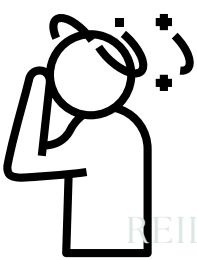
Stress related to school performance, social interactions, or other pressures can manifest physically as nausea.

Medication Side Effects

Adverse Reactions: Some medications may cause nausea or vomiting as a side effect.

Motion Sickness

Nausea can occur due to motion sickness during bus rides or other forms of transport.



COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Nursing Care for Nausea and Vomiting

Observe Symptoms

Assess the severity of nausea, duration, and any additional symptoms (e.g., fever, abdominal pain).

Comfort Measures

Positioning: Have the student sit or lie down in a comfortable position, preferably with their head elevated.

Hydration: Encourage sipping small amounts of water. Avoid giving large amounts at once.

Rest: Provide a quiet, comfortable space for the student to rest.

Dietary Adjustments

Offer Light Foods: If the student has no food allergies and can tolerate food, offer bland, easy-to-digest options such as crackers (nut free and made in a peanut-free factory)

Avoid Strong Odors: Minimize exposure to strong food odors, which can exacerbate nausea.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Nursing Care for Nausea and Vomiting

Monitoring

Going Home for Vomiting: If a student vomits in school, that student should be picked up.

Track Frequency: While waiting for the parent to arrive, keep a record of vomiting episodes and note any patterns or triggers.

Observe for Dehydration: Monitor the student's hydration status and look for signs of severe dehydration, such as excessive thirst, dry skin, or lethargy.

Medical Evaluation

Notify Parents: Inform the student's parents about the symptoms and any steps taken.

Seek Medical Attention: If the vomiting persists, is severe, or is accompanied by other concerning symptoms (e.g., blood, severe abdominal pain), contact the parents and call 911.

Documentation

Record Details: Document the student's symptoms, any interventions provided, and communication with parents or guardians.

Follow-Up

Ensure proper follow-up if needed, including monitoring for any continuing symptoms or issues.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Dizziness/Lightheaded

Potential Causes

Insufficient Fluid Intake: especially during hot weather or after physical activity.

Skipping Meals: Missing meals or snacks.

Sudden Position Changes: Standing up too quickly from a sitting or lying position.

Low Iron Levels: Insufficient iron in the diet or underlying medical conditions.

Illness: Infections such as the flu or a common cold.

Emotional Stress: High levels of stress or anxiety.

Menstrual Cycle: May occur during menses or at certain points of the cycle (ovulation).

Side Effects: Certain medications can cause dizziness as a side effect.

Overheating: Prolonged exposure to high temperatures or overexertion in the heat.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Nursing Care for Dizziness and Lightheadedness

Check Vital Signs: Measure BP, HR, and Temp

Assess Hydration: Look for signs of dehydration.

Review Medical History: Consider any underlying conditions or recent changes in medication, especially from a cardiac standpoint.

Immediate Care

Have the Student Sit or Lie Down: Ensure they are in a safe, comfortable position.

Encourage Hydration: Offer water or an electrolyte solution if dehydration is suspected.

Provide a Snack: If low blood sugar is suspected, offer a small snack like fruit juice or crackers (ensure the student has no food allergies and that you are offering snacks that are processed in a peanut-free factory)

Monitor and Reassess

Observe Symptoms: Monitor for changes or worsening of symptoms.

Recheck Vital Signs: After a period of rest, reassess vital signs to see if there is improvement.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Nursing Care for Dizziness and Lightheadedness

Ensure Cool Environment: Move the student to a cooler area if heat is a factor.

Reduce Stimulation: Provide a quiet space to help calm any anxiety or stress.

Notify Parents: Inform the student's parents or guardians about the symptoms and care provided.

Document Care: Record the incident, interventions provided, and any communications with parents.

When to Seek Further Medical Attention

Persistent Symptoms: If dizziness or lightheadedness continues despite initial care.

Severe Symptoms: If the student experiences chest pain, severe headache, difficulty breathing, or loss of consciousness, call 911 and the parent.

Underlying Conditions: If the student has known medical conditions that could complicate the situation.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Nursing Care for Dizziness and Lightheadedness

Persistent Dizziness and Lightheadedness

Ongoing Symptoms

If a student experiences persistent dizziness or lightheadedness, it is advisable to recommend that the parent consult a cardiologist for further evaluation.

Collaboration with Athletic Department

For middle or high school students participating in sports, it is essential to collaborate with the athletic department to determine the appropriate course of action. A cardiology clearance note may be required for the student to continue participating in athletic activities.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Sore Throat

Common Causes

Viral Infections: Most sore throats in school-aged children are caused by viruses, such as the common cold, influenza, coxsackie, etc.

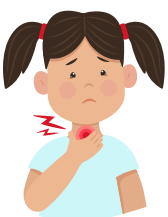
Bacterial Infections: Streptococcal pharyngitis (strep throat) is a common bacterial cause of sore throats.

Allergies: Environmental allergens can cause throat irritation and discomfort.

Dry Air: Especially during winter, dry indoor air can lead to throat dryness and soreness.

Irritants: Exposure to smoke, pollution, or strong odors can irritate the throat.

Overuse of Voice: Excessive talking, shouting, or singing can strain the throat.



COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Sore Throat

Nursing Care for Sore Throat

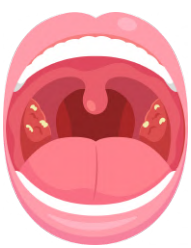
Take the student's temperature.

Ask about other symptoms such as cough, runny nose, difficulty swallowing, or ear pain.

Inspect the throat for redness, swelling, white patches, bumps, or sores.

Symptom Management

Hydration: Encourage the student to drink plenty of fluids.
Rest: Allow the student to rest if they feel fatigued.
Saltwater Gargle: To soothe the throat.



COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Strep Throat Considerations

Possible Signs and Symptoms

Sudden onset of sore throat.
Painful swallowing.
Red and swollen tonsils, sometimes with white patches or streaks of pus.
Fever.
Swollen lymph nodes in the neck.
Headache, stomach pain, nausea, or vomiting (more common in children).

Nursing Care for Suspected Strep Throat

Take a thorough history of the symptoms.
Conduct a physical examination focusing on the throat and neck.
Check for fever and other systemic symptoms.

Parental Notification

Inform the parent about the symptoms and suggest a visit to the pediatrician for further evaluation and a possible throat culture or rapid strep test.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Strep Throat Considerations

Isolation Precautions

If strep throat is suspected, the student should be separated from others to prevent the spread of infection until they can be picked up by a parent.

Follow-Up

Request that the parent provide documentation of the medical evaluation and return to school date listed by the doctor.

If student has fever, student must be fever-free for 24 hours without any fever reducing medication before returning to school.

FYI

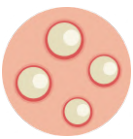
Consult with your building principal on the protocol for communicating with parents about reported communicable diseases in classrooms. The principal may request that you send a notice to the parents of the affected class, informing them of a confirmed strep case. The notice should include information on signs and symptoms to watch for and guidelines on when to keep their child home.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Coxsackie Considerations (Hand, Foot, and Mouth Disease aka HFMD)

Coxsackie primarily affects young children but can also occur in older students and staff.



Symptoms

Fever (often the first sign)
Painful mouth/throat sores in and around the mouth
Rash on hands, feet, and sometime buttocks or legs (flat or raised red spots, may blister)
Sore throat
Irritability
Poor appetite and dehydration from painful blisters in mouth
Drooling from painful mouth sores

Isolation Precautions

If coxsackie is suspected, the student should be separated from others to prevent the spread of infection until they can be picked up by a parent.

Follow-Up

Request that the parent provide documentation of the medical evaluation and return to school date listed by the doctor.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Coxsackie Considerations (Hand, Foot, and Mouth Disease aka HFMD)

Coxsackie Return to School Parameters

Typically students can return to school once they are fever-free for 24 hours without fever-reducing medication and sores/rash are healing or can be covered.

Note: Coxsackie is often contagious even before symptom appear and can linger in the stool for weeks.

*Ensure you are aware of the communicable diseases that are to be reported to your specific state each week. I'll discuss this further later on.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Fifths Disease
(Erythema Infectiosum from parvovirus b19)

Another common childhood virus that you may encounter as a school nurse.

Symptoms

"Slapped cheek" rash (bright red cheeks, often the first visible sign - usually they are no longer contagious by this point)
Lacy rash on arms, legs, or torso.
Low-grade fever
joint pain, swelling (more common in older children and adults).

The contagious period is before the rash appears but the student may not present with any symptoms during this contagious period.

Check with your school district's policy if they require a child to be medically evaluated if they present with the slapped cheek rash. As mentioned, this typically means the virus is no longer contagious but each district may have their own preference on how to handle this situation.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Fifth Disease
(Erythema Infectiosum from parvovirus b19)

Note: Notify pregnant staff members if they have been in close contact with fifth's disease as this may pose a risk for complications, especially if in the first trimester)

Also notify those with weakened immune systems and certain types of anemia as they may be more affected by the virus.

Maintain confidentiality of the student.

Depending on your district's policy, you may be required to send out information letters to families if multiple cases are reported, or, the principal may be in charge of notifying parents about potential contact with any particular contagious virus.

As always, the information of the diagnosed child is always kept confidential. The communication would just state that "a case of fifth's disease has been reported, please monitor for the following signs/symptoms and contact your child's pediatrician if any symptoms are present."

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Cold-like and Flu-like Symptoms in School

Cold-like Symptoms

Common Symptoms
Runny or stuffy nose
sneezing, coughing, sore throat
mild headache,
mild fatigue,
and sometimes a low-grade fever.

Assessment
Check the student's temperature and ask about their symptoms and duration.

Comfort Measures
Offer tissues, water, and rest. Advise the student to wash hands frequently to prevent the spread of germs.

Observation
Monitor the student for worsening symptoms or the development of a fever.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Cold-like and Flu-like Symptoms in School

Cold-like Symptoms

Considerations

Mild Symptoms

If the student has mild cold symptoms and no fever, they may be able to stay in school.

Encourage good hygiene practices to prevent spreading the illness. Call the parent and have a discussion.

Severe Symptoms or Fever

If the student has a fever (100.4°F or higher or what your state/district's guidelines are), significant discomfort, or worsening symptoms, contact the parents to pick them up and recommend they consult with a healthcare provider.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Cold-like and Flu-like Symptoms in School

Flu-like Symptoms

Common Symptoms:

High fever
Chills, body aches
Fatigue
Headache
Sore throat, cough
Sometimes gastrointestinal symptoms like nausea, vomiting, or diarrhea.

Assessment

Check the student's temperature and assess for flu-like symptoms. Ask about the onset and duration of symptoms.

Isolation

To prevent spreading the flu, isolate the student from others as much as possible while they are in the health office waiting to be picked up by a parent.

Comfort Measures

Provide a comfortable place for the student to rest, offer water, and monitor their condition.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Cold-like and Flu-like Symptoms in School

Flu-Like Symptoms

Considerations

High Fever and Severe Symptoms

If the student has a high fever (100.4°F or higher - or what your state/district's guidelines are), significant discomfort, or any difficulty breathing, contact the parents to pick them up immediately. Recommend they see a healthcare provider for evaluation and potential flu testing.

If a student has a history of febrile seizures and has an order/parent permission for Tylenol, discuss with the parent and administer the Tylenol. Apply a cool rag to the back of the student's neck while waiting for parent pick-up.

Duration of Absence

Students with flu-like symptoms should stay home until they are fever-free for at least 24 hours without the use of fever-reducing medications and are feeling well enough to participate in school activities.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Cold-like and Flu-like Symptoms in School

General Guidelines for Sending Students Home

Fever

Any student with a fever of 100.4°F (- or what your state/district's guidelines are), or higher should be sent home.

Severe Discomfort

If the student is in significant discomfort or unable to participate in school activities due to their symptoms.

Contagious Illness

If there is a confirmed case of a contagious illness (e.g., flu, strep throat) and the student shows symptoms of the illness.

Persistent Symptoms

If symptoms persist or worsen, and the student is not improving with basic nursing care measures.

Vomiting

if the student is vomiting in school.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Cold-like and Flu-like Symptoms in School

Communication with Parents

Notify Parents

Contact the parents promptly to inform them of their child's condition and the need to pick them up.

Recommendations

Provide recommendations for follow-up care, including seeing a healthcare provider if necessary.

Return to School Guidelines

Clearly communicate the school's policy on when the student can return to school, emphasizing the importance of being fever-free for at least 24 hours without fever-reducing medication and being well enough to engage in school activities.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Difficulty Breathing

Common Causes

Asthma: Triggered by allergens, exercise, cold air, or stress. Symptoms include wheezing, shortness of breath, chest tightness, and coughing.

Anaphylaxis: Severe allergic reaction to food, insect stings, medications, or other allergens.

Respiratory Infections: Includes pneumonia, bronchitis, or severe colds.

Chronic Conditions: Conditions such as cystic fibrosis, congenital heart defects, or other respiratory illnesses.

Panic Attacks: Triggered by anxiety or stress.

Assessment

Vital Signs: Measure the student's temp, HR, RR, O2 SAT.

Observation: Observe the student for signs of distress, cyanosis, use of accessory muscles, and posture.

History: Ask the student about any known respiratory conditions, recent activities, potential allergen exposure, or any recent illnesses.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Difficulty Breathing

Positioning
Sit the student upright to facilitate easier breathing.

Calm Environment
Keep the student calm and provide reassurance to reduce anxiety, which can exacerbate breathing difficulties.

Specific Interventions Based on Cause

Asthma
Rescue Inhaler: Administer the student's prescribed rescue inhaler as per the Asthma Action Plan.

Follow-Up: Monitor for improvement. If no improvement, follow the action plan for further instructions.

Anaphylaxis
Epinephrine Auto-Injector: Administer immediately if signs of severe allergic reaction are present.

Emergency Services: Call 911 immediately after administering epinephrine.

Antihistamines: Administer if prescribed and if the student's condition allows.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Difficulty Breathing

Specific Interventions Based on Cause Continued

Respiratory Infections

Monitor: Assess the severity and monitor for any signs of worsening condition.

Parent Contact: Notify the parents and recommend medical evaluation.

Panic Attacks

Calm Reassurance: Speak calmly and reassure the student.

Breathing Techniques: Guide the student through slow, deep breathing exercises.

Ongoing Monitoring

Continuously monitor the student's condition and be prepared to escalate care if symptoms worsen.

Keep the student under close observation until they are stable or until emergency services/parents arrive.

Documentation

Record all assessments, interventions, and communications with parents and emergency services.

Document the student's response to interventions and any follow-up actions taken.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Difficulty Breathing

When to Send Home or Call 911

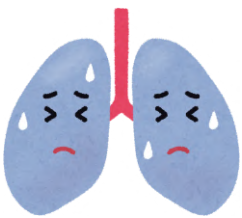
Call 911

Severe difficulty breathing or distress.
Signs of anaphylaxis or asthma attack not responding to initial treatment.
Significant drop in oxygen saturation.
Cyanosis or use of accessory muscles for breathing.

Send Home

Mild to moderate difficulty breathing that improves with initial treatment but still requires medical evaluation.

Persistent symptoms despite initial intervention, advising parents to seek further medical care.



COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Difficulty Breathing

Communication with Parents

Immediate Notification
Contact the parents as soon as possible to inform them of their child's condition and actions taken.

Follow-Up
Provide recommendations for follow-up care and ensure the student has the necessary medications and action plans at school.

Collaboration
Work with teachers, administrators, and other relevant staff to ensure awareness and preparedness for handling respiratory emergencies.

Ensure the student's health plan is up-to-date and includes detailed instructions for managing respiratory issues.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Cough

Common Causes of Cough in School-Aged Children

Respiratory Infections: cold, flu, bronchitis, pneumonia

Asthma: often triggered by allergens, cold air, or exercise.

Allergies/Allergens: such as pollen, dust mites, or pet dander causing a chronic, dry cough.

Postnasal Drip: Mucus dripping down the throat from the back of the nose, often due to allergies or a sinus infection, leading to a tickly or persistent cough.

Gastroesophageal Reflux Disease (GERD): Acid reflux causing irritation in the throat and a chronic cough, especially after meals or lying down.

Environmental Irritants: Like exposure to strong odors

Habit Cough: Psychogenic or habit cough, often seen in school-aged children, characterized by a repetitive cough without a physical cause.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Cough

Nursing Care for a Cough in School

History

Ask about the duration, pattern, and severity of the cough. Determine if there are any associated symptoms such as fever, runny nose, or wheezing.

Physical Examination

Check for signs of respiratory distress, fever, nasal congestion, and throat irritation. Listen to lung sounds for wheezing or crackles.

Triggers

Identify any potential triggers, such as exposure to allergens, recent illnesses, or environmental factors.

Immediate Interventions

Hydration

Encourage the student to drink water to soothe the throat and help thin mucus.

Rest

Allow the student to rest in a quiet and comfortable environment.

Call Home

call the parent and have a discussion.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Cough

When to Send Home or Seek Medical Attention

Send Home

Persistent cough not relieved by interventions, especially if accompanied by fever, wheezing, or other concerning symptoms.

Seek Immediate Medical Attention

Severe difficulty breathing, cyanosis, high fever, or a cough that is suspected to be related to a serious condition such as pneumonia or asthma exacerbation.

COMMON HEALTH CONCERNS IN SCHOOLS

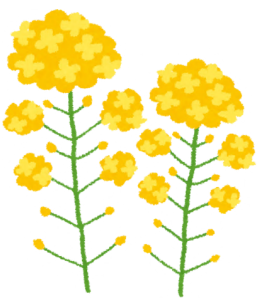
Potential Reasons for a Visit to the Nurse

Seasonal Allergies

Seasonal allergies, also known as hay fever or allergic rhinitis, are common among school-aged children. These allergies are typically triggered by pollen from trees, grasses, and weeds during certain times of the year.

Common Symptoms

Sneezing
Runny or stuffy nose
Itchy or watery eyes
Coughing
Itchy throat or ears
Fatigue due to poor sleep



Triggers

Spring: Tree pollen
Summer: Grass pollen
Fall: Weed pollen and mold spores

Nursing Care for Seasonal Allergies in School

History: Ask about the duration and severity of symptoms, any known triggers, and history of allergies.

Physical Examination: Look for signs of allergic reactions, such as red or watery eyes, nasal congestion, and skin rashes.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Seasonal Allergies

Symptomatic Relief

Antihistamines

If the parent forgot to administer the antihistamine that day, the parent can come to the school to administer the medication to their child.

Nasal Sprays

The parent can come to the school to administer nasal saline or prescription nasal corticosteroids. If you have an order, parental permission, and the medeication supplied by the parent, you may administer according to the doctor's orders.

Eye Drops

Antihistamine eye drops can relieve itchy and watery eyes. If you have an order, parental permission, and the medication supplied by the parent, you may administer according to the doctor's orders.

Eyewash/cold compress

Students find it helpful to flush their eyes or use a cold compress on their eyes for relief of itchy eyes.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Seasonal Allergies

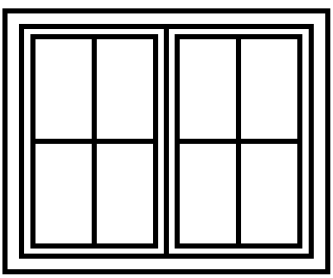
Symptomatic Relief

Environmental Controls

Minimize Exposure: Keep windows closed during high pollen periods, use air conditioning, and ensure proper ventilation in the classroom.

Indoor Activities: If possible/allowed, encourage students to stay indoors during peak pollen times, typically early morning and late afternoon.

Cleanliness: Regularly clean classroom surfaces to reduce pollen accumulation. Encourage frequent handwashing.



COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

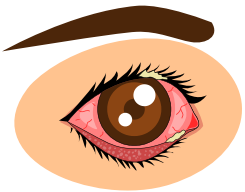
Seasonal Allergies vs. Pink Eye

Differentiating Allergies vs. Pink Eye

It is essential to distinguish between allergies and conjunctivitis (pink eye) for proper treatment and care. Pink eye and allergies can present similarly sometimes which may make it challenging to differential between the two. Here are some symptoms of each to help you with your nursing judgment:

Symptoms of Pink Eye (Conjunctivitis)

Redness (the white of the eye appears red or pink)
Itching (in one or both eyes)
Discharge: Thick yellow or green discharge, which can cause the eyelids to stick together, especially after sleep.
Tearing
Swelling
Burning sensation
Sensitivity to light
Foreign body sensation
Crust formation (after sleep)



COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Seasonal Allergies vs. Pink Eye

Symptoms of Allergies

Redness: The white of the eye appears red.
Itching & tearing: (intense, usually in both eyes)
Eye swelling and/or burning
Sneezing and Nasal Congestion: Often accompanied by sneezing, a runny or stuffy nose.
Itchy Nose and Throat: Itching in the nose, throat, or roof of the mouth.
No Discharge: Typically, no thick yellow or green discharge as seen in infections.
Seasonal Occurrence: Symptoms may be more pronounced during certain seasons when allergens like pollen are prevalent.

The key differences between pink eye and allergies include the type of drainage, whether symptoms are present in one eye or both, and the time of year.
However, it can still be challenging to determine the cause definitively. Therefore, if there is any uncertainty or doubt, it is advisable to have the parent pick up the child for a thorough medical evaluation.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Seasonal Allergies vs. Pink Eye

Protocol for Suspected Pink Eye

If pink eye is suspected:

-The student should be picked up from school and evaluated by a healthcare professional.

-The student must provide a clearance note from a doctor before returning to school.

(Typically after 3 doses (24 hours) the child will be cleared by the MD to return to school)

Educate the family to wash the student's pillow cases in hot water and discard any mascara, if used, on the eye that is infected, if applicable.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Earache

Earaches are a common complaint among school-aged children and can be caused by various factors including infections, injuries, and environmental factors. It is important to assess and address earaches promptly to prevent complications and ensure student comfort.

Common Causes of Earache

Ear Infections

Otitis Media: Infection of the middle ear, often following a respiratory infection.

Otitis Externa (Swimmer's Ear): Infection of the outer ear canal, commonly caused by water exposure.

Eustachian Tube Dysfunction

Blockage or dysfunction of the tube connecting the middle ear to the back of the throat, often due to allergies or infections.

Injuries

Trauma to the ear from foreign objects, loud noises, or sudden pressure changes.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

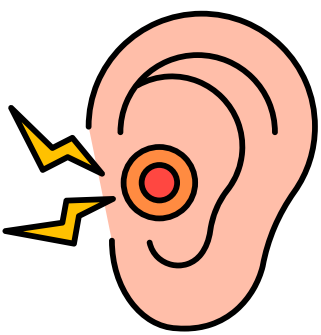
Earache

Other Causes

Dental problems, sinus infections, throat infections, or temporomandibular joint (TMJ) disorders.

Symptoms to Look For:

Ear pain or discomfort
Hearing loss or muffled hearing
Fluid drainage from the ear
Redness or swelling in the ear
Fever
Tugging or pulling at the ear (common in younger children)
Irritability or difficulty sleeping reported by parent or student



COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

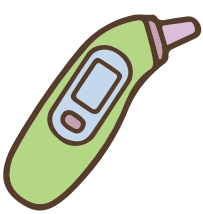
Earache

Nursing Care for Earaches in School

History
Ask about the onset, duration, and intensity of the pain. Inquire about recent illnesses, swimming activities, or injuries.

Physical Examination
Observe for signs of infection, drainage, or swelling. Check for fever and assess the student's overall condition.

Symptomatic Relief
Unfortunately, the options for managing earaches from a school nursing standpoint are limited unless the student has a doctor's order and parental permission for pain relief medication. In such cases, the parent will need to pick up the child for medical evaluation. If necessary, the physician may prescribe antibiotics to address the underlying cause.



COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Tooth Inury/Lost Tooth/Toothache

Types of tooth Injuries

Chipped or broken tooth
Displaced tooth
Knocked-out tooth (avulsed tooth)

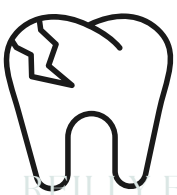
Immediate Care

Chipped or Broken Tooth

Rinse the mouth with warm water to clean the area.
Apply a cold compress to reduce swelling.
Save any broken pieces of the tooth, if possible.
Contact the parent and advise a visit to the dentist.

Displaced Tooth

If the tooth is pushed out of alignment, do not attempt to realign it.
Apply a cold compress to the outside of the mouth.
Contact the parent immediately and advise them to seek dental care.



COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Tooth Injury/Lost Tooth/Toothache

Knocked-Out Tooth (Avulsed Tooth)

Handle the tooth by the crown, not the root.
Clean the tooth gently and store the tooth in milk or saline solution.
Contact the parent immediately and advise them to contact the dentist/emergency immediately. the child should be seen within 30 minutes to increase the chance of saving the tooth.

Lost Baby Tooth

Have the student rinse his/her mouth and place the tooth in a secure tooth box. Have the student wash hands and bite down on gauze if the gums are still bleeding.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Tooth Inury/Lost Tooth/Toothache

Toothaches Causes
Dental cavities
Gum disease
Tooth fracture
Abscess or infection

Assess the Pain
Ask the student to describe the pain and its location.
Check for swelling, redness, or any visible signs of infection.

Provide Comfort
Have the student rinse their mouth with warm salt water.
Apply a cold compress to the outside of the cheek to reduce swelling.
Contact the parent and advise a visit to the dentist.

Pain Relief
If the student has a doctor's order and parental permission for pain relief medication, administer as directed.

Otherwise, suggest that the parent consider over-the-counter pain relief suitable for the child's age.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

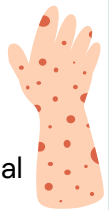
Rash

Protocol for Rash in Schools and Nursing Care

Observe the Rash

Inspect the rash closely to determine its characteristics (e.g., location, size, shape, color, texture).

Note if the rash is raised, flat, blistering, or pustular.



Assess Symptoms

Ask the student if they are experiencing any additional symptoms such as itching, pain, fever, or swelling.

Check for signs of an allergic reaction, such as difficulty breathing or swelling of the face or throat.

Determine Onset and History

Ask the student/parent when the rash first appeared and if there have been any recent changes.

Inquire about any new medications, foods, soaps, detergents, or other potential allergens.

Check for any known allergies or medical history related to skin conditions.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Rash

Protocol for Rash in Schools and Nursing Care

Immediate Care

Isolate the Student if Contagious

If the rash appears contagious or viral (e.g., Chickenpox, Measles, Impetigo, Fifth's Disease, Coxsackie), isolate the student from others to prevent spreading the infection.
Contact the parent to pick up the student and seek medical evaluation.

Provide Comfort

If the rash is itchy or painful, apply a cool compress to the affected area to provide relief.
Avoid applying any creams, lotions, or medications unless prescribed by a doctor and parental permission has been obtained.

Monitor Vital Signs

Check the student's temperature to rule out fever, which may indicate an infection.
Monitor for any signs of anaphylaxis (e.g., swelling of the face, difficulty breathing), and administer emergency care if needed.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Rash

Protocol for Rash in Schools and Nursing Care

Document the Incident

Record the details of the rash, including its appearance, location, and any additional symptoms.
Note any actions taken and the communication with the parent.

Contact the Parent

Inform the parent about the rash and advise them to seek medical evaluation.
Provide details about any symptoms and care provided at school.

Follow-Up

Request a doctor's note upon the student's return to school, indicating whether the rash is contagious and any necessary care instructions.
Update the student's health record with the information provided by the doctor.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Types of Rashes You May See in Schools

As a school nurse, you may encounter several common rashes and skin conditions.

Impetigo

Impetigo is a highly contagious bacterial skin infection often caused by Staphylococcus aureus or Streptococcus pyogenes. It typically presents as red sores or blisters that rupture, ooze, and form a honey-colored crust.

You will typically see wrestlers in middle/high school with impetigo.

Nursing Care

Isolation: Keep the affected student away from others to prevent spread.

Hygiene: Encourage frequent hand washing and proper hygiene.

Medical Attention: Call parent for pickup and refer to a healthcare provider for possible antibiotic treatment.

Exclusion: Students should remain home until they have been on antibiotics for at least 24 hours.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Types of Rashes You May See in Schools

Contact Dermatitis

Contact dermatitis occurs when the skin reacts to an irritant or allergen. It can present as redness, itching, and swelling where the skin has come into contact with the offending substance.

Nursing Care for Contact Dermatitis

Avoidance: Identify and avoid the irritant or allergen.
Relief: Clean area of contact with soap and water.
Referral: Recommend seeing a healthcare provider if symptoms persist or worsen.

Hives (Urticaria)

Hives are raised, itchy welts on the skin that may appear as a reaction to allergens, stress, or infections. They often come and go and may vary in size.

Nursing Care

Allergen Identification: Try to determine and avoid potential triggers.

Medical Referral: Parent should pick up child for hives and have the child evaluated by a physician.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Types of Rashes You May See in Schools

Ringworm (Tinea)

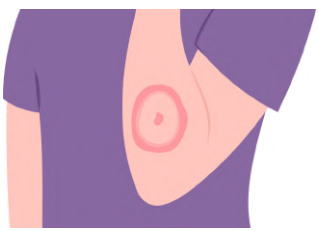
Ringworm is a fungal infection that presents as a circular, red, scaly rash with a clear center. It can affect various parts of the body. Also seen in wrestlers.

Nursing Care

Treatment: Parent will pick up child and bring to physician for antifungal treatment.

Hygiene: Emphasize good personal hygiene and avoid sharing personal items.

Exclusion: Students may need to stay home until treatment has started and the infection is no longer contagious.



COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Types of Rashes You May See in Schools

Eczema (Atopic Dermatitis)

Eczema is a chronic condition characterized by dry, itchy, and inflamed skin. It often affects areas like the elbows, knees, and face.

Nursing Care

Moisturize: Encourage regular use of emollients to keep the skin hydrated. If you have an MD order and parental permission, you may apply prescribed eczema cream as directed. If not, the parent may come to the school to administer the cream.

Avoid Triggers: Identify and avoid known irritants or allergens.

Medical Advice: Recommend seeing a healthcare provider for persistent or severe cases.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Types of Rashes You May See in Schools

Scabies

Scabies is caused by a mite infestation and presents as intense itching, especially at night, and a rash with small, red bumps and burrows.

Nursing Care

Referral: Parent will need to pick up the child and evaluated by a healthcare provider for treatment with scabicide.
Hygiene: Advise on washing clothes, bedding, and personal items to prevent spread.
Exclusion: Students should stay home until treatment has been completed.

Fifth Disease (Erythema Infectiosum)

Fifth disease is a viral infection that begins with a "slapped cheek" rash followed by a lacy, red rash on the body. It is caused by parvovirus B19.

Nursing Care

Rest and Fluids: Encourage adequate rest and hydration.
Medical Advice: A doctor's note will be needed for return to school date as determined by the MD.
Typically by the time the rash appears, the virus is no longer contagious.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Head Lice

Head lice are a common issue in school settings, particularly among young children.

Head lice (Pediculus humanus capitis) are tiny insects that live on the scalp and feed on blood. They are highly contagious and spread primarily through direct head-to-head contact.

Adult lice are about the size of a sesame seed, while nits (lice eggs) are tiny and white or yellowish, attached to hair shafts close to the scalp.

Symptoms

Itching: Caused by an allergic reaction to the bites.

Visible Lice and Nits: Lice may be seen moving on the scalp, and nits are often found attached to hair close to the scalp.

Sores or Scabs: Resulting from scratching.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Head Lice

Nursing Care and Management

Identification

Typically a student will either come down with complaints of itching, or the teacher will notice itching and/or report seeing "something moving" and will send the child to the nurse.

Examine

Check the student's scalp, especially around the ears and the back of the neck, for lice and nits.

Tools: Use a fine-toothed comb (if disposable and applicable) or long cotton tipped swabs, and a magnifying glass to aid in detection.

Nits vs. Dandruff

Nits and dandruff can look similar. Typically, dandruff flakes off the hair easily whereas nits are stuck in the hair, almost appearing as if they are glued in and are not as easily removed.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Head Lice

Immediate Actions

Notify Parents
Inform the child's parents or guardians about the lice infestation so they can pick up the child for treatment.

Confidentiality
Handle the situation discreetly to avoid stigma or embarrassment.

Classroom/Sports/Sibling Check
If lice are observed on a student's head, it is important to also check the student's siblings for lice. If siblings attend another school within the district, you may need to inform the nurse at that building to conduct a head check as well.

For elementary school students, your district may require you to perform a lice check on the entire classroom of the affected student. Please check your school district's policy on head lice.

In middle or high school, consider the student's involvement in sports or other activities that involve close contact, such as sleepovers or team events. In these cases, teammates or close contacts may also need to be checked for lice.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Head Lice

Treatment

Parents may take their child to a lice removing company, like "Lice Faries" or use over-the-Counter products like FDA-approved lice treatment shampoos or lotions containing pyrethrins or permethrin.

Prescription Treatments: If over-the-counter products are ineffective, a healthcare provider may prescribe stronger treatments such as malathion or ivermectin.

Follow-Up Care

Recheck: Conduct a follow-up screening to ensure the treatment was effective and the lice and/or nits are gone.

Educate: Provide information on how to check for lice, the importance of treating all household members, and how to avoid reinfestation.

District Policy

Ensure you follow your district's policy on head lice procedures as each district has a different policy: eg: needing documentation to return, nit-free, etc.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

MRSA

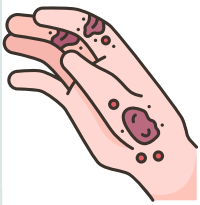
Recognize Symptoms: Be vigilant for signs of MRSA, which may include red, swollen, painful skin lesions that may resemble pimples, boils, or spider bites. Lesions may also have pus or other drainage.

Isolation: If MRSA is suspected, the affected area should be covered with a clean, dry bandage to prevent contact with others.

Communication and Reporting

Notify Parents/Guardians: Inform the student's parents or guardians about the situation and recommend that they seek medical evaluation for their child.

Report to Authorities: Depending on your state or district policy, confirmed MRSA cases may need to be reported to the local health department.



COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

MRSA

Infection Control

Hand Hygiene: Reinforce the importance of proper handwashing with soap and water among students and staff. Alcohol-based hand sanitizers can be used when soap and water are not available.

Environmental Cleaning: Ensure that areas the infected student has been in contact with are thoroughly cleaned and disinfected. Pay special attention to shared equipment, locker rooms, and other high-touch surfaces.

Educate Staff and Students: Provide education on how MRSA is transmitted and the importance of hygiene practices, including not sharing personal items like towels, razors, or clothing.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

MRSA

Treatment and Exclusion

Follow Treatment Protocols: Ensure the student is receiving appropriate medical treatment as prescribed by their healthcare provider.

Exclusion from Activities: The student may need to be excluded from certain activities, especially those involving close physical contact (e.g., sports) until the infection is under control, as per the healthcare provider's advice.

Re-evaluation Before Return: Before the student returns to school or activities, ensure they have been medically cleared, and any wounds are properly covered.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Injuries

Common Injuries

Minor Cuts and Scrapes

Clean the wound with soap and water.
If your state and district allows, you may apply an antibiotic ointment (in NY we are not permitted to use antibiotic ointment). Please check your state/district policy.
Cover with a sterile bandage.

Bruises

Apply a cold compress to reduce swelling.
Monitor for any signs of more serious injury.

Sprains and Strains

Rest the injured area.
Apply ice to reduce swelling.
Use compression and elevate the affected area.
Contact the parent for possible pickup for medical evaluation.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Injuries

If a child leaves school for medical evaluation due to a moderate to severe injury

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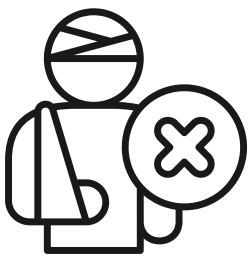
The parent or guardian must provide the nurse with a medical note indicating whether the child is cleared for gym, recess, or sports, or if the child will be excluded from these activities.

If the child is excluded, document the child's name, date and nature of the injury, and whether a return date to activity is provided or if the exclusion is "until further notice" in your "gym exclusion" list.

For notes indicating exclusion "until further notice" or "until the next follow-up," a clearance note is required before the child can resume physical activities. The child cannot be cleared until this clearance note is received.



COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Injuries

If a child leaves school for medical evaluation due to a moderate to severe injury

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Please note that for concussions, medical notes cannot be predated. Refer to Section 7 for a detailed overview of concussion management (symptoms, accommodations, clearance, etc).

Students excluded from physical activities such as PE, recess, or sports may be placed in an alternative setting during these times for the duration of the exclusion.

It's advisable to follow up every two to three weeks for injuries with notes indicating exclusion "until further notice" to ensure timely updates on the child's status.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Muscle Aches

Reasons for Muscle Aches in School

Physical Activity
Overexertion during physical education classes or sports activities.
Delayed onset muscle soreness (DOMS) after intense exercise.

Poor Posture
Sitting for long periods with poor posture.
Carrying heavy backpacks improperly.

Injury
Strains or sprains from accidents or falls.
Minor injuries from rough play or sports.

Illness
Viral infections such as the flu can cause generalized muscle aches.
Chronic conditions like juvenile arthritis.

Dehydration
Lack of adequate fluid intake, especially during hot weather or physical activities.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Muscle Aches

Nursing Care for Muscle Aches

Ask the student about the onset and duration of the muscle aches.
Determine if there was any recent physical activity or injury.
Check for other symptoms such as fever, swelling, or redness.

First Aid Measures

Rest: Advise the student to rest the affected muscles and avoid strenuous activities.

Ice: Apply a cold pack to the sore area for 15-20 minutes to reduce inflammation and pain for recent injuries within 24 hours causing muscle ache.

Elevation: Elevate the affected limb if there is swelling.

Hydration: Encourage the student to drink plenty of water to stay hydrated, especially if dehydration is suspected.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Muscle Aches
Nursing Considerations

Posture and Ergonomics

Advise on proper posture while sitting, standing, and carrying backpacks.
Provide ergonomic tips to prevent muscle strain, such as using both shoulder straps for backpacks.

Parental Notification

Inform the parent/guardian if the muscle aches are persistent, severe, or accompanied by other symptoms.
Recommend a medical evaluation if the muscle aches do not improve or if there is a suspected underlying condition.

Follow-Up Care

Monitor the student's condition and reassess as needed.
Provide ongoing support and guidance to prevent further muscle aches.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Fatigue

Common Causes of Fatigue in School

Lack of Sleep
Insufficient or poor-quality sleep is one of the most common causes.
Irregular sleep schedules, especially on weekends.

Stress and Anxiety

Poor Nutrition, Skipping Meals

Medical Conditions
Chronic illnesses such as asthma, diabetes, or anemia.
Acute illnesses like colds, flu, or infections.

Physical Inactivity

Medication Side Effects

Environmental Factors

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Fatigue

Nursing Care for Fatigue

Interview the Student
Ask about sleep patterns, diet, physical activity, and any recent changes in routine.
Inquire about any stressors at home or school.
Check for symptoms of illness or medication use.

Physical Examination
Measure vital signs (temperature, pulse, respiration, and blood pressure).
Look for signs of illness or dehydration.

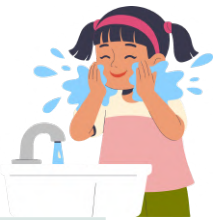
Review Medical History
Check for any known chronic conditions or recent illnesses.
Review any medications the student is taking.
Interventions

Rest and Relaxation
Allow the student to rest in a quiet and comfortable area of the health office.
Monitor their condition while resting.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Fatigue



Nursing Care for Fatigue

Hydration and Nutrition

Offer water or a healthy snack (ensure the child has no food allergies and the snack is allergen-free) if the student has skipped meals.

Encourage a balanced diet with regular meals and snacks.

Stress Management

Provide a supportive environment where the student can talk about their stressors.

Teach relaxation techniques such as deep breathing exercises.

Education and Counseling

Discuss the importance of good sleep hygiene, including regular sleep schedules and a bedtime routine.

Educate on the benefits of regular physical activity and balanced nutrition.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Fatigue

Follow-Up and Monitoring

Check in with the student periodically to monitor their fatigue levels and overall well-being.
Keep track of any patterns or recurring issues.

Communication with Parents and Teachers

Inform Parents

Contact the parents to discuss the student's fatigue and any observations or concerns.
Provide recommendations for ensuring the student gets adequate rest and support at home.

Collaborate with Teachers

Inform teachers about the student's fatigue and work together to adjust workloads or provide accommodations if necessary.

Encourage a supportive classroom environment that allows for breaks if needed.

Referral to Healthcare Providers

If fatigue persists or is severe, recommend that the parents seek a medical evaluation for the student.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Menstrual Cramps

Menstrual cramps are a common concern for middle and high school students and, in some cases, elementary students. Students may experience varying levels of discomfort. Some may find relief by resting in the health office, while others may need to go home due to the severity of their cramps. In some cases, students may return to school after taking medication and resting, while others may need to remain home for the rest of the day.

Comfort Measures

Rest: Allow the student to rest in the health office, as this may help alleviate discomfort.

Heat Therapy: Provide a heating pad to help relieve cramps, ensuring the pad is warm but not hot. Avoid microwaving the heating pad to prevent the risk of hotspots, which can cause burns.

Pain Management: If the student has a physician's order and parental consent, administer over-the-counter pain relief medication, such as acetaminophen or ibuprofen, as directed.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

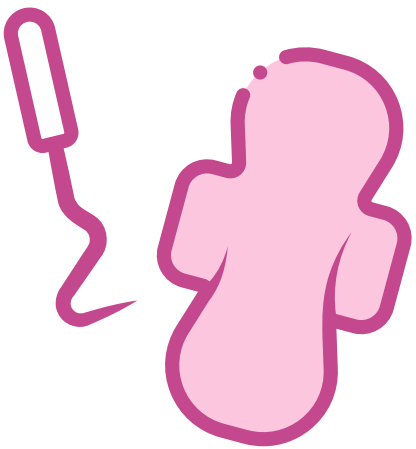
Menstrual Cramps Continued

Communication with Parents

If the student's discomfort persists or worsens despite initial care, contact the parent or guardian to discuss whether the student should be picked up and brought home.

Extreme menstrual cramps associated with vomiting should be discussed with parent and recommend physician follow-up.

Ensure your office has a supply of menstrual care which consists of: pads, tampons, heating pads.



COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Bee Sting

You may encounter students with bee stings that occurred at recess, outside the building. during sports, etc.

Assess the Situation

Check for Allergic Reaction

Immediately assess the student for any signs of an allergic reaction. Symptoms of an allergic reaction can include swelling beyond the sting site, hives, difficulty breathing, wheezing, dizziness, or anaphylaxis.

If any of these symptoms are present, this is a medical emergency that may require the use of an EpiPen, whether the student's own EpiPen or the universal/stock EpiPen in the health office.

If the student has emergency medication for a bee sting allergy, follow the doctor's orders according to the care plan, notify the parent and contact 911.

If the student does not have a known allergy but is experiencing anaphyalxis, administer the stock EpiPen, call the parent and 911.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Bee Sting

Remove the stinger, if still present
If the stinger is visible and still in the skin, remove it as quickly as possible. Use a scraping motion with a flat object like a credit card, rather than squeezing the stinger with tweezers, to avoid releasing more venom.

Care for a Non-Allergic Reaction

Clean the Area
Wash the sting area with soap and water to prevent infection.

Apply a Cold Compress
Place a cold compress or ice pack on the sting site to reduce pain and swelling. Ensure the ice pack is wrapped in a cloth to avoid direct contact with the skin.

Monitor for Delayed Allergic Reactions
Even if there is no immediate allergic reaction, continue to monitor the student for 30 minutes to an hour after the sting for any delayed symptoms.

Let the parent know and document.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

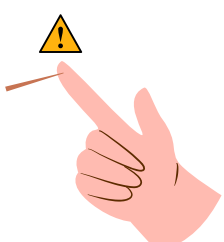
Splinters

Students may present with a newly acquired splinter or one that has been lodged for several days, potentially leading to pain and signs of infection.

Assess the Situation

Examine the Area
Evaluate the location and depth of the splinter. Determine whether it is superficial and can be easily removed or if it is embedded deeply, requiring medical attention.

Check for Signs of Infection
Look for redness, swelling, or pus, which may indicate an infection. If any of these signs are present, the student should be referred to a healthcare provider.



COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Splinters

Care for a Superficial Splinter

Hand Washing and Soaking

Instruct the student to wash their hands thoroughly and soak the affected area in warm water for a few minutes. This can help soften the skin and make the splinter easier to remove.

Splinter Removal

Attempt to remove the splinter using clean, sterilized tweezers or single-use remover like “Splinter-Out.”

Referral for Deep Splinters

Avoid Digging: do not attempt to remove a deeply embedded splinter, as this may cause more harm. Instead, contact the parent and educate them on the use of Epsom salt in warm water at home (given there are no particular allergies to it) and if the splinter is still not successfully removed, refer them to contact their pediatrician or an urgent care facility for proper removal. Cover with a band-aid for the remainder of the school day.

Post-Removal Care

Clean the Area: After the splinter is removed, clean the area again with soap and water to prevent infection.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Anxiety

As I had mentioned earlier, anxiety in the school setting has become increasingly prevalent among students of all ages. School nurses play a key role in identifying, managing, and supporting students dealing with anxiety, often being the first point of contact for students experiencing symptoms. As awareness of mental health issues grows, so too does the recognition of how critical school nurses are in providing care and resources for anxious students.

Increasing Prevalence of Anxiety in Schools

Trends in Student Anxiety: Anxiety has been steadily increasing in school settings, affecting students' academic performance, social interactions, and overall well-being. Factors contributing to this rise include academic pressures, social expectations, family dynamics, and increasingly, the influence of social media and global events.

COVID-19 Pandemic Impact

The pandemic further exacerbated feelings of isolation, uncertainty, and stress for many students, leading to an increase in anxiety-related symptoms. Returning to in-person learning has also triggered anxiety for students readjusting to school routines and social interactions even years after the pandemic.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Anxiety

Identifying Anxiety in Students

Anxiety in students may manifest in a variety of ways, and school nurses need to be vigilant in recognizing both physical and emotional symptoms.

Physical Symptoms

Anxiety often manifests physically, and students may come to the nurse's office with complaints such as:
Stomachaches, headaches, or nausea.
Rapid heart rate, dizziness, or shortness of breath.
Frequent trips to the nurse without clear medical reasons.

Behavioral Signs

Avoidance of school or certain activities (e.g., gym class, tests, social events).
Trouble concentrating or poor academic performance.
Irritability, restlessness, or frequent crying.
Repeated requests to go home or avoidance of classroom participation.

Emotional Symptoms

Persistent feelings of worry or fear.
Expressions of feeling overwhelmed or unable to cope with everyday school tasks.
Signs of panic attacks, such as shaking, sweating, or feeling an intense fear.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Anxiety

Handling Anxiety in the School Setting

Immediate Intervention

Provide a Safe Space: The nurse's office can serve as a safe space where students feel comfortable expressing their feelings. Sometimes, allowing the student time to sit in a quiet, non-judgmental environment can help reduce immediate symptoms of anxiety.

Breathing and Relaxation Techniques

The nurse can guide students through breathing exercises or mindfulness techniques to help calm their nervous system and reduce feelings of panic or stress.

Validate Their Feelings

It's important for the nurse to listen to the student's concerns and validate their emotions, helping them feel understood and supported.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Anxiety

Handling Anxiety in the School Setting

Ongoing Support

Collaboration with Counselors
Nurses can refer students to the school counselor or psychologist for further assessment and intervention if anxiety appears to be chronic or impacting the student's daily functioning.

Parent Communication
In cases where a student's anxiety is frequent or severe, the nurse should communicate with the student's parents or guardians to discuss potential next steps, including counseling or further medical evaluation.

Developing an Individualized Care Plan
For students with ongoing anxiety, the nurse can work with the student, parents, and school staff to create a plan that addresses the student's needs. This plan might include accommodations such as extra time for tests, permission to take breaks during the day, or access to a quiet space when needed.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Anxiety

Handling Anxiety in the School Setting

Developing an Individualized Care Plan Continued

504 Plans or IEPs

For students with diagnosed anxiety disorders, the nurse may contribute to the development of a 504 plan or Individualized Education Plan (IEP) to ensure that the student receives appropriate accommodations

Promoting Mental Health Awareness

School nurses can play a proactive role by educating students, staff, and parents about the signs of anxiety and the importance of mental health. This can be done through workshops, newsletters, or classroom presentations on stress management, coping strategies, and the importance of seeking help.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Anxiety

The Nurse's Role in Managing Student Anxiety

The school nurse is often on the front lines of recognizing and managing anxiety in students. The nurse's role includes:

Screening and Assessment
Nurses should screen students for anxiety symptoms and assess the severity of the issue. This may involve reviewing the student's history, current stressors, and physical symptoms to determine whether further evaluation is needed.

Crisis Management
In cases of severe anxiety, such as panic attacks or extreme distress, the nurse must intervene with appropriate crisis management techniques, ensuring the student's safety and calming them down before deciding on the next steps.

Coordination with School Personnel
The nurse works closely with school counselors, psychologists, and teachers to ensure that students with anxiety receive comprehensive support. Coordination may also include discussing accommodations for the student's academic and social needs.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Anxiety

The Nurse's Role in Managing Student Anxiety Continued

Medication Management

If a student is taking prescribed medication for anxiety, the nurse may be responsible for administering or supervising medication during school hours, monitoring for side effects, and ensuring the student is compliant with their treatment plan.

Advocacy and Support

The nurse can advocate for the student by ensuring they have access to mental health resources and accommodations. They also play a supportive role by encouraging students to share their feelings and seek help when needed.

Building Trust

Developing a trusting relationship with students is crucial. The nurse can create a supportive and non-judgmental atmosphere, allowing students to feel safe in seeking help for anxiety-related issues.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Identifying Frequent Flyers

Identifying frequent visitors, or "frequent flyers," to the school nurse's office is important for addressing underlying issues that may not be immediately apparent. These students often visit the nurse's office more frequently than others, which can indicate a range of issues from minor concerns to more significant health or psychosocial problems. Here's how to approach and manage these situations:

Track Visits

Maintain a record of student visits, noting frequency, time of day, class student is leaving from, reasons for visits, and any patterns or trends.

Review Records

Look for students who visit the nurse's office more often than their peers. Compare their visit patterns with those of other students.

Assess Visit Reasons

Document the reasons for each visit to identify commonalities, such as frequent complaints of headaches, stomachaches, or injuries.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Identifying Frequent Flyers

Initial Assessment
Conduct a thorough assessment to understand the nature of each visit. This may involve:

Interviewing the Student
Ask open-ended questions to learn about their symptoms and any relevant details. Consider their emotional and psychological state.

Reviewing Health History
Look at the student's health records for previous conditions, chronic illnesses, or any patterns that may contribute to frequent visits.

Consulting with Teachers and Parents
Gather additional insights from teachers or parents about any recent changes or issues that might be affecting the student's health or behavior.

COMMON HEALTH CONCERNS IN SCHOOLS

Potential Reasons for a Visit to the Nurse

Identifying Frequent Flyers

Identify Patterns

Medical Issues

Determine if there are recurring medical conditions or symptoms that need further investigation or management.

Emotional or Psychological Factors

Consider whether the frequent visits might be related to stress, anxiety, or other emotional issues. These can manifest as physical complaints.

Environmental Factors

Assess if there are any environmental or social factors contributing to the student's frequent visits, such as bullying, family issues, or unmet needs.

COMMON HEALTH CONCERNS IN SCHOOLS

Identifying Frequent Flyers

Actions to Take

Develop a Plan
Based on the assessment, create a care plan tailored to the student's needs. This may involve:

Medical Follow-Up
Refer the student to a healthcare provider for further evaluation if necessary.

Behavioral or Emotional Support
Arrange for counseling or mental health support if emotional or psychological factors are identified.

Educational Adjustments
Coordinate with teachers and school counselors to address any academic or social issues contributing to the student's frequent visits.

Monitor Progress
Continue to track the student's visits and evaluate the effectiveness of the interventions. Adjust the care plan as needed based on ongoing assessments and feedback.

Communicate with Stakeholders
Maintain open communication with the student, parents, teachers, and any other relevant professionals to ensure a collaborative approach to the student's care.

COMMON HEALTH CONCERNS IN SCHOOLS

Picking Up From School Safety

When a student is leaving school due to illness, ensure that they are being picked up by a designated and approved adult.

It is crucial to verify that individuals authorized to pick up the student are listed in the school's system or chart, particularly in cases where restraining orders or specific custody arrangements are in place.

It is important to be aware that, in some cases, even parents may not be authorized to pick up their child if there are legal restrictions such as a restraining order. Always ensure you are familiar with these restrictions.

Maintain a current list of students with specific pickup instructions and scan the list each and every time that you are sending a child home to ensure that you are following the instructions for each child.

COMMON HEALTH CONCERNS IN SCHOOLS

Picking Up From School Safety Continued

Under no circumstances should a student be allowed to leave with someone not listed on the emergency pick-up list or without explicit permission from the primary parent or guardian.

If a parent requests that someone not on the list, such as an aunt, pick up the child, depending on your district's policy, verbal authorization may be accepted, provided the parent gives the name, relationship, and contact number of the individual.

In some schools, written authorization via email may also be required, or such requests might be entirely prohibited.

Familiarize yourself with your school's policies regarding pick-ups to ensure compliance.

The front security officer will verify the individual's license at the entrance, and the name must match exactly with the name provided by the parent.

COMMON HEALTH CONCERNS IN SCHOOLS

Driving Home Policy When Sick

Ensure you adhere to your building's policies regarding students driving themselves home when they are unwell.

In one high school I worked at, only senior students or junior students with Class D licenses were permitted to drive themselves home, provided they had parental permission. A copy of the driver's license was required on file, and the student was required to call the health office upon arriving home to confirm their safe arrival.

This particular school also allowed students to use rideshare services like Uber if a parent was unable to pick them up and had given explicit permission for this option.

It's crucial to be familiar with and follow your building's policies before allowing any student to drive themselves home.

COMMON HEALTH CONCERNS IN SCHOOLS

Driving Home Policy When Sick

Do not permit students to drive home if they are experiencing any of the following:

Dizziness or lightheadedness
Cardiac-related symptoms
Severe anxiety or emotional distress
Severe Fatigue
Visual Impairments
Confusion or Disorientation

Medical Condition: If the student has a medical condition or is undergoing treatment that could impair their ability to drive (e.g., recent surgery or severe allergic reaction).

Intoxication: If the student is under the influence of drugs or alcohol.
Physical Injury: If the student has sustained an injury that could hinder their ability to drive safely.

Medication Side Effects: If the student is taking medication with side effects that could impair driving, such as drowsiness or reduced coordination.

Any other condition that, in your professional judgment, may impair their ability to drive safely.

Always prioritize the student's safety when making these decisions.

SECTION 5

HEALTH PROTOCOLS AND PROCEDURES

MEDICATION ADMINISTRATION

IMMUNIZATION REQUIREMENTS

HEALTH PROTOCOLS AND PROCEDURES

Medication Administration

Requirements for Administering Medication

Obtain Proper Authorization

A valid doctor's order and parental permission are mandatory for administering any medication to a student.
The doctor's order must be signed and stamped by the physician.
The parent must also sign the authorization form.

Verify Accuracy

Ensure the doctor's order matches the medication exactly, including dosage, route, and frequency.

The medication label should correspond with the doctor's order, but remember that the label itself is not an order.

Proper Packaging

All medications must be provided in their original, labeled containers. Medications provided in loose form (e.g., pills or epinephrine auto-injectors in a bag) should not be accepted. These should be returned to the parent with a request to provide the medication in its original packaging.

Controlled Substances

Controlled substances must be handed directly to you by a parent. This ensures proper chain of custody and accurate documentation.

HEALTH PROTOCOLS AND PROCEDURES

Medication Administration

Procedure for Accepting and Verifying Medication Pills

Parent Drop-Off

Medication pills must be delivered to the school by the parent or guardian.

Pill Counting

Count the pills in the presence of the parent. This ensures transparency and mutual agreement on the quantity of medication received.

Use a pill counter in the health office for accuracy and efficiency. (Insert image of pill counter)

Documentation

After counting the pills, complete a pill counting form that may typically be provided to you by your district.

Have the parent sign the form to acknowledge the agreed amount of medication.

HEALTH PROTOCOLS AND PROCEDURES

Medication Administration

Importance of Accurate Pill Counting

Accountability

This process protects both the nurse and the school in case of any future discrepancies or allegations regarding the medication.

Accuracy

Ensures that the correct amount of medication is documented and administered to the student.

By adhering to these procedures, you ensure the safe and accurate handling of medication pills, maintaining a professional and accountable practice.

HEALTH PROTOCOLS AND PROCEDURES

Immunization Requirements

Immunizations are a crucial aspect of school nursing. Due to significant variations in immunization requirements, it is essential to familiarize yourself thoroughly with your state's specific guidelines.

Key Points to Consider:

State Requirements

Immunization requirements differ from state to state. Take the necessary time to understand your state's immunization schedule, make-up schedule, exemptions, and any special considerations.

Regulatory Compliance

Ensure your practice aligns with your state's rules and regulations regarding immunizations. Staying updated with any changes in these regulations is also crucial.

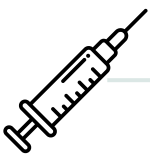
Example: New York State

I practice in New York, so I will provide some examples of what to look for in New York, which may be similar to or differ from your state's requirements.

HEALTH PROTOCOLS AND PROCEDURES

Immunization Requirements Continued

These examples will give you an idea of important aspects to consider:



Immunization Schedule
Understand the mandated immunization timeline for various age groups.

Exemptions
Familiarize yourself with acceptable exemptions, whether medical or religious (and if your state allows religious exemptions).

Special Considerations
Be aware of any additional immunization requirements for certain conditions or populations.

By thoroughly understanding and adhering to your state's immunization requirements, you ensure the legal compliance of your practice.

HEALTH PROTOCOLS AND PROCEDURES

Immunization Requirements Continued

Depending on the grades that you are responsible for, you will need to be aware of the immunization requirements of those grades.

For example, children entering kindergarten will need to show proof of all of their K-mandatory immunizations whereas if you work in a HS, you may only need to ask the incoming 12th grade parents for proof of their child's Menactra vaccine (at least in NYS).
In terms of immunizations, elementary school nurses will definitely need to know the ins and outs of immunizations as they are responsible to request proof for more vaccinations, numerically, than middle school or high school nurses.

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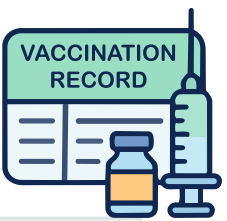
in NYS, students entering K need proof of:
5 DtaP
2 MMR
2 Varicella
4 Polio (IPV)
3 Hepatitis B



Although there are other vaccines given, such as Hepatitis A, HIB, Rotavirus, etc, only the above are mandated for schools in NYS (New York State Department of Health).
Your state may be different so it's important to know which vaccines are mandatory and how many of each.

HEALTH PROTOCOLS AND PROCEDURES

Immunization Requirements Continued

Live Vaccines and Spacing

The other thing to consider is that depending on if the vaccine is live and/or if there is a mandatory interval between vaccines, some vaccines may be invalid if they are not given according to the special "notes" typically listed on the back of the immunization schedule for your state.

Two live vaccines such as the Measles, Mumps, and Rubella (MMR) vaccine and the Varicella (chickenpox) vaccine can be administered on the same day. According to the Centers for Disease Control and Prevention (CDC) guidelines, if live vaccines are not given on the same day, they should be spaced at least 28 days apart. This practice helps to ensure the optimal effectiveness of both vaccines and to reduce the risk of interference between the immune responses to the vaccines (Centers for Disease Control and Prevention).

Other vaccines, like Polio (IPV) is a 4 dose series with the 4th dose being administered after the child's 4th birthday (unless the child only received three total with the third being after the 4th birthday, then 3 are valid in NYS) (New York State Department of Health).

HEALTH PROTOCOLS AND PROCEDURES

Immunization Requirements Continued

Live Vaccines and Spacing Continued

Some combination vaccines such as Pentacel that contains IPV is a 4 dose series with the 4th dose being ages 15-18 months. Because the 4th dose of IPV is before the 4th birthday, an additional, separate dose of IPV will have to be administered separately after the 4th birthday to be valid.

So be careful when reading the immunization record because it may appear that there are 4 IPVs but that 4th won't be valid if it's before the 4th birthday (New York State Department of Health).

These are all NYS examples so please check with your state's vaccine requirements and special notes.

Combination Vaccines

Be aware of the combination vaccines or vaccines that go by particular names, such as Pentacel, as mentioned above, as you will probably see these listed on the immunization record.

Pentacel is a combination vaccine of:
DTaP
IPV (Polio)
HIB (Haemophilus influenzae type b)

HEALTH PROTOCOLS AND PROCEDURES

Immunization Requirements Continued

Out of State Immunizations Considerations

When a new student enrolls from another state, it is often necessary to have their immunizations verified by a healthcare provider licensed in your state. This ensures that the immunizations meet the state's requirements for school attendance. Additionally, a physical examination by a healthcare provider practicing within your state may be required so you will most likely receive both together from the parent.

Given that regulations vary significantly by state as well as boundary lines, it is crucial to review and adhere to the specific rules and regulations governing immunization verification and physical examination requirements in your state/area. This ensures compliance and promotes the health and safety of the student population.

HEALTH PROTOCOLS AND PROCEDURES

Immunization Requirements Continued

Out of Country Immunization Considerations

When students from other countries enroll in schools, there are several considerations that school nurses need to keep in mind regarding their immunizations:

Verification of Immunization Records

Translation of Records

Immunization records from other countries may need to be translated/transcribed by a physician in your state. Ensure that the translations are accurate and include all necessary details. The physician should sign off on the immunizations if they are acceptable/valid in your state on an official immunization certificate with the doctor's letterhead.

Review for Completeness

Assess whether the immunization records are complete and comply with the state's immunization requirements.

Documentation Standards

Records should include dates of each vaccine administered and should be signed or stamped by a healthcare provider.

HEALTH PROTOCOLS AND PROCEDURES

Immunization Requirements Continued

Out of Country Immunization Considerations Continued

Compliance with State Immunization Requirements

Alignment with U.S. Schedules

Some vaccines given in other countries may not align directly with the U.S. schedule. Determine if additional doses are needed to meet state requirements.

Typically, students from the US have a set amount of days (14 days in NY) to either submit proof of the vaccination given, or, to submit proof the student is “in-process” with the first dose of each series needed (depending on what is missing). Students from out of the country may have up to 30 days to submit proof (New York State Department of Health).

Catch-Up Vaccination

If the student is behind on vaccinations, a catch-up schedule should be developed to bring them into compliance as soon as possible.

This student will be considered “in-process” once the first dose of each missing series is administered. The doctor should provide a note for the family to give to the school indicating the date scheduled for the next respective dosages.
This should continue until all of the series are complete.

HEALTH PROTOCOLS AND PROCEDURES

Immunization Requirements Continued

Organization of Vaccine Follow-Ups

Effective tracking and organization of student immunizations are essential to ensure compliance and student safety. Here's how to manage students missing immunizations or those in the process of completing their vaccine series:

U.S.-Based Students
For students missing required vaccinations, the following steps must be taken within a state-specific time-frame (14 days in NYS) from the start of the school year:

Out-of Country Students
For students missing required vaccinations from out of the country, they may be granted a longer extension, possibly 30 days from the start of the school year or from the start of transfer to provide the following:
(depending on your state's rules for the amount of days allowed).

Provide Proof of Immunization: Parents must submit documentation confirming the student has received the required vaccination(s) -or-
Submit an Exemption: Parents may provide a medical or religious exemption, if permitted by state law.

HEALTH PROTOCOLS AND PROCEDURES

Immunization Requirements Continued

Consequences for Non-Compliance

Exclusion from School
If neither proof of immunization nor an exemption is submitted, the student may be excluded from school. The decision is typically at the discretion of the principal.

Possible Fines Like in New York State
In New York, schools may be fined up to $2,000 per day for each day a student without proof of immunization or an exemption is allowed to attend school as mentioned earlier.

Communication with School Administration

Inform the Principal
It is crucial to keep the principal informed about which students are missing immunizations and what communications have been sent to their families regarding the consequences of non-compliance. This ensures that the principal is aware of the potential impact on the school and can take appropriate action. By maintaining clear records and communicating effectively with both parents and school administration, you can ensure that all students meet immunization requirements and that the school remains in compliance with state regulations.

HEALTH PROTOCOLS AND PROCEDURES

Immunization Requirements Continued

Immunization Tool (IIS)

Most states use a state-level "Immunization Information System" (IIS) which collects vaccine data.

For example, in NY, its called NYSIIS, California is CAIR, Virginia uses VIIS, etc.

Each registry adheres to CDC guidelines but has their own specific rules and reporting mandates.

You will need to register as an authorized user with your state and local health department and complete all necessary paperwork/training. You may be given your username once completed.

You may need an administrator, school health coordinator/IIS liaison to grant you access to your IIS that your state uses.

Once you obtain a username, and have access to your particular state, you can use your IIS to find immunizations on your students which is useful in managing student health compliance, streamlining immunization records, and communicating with families about vaccine requirements.

You can also print/export immunization summaries to keep in the student's chart as well as follow the scheudle for missing doses/non compliance.

HEALTH PROTOCOLS AND PROCEDURES

Immunization Requirements Continued

Organization of Vaccine Follow-Ups

It is essential to systematically track students' immunization statuses, including those missing immunizations and those in-process.

Calendar Management
Maintain a detailed calendar indicating students missing immunizations, and those in-process.

Documentation
Record every phone call made, the person spoken to, dates of letters mailed, and whether they were sent certified.

Daily Review
Regularly review the calendar to identify which students require follow-up phone calls and which may need to be pulled from class for potential exclusion.

Again, always keep the principal well informed of who is missing immunizations.

Ensuring accurate and timely follow-ups is critical for compliance and maintaining a safe school environment.

HEALTH PROTOCOLS AND PROCEDURES

Immunization Requirements Continued

Vaccination Exemptions: Medical Exemptions

Medical Exemptions are granted when a child has a specific medical condition that contraindicates vaccination.

This can include:
Allergic Reactions: Severe allergic reactions (anaphylaxis) to a previous dose of a vaccine or to a component of a vaccine.

Immune System Conditions: Conditions that impair the immune system, such as certain cancers or immunodeficiency disorders, which may make receiving live vaccines unsafe.

Other Medical Conditions: Specific conditions that are recognized by health authorities as contraindications to vaccination, such as certain neurological conditions.

To obtain a medical exemption, the following is needed:

1. **Doctor's Certification:** A licensed healthcare provider must provide written certification that includes the specific medical reason for the exemption and the duration for which the exemption is valid.
2. **Review:** The certification is typically reviewed by the school medical director or health department to ensure it meets state requirements.

HEALTH PROTOCOLS AND PROCEDURES

Immunization Requirements Continued

Vaccination Exemptions: Religious Exemptions

Religious Exemptions are granted when vaccination conflicts with the sincerely held religious beliefs of the child's family.

The specifics of obtaining a religious exemption vary by state but generally involve:

Written Statement: Parents or guardians must submit a written statement explaining the religious belief that prohibits vaccination.

Documentation Requirements: Some states require a notarized statement or a form provided by the state health department.

Review: The statement is reviewed by the school or health department to determine if it meets the criteria for a religious exemption.

HEALTH PROTOCOLS AND PROCEDURES

Immunization Requirements Continued

Vaccination Exemptions: Religious Exemptions

Considerations and Requirements

State Laws
The availability and requirements for medical and religious exemptions vary widely by state. Some states have more stringent requirements or have eliminated religious exemptions altogether (for example, NYS banned religious exemptions in 2019).

Annual Renewal
In some states, exemptions must be renewed annually.

Outbreaks
During outbreaks of vaccine-preventable diseases, unvaccinated students with exemptions may be excluded from school to prevent the spread of the disease.

I hope that helps clear up vaccine confusion. Again, I cannot stress enough how important it is to study your state's guidelines, rules and regulations for immunizations as they differ significantly. The more you understand and keep practicing, it becomes second nature to know.

SECTION 6

SCREENINGS AND HEALTH ASSESSMENTS

SCREENINGS AND HEALTH ASSESSMENTS

Vision/Hearing Screening

The purpose of Vision/Hearing screenings in schools is to identify students with potential vision problems that may affect their academic performance and overall well-being.

Depending on your state's regulations and district policies and there are specific grades that are mandated each year as per your state.

For example, in NY, vision/hearing must be performed on:
K, 1, 3, 5, 7, 11, and all new entrants within 6 months of admission to school (New York State Education Department).

If a physician has completed the vision and hearing screenings as part of the student's physical examination, those results can be accepted as long as they are documented with the necessary specifics. If the documentation is incomplete or does not meet the required standards, an additional screening at school may be necessary.

Tip

It is generally advisable to avoid scheduling vision and hearing screenings at the beginning of the school year. This allows time to receive physical examination records from families, which may include completed vision and hearing screenings. By reviewing these records first, you can determine if additional screenings are necessary, thereby avoiding unnecessary repetition and ensuring efficient use of time and resources.

SCREENINGS AND HEALTH ASSESSMENTS

Vision/Hearing Screening

Request for on-the-spot testing

Teachers may occasionally request a vision or hearing screening if they observe a student struggling to see the board or having difficulty hearing instructions. In such cases, a spot vision or hearing test can be conducted to assess whether the student needs a more comprehensive evaluation by a physician.

It is important to keep teachers informed about students who are in the process of obtaining glasses or who have known vision or hearing issues. These students may require accommodations, such as sitting closer to the front of the classroom, to ensure they can fully participate in lessons.

Additionally, any concerns raised by teachers should be documented, and follow-up with the student's parents or guardians should be conducted to ensure that appropriate medical evaluations and interventions are pursued.

SCREENINGS AND HEALTH ASSESSMENTS

Vision/Hearing Screening

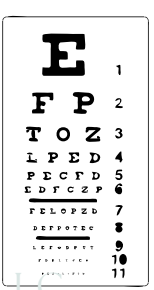
When to Call the Students To The Health Office for Screenings

Students will need to be called down to the nurse's office for vision and hearing screenings.
To minimize disruption to their academic schedules, it's advisable to pull students from less critical classes, such as gym or study hall, rather than from essential classes like Math or Chemistry.

Elementary School

In elementary settings, it’s often more efficient to bring students down class by class. Coordinate with teachers to identify times when a specific class is in gym, then take a small group of about three students at a time.

Provide the teacher with a list of students to be screened, so they can send them down in groups. This ensures an organized and efficient process.



SCREENINGS AND HEALTH ASSESSMENTS

Vision/Hearing Screening

When to Call the Students Down Continued

High School

For high school students, coordinate with the teachers to avoid pulling students from critical classes. Study halls or elective periods may be more suitable times for screenings.

Organizing student screenings can be challenging, particularly at the secondary level where students change classes every period. Instead of calling down students by class, it's more efficient to schedule individual time slots for each student the day before. This allows you to note their classroom locations and call them down in a more organized manner, ensuring a smoother and more efficient process the next day.

Office Organization

Establish a system in your office to keep the students waiting for screenings separate from those visiting the nurse for other reasons. This will help maintain clarity and prevent any confusion about why each student is there.

Consider arranging for a substitute nurse or an additional staff member to assist with the screenings, as these days can be particularly busy.

SCREENINGS AND HEALTH ASSESSMENTS

Vision Screening

The vision screening assesses near vision, distance, perception, and depth.
You may use the Snellen chart or the vision testing machine (or a combination of both).

Each state sets its own passing criteria for school-based vision and hearing screenings. There is no universal federal standard. So please check your state's criteria.

NYS Passing Parameters of Vision Screening:

Distance Vision

Standard
Typically 20/20 vision is considered normal.

Example Passing Criteria (depends on state guidelines):

Younger Students (Kindergarten to 1st Grade):
Vision of 20/30 or better in each eye.

Older Students (2nd Grade and above):
Vision of 20/20 or 20/25 in each eye.

Referral Threshold:
If a student's vision is 20/40 or worse in either eye, they should be referred for a comprehensive eye examination.

SCREENINGS AND HEALTH ASSESSMENTS

Vision Screening

NYS Passing Parameters of Vision Screening Continued

Near Vision

Standard

The ability to read standard-sized print at a close distance.

Typical Passing Criteria

General: Ability to read 20/30 or better at the standard near distance (typically 14-16 inches).

Referral Threshold

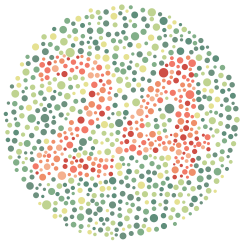
Inability to read 20/40 or better at near distance.

Failure criteria for NYS

"Inability to read 20/30 for ages 6-18;
20/40 for ages 4 & 5; and 20/50 for age 3;
A two-line or greater difference between the two eyes (e.g., right eye 20/20, left eye 20/40.)"
(New York State Education Department).

SCREENINGS AND HEALTH ASSESSMENTS

Vision Screening



Color Perception

Standard
Normal color vision, able to distinguish all primary colors.

Passing Criteria
General: Correctly identifying the majority of figures on the Ishihara plates or similar tests.

Referral Threshol
Significant difficulty or inability to distinguish between red, green, and other colors suggests a color vision deficiency and warrants further evaluation.

Depth Perception

Standard: Accurate perception of three-dimensional space and distance.

Passing Criteria
General: Correctly identifying depth cues in stereopsis tests.

Referral Threshold
Difficulty with or failure to identify depth cues correctly may suggest issues with depth perception and requires further assessment.

SCREENINGS AND HEALTH ASSESSMENTS

Vision Screening

Additional Considerations

Binocular Vision: Ensure both eyes work together effectively. Disparities between the vision in each eye (e.g., one eye significantly stronger than the other) may indicate amblyopia or other issues.

Strabismus: Look for signs of misalignment (crossed or "lazy eyes"). Referral is necessary if strabismus is suspected.

Consistency: Ensure that results are consistent across multiple screenings if there is any doubt or discrepancy in the initial results.

Documentation and Referral

Record Keeping: Document all screening results accurately, noting any deviations from the passing criteria.

Parental Notification: Inform parents/guardians of the results (whether pass or referral needed) and provide clear instructions if a referral for further evaluation is needed.

Follow-Up: Track follow-up evaluations and ensure that referred students receive the necessary care and any prescribed corrective measures (e.g., glasses).

SCREENINGS AND HEALTH ASSESSMENTS

Vision Screening

Vision Screening Machine

It is common practice to utilize a vision screening machine when conducting student vision screenings. These machines are typically equipped with a "key," allowing you to efficiently turn the dial and match the child's responses to the corresponding readings on the key.

If you are unfamiliar with the operation of the vision screening machine after reviewing the manual, I recommend reaching out to your district lead nurse or the designated individual overseeing the nursing staff. They can arrange for a more experienced nurse to provide you with the necessary training to ensure proper and effective use of the equipment.

Practical Tips

Calm Environment: Conduct screenings in a calm, quiet, and well-lit environment to ensure accurate results.

Student Comfort: Ensure students are comfortable and understand the instructions for each part of the screening.

Repeat Screenings: If a student appears nervous or distracted, forgot his/her glasses (if prescribed), is ill (especially with an eye infection) or has an injury to the eye or face, consider repeating the screening to ensure accurate results.

SCREENINGS AND HEALTH ASSESSMENTS

Vision Screening

Dial Screening for Kindergarten Students

When using a vision screening machine for kindergarten children, as well as incoming kindergarten students, the process may involve the use of a specific dial that corresponds to the child's developmental stage.

Symbols Instead of Letters

The machine may use symbols like circles, squares, houses, or animals, which are easier for young children to identify and describe. This helps in accurately assessing their vision without the need for letter recognition.

Distance and Near Vision

The screening will typically assess both distance and near vision. Distance vision checks how well the child can see objects at a distance, while near vision assesses their ability to see objects up close.

Instructions and Key Matching

The nurse will instruct the child to identify the symbols they see. As the child responds, the nurse will use the "key" provided with the machine to match the child's responses to the correct symbols on the dial.

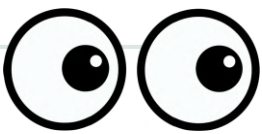
SCREENINGS AND HEALTH ASSESSMENTS

Hearing Screening

Nursing Instructions and Parameters for Hearing Test

Purpose

The goal of school hearing tests is to identify students who may have hearing impairments that could impact their learning and social development. Early detection allows for timely intervention.



Preparation

Environment: Ensure the testing area is quiet and free from distractions. If you have a "sound-proof" room that is ideal but isn't as commonplace in schools. Background noise can interfere with accurate results.

Equipment: Use a calibrated audiometer or screening device. Verify that the equipment is functioning properly before beginning the tests (an outside company may come in on a scheduled timeframe to test the equipment).

Student Preparation: Explain the procedure to the student in simple terms. Assure them that the test is painless and that they only need to listen carefully.

SCREENINGS AND HEALTH ASSESSMENTS

Hearing Screening

Testing Procedure

Positioning: Have the student seated comfortably with their back to the machine (if using an audiometer with headphones) to avoid visual cues.

Headphones: Place the headphones on the student's ears, ensuring a proper fit. The red side typically goes on the right ear, and the blue on the left ear.

Initial Instructions: Instruct the student to raise their respective hand on the side they hear the sound (for example: raise your right hand if you hear the sound come out of your right ear). For younger children, you may want to use more engaging instructions, such as "Raise your hand when you hear the beep."

Frequency Testing

Test a range of frequencies, typically at 500 Hz, 1000 Hz, 2000 Hz, and 4000 Hz, starting at 20-25 dB (decibels).

Begin with the right ear, followed by the left ear.

For each frequency, start at a level that is clearly audible, and then decrease in 5 dB steps until the student no longer responds, then increase in 5 dB steps until they respond again (threshold).

SCREENINGS AND HEALTH ASSESSMENTS

Hearing Screening

Pass/Fail Criteria

Pass

The student hears all test frequencies at 20-25 dB in both ears (20 dB is passing but if you do not have a soundproof room, 25 dB may be acceptable - ensure to check with your district).

Fail

The student fails to respond at 25 dB or higher at one or more frequencies in either ear.
If the student does not respond to certain frequencies, document the specific frequency and decibel level.

Documentation

Record the results of each ear at each frequency tested.
Document any difficulties or unusual behavior during the test that might have affected the results.

Follow-Up

Re-screening: If a student fails the initial screening, schedule a re-screening within a few weeks to confirm the results.
Referral: If the student fails the re-screening, refer them to an audiologist or their primary care provider for a comprehensive evaluation.
Communication: Notify the parent or guardian of the results and provide recommendations for follow-up if necessary.

SCREENINGS AND HEALTH ASSESSMENTS

Hearing Screening

Considerations

Language Barriers

If the student does not understand the instructions due to a language barrier, consider using visual aids or a translator.

Special Needs

For students with special needs, you may need to adapt the instructions or use alternative methods to assess hearing (this may apply to all screenings, including vision).

Exclusion from Testing

Illness

Do not test students who have a cold, ear infection, or other conditions that could temporarily affect hearing.

Equipment Malfunction

If the equipment is not functioning correctly, reschedule the test for another time.

Communication with Staff

Share any relevant results with the classroom teacher, especially if the student is identified as having a hearing issue that could affect classroom performance.

SCREENINGS AND HEALTH ASSESSMENTS

Scoliosis Screening

The Purpose of Scoliosis Screening in Schools

Scoliosis screening is conducted to detect abnormal curvatures of the spine in children and adolescents. Early detection is important as it allows for timely intervention and management, potentially preventing the condition from worsening.

Age Requirements

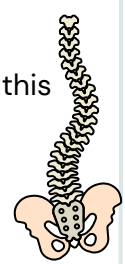
Scoliosis screening is typically recommended for students between the ages of 10 and 14 years, often during middle school years when rapid growth occurs. In New York State, screenings are usually conducted in grades 5 through 9.

Preparation

Ensure privacy for the student during the screening, as it may involve observing the spine with the student's back exposed.

The student should be asked to wear loose clothing or a gown that allows easy observation of the spine.

-The students are typically pulled from gym class for this screening.



SCREENINGS AND HEALTH ASSESSMENTS

Scoliosis Screening

Screening Process

Visual Inspection

The student is asked to stand straight with feet together, and the nurse visually inspects the alignment of the shoulders, shoulder blades, and hips.

Forward Bend Test

The student is then asked to bend forward at the waist with arms hanging loosely. This position accentuates any abnormal curvature or asymmetry in the rib cage or spine.

Observation

The nurse looks for any unevenness in the shoulders, waist, or hips, or any noticeable curvature of the spine.

Measuring Curvature

A scoliometer may be used to measure the angle of trunk rotation, which helps in quantifying the degree of spinal curvature.

Documentation

Document the findings of the screening in the student's health record, including any signs of asymmetry or curvature.

SCREENINGS AND HEALTH ASSESSMENTS

Scoliosis Screening

Screening Process for Scoliosis

Follow-Up for Positive Screenings

Referral to Physician

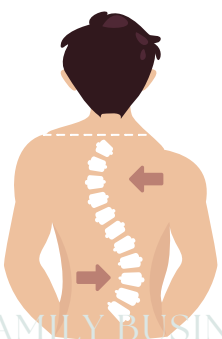
If the screening results suggest a possible spinal abnormality, the student should be referred to a physician, typically a pediatrician or an orthopedic specialist, for further evaluation.

Parent/Guardian Notification

Contact the parent or guardian to inform them of the findings and the need for follow-up with a healthcare provider.

Monitoring

If a mild curvature is detected but does not require immediate intervention, regular monitoring may be recommended to track any changes.



SECTION 7

ATHLETIC IN HIGH SCHOOL AND MIDDLE SCHOOL

ATHLETICS

Introducion

If you work in both high school and middle school settings, you will quickly realize that athletics play a significant role in your responsibilities as a school nurse.

It is essential to be proficient in sports clearance procedures, stay informed on injuries and concussions in collaboration with the athletic trainer, and effectively communicate with parents, staff, and gym personnel.

I will provide detailed information on these aspects to help you gain confidence in managing the intersection of athletics and school nursing.

ATHLETICS

Sports Clearance

When a child tries out for a middle school, junior varsity, or varsity sport, the student athlete must be cleared medically before they can try out.

It is the nurse's responsibility to clear the student to try out for the sport. This clearance may be done in paper form, or it may be done electronically via a program such as "Family ID."

Parameters for Clearing a Student for Sports

The student will need the following for clearance:

A valid physical examination

Cleared for physical education (PE)

Specialist clearance (if applicable)

A health history review

Parental permission

ATHLETICS

Sports Clearance

Valid Physical Examination

The student must have a current physical on file. in NYS, a valid physical is one that was conducted within one year of the start month of the sport. Check the parameters set by your state to determine eligibility.

For example, if a student is trying out for varsity football in August 2024, a physical dated August 1st, 2023, or later would be considered valid. However, if the physical is dated July 31st, 2023, it would not be valid for the upcoming sports season.

This physical examination must be thoroughly completed, including all necessary details such as height, weight, blood pressure, pulse, and a comprehensive review of body systems.

The physician must also provide explicit permission for the student to participate in all physical activities without any restrictions. Typically, there is a section on the form where the physician can check a box indicating that the student is fully cleared (New York State Center for School Health).

ATHLETICS

Sports Clearance

Valid Physical Examination

If the physical indicates any restrictions, it is the nurse's responsibility to contact the parent and discuss the situation. It should be clearly explained that the student cannot be cleared for sports participation as long as the restriction remains in place.

In cases where the physician recommends follow-up with a specialist, such as a cardiologist or neurologist, the student must provide a clearance note from the specialist. This note must state that the student is cleared to participate in all physical activities without any restrictions. In NYS, each specialist note clearing a child for full activity is good for 1 year from the date the note was written so you should keep diligent track of all notes/dates to determine when a new note will be required.

Districts may designate a specific day as a "Sports Physical Day" or a general "Physical Day" to accommodate students who are required to submit a physical (if it is their mandated year) but have not yet done so.

If the district's medical director conducts these physicals, they are considered valid for sports participation.

ATHLETICS

Sports Clearance

School Doctor's Role

The school doctor plays a critical role in assessing a student's Tanner Score during the Athletic Placement Process (APP). Before allowing a student to "play up" at the JV or varsity level, the school doctor will typically conduct a physical examination and assign a Tanner Stage based on their professional judgment. This ensures that the student is developmentally ready to participate in high-level sports. The doctor also considers other health factors, such as cardiovascular fitness, musculoskeletal health, and any existing medical conditions that could impact the student's ability to safely engage in more advanced athletic competition (New York State Education Department).

Depending on your location and school policy, the tanner stage assessed and documented on a current physical form by the student's private physician may be acceptable and therefore the school doctor's assessment may not be necessary. Always check your state and school policy first.

In some cases, the school district may have policies in place that require middle school students to be at a certain Tanner Stage (often 4 or 5) before they are cleared to compete at the varsity or JV level. The school nurse collaborates with the school doctor to ensure that all medical evaluations, including the Tanner Score assessment, are completed according to district guidelines.

ATHLETICS

Sports Clearance

Clearance for Physical Education (PE) Class

As previously mentioned, it is essential to maintain an up-to-date "Gym Exclusion" list that details the names of students currently excluded from PE, the reason for the exclusion, and the start date of the restriction. This list should be based on medical notes provided by the students' physicians.

A student cannot be excluded from PE without a doctor's note, so it is crucial to obtain this documentation.

Notes may be pre-dated, such as in the case of an ankle sprain, where the note might state the student is excluded from PE/Sports for a specified period, such as two weeks, or until a particular date.

Pre-dated notes are acceptable for most injuries, except for concussions, which require a follow-up visit. This final follow-up visit will indicate if the student is cleared to resume PE/Sports, in which case, the student would begin the "Return-to-Play" Protocol which I will discuss below.

ATHLETICS

Sports Clearance

Clearance for Physical Education (PE) Class

Some notes may indicate that the student is excluded "until further notice" or "until follow-up." In these cases, a follow-up clearance note must be obtained before the student can resume participation in gym or sports.

If a parent claims that the student has already been cleared by the physician, this is not sufficient on its own. A physical note from the doctor must be received and filed before the student can be cleared.

Injuries at School or During Sports

Injuries can occur outside of school, in which case it is the parent's responsibility to provide the school with the necessary medical documentation, as the school may not be aware of the injury.

However, when injuries occur during school hours—whether on school grounds, during physical education class, practice, or at an athletic event—the school nurse must assess the extent of the injury.

Based on the assessment, the nurse may need to instruct the parent that a medical evaluation is required before the student can resume participation in sports.

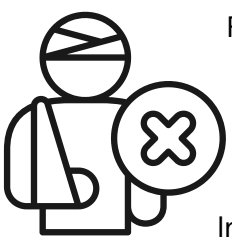
ATHLETICS

Sports Clearance

Injuries at School or During Sports

For minor injuries (using your nursing judgement), you can instruct the student to visit the athletic trainer prior to practice/game for assistance (if a band-aid or wrapping is needed).

Any time a student has the following, you must request a note that the child is medically cleared:



Head Injuries/Concussions
Fractures or Suspected Fractures
Sprains and Strains
Joint Dislocations
Muscle Tears
Back or Neck Injuries
Injuries Involving Ligament Damage
Eye Injuries
Chest Injuries
Injuries Involving Swelling or Bruising
Any Injury Resulting in Persistent Pain

Oftentimes, when these types of injuries occur at school, the physician will recommend some duration of rest to heal the injury. Therefore, the student would not be participating in practice or events until cleared.

ATHLETICS

Sports Clearance

Injuries at School or During Sports

When a child or parent presents a medical note of exclusion, it is essential to maintain consistent communication with the athletic department and the physical education teacher to ensure everyone is informed.

Since you may not be present during practices or events, it is the responsibility of the trainer or coach to guide the parent toward appropriate medical care, whether that involves visiting the emergency room or seeing an orthopedist at the time of an injury. They must also inform the parent that a medical note will be required by the school for the exclusion of PE or sports.

Additionally, the athletics department is responsible for notifying you promptly so that you can follow up with the parent regarding the necessary documentation.

ATHLETICS

Tanner Score and Playing Up

In middle and high school athletics, especially when considering whether middle school students can "play up" at the junior varsity (JV) or varsity level, the Tanner Score (Tanner Staging) is an important tool used to assess a student's physical maturation.

The Tanner Score consists of five stages, with Stage 1 representing pre-puberty and Stage 5 indicating full physical maturity.

Maturation and Athletic Participation

The Tanner Score is essential in ensuring that middle school students, especially those younger than their peers in high school, are developmentally ready to handle the physical demands of playing sports at a higher level. Sports such as football, wrestling, and basketball may pose a higher risk of injury due to the intensity and physicality, and students who are less physically mature may be at a disadvantage or risk of harm when competing against older, more developed athletes.

For instance, a student in Tanner Stage 2 or 3 might not be as physically developed as students in Stage 4 or 5, making them more prone to injury or physical disadvantage when competing with more mature athletes.

The Tanner score is only one way of several during the athletic placement process (APP) to determine if a child is mature enough to compete at the JV/Varsity level. Please familiarie yourself with your state's APP.

ATHLETICS

Concussion

Concussions are a serious concern in school sports, as they can have significant short-term and long-term effects on a student-athlete's health and well-being. A concussion is a type of traumatic brain injury caused by a bump, blow, or jolt to the head, or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can lead to a variety of symptoms that may affect a student's physical, cognitive, and emotional functioning.

Sometimes, even a minor blow to the head can result in a concussion.

Impact on School Sports

Immediate Removal from Play

If a student had any blow, bump, or jolt to the head during a game or practice, they must be immediately removed from play. The student should not return to the activity until they have been evaluated by a healthcare professional trained in concussion management.

ATHLETICS

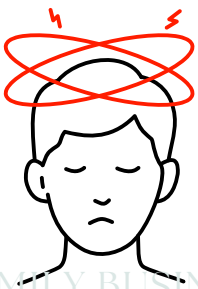
Concussion

Assessment and Monitoring

After the initial injury, the student should be closely monitored for symptoms such as headaches, dizziness, confusion, memory loss, nausea, and sensitivity to light or noise. The school nurse, athletic trainer, or another healthcare professional should assess the student's condition and provide guidance to the parents on the next steps.

Rest and Recovery

If a student is indeed diagnosed with a concussion, rest is a crucial component of concussion management. The student should refrain from physical activities and may also need to limit cognitive activities, such as reading, using electronic devices, and attending school, depending on the severity of symptoms.



ATHLETICS

Concussion

Return to School

A gradual return to academic activities is recommended. The student may need accommodations, such as extended time for assignments, reduced screen time, or shortened school days, to ease back into their routine without exacerbating symptoms.

The student's guidance counselor should be informed of the concussion so he/she can notify the student's teachers of these accommodations.

In addition, the student may need an alternate placement for physical education during their recovery period.

Clearance for Return to Sports

Medical Evaluation

Before a student can return to sports, they must be evaluated by a healthcare provider who specializes in concussion management. This evaluation ensures that the student's symptoms have resolved, and their cognitive function has returned to baseline levels. This clearance must indicate that the student is fit to participate in all activities without restrictions.

ATHLETICS

Concussion

Graduated Return-to-Play Protocol

Once a student is symptom-free and cleared by a healthcare provider, they must follow a graduated return-to-play protocol, typically done by the athletic trainer.

This typically involves a step-by-step process that gradually reintroduces physical activity. Each step should take at least 24 hours, and the student must remain symptom-free to progress to the next level (New York State Education Department).

Steps often include

Light aerobic activity (e.g., walking, stationary cycling)
Sport-specific exercise (e.g., running, skating)
Non-contact training drills
Full-contact practice
Return to competition

Final Clearance

After successfully completing the graduated return-to-play protocol, the medical director must sign off on the completed return to play prior to the student resuming PE/Sports.

ATHLETICS

Concussion

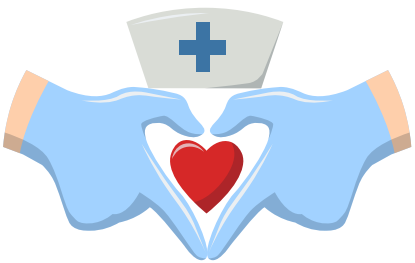
Communication

Continuous communication between the school nurse, athletic trainer, coaches, teachers, and parents is vital throughout the concussion recovery process. This ensures that everyone is aware of the student's status, any necessary accommodations, and the timeline for returning to both academic and athletic activities.

By following these guidelines, schools can help protect student-athletes from the potential dangers of returning to sports too soon after a concussion, ensuring their safety and long-term health.

Each district has a very specific concussion management protocol so please familiarize yourseld with your state and district policies.

(*The elementary level does not perform return to play protocols. Check with your district policy on concussion management for the elementary level*).



ATHLETICS

Specialist Clearance

Some students with known cardiac or neurologic conditions will require medical clearance annually in order to be cleared for sports. These conditions can pose significant risks during physical exertion, and a thorough evaluation is necessary to ensure the student's safety.

Some cardiac conditions that will require cardiology clearance

Hypertrophic Cardiomyopathy (HCM)
Long QT Syndrome
Congenital Heart Defects
Certain Arrhythmias (Irregular Heartbeats)
Wolff-Parkinson-White Syndrome (WPW)
Marfan Syndrome
Myocarditis
Syncope
Coronary Artery Anomalies
Kawasaki Disease with Coronary Artery Aneurysms
Previous Cardiac Surgery
Family History of Sudden Cardiac Death

There are more conditions that may be included, so check with your athletics department for the complete list.

ATHLETICS

Specialist Clearance

Neurologist Clearance

Students diagnosed with any seizure disorder must obtain clearance from a neurologist before participating in physical education (PE) or sports activities.

Oncology Clearance

Students with a history of cancer are required to receive clearance from their oncologist to ensure they are fit to engage in PE or sports.

Additional Considerations/Other Clearances

In certain cases, where a health condition could pose a risk during physical activity, such as exposure to bumps or falls, a clearance note from another relevant specialist may be necessary.

ATHLETICS

Medical Restriction

If a student has a medical condition that limits their activity either indefinitely or results in "partial" clearance for PE/Sports, the physician may complete a medical restriction form.

Terms such as "partially cleared," "cleared for light duty," or "cleared as tolerated" are considered too vague and do not provide clear guidance on the student's specific limitations. A student must be fully cleared to participate in PE/Sports.

If the student is not fully cleared and is instead "partially cleared," the medical restriction form must clearly and specifically outline the activities the student is permitted to perform and those they are restricted from, as directed by the physician.

This medical restriction form must then be shared with athletics as they can share it with the coach and the PE teacher.

Your district should have a standardized medical restriction form available for families to provide to their child's physician. Be sure to review your district's policy regarding the duration for which a medical restriction form remains valid.

ATHLETICS

Health History and Parental Permission

The parent will complete a detailed health history questionnaire either on paper form or on an online program such as FamilyID within 30 days of the start of the season.

Components of the Health History Form

Previous Injuries

Parents should detail any prior injuries, including fractures, sprains, or concussions, and provide information on treatment and recovery. This history is vital for monitoring any recurring issues that may affect the student's performance or safety in sports.

Chronic Conditions

Information about chronic conditions such as asthma, diabetes, epilepsy, or any cardiovascular issues must be disclosed. This helps in preparing for potential emergencies and ensuring that the student has access to necessary medications or treatments during sports activities as well as clearance documentation from the physician/s.

Surgeries or Hospitalizations

Any past surgeries or hospitalizations should be noted, along with relevant details about recovery and any ongoing effects.

ATHLETICS

Health History and Parental Permission

Components of the Health History Form Continued

Medications

The form should include a list of all medications the student is currently taking, both prescribed and over-the-counter. This helps prevent contraindications and ensures that the school is aware of any medication the student might need during sports events.

Allergies

Parents should specify any allergies, particularly to medications, foods, or insect stings, and describe the typical reactions and required treatments.

Immunizations

A record of up-to-date immunizations is important to ensure the student is protected against vaccine-preventable diseases, especially in a team environment.

Family Medical History

Any significant family medical history, such as heart conditions or sudden unexplained deaths, should be included to help assess potential risks.

ATHLETICS

Health History and Parental Permission

Components of the Health History Form Continued

Physical Limitations or Restrictions

Any current or ongoing physical limitations should be detailed, along with notes from a healthcare provider. If the student has any restrictions on physical activity, this information will guide decisions about their participation in sports.

Emergency Contact Information

The form must include up-to-date emergency contact information for parents or guardians, as well as any other designated contacts who can be reached in case of an emergency during sports activities.

Consent for Treatment

Parents should provide consent for the school to administer basic first aid and seek emergency medical treatment if necessary.

Parental Signature

The parent will approve the child to try out for the sport and sign that the above information is correct.

There may be more topics on your district's health history questionnaire, the above are general topics.

ATHLETICS

Health History and Parental Permission

Incidental findings on the health history report

You may encounter situations where a parent registers their child for a fall sport and discloses that the child sustained an injury over the summer. In such cases, it's essential to follow up with the parent to discuss the details of the injury and determine if a medical clearance note is required before the student can be cleared for participation.

Additionally, there may be instances where a parent indicates a diagnosis, such as a seizure disorder, that you were previously unaware of, or may be a new diagnosis. In these situations, you will need to contact the parent to discuss obtaining a neurology clearance and whether rescue medication is necessary.

It is crucial to read the health history thoroughly and carefully to ensure that no pertinent information is overlooked, as this could impact the child's health and safety during sports participation.

SECTION 8

REPORTABLE SURVEYS AND ORDERING

REPORTABLE SURVEYS

Reportable Surveys

School nurses are required to submit various reportable surveys to their state, ensuring that public health data is accurately captured and that schools remain compliant with state regulations. Each state may require all, or some of the below reportable surveys. These surveys typically include:

Immunization Compliance Survey

Purpose

Tracks the immunization status of students to ensure they meet state-mandated vaccination requirements.

Details

The survey often includes data on the number of students vaccinated, those with medical or religious exemptions, and students who are non-compliant.

Timing

Typically submitted annually, early in the school year.

All of this information can be pulled from your immunization folder. This is why it's important to keep that constantly up-to-date.

Reportable Surveys

BMI and Weight Status Category Survey

Purpose

Collects data on the Body Mass Index (BMI) of students to monitor trends in childhood obesity and assess the effectiveness of health programs.

Details

Nurses report aggregate data on students' BMI, categorizing them into underweight, healthy weight, overweight, and obese.

Timing

Often conducted annually for specific grades, as dictated by state guidelines.

All of this information can be pulled from your grade sheets/folder that include the grades where the BMIs are needed. You should have a column for the BMI/WSC for each student for the required grades.

Reportable Surveys

Vision and Hearing Screening Reports

Purpose

Reports the results of mandated vision and hearing screenings to track potential public health concerns and ensure early intervention.

Details

Data typically includes the number of students screened, those who passed, and those referred for further evaluation.

Timing

Usually submitted after screenings are completed, often mid-year.

All of this information can be pulled from your screenings folder. It is good to keep a tally of all screened, passed, and failed for easier reference.

Reportable Surveys

Health Conditions and Services Survey

Purpose

Provides data on the prevalence of chronic health conditions (e.g., asthma, diabetes) among students and the types of health services provided at school.

Details

This may include information on the number of students with specific conditions and the nursing interventions or care plans in place.

Timing

Can be required annually or bi-annually depending on the state.

All of this information can be pulled from your health concerns binder.

Reportable Surveys

Communicable Disease Reporting

Purpose

Monitors outbreaks of communicable diseases within schools to prevent widespread transmission.

Details

School nurses report cases of diseases like influenza, chickenpox, and more serious conditions such as measles or whooping cough.

Timing

Reporting is typically done on an as-needed basis, immediately upon identification of a case.

All of this information can be pulled from your communicable disease folder.

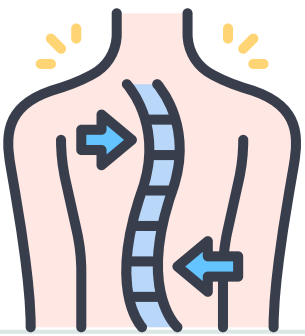
Reportable Surveys

Scoliosis Screening Report

Purpose
Ensures that students are screened for scoliosis, particularly in middle school years, to identify spinal abnormalities early.

Details
Reports include the number of students screened and the number referred for further evaluation.

Timing
Often conducted and reported annually.



All of this information can be pulled from your screenings folder.

Reportable Surveys

Nursing Considerations

Accuracy and Timeliness

It's essential to ensure that all data is accurate and submitted within the required timeframe.

Confidentiality

While data is typically reported in aggregate, any individual student information must be handled in compliance with FERPA and HIPAA regulations.

Collaboration

Coordination with other school staff, such as physical education teachers, administrative staff, and local health departments, is often necessary to gather and report the required data effectively.

ORDERING SUPPLIES

Ordering Supplies Process

The process of ordering supplies as a school nurse is essential for maintaining a well-stocked and functional health office, ensuring that you are prepared to handle a wide range of medical situations that may arise during the school day.

Inventory Assessment

Begin by regularly assessing your current inventory. Take note of what supplies are running low, what items have expired, and any new needs that may have arisen based on student health trends or seasonal concerns.

Maintain an organized and up-to-date inventory list, which will make it easier to track supplies and identify when reordering is necessary.

Budget Review

Understand your allocated budget for health office supplies. This budget is often set by the school district or administration.

Prioritize essential items to ensure you stay within budget, but also plan for unexpected needs or emergencies.

ORDERING SUPPLIES

Ordering Supplies Process

Vendor Selection

Most school districts have approved vendors for purchasing supplies, like “School Health”. Make sure you are familiar with these vendors and understand the ordering process for each.

If your district allows, you might be able to request quotes from multiple vendors to ensure you are getting the best price for the necessary supplies.

Placing Orders

Use the preferred method for ordering, which could be through an online portal, email, or paper forms, depending on your district’s process.

Include specific details like item numbers, quantities, and any special delivery instructions to ensure accuracy.

If possible, place orders in bulk to minimize frequent ordering and ensure you have an adequate stock of essential items.

ORDERING SUPPLIES

Ordering Supplies Process

Receiving and Stocking Supplies

Upon receiving your order, verify that all items are correct and in good condition. Check expiration dates, especially for medications and sterile supplies.

Organize and stock the supplies in your health office, ensuring that frequently used items are easily accessible and emergency supplies are in designated, clearly marked locations.

Record Keeping

Keep detailed records of all orders, including order forms, receipts, and any communication with vendors. This documentation is important for tracking expenses, budgeting, and reordering in the future.

Maintain a log of supplies used, particularly controlled substances or prescription medications, to monitor usage and detect any discrepancies.

ORDERING SUPPLIES

Ordering Supplies Process

Necessary Supplies for a School Health Office

A well-stocked school health office should have a variety of supplies to handle daily health needs, emergencies, and specialized care. Below is a list of essential items:

First Aid Supplies

Bandages (various sizes), adhesive tape, gauze pads in various sizes, and gauze wrap, non-stick dressing,
Antiseptic wipes, hydrogen peroxide, and antibiotic ointment (if state rules allow)
Cold packs and heat packs
Tweezers, scissors, and safety pins
gloves and face masks
Eye wash solution and eye pads
Cotton-tipped applicators

Emergency Equipment

Automated External Defibrillator (AED) with pediatric and adult pads
Stock EpiPens or other emergency anaphylaxis kits (usually ordered specially through a district-approved company)
CPR masks or bag valve masks
Blood pressure monitors, stethoscope, pulse oximeter
Thermometers (digital, forehead, or ear) and probes (if applicable)
Pen lights.

ORDERING SUPPLIES

Ordering Supplies Process

Necessary Supplies for a School Health Office

Hygiene and Infection Control

Hand sanitizer and disinfectant wipes/spray
Soap and paper towels
Exam paper for beds
Disposable gowns, masks, and face shields
Sharps containers for safe disposal of needles
Biohazard bags for contaminated waste

Documentation and Office Supplies

Health records and emergency contact forms
Incident report forms and injury logs
Telephone, computer, and printer access
Storage cabinets for confidential records
Comfortable seating for students and staff
Office supply stationary (pens, post-its, writing pads, stapler, stapler remover, highlighters, etc.)
Shredder

ORDERING SUPPLIES

Ordering Supplies Process

Necessary Supplies for a School Health Office

Miscellaneous Supplies

Snacks and juice for students with low blood sugar
Drinking cups and water supply
Blankets and pillows for resting students
Educational materials on health topics
Vaseline
Emesis bags
Ziplock bags
Batteries
Flashlight
Tissues
Emergency bag (if one is not present),
Medication cups, medication syringes
Tongue depressors
Pill counter
Tampons and pads
Snacks for students (ensure they are non-allergenic snacks that are processed in a nut-free facility like specific brands of pretzels or goldfish).

ORDERING SUPPLIES

Ordering Supplies Process

Necessary Supplies for a School Health Office

Certain supplies, such as printers, ink, and paper, may be ordered through the main office. It is advisable to consult with the building principal to clarify the parameters for ordering and to understand which items fall under your specific budget versus those that can be ordered through other channels.

It is beneficial to retain a copy of your previous year's order as a reference to streamline the ordering process for subsequent years. Throughout the year, keep a record of any adjustments that might be necessary. For example, you may find that you needed an additional case of ice packs or fewer cases of bandages. Additionally, note any items that could have enhanced your office's efficiency or effectiveness that you might want to add to your order for the upcoming school year.

By maintaining a detailed record of your supply needs and usage throughout the year, you will find the reordering process much easier and more accurate when the time comes to prepare for the next school year.

SECTION 9

EMERGENCY PLANNING

EMERGENCY PLANNING

Evacuation

Emergency Planning for School Nurses

Emergency planning is a critical component of a school nurse's responsibilities, ensuring the safety and well-being of students and staff in various emergency situations.

Emergency planning should be thoroughly reviewed, with written instructions provided at the district's annual meetings, which all employees are required to attend. These detailed instructions will ensure that you are well-informed about emergency procedures and protocols.

Evacuation

Purpose: To safely relocate students and staff from the school building in the event of an emergency, such as a fire or natural disaster.

Responsibilities

Preparation: Familiarize yourself with the school's evacuation routes and procedures. Ensure you have access to maps and understand the designated assembly points.

Coordination: Work with school administration to develop and practice evacuation plans. Ensure that students with medical needs or disabilities have specific evacuation plans.

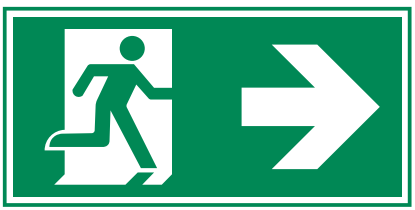
Execution: During an evacuation, assist in guiding students to the designated assembly area. Ensure that all students are accounted for and follow up with the main office to report any missing individuals.

EMERGENCY PLANNING

Evacuation

During both an actual evacuation and evacuation drills, it is essential to bring an emergency bag containing crucial supplies. This bag should include bandages, gauze, tape, scissors, vital sign monitoring equipment, ice packs, juice, water, a CPR kit/mask, and any medications and equipment stored in the health office for your students, including diabetic supplies.

To facilitate this process, some nurses opt to keep a designated suitcase in the health office, enabling them to quickly gather and transport all necessary items in the event of an emergency evacuation.



EMERGENCY PLANNING

Lock Down

Purpose

To protect students and staff from external threats, such as an intruder or active shooter situation.

Responsibilities

Preparation

Understand the lockdown procedures, including how to secure doors and windows. Be familiar with the school's communication system for lockdown alerts.

Coordination

Ensure that students are aware of lockdown procedures. Practice lockdown drills regularly to familiarize everyone with the process.

Execution

During a lockdown, move students to a secure area, lock doors, and maintain silence. Follow instructions from the administration or law enforcement, and remain calm to ensure student safety.

EMERGENCY PLANNING

Lock Out

Purpose

To secure the building from external threats while maintaining normal operations inside.

Responsibilities

Preparation

Know the procedures for securing doors and monitoring external access points. Be familiar with the lockout alert system.

Coordination

Ensure that students understand that the school day continues as normal but that exterior doors are locked and monitored.

Execution

During a lockout, ensure that all exterior doors are secured and that students are kept inside. Continue normal activities within the school while remaining vigilant for any changes in the situation.

EMERGENCY PLANNING

Fire Drills

Purpose

To prepare students and staff for a safe and orderly evacuation in the event of a fire.

Responsibilities

Preparation

Review fire drill procedures and routes with students and staff. Ensure that all fire alarms and emergency exits are functional and clearly marked.

Coordination

Participate in regular fire drills and assist in evaluating the effectiveness of the evacuation procedures.

Execution

During a fire drill, lead or assist in the orderly evacuation of students and staff. Ensure that everyone follows the established routes and that students are accounted for at the assembly point.

EMERGENCY PLANNING

Office Safety According to Fire Marshal Standards

Purpose

To ensure that the school health office meets safety standards and is prepared for emergencies.

Responsibilities

Preparation

Regularly review and comply with safety regulations set forth by the fire marshal. This includes maintaining clear access to emergency exits, proper storage of hazardous materials, and ensuring fire extinguishers are accessible and operational.

Coordination

Conduct regular safety checks and drills in accordance with fire marshal guidelines. Address any safety concerns promptly.

Execution

During emergencies, adhere to fire marshal standards and procedures. Ensure that the health office is equipped with the necessary safety equipment and that all staff are trained in emergency procedures.

The fire marshal may come to the school to assess safety standards of the building as well as staff compliance.

SECTION 10

OTHER SCHOOL NURSE DUTIES

OTHER DUTIES

School Insurance

School insurance typically covers injuries that occur on school grounds or during school-sponsored events. Eligibility for school insurance may extend to staff members, students, and visitors under certain conditions.

Staff Members

If a staff member is injured while performing their job duties or during school-sponsored activities, they may be eligible for workers' compensation or the school's insurance policy.

This could include injuries in classrooms, hallways, during extracurricular activities, or field trips.

Injuries must be reported promptly, and appropriate incident report forms and worker's compensation forms must be completed for insurance claims within the specified time period.

Students

Students may be eligible for school insurance if they are injured during school hours, on school grounds, or at school-sponsored events such as sports, field trips, or extracurricular activities.

A detailed accident report as well as school insurance form should be completed by staff, and any medical attention received should be documented to initiate a claim.

Your district should specific forms for incident reports and insurance forms

OTHER DUTIES

School Insurance

Visitors

If a visitor is injured while on school property or attending a school-sponsored event, they may also be eligible for school insurance.

The incident should be reported immediately, and documentation must be filed.

Each district may have specific guidelines or thresholds for submitting insurance claims, so it's important to consult district policy and communicate with the school administration and insurance provider to ensure compliance and proper documentation.

You will need to utilize the insurance claim form and/or incident report form as outlined by your district's specific procedures.

It is advisable to maintain a copy of all incident reports in a dedicated folder, organizing them separately for students, staff, and visitors to ensure thorough documentation and easy reference.

OTHER DUTIES

Suspected Abuse and CPS

As we know, nurses are mandated reporters so we are required by law to report any suspicion of abuse or neglect. These calls are typically made when there are concerns about a child's safety or well-being that fall under the criteria for child abuse or neglect. Below are some common scenarios that might warrant a CPS report:

Physical Abuse

Signs of Injury: Unexplained bruises, burns, fractures, or other injuries, particularly if they are inconsistent with the child's account of how they occurred.

Pattern of Injuries: Repeated injuries or injuries in various stages of healing, suggesting ongoing abuse.

Emotional Abuse

Behavioral Signs: Extreme behavior such as withdrawal, depression, aggression, or fearfulness.

Verbal Reports: The child discloses emotional or verbal abuse, including threats, humiliation, or persistent belittling.

OTHER DUTIES

Suspected Abuse and CPS

Neglect

Hygiene and Health: Chronic lack of personal hygiene, inadequate clothing for weather conditions, or persistent health problems that are not addressed.

Safety Concerns: Unsafe living conditions, such as hazardous environments, lack of adequate food or supervision, or abandonment.

Sexual Abuse

Physical Signs: Unexplained injuries to the genital area or sexually transmitted infections.

Behavioral Changes: Inappropriate sexual behavior or knowledge for the child's age, or reports of sexual abuse by the child.

Substance Abuse

Evidence of Drug Use: Signs of drug or alcohol use by parents or caregivers that may endanger the child's safety and well-being.

Absenteeism and Truancy

Chronic Absences: Frequent unexplained absences or a pattern of truancy that might indicate neglect or abuse at home.

OTHER DUTIES

Suspected Abuse and CPS

Procedure for Reporting to CPS

Document Concerns

Record all observations and statements made by the child or others related to the concern.

Consult with Administration

Discuss the situation with school administrators or the designated child protection coordinator, if applicable.

Make the Call

Contact CPS or the appropriate child protection agency to report your concerns. Provide detailed information and any supporting documentation.

Follow Up

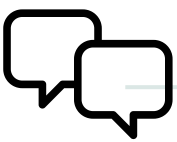
Ensure that you follow any additional district protocols for handling such reports and maintain confidentiality.

You may run into an encounter where you may get swayed to not make a phone call. If, in your professional judgement, you feel a phone call needs to be made, you have the right as a mandated reported to call, regardless of what other staff members may want.

OTHER DUTIES

Language Barrier

Language barriers can significantly impact school nurses in their ability to provide proper care, communicate important health information, and ensure the safety and well-being of students. When a student or their family is not fluent in the primary language spoken at the school, there can be misunderstandings about symptoms, health conditions, medications, and treatment plans. This can lead to delayed care, incorrect treatment, or failure to comply with medical instructions.



Strategies for Nurses in Overcoming Language Barriers

Use of Professional Interpreters

Whenever possible, nurses should use trained medical interpreters, either in person or via phone/video services, to ensure accurate communication. This is particularly important for discussing complex medical issues or obtaining consent for treatments. If your district has a high population of individuals who are not fluent in English, your district may have a contract with a professional interpreter company so check with your district.

Written Materials in Multiple Languages

Providing health-related documents, such as consent forms, medication instructions, and school policies, in the student's or parent's native language helps ensure they understand the information. Many school districts may have access to translated documents.

OTHER DUTIES

Language Barrier

Technology Tools

Use translation apps and services as a temporary solution in non-emergency situations. While not perfect, these tools can help bridge basic communication gaps, especially for common health issues or instructions.

Cultural Sensitivity

Nurses should be aware of cultural differences that might affect how health information is communicated and understood. This includes understanding any cultural practices related to health and wellness that may influence the family's decision-making.

Collaboration with Bilingual Staff

If the school has bilingual staff members, nurses should collaborate with them for assistance in translating important health information. School counselors, teachers, or administrative staff may be able to help with communication.

Family and Community Involvement

In some cases, nurses can involve family members who are more proficient in English or connect with community resources that can offer assistance in overcoming language barriers.

OTHER DUTIES

Drug Use in High School/Middle School

As a school nurse, recognizing and addressing potential drug use among students is a critical responsibility. Early detection can help protect students' health and well-being. Here are key considerations and steps to take:

Recognize the Signs

Physical Signs: Sudden changes in appearance, such as bloodshot eyes, poor hygiene, or extreme weight loss/gain.

Behavioral Changes: Erratic or withdrawn behavior, mood swings, poor academic performance, or excessive tiredness.

Health Symptoms: Complaints of nausea, headaches, or unexplained injuries.

Assess the Situation

If a student exhibits signs of possible drug use, conduct a confidential assessment, while remaining non-judgmental and supportive. Ask open-ended questions, but do not pressure the student to disclose information.

If the student shares information regarding drug use, remain calm, express concern for their well-being, and avoid reprimanding or lecturing.

OTHER DUTIES

Drug Use in High School/Middle School

Follow School Protocol

Review and follow your school's specific protocols for handling suspected drug use. This may include notifying the principal, school counselor, or social worker.

Document any physical or behavioral signs and the student's responses, maintaining confidentiality according to school policy and state laws.

Refer to Appropriate Resources

Depending on the situation, refer the student to a counselor or other mental health professional within the school.

If immediate safety concerns arise (e.g., overdose or acute intoxication), follow emergency protocols and notify emergency services (911).

Engage Parents/Guardians

Depending on the school's policy and the severity of the situation, parents or guardians should be informed. However, this should be done with the guidance of the school administration and in a manner that encourages collaboration and support rather than punitive measures.

OTHER DUTIES

Drug Use in High School/Middle School

Educate and Prevent

Promote drug education and prevention programs. Collaborate with health educators to provide information on the dangers of drug use, healthy coping mechanisms, and available support resources.

Create a supportive environment where students feel comfortable seeking help without fear of judgment.

Mandated Reporting

If you suspect that a student's drug use is a result of abuse, neglect, or is placing the child at serious risk, you may be required to report the case to Child Protective Services (CPS) as part of your role as a mandated reporter.

By following these steps, school nurses can help ensure that students who may be using drugs receive the appropriate care and support they need to overcome challenges and maintain a healthy and safe school experience.

OTHER DUTIES

Pregnancy

When handling pregnancy in a school setting, the school nurse plays a critical role in supporting the student's health and well-being while ensuring appropriate care is in place. Here are some key steps and considerations:

Confidentiality and Sensitivity

Pregnancy is a sensitive subject, and the student and family's privacy should be respected. The nurse must maintain confidentiality while ensuring the student/family feels supported. Only those staff members who need to know should be informed, based on school policies and legal requirements.

Health Assessment

Conduct a thorough assessment to ensure the student is healthy and that the pregnancy is progressing normally. Refer the student/family to prenatal care if they have not already begun seeing a healthcare provider. Monitor their health throughout the pregnancy to address any emerging medical needs, such as fatigue, nutritional concerns, or other pregnancy-related issues.

OTHER DUTIES

Pregnancy

Collaboration with School Personnel

Work with the guidance counselor, teachers, and administration to make any necessary adjustments to the student's schedule, physical education participation, or other academic accommodations. Pregnant students may need modified activities, especially during physical education classes, and may require a temporary exemption from certain strenuous activities.

Emotional Support

Pregnancy can be emotionally challenging for young students, especially in a school setting. The nurse should provide emotional support and, if necessary, connect the student with mental health services, counseling, or social work support.

Education and Resources

Ensure the student has access to educational resources related to pregnancy, including information on prenatal care, nutrition, exercise, and the importance of regular medical checkups. The school nurse can also provide information on local community resources, such as parenting classes, support groups, or child care options.

OTHER DUTIES

Pregnancy

Attendance and Academic Adjustments

Pregnant students may need time off for medical appointments or childbirth. Work with school staff to arrange for the student to keep up with her studies, such as through homebound instruction, if needed.

Monitoring After Delivery

Postpartum care is also important. The nurse should maintain communication with the student after delivery to monitor her recovery and help her transition back to school. Adjustments may be needed to accommodate any ongoing medical or childcare needs.

Legal and Policy Considerations

It's essential for the nurse to be aware of state laws and district policies concerning pregnant students, including Title IX, which protects against discrimination based on pregnancy and related conditions. Ensure the student's rights are respected in terms of continued education, access to necessary services, and participation in school activities.

By taking a holistic approach that addresses the student's medical, emotional, and academic needs, the school nurse can play a vital role in supporting pregnant students through a challenging time while helping them succeed academically and stay healthy.

OTHER DUTIES

Bullying

Bullying in schools is a significant issue that can affect a student's physical, emotional, and mental well-being. The school nurse plays a crucial role in addressing and mitigating the effects of bullying, providing support to students who are being bullied, and collaborating with school staff to foster a safe, inclusive environment.

School Nurse's Role in Bullying Prevention and Response

Identification of Bullying-Related Health Issues
Students who are bullied may come to the health office with physical complaints that may or may not be related to the bullying. These can include headaches, stomachaches, fatigue, or injuries sustained from physical bullying. However, these symptoms can also be signs of emotional distress.

The nurse must be aware of these non-specific complaints and consider bullying as a possible underlying cause, especially if a student frequently visits the health office with unexplained or recurring issues.

OTHER DUTIES

Bullying

Emotional and Psychological Support

A school nurse is often viewed as a trusted adult by students. If a student confides in the nurse about being bullied, the nurse should provide a compassionate and supportive environment.

The nurse may need to screen for signs of anxiety, depression, or other mental health concerns that could arise from bullying. Providing a listening ear and validating the student's feelings is an essential part of the nurse's role.

If necessary, the nurse should refer the student to appropriate counseling services or alert the school counselor, social worker, or psychologist for further evaluation.

Collaboration with School Personnel

The school nurse should work closely with teachers, administrators, and other staff to ensure the student's concerns are taken seriously. This could involve reporting bullying incidents to appropriate authorities within the school system and participating in intervention or prevention efforts.

OTHER DUTIES

Bullying

Nurses can be part of the school's multidisciplinary team, contributing to individualized action plans for students affected by bullying, such as adjusting schedules, monitoring social interactions, or providing alternative spaces for students to feel safe.

Health Education and Bullying Awareness

School nurses can play an educational role by participating in or leading efforts to raise awareness about bullying. This can be done through health education programs, school-wide campaigns, or in-class presentations that emphasize the effects of bullying on physical and mental health.

The nurse can also educate students about the importance of reporting bullying, knowing where to seek help, and the health risks associated with prolonged bullying exposure.

Documentation and Monitoring

It's important for the nurse to document any physical injuries or psychosomatic complaints that may be associated with bullying. This documentation can be valuable in identifying patterns of behavior and can support a student's case if further action is needed.

The nurse should also monitor students who are at risk of bullying, such as those with chronic illnesses, disabilities, or students who may be socially isolated.

OTHER DUTIES

Bullying

Support for Bullying Prevention Programs

School nurses can collaborate with administrators and counselors to support or even lead bullying prevention programs. This could include initiatives such as peer mentoring programs, anti-bullying pledges, or campaigns focused on kindness and inclusion. Nurses can help develop health-related content for these programs, emphasizing the impact bullying can have on mental health, physical well-being, and academic performance.

Addressing Cyberbullying

With the rise of social media, cyberbullying has become a major issue in schools. The nurse must be aware of the signs of cyberbullying, such as sudden changes in behavior, increased anxiety, or signs of self-harm.

While cyberbullying might not result in physical injuries, its emotional toll can be just as damaging. The school nurse can play a key role in helping students affected by cyberbullying and ensuring they receive the appropriate support.

OTHER DUTIES

Anorexia/Bullemia

Bulimia nervosa and anorexia nervosa are both serious eating disorders that can have significant health consequences for students. As a school nurse, your role in identifying, supporting, and providing care for students with these conditions is critical. Addressing both disorders in the school setting requires a sensitive, multifaceted approach.

Recognizing the Signs of Bulimia

Bulimia often presents differently from anorexia, though both disorders may overlap. Students may appear to be of normal weight or slightly overweight, making it harder to detect. It is important to be aware of behavioral and physical symptoms:

Physical Signs

Noticeable fluctuations in weight.
Calluses or scars on the hands or knuckles (from inducing vomiting).
Dental erosion, tooth decay, or sore throat due to frequent vomiting.
Swollen cheeks or jawline, caused by swollen salivary glands.
Fatigue or weakness.

OTHER DUTIES

Anorexia/Bullemia

Behavioral Signs

Going to the bathroom immediately after meals (to purge).

Evidence of binge eating, such as large quantities of food disappearing or wrappers being found hidden.

Excessive concern with body shape and weight.

Secretive behavior around eating.

Use of laxatives, diuretics, or other medications to "control" weight.

Emotional Signs

Feelings of guilt, shame, or distress after eating.

Anxiety or depression.

Mood swings and difficulty concentrating.

Low self-esteem and body dissatisfaction.

OTHER DUTIES

Anorexia/Bullemia

Steps to Take as a School Nurse for Bulimia and Anorexia

Assessment

If you suspect a student is struggling with bulimia or anorexia, have a confidential conversation with them. Approach the student with compassion, avoiding judgment or focusing solely on their weight.

Ask questions about how they are feeling physically and emotionally, and listen for signs of distress related to eating, body image, and health.

Look for physical evidence of either disorder, such as weight fluctuations, signs of purging, or signs of malnutrition.

OTHER DUTIES

Anorexia/Bullemia

Engage Parents or Guardians

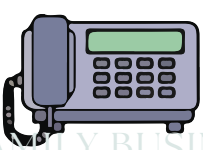
Once you've gathered enough information and feel concerned, contact the student's parents or guardians to discuss the situation. It is crucial to approach this conversation with sensitivity and emphasize the health and well-being of the student, not just their eating behaviors.

Encourage parents to seek professional help for their child, such as medical evaluation, therapy, or an eating disorder specialist.

Referral to Mental Health Services

Both bulimia and anorexia are often tied to underlying emotional or psychological issues, such as anxiety, depression, or trauma. Collaboration with school counselors or psychologists is vital in supporting the student's mental health needs.

Provide parents and students with resources for external support, such as eating disorder treatment programs or mental health professionals.



OTHER DUTIES

Anorexia/Bullemia

Support at School

Create a supportive and non-judgmental environment for the student. Avoid drawing attention to their eating habits in front of their peers.

Work with teachers to manage academic stress or other contributing factors, as high stress levels can worsen eating disorder behaviors.

Monitor the student's physical health discreetly, documenting any changes in behavior, physical condition, or academic performance.

Handling Emergencies

Bulimia, in particular, can lead to dangerous electrolyte imbalances due to vomiting or the misuse of laxatives, which can cause heart issues.

If a student is showing signs of severe dehydration, fainting, or arrhythmias, immediate medical attention is required.
In cases of severe malnutrition from anorexia, similar emergency protocols apply.

OTHER DUTIES

Anorexia/Bullemia

Long-Term Role of the School Nurse

Monitoring

Regularly monitor the student's health status, noting any changes in physical appearance, behavior, or emotional state. Maintain regular communication with the student, their parents, and healthcare providers.

For students involved in physical activities like sports, ensure they are medically cleared to participate. Eating disorders can lead to weakened bones, muscle loss, and increased risk of injury, so physical activity may need to be restricted based on medical advice.

Prevention and Education

Engage in educational efforts to promote body positivity, healthy eating habits, and self-esteem among the student population.

Work with the school administration to implement programs that address the mental health aspects of eating disorders, emphasizing stress management and emotional well-being.

OTHER DUTIES

Anorexia/Bullemia

Coordination with Health Providers

Anorexia and bulimia both require long-term treatment that often includes medical, psychological, and nutritional components.

Keep lines of communication open with external healthcare providers to ensure continuity of care for the student. You may need parental permission via a signed release form prior to interacting with any of the student's physicians. Ensure to obtain any necessary district-specific forms for this first.

Be prepared to share health data, observations, and any relevant school-based information with the care team to support the student's recovery.

Handling Recurrence and Ongoing Support

Eating disorders like bulimia and anorexia can be chronic conditions with periods of relapse. Continued vigilance, support, and open communication with students, families, and healthcare professionals are key in managing these disorders in a school setting.

Relapse Management

Should signs of relapse appear (e.g., renewed weight loss, binge-purge cycles), act swiftly to reassess the situation, alert the parents, and re-engage the appropriate healthcare providers.

OTHER DUTIES

Homeless Students

Identifying Homelessness
Homelessness may not always be immediately visible, and students may not disclose their living situation.

Be mindful of these signs:

Frequent Absences
Students may miss school regularly due to unstable housing or lack of transportation.

Inconsistent Hygiene
Students may come to school with poor hygiene or appear unkempt due to lack of access to showers or laundry facilities.

Hunger
Chronic hunger or reliance on school-provided meals may be a red flag for homelessness.

Fatigue
Students may appear unusually tired or fall asleep during class, potentially from sleeping in uncomfortable or unsafe environments.

Emotional Distress
Homelessness can cause stress, anxiety, or depression, leading to emotional and behavioral changes.

OTHER DUTIES

Homeless Students

Health and Safety Concerns

Homeless students are often at higher risk for various health issues:

Chronic Illnesses: Homelessness can exacerbate chronic health conditions, such as asthma or diabetes, due to lack of consistent care.

Mental Health: The trauma associated with homelessness can lead to anxiety, depression, or other mental health issues.

Exposure to Illness: Homelessness can increase the likelihood of exposure to communicable diseases due to crowded living conditions.

Inconsistent Medical Care: Homeless families may struggle to access healthcare, leading to gaps in immunizations, medication, and routine care.

Collaboration with School Staff

School nurses should work closely with teachers, counselors, social workers, and administrators to ensure homeless students receive necessary support. Many schools have a McKinney-Vento liaison to help students experiencing homelessness access educational and health services.

OTHER DUTIES

Homeless Students

Providing Resources and Support

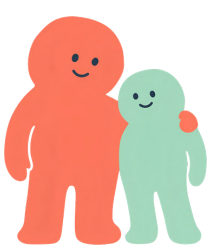
Health Screenings
Ensure that homeless students receive regular screenings for vision, hearing, and other medical concerns.

Immunizations
Help students maintain up-to-date immunizations. Homeless students may lack medical records, so coordinate with local health departments to assist with access to care.

Hygiene Supplies
Keep basic hygiene supplies on hand (e.g., toothbrushes, soap, deodorant) and distribute discreetly as needed.

Access to Healthcare
Assist families with connecting to local healthcare resources, including clinics, dental care, and mental health services.

Nutrition
Ensure that students have access to school meal programs, including breakfast and lunch, and assist in identifying any nutritional deficiencies.



OTHER DUTIES

Homeless Students

Confidentiality and Sensitivity

Respect Privacy
Maintain the student's confidentiality while ensuring they receive the care they need.

Non-Judgmental Attitude
Approach the student with empathy, understanding the challenges they face.

Empower Students
Encourage students to seek help and ensure they feel safe at school.

Connection to Broader Support Systems

Nurses can help connect homeless students and their families with community resources such as:

Shelters or temporary housing assistance programs.

Healthcare Services that provide low-cost or free care for homeless families.

Mental Health Services for counseling and emotional support.

OTHER DUTIES

Homeless Students

Legal Rights and School Attendance

Under the McKinney-Vento Homeless Assistance Act, homeless students have the right to:

Enroll in school immediately, even without proof of residency, immunizations, or school records.

Stay in the same school despite moving to different housing locations to minimize educational disruption.

Receive transportation assistance if needed to attend school (National Center for Homeless Education).

Role of the School Nurse

Advocacy: Advocate for the student's physical and emotional well-being.
Liaison: Serve as a link between the student, family, school personnel, and community services.
Monitor Health: Regularly monitor for any physical or emotional health concerns, ensuring timely referrals.
Education: Educate staff on recognizing signs of homelessness and how to provide appropriate support.

OTHER DUTIES

Kindergarten Registration

As a primary level school nurse, you will be involved in the kindergarten registration process. Your district will notify you ahead of time of what month registration will take place. Typically sometime in January or February. Here's a detailed overview of the responsibilities and steps involved:

Parent Interviews

Scheduling Appointments: Coordinate a time for parents to meet with you during the registration period. This allows for individualized attention and fosters a supportive environment.

Information Gathering: During the interview, discuss the importance of immunizations and physical examinations. Emphasize that these requirements are vital for their child's health and for the safety of the entire school community.

Immunization Requirements

Explanation of Immunizations: Provide parents with a clear list of the required immunizations for kindergarten enrollment. This may include vaccines for measles, mumps, rubella (MMR), varicella (chickenpox), and diphtheria-tetanus-pertussis (DTaP), among others.

Documentation: Inform parents about the need to provide immunization records. Explain how these records can be obtained from their healthcare provider and the importance of keeping them updated.

OTHER DUTIES

Kindergarten Registration

Physical Examinations

Requirement Discussion: Explain that a physical examination is typically required for kindergarten entry. This exam should be completed by a licensed healthcare provider and may need to be submitted by a specific deadline.

Resources: Provide information on local clinics or resources where families can schedule their child's physical examination if they do not already have a provider.

Vision and Hearing Screenings

Screening Process: Inform parents that the school will conduct vision and hearing screenings shortly after registration. Explain the purpose of these screenings in identifying potential issues that could affect their child's learning.

Follow-Up: Discuss what will happen if a student fails a vision or hearing screening, including the importance of follow-up evaluations by a healthcare professional.

OTHER DUTIES

Kindergarten Registration

Necessary Medical Paperwork

Documentation Checklist
Provide parents with a checklist of required medical paperwork for registration. This should include:

-Immunization records
-Physical examination form
-Results from vision and hearing screenings

Clear Deadlines
Clearly communicate the deadlines for submitting this paperwork. Emphasize that meeting these deadlines is essential for ensuring their child's smooth transition into kindergarten.

Ongoing Communication

Open Door Policy
Encourage parents to reach out with any questions or concerns they may have regarding their child's health or the registration process.

Resources for Support
Offer additional resources, such as brochures or contact information for local health services, to support families in fulfilling registration requirements.

OTHER DUTIES

End of Year Duties and Clean Up

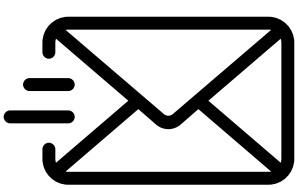
At the end of the school year, the school nurse's responsibilities extend beyond daily care, as this time also involves careful planning and organization to prepare for the upcoming year. The end-of-year cleanup is crucial for ensuring the health office is in order and ready for the next school year.

Sending Letters to Parents

Medication and Supply Pickup

Before the school year ends, parents must be notified to pick up their child's medications and any medical supplies left in the health office. This should be communicated via letter or email, specifying a deadline for retrieval.

Note: Include a statement informing parents that if medications or supplies are not picked up by the deadline, they will be disposed of according to district policies, usually by proper medication waste procedures.



OTHER DUTIES

End of Year Duties and Clean Up

Sending Letters to Parents Continued

Gym Exclusion Letters

For students who have been excluded from gym or sports activities during the year due to medical conditions, send letters reminding parents that their child will need a doctor's note clearing them for participation in physical activities for the fall. The letter should include instructions on submitting the clearance note before the start of the next school year to avoid delays in gym or sports participation.

Physicals for the Fall

Send reminders to parents of students who are required to submit a physical examination for the following school year. This is especially important for students entering kindergarten, middle school, and high school, or those participating in sports.

Include Immunization Requirements: Attach a list of required immunizations for the fall, including any updated vaccination policies. Be sure to inform parents that their child must meet these requirements before attending school in the new year.

OTHER DUTIES

End of Year Duties and Clean Up

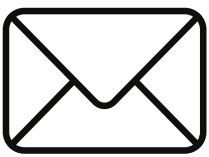
End of Year Communication Process

Mailing or Emailing Letters
Letters regarding medication pickup, gym exclusions, physicals, and immunizations can be sent home through various methods, such as:

Email
A fast and reliable way to reach parents, especially when using communication systems like ParentSquare or the district's email system.

Postal Mail
For parents who do not regularly check email, sending letters via traditional mail ensures that the information reaches them.

District Communication Platforms
Some districts use apps or online systems for parent communication, which can help send important reminders directly to parents' phones.



OTHER DUTIES

End of Year Duties and Clean Up

Medication Disposal

After the specified deadline for medication pickup, any remaining medications should be disposed of according to the district's medication disposal policy. This often involves working with a licensed pharmacy or medical waste disposal service to ensure safe and legal disposal.

Cleaning and Organizing the Health Office

Pack Up and Lock Away Items

All personal medical equipment, medication, and confidential student health records should be securely packed away and locked in cabinets or storage areas. This ensures that sensitive materials are protected while the custodial staff cleans the office.

Inventory Supplies

As you clean, take inventory of medical supplies and materials. Make note of any items that need to be replenished or ordered for the next school year. This will streamline the ordering process when preparing for the new school year.

Sanitize the Office

Wipe down surfaces, clean medical equipment, and ensure that all items are in their proper places. This helps prepare the office for deep cleaning by custodial staff and ensures that the health office is ready to reopen smoothly after the summer.

OTHER DUTIES

End of Year Duties and Clean Up

Custodial Staff Coordination

Office Access

Before leaving, coordinate with the custodial staff to provide access to the health office for a deep clean. Make sure that all cabinets, drawers, and counters are clear of clutter to allow for thorough cleaning.

Communication

Clearly label any areas or equipment that should not be disturbed during the cleaning process. It's helpful to inform the custodial team about any sensitive medical equipment or documents that must remain secure.

In addition to the general end-of-year cleanup and preparation, school nurses are responsible for transitioning student health records and reports as students move to the next level of their education, such as from elementary to middle school or from middle to high school. This ensures continuity of care and that the receiving nurse is fully informed about the health needs of each student.

OTHER DUTIES

End of Year Duties and Clean Up

Boxing Up and Packing Away Charts

Reviewing and Organizing Health Charts

Audit Health Records:

Before boxing up student charts, review each student's health record to ensure that all documentation is up-to-date. This includes immunization records, physical exams, medication orders, and any other relevant medical documentation.

Remove Inactive Files

Separate inactive or graduated student records to ensure that only active student charts are sent to the next school. Inactive or graduated records should be archived or stored according to district policy for record retention.

OTHER DUTIES

End of Year Duties and Clean Up

Boxing Up and Packing Away Charts Continued

Labeling and Boxing Charts

Organize by Grade

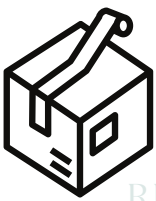
As students move from one school to another, it's helpful to organize charts by grade level, making it easier for the receiving nurse to process and integrate the records.

Label Boxes Clearly

Label each box with the grade level and contents (e.g., "4th Grade – 2023-2024 Health Records"). This ensures clarity and prevents confusion when the records are unpacked at the next school.

Include Confidentiality Measures

Ensure that all records are securely packed to protect student privacy. Boxes should be sealed and labeled as "Confidential."



OTHER DUTIES

End of Year Duties and Clean Up

Handover Report to the Receiving Nurse

Creating a Health Report

Prepare a Summary of Key Students

For students with ongoing or significant health needs (e.g., diabetes, asthma, allergies requiring an EpiPen, or other chronic conditions), prepare a detailed report for the receiving nurse.

This report should include:

Diagnosis and History

A brief overview of the student's medical history and condition.

Action Plans

Any individual health plans (IHPs) or emergency action plans in place for the student.

Medication Needs

Information on medications administered during the school year and any medication orders for the upcoming year.

Special Accommodations

Note any accommodations made for the student, such as classroom modifications or special transportation needs.

OTHER DUTIES

End of Year Duties and Clean Up

Meeting with the Receiving Nurse

Elementary to Middle School Nurse:
As the elementary school nurse, you will need to schedule a meeting with the middle school nurse to hand over the health records and discuss any significant medical issues for incoming students.

During this meeting:

Discuss High-Need Students
Focus on students with chronic illnesses, medical accommodations, or frequent medical visits to the nurse's office. Ensure the middle school nurse is aware of any action plans or continuing health concerns.

Provide a List of Key Contacts
Share important contact information for students' healthcare providers or specialists, if applicable.

OTHER DUTIES

End of Year Duties and Clean Up

Middle to High School Nurse

Similarly, as the middle school nurse, you will meet with the high school nurse to transfer records and review student needs.

This conversation should include:

Update on Athletic Physicals and Sports Participation

For students involved in athletics, ensure that all physicals and clearances are current and provide any relevant sports-related medical history.

Note Any Gym or Sports Restrictions

For students who were restricted from physical education or sports participation, inform the high school nurse about any ongoing restrictions or requirements for clearance.

OTHER DUTIES

End of Year Duties and Clean Up

Final Steps for End-of-Year Transition

Box Transfer

Arrange for the secure transfer of the packed health records to the appropriate receiving school. Coordinate with district administration or custodial staff to ensure the records are delivered safely and confidentially.

Closing Your Health Office

Once the records are packed and transferred, finish cleaning and organizing your health office. Lock away any remaining confidential materials and ensure that the space is ready for custodial staff to perform a deep clean over the summer.

By completing these steps, school nurses ensure a smooth transition for students as they move from one school to the next, while maintaining the continuity of care needed for their health and well-being.

CONCLUSION

As you embark on your journey as a school nurse, the information in this handbook is designed to provide you with a clear foundation of your role, responsibilities, and the best practices for maintaining a healthy school environment.

School nursing can be both challenging and rewarding, as you balance the medical needs of students with the unique dynamics of an educational setting. Your contribution is essential in ensuring students thrive both academically and physically.

I hope this handbook has addressed many of the questions you may have had and has offered insight into the day-to-day aspects of school nursing. Whether you're managing routine care, emergencies, or complex student health needs, remember that your role as a school nurse is invaluable. You are the first line of defense in promoting the health and wellness of the school community.

If there are any additional questions or clarifications needed, please don't hesitate to reach out. Thank you for your dedication and commitment to the health and safety of students. I wish you all the best as you continue to make a difference in the lives of the children
and families you serve.

Sincerely,
Kristen Reilly, RN

HELPFUL RESOURCES

Below are links to helpful resources that you may use for reference during your school nurse career:

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https://www.nasn.org/home

https://www.nasn.org/nasn-resources/podcasts

https://www.schoolhealth.com/

cdc.gov

https://diabetes.org/

your state's "school health website" for example:
https://www.schoolhealthny.com/

Your state's health department website. For example:
https://www.health.ny.gov/

In addition, you can always follow local social media pages/nursing forums for more specific information pertaining to your state.

Best of luck to you in your school nursing career!

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United States Department of Education. "Protecting Student Privacy; FERPA 34 CFR PART 99—FAMILY EDUCATIONAL RIGHTS AND PRIVACY." Studentprivacy.ed.gov, n.d, https://studentprivacy.ed.gov/ferpa

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