Little Rock School District
Health Services Department

Operations Manual FOR SCHOOL NURSES

2022

LRSD Health Services Department
Receipt of Goods Form

The undersigned acknowledges receipt of the goods which are described below:

LRSD Health Services Operations
Manual for School Nurses 2022

I understand that compliance is required for continued employment with the Little Rock School District.

Date Received: _____, 2022

_____
School

_____ _____
Signature of Nurse Printed Name of Nurse

******Please return this page to the Health Services Department******

LITTLE ROCK SCHOOL DISTRICT
HEALTH SERVICES

Operations Manual
FOR
SCHOOL NURSES

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This manual is written to guide nurses in supporting students' health to enhance the student's participation in education. Directives are provided for procedures as well as when students should be sent from school to receive care at home or a health care agency.

This Operations Manual does **NOT** take the place of orders written by a student's Primary **Care** Physician (PCP) or Nurse Practitioner. Each Health Room is stocked with a reference manual to use for the assessment and treatment of common pediatric symptoms: Clinical Guidelines for School Nurses, (2013), or more recent edition School Nurse Resource Manual, (2020). Nurses are to utilize Arkansas State Board of Nursing (ASBN) Access healthy.arkansas.gov/programs-services/topics/Arkansas-board-of-nursing and their professional association, the National Association of School Nurses (NASN) www.nasn.org for scope and standards of nursing practice. The NASN Position Statements address practice at the expected highest standard for school nurses. Nurses are expected to keep abreast of legislation that pertains to their practice. www.arkleg.state.ar.us

Nurses are encouraged to use the following websites for parent information specific to symptoms or disease: www.archildrens.org, www.healthyarkansas.com, www.healthychildren.org (AAP) or WebMD. Additional web-based resources are found in the Appendix and on the flash drive listed under Faculty Information Folder.

The term "physician" is referring to (PCP), primary care provider, nurse practitioner (APRN or RNP), or physician. HCP is used for health care professional/ provider when the prescriber may not be the PCP / Medical Home.

These procedures are written for interventions with students, but also apply to staff and visitors on the school campus.

It's very difficult to keep a printed manual up to date. Manual revisions will be sent electronically and added to nurses' flash drives.
It is the nurse's responsibility to utilize the most current version of this reference.

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IX. REFERENCES **Page 147**

I. EMERGENCY & RESOURCE NUMBERS

1. Animal Control, Pulaski County	210-7508
2. **Arkansas Department of Health** (state level)	661-2000
After Hours	661-2136
Immunization Questions	537-8969
Pulaski County Health Department	280-3100
Southwest Unit	565-9311
STD Clinic Camille.richoux@arkansas.gov	425-7174
3. **Arkansas Children's** –Main	364-1100
Asthma Clinic acasthma@childrens.org	
Diabetes Clinic diabetesnurse@archildrens.org	364-1430
General Pediatric Clinic Appointment Center 364-4000 nurse call	364-1202
Southwest Community Clinic	364-6560
4. Baptist Medical Center – Emergency	202-2300
5. Child Abuse Hotline	1-800-482-5964
Adult Abuse Hotline (18 years or older)	1-800-482-8049
6. DHS Children and Family Services	682-8008
7. Employee Assistance Program – New Directions (Available 24/7)	1-877-300-9103
8. Free Clinics:	
Harmony Health Clinic 201 E. Roosevelt Rd.	375-4400
Shepherd's Hope Neighborhood Health Center 2404 S. Tyler	614-9523
UAMS 12th Street Health & Wellness Clinic 4010 W. 12th St	614-2492
9. City of Little Rock (Dispatch for Fire & Police Departments)	374-1212
10. Little Rock Police Department	911

Little Rock Police Department (Non-Emergency)	371-4617
11. Medicaid Transport (AFMC) must have 24-hour notice	888-987-1200
12. Metropolitan Emergency Medical Services (MEMS)	911
13. Poison Control – (UAMS)	686-6161 or 1-800-222-1222
14. St. Vincent's Infirmary – Emergency	552-2680
15. Suicide Prevention	1-800-273-TALK
16. U.A.M.S. – Emergency	526-2000

17. LIHEAP (Low Income Home Energy Assistance Program; https://www.benefits.gov/benefit/1542). Resource when families need help with utilities.

18. Chicot School Based Health Clinic	501-447-7070
19. Stephens School-Based Health Clinic	501-447-4680
20. Wakefield Dental Clinic	501-447-6645

II. CLINICAL PROTOCOLS

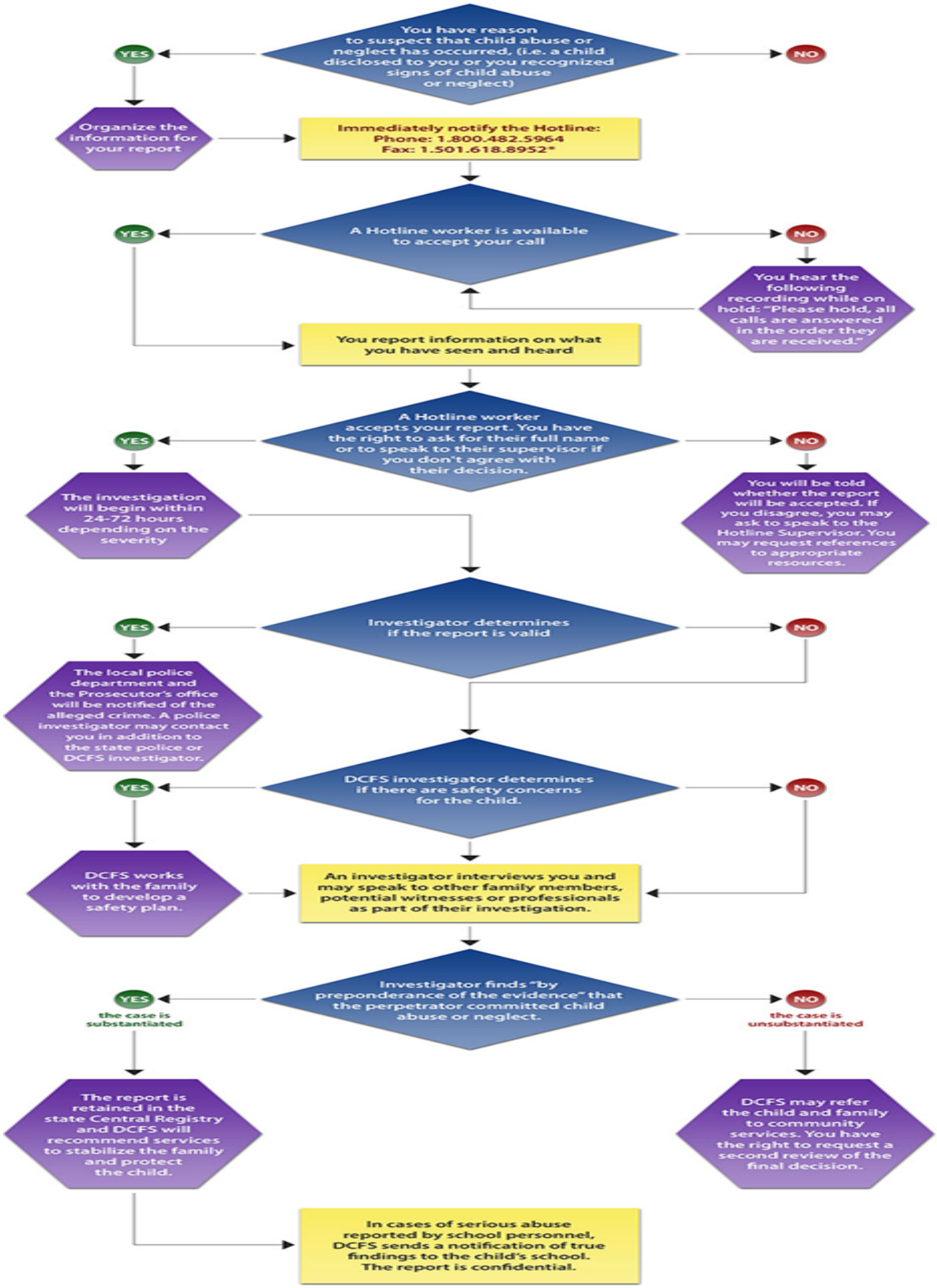
ABUSE / CHILD MALTREATMENT

Little Rock School District Employee Handbook (2013) and Arkansas Act 12-18-101 recognizes all school employees as mandated reporters**.** In compliance with A.C.A. 6-61-133 (2017), all school nurses will complete professional development related to their responsibilities as mandated reporters at: http://ar.mandatedreporter.org Certificates of completion are kept in the Health Services Office.

Child maltreatment includes abuse, sexual abuse, neglect, sexual exploitation or abandonment. School nurses should watch for physical, intellectual, emotional or psychological injury of a student.
Once a student has described a situation or event, they should not be asked to repeat it. Wait for DHS worker to interview**.** Your role is to report suspicions to the Child Abuse Hotline. It is not your role to investigate what a child told you.

The Health Services flash drive/ cloud have a body outline form to assist in documentation of physical findings. Never use a personal phone or any personal device for taking photos of students. Contact a DHS supervisor if a photo is needed to document injuries. A witness should be present when nurse examines student for physical maltreatment. The witness should also sign the body outline form. School employees do not need a principal's approval to report a concern of possible abuse. Willful failure to report child maltreatment is a Class C misdemeanor in civil court. You may also be sued in civil court.

If you feel the student is in immediate danger, call the police or SRO. Do not release the child to parents if you feel uncomfortable. Use SRO.



*Fax reports may only be made by a mandated reporter providing his or her contact information. Fax reports may only be made in non-emergency situations using the CACD Hotline Form.

Adrenal Insufficiency

Adrenal Crisis is a serious complication and is life-threatening. Call Emergency Medical Services.
If a student with adrenal insufficiency has any of the symptoms of adrenal crisis found on p. 15 in the *10th edition School Nurse Resource Manual*, you will need to act immediately and follow these steps:

1. Administer prescribed Solu-Cortef IM
2. Call Emergency Medical Services (EMS)
3. Provide appropriate first aid care.
4. Notify parent/guardian

AEDs

Automatic External Defibrillators (AED) Protocol

The Little Rock School District Early Defibrillation (ED) Program (2009) provides rapid response to victims of Sudden Cardiac Arrest (SCA) within LRSD. The Program Coordinator is the Coordinator of Health Services. The Medical Consultant is the district consulting Physician.

Each school has one or more **Cardiac Science G5;** one unit per 600 students. The defibrillator should be deployed to any medical emergency in the facility along with other emergency care equipment (1st Aid Backpacks, Red Suitcase).

The defibrillation pads located in the case allow the defibrillator to be used on sudden cardiac arrest victims of any age.

The device should be used on any victim who is:

- **Unresponsive**
- **Not breathing normally**
- **Unconscious**

Defibrillators are stored in a white, metal, alarmed cabinet and are marked overhead with a sign. In addition to the above stationary locations, defibrillators are maintained by the Athletic Department Office for use at events away from LRSD facilities.

Each defibrillator kit contains:

□ the **Cardiac Science G5** Defibrillator, with battery installed, and case

□ set of adult defibrillator pads

□ set of infant/child defibrillator pads (Only in Early Childhood Centers)

□ a pocket mask or other rescue breathing barrier device

- □ disposable gloves
- □ a razor
- □ a pair of scissors
- □ a small disposable towel
- □ CPR guidelines
- □ Copies of the Defibrillation Incident Report Form

The Role of the School Nurse in the Early Defibrillation Program
The **School Nurse or Principal designee** serves as the **Campus Site Coordinator** for LRSD.
The responsibilities of the Site Coordinator are to:

- Oversee the early defibrillation program for the school.
- Communicate with the Program Coordinator, Medical Director and EMS as necessary.
- Identify on site Emergency Response Team members.
- Provide or arrange responder initial training and retraining as necessary.
- Encourage staff members to annually review training material / video on website www.heartsine.com
- Maintain the defibrillator(s) and related response equipment.
- Provide copies of documentation of and follow-up for any device use to the Building Administrator, E.D. Program Coordinator and the District Director of Safety and Security / Risk Management.
- Complete the annual AED Defibrillator Report.
- Records maintained by the school nurse in each building will include:
  - Daily, monthly, and yearly check of the AED.
  - **CERT Roster** with members listed and their CPR/AED certification renewal dates and refresher dates.
  - **AED Event Summary** will be completed every time the AED is applied to a patient, even if no shock is delivered. A copy of the Summary will be sent to the Health Services office.

All forms are available on the Nurses Health Services flash drive.

Campus Emergency Response Team Members

Nurses, security guards, coaches and staff who are certified in CPR and defibrillation and have been approved by the Building Administrator and Site Coordinator will be members of the Emergency Response Team. Emergency Response Team member's responsibilities are:

- Campus Emergency Response Team Members are "on call" during the day to respond to building emergencies.
- Maintain basic life support skills, including the use of a defibrillator by completing training as required and approved by LRSD. These team members are encouraged to also complete a Basic First Aid Course.
- Implement the policy and protocol for responding to medical emergencies including SCA.

AED Maintenance and Records

The Cardiac Science G5 defibrillator requires little maintenance. The defibrillator performs daily tests to assure the device is ready for use, and is equipped with a status indicator (green light) that shows if the device is ready for use. All defibrillators shall be maintained in accordance with the Cardiac Science G5 Defibrillator Instructions for Use.

The Site Coordinator or his/her designee shall inspect each defibrillator according to the recommendations in the Defibrillator Instructions for Use, in order to assure that the device is ready for use and that all supplies are present. Any problem with the defibrillator or related emergency equipment shall be reported to the Health Services office immediately.

If a defibrillator must be removed from service, the Site Coordinator shall notify the LRSD Health Services, Principal and school Emergency Response Team Members. Notification of the same group shall occur when the device is returned to service.

Nurses are to do monthly AED checks using the AED Checklist form.
The **battery pack** has an expiration date and a usual/normal shelf life of 4 years. ($185.00 for the Cartridge with pad packets).
If the **storage cabinet** does not **alarm**, the 9-volt battery needs to be replaced.

Post-Event Activities
After any response to SCA with a defibrillator:

The Site Coordinator (Nurse or AP), Defibrillation Program Coordinator (Health Services Director) and Medical Director shall be notified within 24 hours of the event. (Dr. Ochoa at 364-3398)

- If the AED was used, take the defibrillator and the Defibrillation Incident Report to the Early Defibrillation Site Coordinator within 24 hours post-event. The Site Coordinator will send copies of the Defibrillation Incident Report to: the Building Administrator, the E.D. Program Coordinator, the Director of Safety and Security / Risk Management. The Program Coordinator will contact Arkansas to download data from the defibrillator to the PC running

Software Event Review data management software, then use Event Review to erase the defibrillator memory in order to ensure adequate capacity for recording data when next used.

- Check the defibrillator and replace any used supplies as soon as possible following the event so that the defibrillator may be returned to service. Perform the after-patient-use maintenance on the defibrillator.
- The Early Defibrillation Program Coordinator or Site Coordinator shall conduct employee incident debriefing, as needed.
- The Early Defibrillation Site Coordinator shall complete the Incident Follow-Up Report and forward it to the Defibrillation Program Coordinator and Medical Director.

Each time the defibrillator is used on a patient, the Site Coordinator:

- Inspects the exterior, pads connector port or pads cartridge well for dirt or contamination.
- Checks supplies, accessories, and spares for expiration dates and damage.
- Installs new pad-pak so device is ready to use.
- Checks status indicator light; should be flashing green.
- Turn on AED and verify that it is operating (audible prompts are heard). Then turn it off by punching the green button.

Legislation supporting the ED Program

- Arkansas Act 496 of 2009
- Arkansas Good Samaritan Law (17-95-101)
- Access by the public to defibrillators (20-13-1304)
- Automated external defibrillator use and tort immunity (20-13-1305)
- Act 1598 (AED Act for Schools, 2007)

ALLERGIC REACTION / ANAPHYLAXIS

Refer to 10th Edition School Nurse Resource Manual

- If a student is having a **severe allergic reaction (**hives/ urticaria, wheezing/stridor, vomiting, increasing trouble breathing, tightness in throat)
- OR a **severe asthma attack** (wheezing, severe trouble breathing),

Epinephrine may be given in an emergency situation by school personnel who have received training.

EPINEPHRINE

	Amount	
33-66 pound child	0.15 mg / 0.15 mL	EpiPen® Jr. Auto-Inject if available. If not, use 0.3 mg EpiPen
Over 66 pounds	0.3 mg / 0.3 mL	EpiPen® Auto-Inject

Nurse needs to care for patient having allergic reaction. Delegate another individual to call 911.

Inject it into the upper outer thigh muscle. (Subcutaneous is less effective). If using an EpiPen®, hold injector in place on thigh for 10 seconds. Response may take 5-8 minutes, stay with student. If student is wearing long pants, go through clothing.

Supine Position: If student feels weak, lie down with the feet elevated. (Reason: counteract shock).

If the student **improves** after receiving Epi medical evaluation is still indicated. The student is at risk of a rebound episode that could be more severe than the initial attack. The student **must** be evaluated by a physician before returning to school. Because a period of observation is indicated, the evaluation after Epi administration should be in the Emergency Department.

Follow up:

1. Complete the *Emergency Transfer of Care* report, the *Serious Incident* report and the *Report of Epinephrine Administration*.

2. Contact parent. A discharge note and current IHP are required for readmission to school

AMBULANCE (911) GUIDELINES

After determining that someone on campus is suffering a life-threatening emergency, you should call 911 and then start Emergency Procedures. **You MUST call an ambulance for a student, staff member or visitor who:**

- Is **unable to breathe, loses consciousness, and/or choking-**after trying back & abdominal thrusts
- Is having difficulty breathing and seems very distressed (the signs of breathing difficulty may be cyanosis (bluish coloration around mouth), severe wheezing or asthma attack, retractions (all the chest muscles are used to breath), and/or sternal notch is depressed or moving quickly (and rib bones are prominent.).
- Has no pulse, a very slow pulse, and loses consciousness (start CPR).
- Has severe pulsating bleeding uncontrolled with pressure (try to control bleeding with direct pressure over the wound).
- Has had a penetrating stab wound (control bleeding first, cover wound, do not remove an impaled objects).
- Has had a penetrating gunshot wound.
- Has suffered an accident and has a possible broken neck, back, pelvis, hip, or upper leg (do not attempt to move, let the Emergency Medical Technician stabilize the fracture.)
- Is in the final stages of labor with contractions every 5 minutes or delivery is imminent.

- Is unconscious and cannot be aroused for any reason (start CPR if there is no breathing or pulse.
- Has a seizure that lasts longer than 5 minutes (Nurses administer Diastat, Ativan (nasal), Clonazepam per MD order).
- Is involved in an automobile accident or is hit by a vehicle and has multiple injuries and/or altered or loss of consciousness.
- Has suffered a severe burn from a fire, chemicals, or electricity (remove all clothing from burn).
- Ingestion (if recommended by Poison Control).
- Injected with Epinephrine, accidentally or secondary to allergic reaction.

When calling (911) remember the following:
Give your name, school name and address
Name of student/victim
Brief description of problem
Location of pupil (classroom, playground, etc.)

- Injected with Glucagon for Hypoglycemia

Follow instructions given by the phone dispatcher.
Do not hang up until told to do so by the dispatcher.
Have someone waiting at building entrance to direct MEMS and Fire Department staff to the victim. In Little Rock, the fire department is often the first responder to a call from schools.
Have a copy of the *Pupil Information Form* (PIF) and *Health Information Form* (HIF) available for the MEMS staff.
Write down your observations and response using the *Emergency Transfer of Care* report, even when MEMS is called but does not transport. Fill out incident report even if no ambulance is called. *Also document the incident in LRSD CIS-cis.lrsd.org: CIS-Safety and Security-Incident Report. Complete: Incident Information, Type and Details-Submit.*

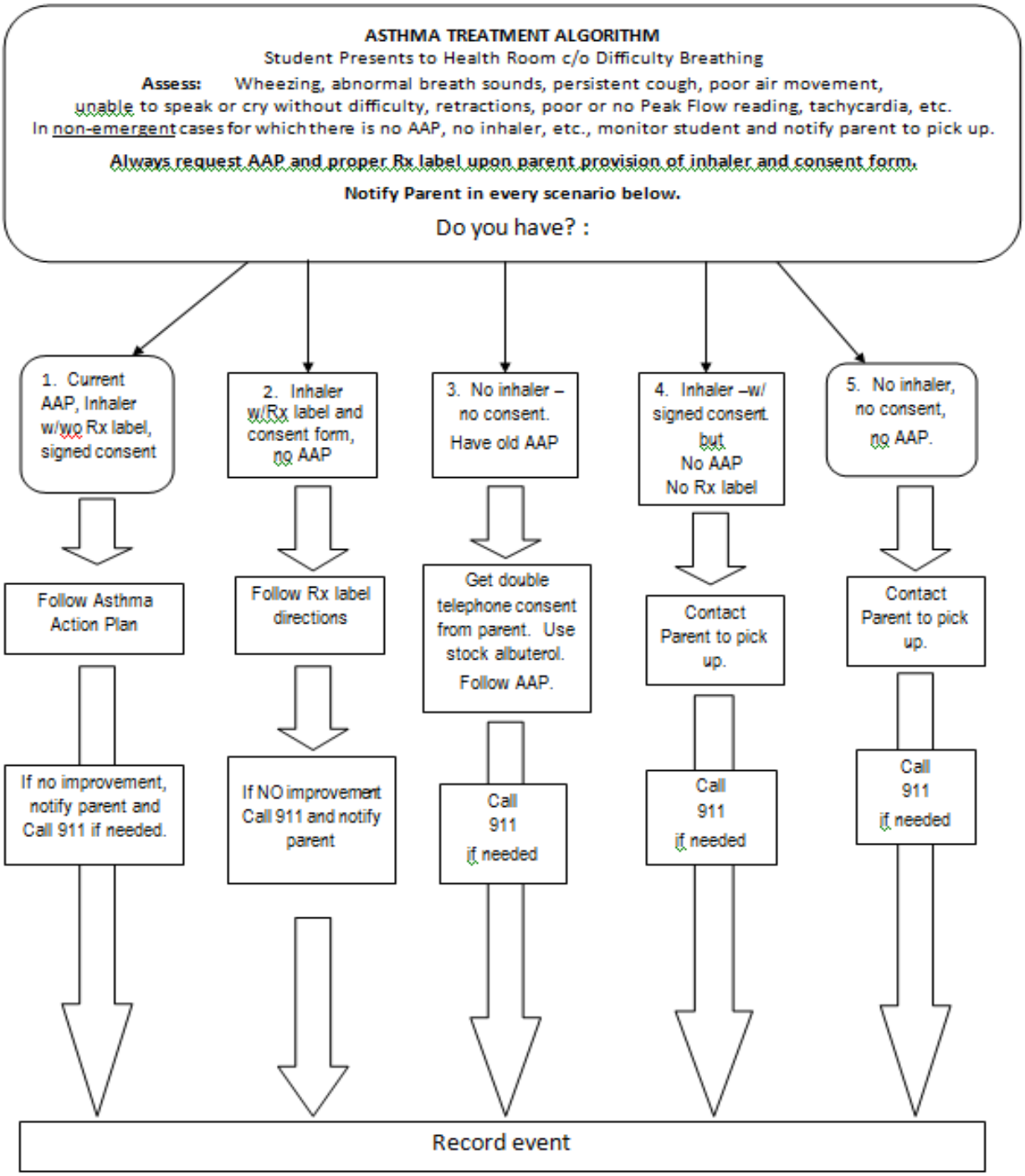
Ambulance Refused: Adults may refuse to be transported by ambulance. Parents must sign a waiver at the scene if they do not want their child transported.

ASTHMA *

Treatment of an Asthma Attack: Follow the Asthma Treatment Algorithm.

Refer to 10th Edition School Nurse Resource Manual. See pp. 44-50

Follow up with PCP – If a Medication Authorization is signed by parent you have permission to communicate with the student's doctor or ask parent to sign a release of information to share incident report with PCP and/or Specialist. Fax or email a copy of documentation of respiratory incident.



BED BUGS

Bed Bug Procedure - Identification and Removal

When you find a bug that you suspect is a bed bug on a student or on a student's belongings, the school nurse, school principal or principal designee should privately and with dignity, discreetly remove the child from the classroom so the school nurse or a qualified individual can perform an inspection of the child's clothing and other belongings (including but not limited to: shoes, jackets, hats, books, backpacks, school supplies, etc.).

Bed bugs are a nuisance, but their bites are not known to spread disease.

SCHOOL INITIAL RESPONSE

- When bug is found remove with tweezers and place in a sealed plastic bag with alcohol. Try to keep specimen intact with antennae, legs, and body segments.
- Destroy additional bugs by placing them in a sealed bag and disposing the bag in the trash.
- Examine student's face, neck and extremities including feet for additional bugs.
- Notify principal / building administrator when a specimen is obtained.
- LRSD Nurses will confirm bug identification.
- Upon principals' direction, notify LRSD Maintenance and Operations (447-5250), and provide specimen.
- The decision to treat and where to treat on the school campus will be made by the principal after consulting with the Health Services Director and Maintenance and Operations supervisor.
  NOTE: chemical spraying is **not** indicated for **one** bug. Professional treatment will be provided only if a classroom is determined to be infested.
- A bed bug preparation form must be completed prior to any bed bug treatment (attached). The room must be vacated for the day in order to treat it. Seven (7) days after the initial treatment the room will need a second application following these same guidelines.
- Bed bugs are not included in the regular service plan and would cost $350 per visit. If students are bringing them in, we cannot guarantee that the room will not get re-infested.
- To prevent bugs traveling to other student's belongings, place any of the child's unneeded items, such as book bags or coats into a large plastic bag and tightly seal the bag.
- The student may return to class after bugs are removed.
- Take measures so you do not call undue attention to any child. **No exclusion is necessary**
- Building custodian may be asked to check classroom areas where the student sits or where affected belongings may be placed for additional bugs.
- Teacher will observe the other students for scratching.
- Notify parents of a confirmed bed bug. Provide information regarding home management.
  During discussion of the issue be aware that this bed bug may have been obtained on the bus or from another source rather than the student's home. If student has siblings in LRSD notify the school nurse at the sibling's school and recommend assessment of that student.
- If the school has a washer or dryer available, the school may wish to wash and dry the student's clothing on the high heat setting. Parent permission must be obtained. This can only be done if spare clothes are available.
- The student should be examined by the school nurse every morning until problem is resolved.
- Professional Agencies listed below recommend principals consider notifying parents of students in the effected class / classes via written communication. A sample letter follows this procedure.

SIGNS AND SYMPTOMS

Without a bed bug, there is not a bed bug issue. Once a bug is confirmed, check the student for:

- A soft - bodied, flat –shaped, brown to rusty-red colored insect. Bed bug abdomens swell after feeding. * Check district website for photo at site below.
- Itchy bites, sometimes in a cluster in a line or row on skin, on exposed areas of the body, usually found on face, arms, legs, neck.
- Bites may have a red dot in the middle of a raised bump
- Bite marks may take as long as 14 days to develop
- Some people may experience an allergic reaction that results in severe itching, blisters or hives

POTENTIAL COMPLICATIONS – Assess the student for:

- Secondary skin infection from scratching
- Boils
- Cellulitis
- Allergic symptoms (e.g. swelling/pain at the bite site)
- Anaphylaxis (on rare occasions)

SCHOOL BUILDING MANAGEMENT

- Limit items that travel back and forth between home and school.
- Limit clutter.
- Clean cubbies / lockers routinely (seasonally).
- Vacuum rugs frequently. Dispose of vacuum cleaner bags/filters in tightly sealed plastic bag.
- Avoid fabric-covered furniture, pillows in schools.
- Provide space between coat hooks and backpacks.
- Keep “Lost and Found” clothing, backpacks, etc. in closeable plastic storage bins.
- Pesticide treatment should be done after school hours so students are not exposed to chemicals
- Pesticide treatment should not be repeated sooner than 2 weeks
- Ongoing pest management should be overseen by the school principal or designee.
- Inspect and monitor classrooms. If specimens are confirmed, inspect crevices in baseboards, pictures, furniture, window, and door casings, wallpaper, behind electrical switch plates, in telephones, radios, clocks, and behind wall mounted art-work. Look for the insects, their cast skins, bug poop and eggs near crevices.
- Evening school staff on-break in rest areas may be the first to notice regular bites.
- Faculty lounge, office area or nurse’s office with upholstered furniture or cot may become infested.
- **NOTE**: Bleach and ammonia are <u>not</u> effective against bed bugs. **Soap and water is effective for removing bedbugs, eggs and debris from surfaces.**
- Inspect and monitor for bed bugs constantly; they arrive with people and their belongings. Inspect donations and monitor lost-and-found areas with extra vigilance.
- Vacuuming is an effective way to remove bed bugs and the dirt that provides them with shelter.
- All school employees need to know what a live bed bug looks like (all life stages). Encourage staff and faculty to report bed bug sightings. Early detection is the best way to prevent an infestation.

FAMILY SUPPORT

Family may need to contact their landlord or contact a professional exterminator to eliminate any home infestation. Exterminators may use a combination of pesticides and nonchemical treatments. Nonchemical treatments may include:

- **Vacuuming carpet and furniture.**
- **Washing clothes in hot water.** Washing clothes and other items in hot water can kill bedbugs.
- **Using clothes dryer.** Bed bugs are sensitive to extreme temperatures in all of their life stages. Placing wet or dry items in a clothes dryer set a medium to high heat for 40 minutes will kill bedbugs and their eggs.
- **Pesticide treatment** should not be repeated sooner than 2 weeks

Other interesting Facts
At this time, scientific evidence does not show that bed bugs spread disease.

Schools are not ideal places for bed bugs as they prefer to hide during the day. However, hungry bed bugs will feed during the day. Bed bugs are usually active at night and feed on human blood. Bed bugs feed on human hosts but can attach to other items. Bed bugs can live 6 months to a year without feeding. The source of bed bugs often cannot be determined, as bed bugs may be found in many places including hotels, planes and movie theaters.

The bite does not hurt at first, but it may become swollen and itch, much like a mosquito bite. Some people have no reaction to bedbug bites. It is difficult to distinguish bed bug bites from other insect bites.

It is highly unlikely for bed bugs to infest a school.

*Watch the LRSD Safe Schools online education program. www. lrsd.org > Staff > Safe Schools Training. Log in using your email address and choose Extra Training > Health > Bed Bugs in Schools

http://www.vdacs.virginia.gov/pesticides/pdffiles/bb-schools1.pdf

http://www2.epa.gov/sites/production/files/documents/BB_in_Schools_May_2012.pdf

http://schoolipm.ncsu.edu/documents/Bed%20Bug%20Protocol.pdf

http://www.michigan.gov/documents/emergingdiseases/Bed_bugs_schools_293498_7.pdf

http://ag.arizona.edu/urbanipm/pest_press/2007/jan_feb.pdf

http://www2.epa.gov/bedbugs/protecting-yourself-bed-bugs-public-places

http://www.epa.gov/sites/production/files/2015-12/documents/bed_bugs_-_presentation_-_complete.pdf

Room Preparation Checklist for Bed Bugs

Preparation of a room for treatment is essential to the successful management of bed

bugs. Most pest managers prefer to conduct an inspection BEFORE any cleaning or rearranging has occurred. This gives the pest manager a sense of the full extent of the problem and prevents the disturbance and spread of bed bugs before treatment. However, once bed bugs are located and the size of the problem has been estimated, room preparation must be done, and usually by the resident. Some clients may need help and the pest control professional or building management must be sensitive to this.

Suggested room preparation steps include:

- □ Remove all blankets, sheets, covers, pillows, bath towels, and drapes/curtains from the bed and room and place them into bags for transport to the laundry.
- □ Empty drawers and closets and place belongings into plastic bags. Place all clothing and coats into bags for transport to the laundry. Shoes, pillows, and children's plush toys should be bagged for the laundry.
- □ Plastic toys, books, electronics, and anything that cannot be washed should be bagged separately for inspection.
- □ The room should be empty of all cloth and plush items, except plush furniture. If possible, the pillows of plush furniture should be removed and laundered.
- □ Move furniture at least 18 inches away from the walls. People may need help with this.
- □ Remove outlet covers and switch plates on all walls.
- □ Picture frames should be removed from the walls and cleaned or treated.
- □ People and pets must leave the area during treatment and wait the stated amount of time before reentering, usually 4 hours.
- □ If there is a fish tank in the household, it should be covered with a towel or plastic, because fish are very sensitive to many pesticides.
- □ All clothing, linens and other items must be cleaned (free of bed bugs) and kept isolated until the client is moved to a new room or location, or until the bed bug problem is eliminated.
- □ Make sure the pest control professional can get to all furniture, closets, beds, and baseboards to inspect and treat.

Sample Letter to Parents

School letterhead and date

Dear Parent or Guardian:

We recently found a bed bug in your child's classroom. Bed bugs are a nuisance, but their bites are not known to spread disease. Bed bugs are usually active at night and feed on human blood. The bite does not hurt at first, but it may become swollen and itch, much like a mosquito bite. Watch for clusters of bites, usually in a line, on exposed areas of the body. If you have medical concerns for you or your child, please contact your doctor.

The source of bed bugs often cannot be determined, as bed bugs may be found in many places including hotels, planes, and movie theaters. It is highly unlikely for bed bugs to infest a school. Through the LRSD Plant Services department and pest control, there has been a thorough inspection and precautionary treatment of the school, and we have implemented a pest management plan under the guidance of the LRSD Health Services Department and the Arkansas Department of Health. [Your School] will continue to work to identify bed bugs, provide thorough inspections of the school, and have licensed pest control specialists assist with pest management as indicated. As an extra precaution in the classroom, each student has been given a sealable, airtight bag to place their belongings from home in during the school day. Thus far, no additional bugs have been found; however, we are continuing to inspect the classroom daily.

Contact your physician or school nurse for proper care and treatment of bed bug bites.

If you have any questions regarding bed bugs in your school, please contact your school nurse or principal. If you have any questions regarding bed bugs found in your home, contact your local health department or visit http://www.healthy.arkansas.gov/programsServices/environmentalHealth/generalSanitation/Pages/BedBugs.aspx

Sincerely,

School Principal School Nurse

BEHAVIOR MANAGEMENT PLANS

If a student needs a plan to improve behavior the nurse will work with the Principal and the SBIT (School Based Intervention Team). If the student receives services through special education, the Special Education Coordinator for the school will develop the plan.

BITES *

All bites that break or puncture the skin have a significant chance of producing bacterial infection in the victim. The Principal should be notified of all animal or human bites that occur during the school day.

DOG

1. Stop bleeding by applying firm pressure with clean, dry gauze/cloth.
2. Wash and irrigate with copious amounts of soap and water.
3. Apply loose dressing.
4. Refer to *Clinical Guidelines for School Nurses*
5. Call Animal Control-will need to know description of dog and location last seen 501-376-3067
6. If Dog is still on campus contact Safety and Security
7. Notify parent/guardian of bite and refer to student's Primary Care Physician.
8. Record date of last tetanus vaccination.

HUMAN

If a student is bitten by another student:

1. *Refer to 10th edition School Nurse Resource Manual*
2. A parent should be notified if the student's skin is broken. The parents should contact the student's physician to see if more care is needed. Sometimes the smallest break in the skin or a delay greater than 8-10 hours can result in wounds that could require intravenous antibiotics or hospital admissions for aggressive treatment such as surgical debridement. (Journal of School Nursing, Vol. 23, No.4, P.199 (2007)).
3. Notify building administrator of the incident. The intent of the bite will be evaluated by administration.

INSECT (including removal of ticks)

1. Refer to *School Nurse Resource Manual 10th Edition*
2. Clean with soap and water.
3. Watch for anaphylactic reaction.
4. Remove stinger or tick immediately by scraping with hard edge (plastic card) or pulling with tweezers. (Speed is more critical than method).
5. Apply Calamine lotion or baking soda paste (do not use Benadryl Cream).
6. Cool, moist compress or ice on the area.

** Refer to 10th edition School Nurse Resource Manual– Tick-borne Diseases / Tick Removal and Mosquito Borne diseases*

SNAKES

Non-poisonous (more than two teeth marks):

1. Treat as any other cut or abrasion.
2. Determine if tetanus immunization is up-to-date.
3. Parents should contact their Physician.
4. Non-poisonous snakes do not need to be killed.

Poisonous (two teeth marks):

1. Contact the parent and primary care physician immediately.
2. Contact the custodian and building administrator.
3. Poisonous snakes should be identified and killed.
4. Complete a "Serious Incident Report"

** Refer to Clinical Guidelines for School Nurses "Bites, Animal and Human", "Puncture Wounds"*

BITES * (Continued)

SPIDER

** Refer to 10th Edition School Nurse Resource Manual*

1. If spider type is identified, seal in an airtight container
2. If poisonous, notify
    a. Parent
    b. Administration (Principal and Health Services)
    c. Plant Services

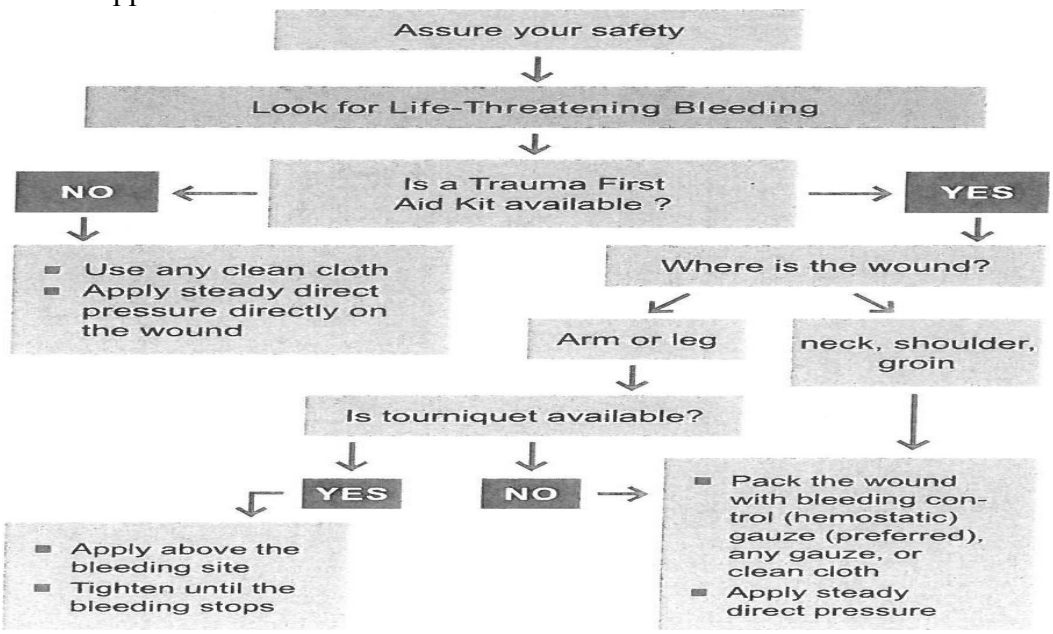
BLEEDING CONTROL (Severe)

Stopping severe bleeding is a critical first aid skill. Almost all bleeding can be controlled by steady, direct, manual pressure, with or without a gauze or cloth dressing over the wound. Press hard and hold steady pressure for at least five minutes without lifting dressings to see if the bleeding has stopped. While direct pressure is still the first line of defense, the guidelines acknowledge the important role tourniquets and hemostatic agents play in stopping life-threatening bleeding when standard measures fail or are not possible. If the bleeding is not controlled by direct pressure alone, other methods of controlling bleeding may be considered including the use of tourniquets for extremities and hemostatic dressings for areas where a tourniquet is not possible such as the trunk, groin or neck and severe life-threatening bleeding is present. 911 must be called.

The tourniquet is applied 2 inches proximal to the wound.
Avoid placing over a joint.
Secure tightly in place by twisting the rod until the flow of bright red blood stops.
Secure in place by using the clip or holder.
Note and record time.
Do not loosen or remove.

Each campus has a STOP The Bleed Cabinet stocked with 5 tourniquets. The wall cabinet is mounted by the AED cabinet.

Each nurse also has a **Bleeding Control Kit** which includes a tourniquet, hemostatic dressing and sharpie for severe bleeding on a leg or arm. These supplies are stored in a zip lock bag and stored in the Nurses "Go Bag" for emergencies. The sharpie is to write on the strap the time the tourniquet was applied.



BLOOD PRESSURE

Hypertension is an emerging health problem in children. There are no state mandates requiring blood pressure measurement of school age children. LRSD nurses measure blood pressures of 4th, 8th and 10th grade students as time and nurse power is available.

The Best Way to Measure Blood Pressure

- Have the student or staff member sitting upright in a quiet environment, free from temperature extremes with feet flat on the floor, legs uncrossed and arm resting on a surface at heart level.
- Have the individual rest for 3-5 minutes before the measurement is performed.
- Recommend adults void before taking blood pressure reading.
- Blood pressure should be taken in the upper right arm to align consistently with the standard tables for blood pressure.
- An appropriate sized cuff should be used. Health Services has 4 sizes available. The width of the bladder should be approximately 40% of the arm circumference midway between the olecranon and the acromion. A cuff that is too small will give false high readings.
- Apply the stethoscope lightly to the antecubital fossa. Excess pressure results in falsely low diastolic blood pressure readings.

- Rapidly increase cuff pressure to about 30mm Hg beyond the point at which the radial pulse is no longer palpable. Decrease pressure at a rate of no more than 2 to 3 mm Hg per second.
- If the blood pressure is elevated, wait 1 minute to allow the blood to be released from the vein and repeat the measurement.
- Use the average of at least two readings unless the first two differ by more than 5mmHg, in which case obtain additional readings.

When an elevated blood pressure is noted the nurse is to take two additional measurements within a week, preferably at different times of the day. These readings should be shared with the parent in writing and a referral is made to the student's PCP.

Nurses will request to assess blood pressure on all staff requesting medication for headache.

***REFER TO VITAL SIGNS**

BUS ACCIDENTS

When bus accidents occur off campus students will be assessed at the scene of a school bus accident by the driver, the transportation safety supervisor and the investigating officer. Incidents that occur in the school parking lot will involve the School Nurse. As a first responder the nurse will make a visual inspection of all students while on the bus: breathing, bleeding, holding head or extremity, etc. MEMS (911) will be called for those students needing immediate medical attention. Those students will be appropriately treated and/or transported to a hospital.

PROCEDURE

Students who did not have any apparent injury at the accident and were transported to school following a school bus accident in the morning: (If the accident occurs on an afterschool or evening bus ride, transportation is responsible for all aspects.)

Students who are non-urgent but have complaints need evaluation by the school nurse who will provide a nursing assessment to determine if any evidence of trauma is present. If the school nurse is not assigned to the building that day, the principal will notify the Director of Health Services, who will arrange for nursing coverage. In situations where more than one nurse may be needed to complete the assessment, the Director will be responsible for obtaining additional coverage. (One nurse per ten (10) students is an appropriate ratio of nursing coverage.) The District Transportation Department is responsible for providing a complete list to the nurse / Health Services Office in order to staff and identify students.

1. Nurse's responsibility will be:
    a. Assess all of the students that were in the bus that have physical complaints or non-emergent injuries.
    b. Provide any appropriate treatment.
    c. Make necessary referrals.
    d. Call parents of children who have evidence of injury.
    e. Provide further assessment on some students later in the day, if indicated.

2. The following documentation will be completed:
    a. Information will be recorded on the Student Health Record insert sheet, for injured students. A list should be made of the non-injured students' names and the telephone calls to parents should be logged.
    b. Health Services Accident assessment sheet will be completed on injured students.
    c. Health Services School Bus Accident form will be completed.
3. Non-Nurse Responsibility:
    Notify parents whose children were on the bus, but received no injury. This notification will be made by a person other than the school nurse, designated by the principal, and will state that no apparent injury is present. However, if the parents desire to have the child examined by their own health care provider, they may check the child out of school to do so. The person making these calls should document all attempted and completed calls including time, name of parent, and parent response.

Follow-up

Follow progress of those students who receive medical attention and/or hospitalization. If there is loss of life, notify the District Crisis Team (Health Services Director and Mental Health Coordinator) to help access needs of school staff and student body.

CONCUSSION – See Head Injury Nurses do not diagnose concussions

CONJUNCTIVITIS

Conjunctivitis may be Viral, Bacterial, Allergic or Chemical. Children who have red eyes, and/or pruritic, and/or clear or yellow discharge, do not need to be excluded from school if:

1. They are not ill in other ways, and
2. Eye symptoms do not interfere with their ability to say in class and learn, and
3. Reasonable hygienic practices in the affected setting can be implemented.

Exclusion from school and consultation with the primary care provider should be obtained in the following instances: the child is too ill to learn, or the child has significant irritation or pain, reduced vision, light sensitivity; and/or redness, swelling or lesions on the eyelids. When conjunctivitis is discovered in the classroom, an informational letter may be sent home to families to draw particular attention to educating their child about the importance of good hand washing, not sharing towels and avoiding rubbing of the eyes.

The school nurse will provide educational reinforcement and appropriate measures to reduce infection spread in the classroom.

CUTS, SCAPES, LACERATIONS

- All cuts and scrapes are washed with Soap and Water.
- Do NOT use hydrogen peroxide which delays healing.
- Apply Vaseline. Do NOT apply antibiotic ointment unless signs of infection are present: redness, warmth, tenderness

- If swelling is present, apply ice.

DECONTAMINATION KITS

LRSD Pepper Spray & Decontamination Procedure

Pepper Spray is used for defensive purposes in school by Little Rock Police Officers assigned to LRSD as School Resource Officers. Pepper spray is a chemical with an active ingredient derived from cayenne pepper plant. Pepper spray is also known as oleoresin capsicum (OC).

Effects of Pepper Spray

Exposure to pepper spray in aerosol form has physiological effects including inflammation and swelling of the mucus membranes of the eyes, nose and throat and involuntary closure of the eyes. Within several seconds of being sprayed with pepper spray, the sprayed individual will normally display symptoms of temporary blindness and have difficulty breathing, a burning sensation in the throat, nausea, lung pain, and/or impaired thought processes. There may be adverse effects on people with cardiac and /or respiratory conditions. The effects of pepper spray vary among individuals but will continue to be painful for 30 minutes or more and discomfort may be experienced for hours.

First Aid Procedure to the Sprayed Individual

- Employees should wear rubber gloves while assisting an exposed individual.
- Inform the sprayed individual that the effects are temporary, talk calmly and encourage them to relax.
- Pain is to be expected but is not life threatening.
- DO NOT RUB the AREA of exposure. The resin in the spray allows it to stick to skin so rubbing the affected area spreads the capsicum, further irritating the site.
- Move the individual to an uncontaminated area and face towards the wind, use fan. Air will normally begin reducing the effects of pepper spray within 15 minutes of exposure.
- Washing /flushing with water alone is not effective. Pepper sprays

are oil based and must be removed with soap and water. Water is only effective if used continuously for 30 minutes or more. However, water or a cool fan can be soothing once irritant is removed.

- A decontamination kit is stored in the Nurse's Health Room. The kit contains Dawn soap and towels and napkins and eye wash.
- Ask individual medical history: asthma, COPD, cardiac disease, cardiac implanted devices?

Eyes: Decontaminate eyes first.

- After washing hands with soap and water, remove eye contacts if wearing. Dispose of contacts.
- Encourage the individual to avoid rubbing the affected areas, and to rinse eyes with water. Pour solution directly on the eyes, aiming away from the nose. Flush eyes for 15 minutes or until pain is resolved.
- Encourage the individual to blink and keep blinking during eye wash. Do not force the eyes open.
- Avoid sunlight which exacerbates the burn.

- If eye pain does not resolve to a tolerable level in 45 minutes recommend the individual seek advanced medical care.
- Fans may be used if available {Preferred by LRPD). The fans dry the spray and avoid the burn.

Skin:

The affected part may be soaked in a 1:3 solution of 1 part Dawn dishwashing liquid or Baby Shampoo to 3 parts water. Lightly blot/ pat on the area (no rubbing) with towels or napkins provided in the decontamination kit.

If decontamination wipes are available, place over the affected area. Relief should be experienced within 2-5 minutes.

Monitor Breathing:

- Troubled breathing may be due to asthma, respiratory reaction or panic.
- Administer Albuterol inhaler (for known Asthmatics) or Epinephrine if indicated.
- A person struggling for air, or has blue lips needs emergency care. Call 911.

Clothing:

- The individual should carefully remove contaminated clothing without spreading the irritant.
- Avoid entering a vehicle, tent, or an enclosure until cleaning is complete.
- Bag the contaminated clothing and wash clothing separately.

Follow-Up

- Provide a list of students involved to the school office.
- School staff notify parents.
- A written Incident Report shall be completed by the end of the work day.
- Nurses will document all students assessed and treated in eSchool.

PARENT AND SCHOOL AGREEMENT
FOR CARE OF STUDENTS WITH DIABETES

PARENT/GUARDIAN RESPONSIBILITY

- ❖ Parent/Guardian is to provide materials and equipment:

    1. Glucometer with instructions, Blood Glucose strips, lancets, and ketone strips
    2. Supplies for treating problems: snacks, glucose tabs or gel, glucagon kit, insulin/syringe or insulin pen and needles in accordance with IHP, pump supplies as necessary and batteries

- ❖ Parent/Guardian is to provide a Diabetes Care Plan developed and signed by the child's physician that includes:

    1. When to test Blood Glucose or Ketones and what action to take for either
    2. Insulin orders to include bolus ratios, correction dosage and administration times and basal rates if applicable
    3. Instructions for extra meals or snacks if required for this student
    4. Symptoms and treatment for high and low Blood Glucose specific to this student
    5. Information about special equipment including the pump.
    6. Emergency phone numbers
    7. Recent HbA_1c results

- ❖ Sign release of information for school nurse to communicate with student's physician
- ❖ Inform school staff of any changes in student's health status or schedule
- ❖ If parent request and employee agree, obtain consent of a school employee to provide glucagon in the nurse's absence and notify nurse of that person's name.

SCHOOL RESPONSIBILITY

- ❖ Immediate treatment for low Blood Glucose with assistance from knowledgeable adults AND without requiring child to travel distances alone to seek treatment
- ❖ Provide and maintain secure storage for supplies for management of diabetes
- ❖ Adult and back-up adult trained to:
- ✔ Perform appropriate actions for Blood Glucose levels outside of target ranges cited in the Diabetes Individual Health Plan including Glucometer use and ketone checks and record.
- ✔ Prepare and give glucagon when nurse not available; call 911 if no nurse or volunteer available
- ❖ *Provide:* sharps container, alcohol wipes and privacy during testing and insulin administration
- ❖ Notify staff that student is allowed to:
    - ✔ See medical personnel (school nurse) on request
    - ✔ Eat snack anywhere to prevent low BG (class, school bus, recess, physical education)
    - ✔ Use restroom and have access to water, if necessary
    - ✔ Carry glucose tabs or gel
- ❖ Teachers will notify nurse of changes in student's schedule including Field Trips

_____ _____

Nurse Signature Date Parent Signature Date

Standards for Intake and Management of Students with Diabetes

PURPOSE:

To facilitate safe and effective health care for students with Type 1 diabetes while in school and at school related activities. Standardization facilitates consistent care with the Health Services and School Teams. Standardization promotes continuity of care as students transfer schools.

PROCEDURE:

Upon notification that a student with diabetes has been enrolled in school, the nurse will:

1. Contact the parent/Guardian and schedule a meeting as soon as possible.
2. Obtain:
    a. Current Diabetes Medical Management Plan/IHP signed by the student's healthcare provider.
    *Orders must be < 1-year-old
    * If the student is transferring within the district within the same school year without any changes, new orders (DMMP) or page 1 of the IHP are not required
    b. Complete the Medication Authorization (Parent Consent) form for Insulin, Glucagon and other medications.

        Insulin Pens- Nurses are to note on the pen the date first dose was given.
        - Note- Insulin is good for 28 days after opening.
        - Novolog may be stored at a room temperature up to 85º. Novolog cannot be refrigerated after opening.

        Glucagon- When a parent informs the nurse they want a school employee to provide glucagon in the nurse's absence- the nurse will ask the parent if they have identified a volunteer and inform the Health Services Director. Access healthy.arkansas.gov/programs-services/topics/Arkansas-board-of-nursing. ASBN Education under resources-under resources-Insulin and Glucagon training programs

    c. Obtain materials and medical supplies for diabetic tasks from parent/guardian and arrange a system for notifying when supplies need to be replenished (Email, phone call, note in backpack.)
    d. Obtain a Release of Information with parent's signature so nurse can communicate with student's physician regarding care.

3. Notify the Health Services Office and
    a. submit an updated Nursing Procedure Report noting the times for glucose checks and insulin injections and who is trained.

    b. A plastic box for supplies and a binder for daily record keeping will be sent immediately through school mail or the nurse may pick up from the HS office. The diabetic binders are standardized 1-inch white binders with tabs for easy

access of required information. Only the most recent set of physician orders are to be in the notebook to avoid confusion and errors in Novalog or Lantus dosing. For HIPPA Compliance, only student initials or first name should be on the sleeve/exterior, not the student's whole name. The exterior of the binder cannot say Diabetic. This container will stay with the child as they transfer schools.

4. NDEP (National Diabetes Education Program) Actions for School Personnel, www.niddk.nih.gov/health-information/health-communication-programs, see *Updated School Guide* and the Alternate version: *Helping the Students with Diabetes Succeed.*

5. Facilitate the initial school diabetes team meeting to discuss implementation of the Student's IHP.
   IHP – Page one of the District IHP form must note "See attached orders". Page two must include:
   a. Names of building staff trained to supervise or assist student with assessment of blood sugars.
   b. Communication with security for students who carry their equipment.
   c. Names of staff trained to identify Signs of hyper/hypoglycemia.
   d. Plan for Sharps disposal
   e. Names of nurses in the Zone trained on this IHP to assist/supervise/provide insulin administration.
   f. Signature of Principal

6. Provide pertinent information to staff that will have direct responsibility for the student throughout the day (e.g. teacher, coach, PE, child nutrition manager, bus driver, etc).

7. Assist Classroom teacher with developing a plan for substitute teachers.

8. Perform routine and emergency diabetes care tasks (e.g. blood glucose, ketone monitoring, insulin administration, glucagon administration). Practice standard universal precautions and infection control procedures during all student encounters.

9. Train and delegate appropriate staff tasks per Arkansas State Board of Nursing Delegation Chart (blood sugar checks, medications, etc.) Ensure that everyone knows their role in Carrying out the plan; how their roles relate to each other; when and where to seek help.

10. Routinely monitor, evaluate and assess competence of assistive personnel in carrying out tasks defined by the IHP/DMMP. Determine if identified staff are capable of assisting in carrying out the student's IHP.

11. Maintain accurate documentation, including:
- In Nurses Notes: Communication with student and family, and /or student's healthcare provider;
- On the Diabetic MAR (Medication administration record): Direct care given, including glucose and ketone readings, and treatment provided.
- Training and monitoring of assistive personnel (IHP p. 2)

12. Collaborate with other disciplines (e.g. food services and transportation services) as needed.

13. Act as liaison between the school and the student's healthcare provider regarding the Student's diabetic management at school.

14. Monitor students HbA1C (Normal < 6) provided by parents.

15. Assessing and performing ongoing education with staff. Document on IHP p.2
The LRSD Safe Schools Online Program and NDEP have good training material for staff.

16. If parents request, use "mycareconnect.com" for online collaboration between Physician, specialty nurse, parent and school nurse. Parent must provide a password.

Transfer of Diabetes Management Supplies and Health Record

1. **Transfer Within the District:**
    a. Best Practice is a hand to hand transfer / nurse to nurse of care supplies and records. If unable to do this, the student's Diabetic binder and Health Folder may be sent through the school mail.
    b. Only student's glucometer and personal supplies can be delivered by the parent from one school to the next.
    c. The transferring nurse will give a verbal report to the receiving nurse as soon as the nurse is aware of the school transfer.

2. **Transfer Out of the District or End of the Year:**
    a. Health Services Diabetic Supply Box will be returned to the LRSD Health Services office when a student leaves the district.
    b. All of the Student diabetic supplies, equipment and snacks will be placed in a bag.
    c. Supplies are to be given to the parent/guardian.
    d. If parent/guardian is unable to come to the school and obtain supplies, the nurse will verbally notify the parent/guardian that supplies are being sent home with student.

3. **Disposition of student diabetic supplies and equipment will be documented in student Health Folder.**

Standards of Care for LRSD Students Managed through Arkansas Children's Hospital Endocrine / Diabetes Clinic

This document was developed to define and clarify some of the parameters of working between ACH Endocrine Clinic and School Nurses. It also serves to answer specific concerns about expectations and HIPPA compliant communication of LRSD Nurses when communicating and coordinating care.

Supplies:

- Glucometers: Free Glucometers are available to students at ACH Diabetes Clinic. If for any reason a student brings one in disrepair, old, etc. Have the parent call clinic number and the clinic will have one ready for them to pick up within 24 hrs. The school nurse may also pick it up from clinic after the phone call from parent requesting glucometer and giving the nurse permission to do so.

- Lancets: MUST be changed after each use. Always.
- Insulin needles: MUST be changed after each use. Always. They often bend, protective coating shears, etc causing increase for infection and or insufficient absorption
- Ketone Strips: These are just as imperative as having insulin and glucagon on campus. **A student without ketone strips will be excluded until they are provided to the school nurse**. Medicaid in the process of paying for these. Often when LRSD (or parents) call clinic for assistance, clinic cannot give help until they know ketone status. Kroger has donated some strips in the past. Ketone status is what keeps the students out of the hospital.
- Expiration date must be noted on insulin pens 28 days from the first use. Red sticker dots are good for this. Do NOT use a pen that has opened longer than 28 days.
- Ketone strips have a shelf life of 6 months from the time the container is open. Expiration date must be noted on these containers. Red sticker dots are good for this.

Student Supervision by School Nurse:

- ALL diabetic students MUST be supervised in the health room by a nurse every day for insulin injection. Modification is ONLY permissible if there is an order stating student's ability for self-management of care signed by the **doctor / APN** on file in LRSD Health Record and Health Service Office.
- Nurses **MAY NOT** determine whether a student is able to handle their own insulin care during the day. By obtaining a release of information yearly, a copy of "self-management" may be requested from ACH clinic if one exists. We often don't have the full picture when it comes to compliance or other issues.
- It is acceptable for student to do blood sugars independently in the classroom or other area agreed upon by:
    - Testing independently box checked on orders
    - IHP in place with appropriate training
    - Principal, Nurse, Teacher, Parent all in agreement to decrease the amount of time out of class.
- Each school should have a team that can assist the student when needed.

Blood Sugar Checks:

- Soap and water, alcohol, or sanitizer is acceptable for site preparation. It must be completely dry before piercing the skin.
- Supplies including test strips and lancets are limited for the students monthly. If we over use these supplies, we are essentially taking a family's resources that will not be replaced.
- We are only to test blood sugars when it is marked on the order sheet.
- Testing done within two hours of insulin injection is a BOGUS number that really has no value. The medication has not yet had time to work. Example: testing @ 8a when they just received insulin at home w/ breakfast is not appropriate.
- We have to be vigilant and aware of not over testing these students' blood sugar. The orders are very clear when the doctor wants blood sugar checked. School nurses are required to follow doctor's orders.
- Blood sugars are checked when orders dictate and also when a student presents as symptomatic. You should not be routinely pulling students out of class for unordered blood sugar checks.
- Blood sugar monitoring orders may change at the clinic visit, hospital visit, parent communication. School nurses are responsible for following the most current doctor's / APN order.

- The procedure for checking blood sugar with glucometer may be delegated to a non-nurse. The document with skills checklist is to be used. Check the Health Services Flash Drive for the document.

Insulin Administration:

- All students MUST be observed or assisted during insulin administration by a nurse every day. This includes students with pump as well as injection pen AND any grade level. Modified ONLY if there is an order stating student's ability for self-management signed by doctor / APN on file in LRSD Health Folder and in Health Service Office.
- Correction calculation is ALWAYS figured when the blood sugar is over the target even if it does not equal a full unit. It is then added to the calculation for the meal bolus and rounded up or down. (Example: Correction: 1 u for every 50 over blood sugar of 150. Blood sugar 185 – 150 = 35 / 50 = 0.7. In this example, the target is 150. That 0.7 will then be added to meal bolus calculation.
- You must waste 2 units of insulin to prime your needle. Attach your needle to the end of the pen securely, remove the cap and protective sheath, dial the pen to 2 units, discharge pen into either trashcan or sink. If you do not see insulin come out, then repeat step. If you do not waste the two units, the student will NOT be getting their correct dose of insulin
- If the student presents with purple or green needles (4mm and 6mm) do not pinch the skin during insulin administration. With such a small needle you will essentially be pinching the medication back out.
- You should always encourage child to eat enough carbs to equal at least one unit of insulin. There are picky eaters who refuse and you should note in comments your intervention to encourage consumption of meal.

Special Circumstances and Notes:

- ALL students meet with a dietician at diagnosis, any hospitalizations, and at clinic visits. Dieticians are an active and integral part of the diabetes team. The LRSD Child Nutrition dietician is a local resource for school nurses.
- Diabetic orders are good for one year from the date signed by doctor / APN.
- School nurses are to encourage compliance with clinic appointments. Usually routine management appointments are scheduled every 3 months, not longer than 6 months between clinic appointments.
- All students, especially those with a chronic health condition should have a primary care doctor. When students move into the city of Little Rock, nurses should assist families in finding a physician through using Connect Care, 1-800-275-1131.
- Parent must sign the "Release of Information" yearly. You should get them signed at registration and check-in. You can then fax them over to the clinic, which will then be scanned in to their system.
- You should always request of parent to allow you to be included on "my care connect" which is a real-time log that parent, clinic, and you can see. Parents may be resistant if they have compliance issues. There are currently >300 families at endocrine clinic using this system.
- In the event that a student either starts to eat or completes a meal prior to checking the blood sugar you are to dose based on meal bolus order ONLY. Do not include a correction.
- If a student is admitted to the hospital, then it is required that they provide discharge / release orders. This will always have their A1C value as well as any new orders

- Log Sheets (LRSD Diabetic MAR) must include student full name AND Dosage AND School Name on EVERY sheet. You can send a copy with parent to take to clinic for check up's but if you are concerned about compliance then fax them over to clinic. They will not necessarily contact you but they will scan them into their system and it will be used at their next clinic appointment
- If you have a student that has blood sugars > 200 approximately 90% of the time and/or ketones for 2 days, then fax that log / MAR to clinic and call them.
- If Glucometer says "High" dose as 600.
- When children are sick and we call clinic wanting them to assist us with the next step remember that we cannot take a nurse-to-nurse order. You can however utilize the "Sick Day Guidelines" on archildrens.org website. https://www.archildrens.org/programs-and-services/endocrinology-diabetes-obesity/Services/diabetes-clinic
- When do we call DHS? Noncompliance of parent and / or student. ACH utilizes contracts with families exhibiting noncompliant behavior (missed appointments, not providing supplies, admissions, not calling in blood sugars, etc.). Under their contract in order to not be turned in for medical neglect the families must comply. With your release of information, you may be able to determine whether there are compliance issues occurring there as well as what you are observing.
- Some indicators to look for with noncompliant / contract families and some that you could be helping by faxing in log / MAR to clinic:

    - Narrative written on back page that has nurse or adult administering injection.
    - Narrative written on back page that has nurse or adult observing while testing and injection done.
    - Lantus being ordered to be given at school

http://www.diabetes.org/food-and-fitness/food/what-can-i-eat/food-tips/snacks.html

Resources:

- ACH endocrine Clinic 501-364 -1430 (1-800-495-1048)
- ACH Diabetes Nurse email diabetesnurse@archildrens.org
- There is a unit of DHS called FINS (Families in need of services). The difference between using these in the case of what is feared as neglect is that the families WANT to do the right thing and just need a hand in order to do it.
- Camp Aldersgate Diabetes Camp (through the age of 13)
- Camp Sweeney, Dallas Texas (through the age of 18)
- JDRF: Organized support groups, family education and support, etc.
- NASN Diabetes in Children, NDEP

DIETARY MODIFICATIONS

All requests for dietary modifications or changes in the meals must be requested by a parent and a licensed physician must document the medical condition warranting the need for food specific food avoidance. The *Medical Statement for Meal Modification form* must be completed. You can find this form under Health Services-Health Information Form-Dietary Special Needs on the LRSD.org website. When the form has been completed, parents return the form to the school

nurse. Forms will not need to be updated until a change occurs. The allergy information is never deleted from the system and if it is not updated Child Nutrition and the school food service manager continue to honor the dietary form. If the student no longer requires a diet modification, the diet can only be removed by a statement provided by a licensed physician. Modifications are not made for religious reasons. Families may send lunches to accommodate religious beliefs related to diet.

There are Federal requirements for modifications to accommodate students with disabilities in the School Meal Programs. Nurses are to be familiar with these regulations and collaborate with school cafeteria managers to assure compliance.

Reasonable Modifications

Schools are required to make reasonable modifications to accommodate children with disabilities. This includes providing special meals, at no extra charge, to children with a disability when the disability restricts the child's diet.

Schools must make substitutions to meals for children with a disability that restricts the child's diet on a case-by-case basis and only when supported by a written statement from a State licensed healthcare professional (see Commissioner's Memo FIN-15-122).

Exclusion Criteria

Students are excluded from school in these instances:
Fever (T> 100.4 oral), Diarrhea (see school nurse resource manual), Vomiting, lack of complete immunizations (per ADE 2019), Incomplete IHP, lack of supplies identified in IHP, or when a discharge note is not provided post serious medical incident/intervention. Or at the direction of Arkansas Department of Health, ADE, or DESE.

EYE TRAUMA *

***Refer to Clinical Guidelines…..**

Chemical Burn

1. Immediately, flush/irrigate with copious & continuous water or solution
2. Call poison control Center 501-686-6161 or 1-800-222-1222
3. Refer for emergency medical treatment

FEVER

Fever is an elevation in normal body temperature defined as: oral temperature 100.4 degrees F or higher (38.0 C), or axillary temperatures above 99.5 degrees F or higher.

Children's temperatures may be elevated for a variety of reasons. Fever can indicate infection but can also be a sign of illnesses such as rheumatoid arthritis or cancer or a reaction to medication or vaccine. Most fevers are not harmful. Any fever in infants younger than 4 months could be harmful and always need evaluation by a medical professional. Send child to the ER for axillary

temp of 104 OR 105 degrees orally. If student is immunocompromised or high risk, contact parent and recommend they contact the student's PCP.

Because most children with fever are uncomfortable, possibly infectious and need additional hydration and rest, **children with fever are excluded from school.** If a nurse is available the nurse may use clinical judgment as to the presence of other variables that cause fever: high outdoor temperature or vigorous exercise in hot, humid climate.

HOW TO HOST A SUCCESSFUL FLU/VACCINATION CLINIC

Little Rock School District partners with Arkansas Department of Health to provide Flu vaccines to all students, staff, and families. This collaboration is part of the State Emergency Preparedness Plan.

Once a date has been determined and placed on the school master calendar, send home CDC/ADH consent and Vaccine Information Sheet (VIS) and the LRSD FERPA form to parents with a letter announcing the Immunization Clinic. OR, have forms available in school office and posted on school website. The LRSD website will have consent forms and VIS posted for Flu Vaccines only. Studies show that Teachers involvement in collecting forms increases vaccination rates.

 # 1 - Advertise:

- Place Consent / parent permission forms in the front office.
- Place Vaccine clinic date on school marquee outside.
- Come up with a written transcript of what you want stated in a phone blast. Request Phone blast from individual school. Two blasts are recommended. In transcript mention when parents/guardians need to return forms.
- Talk with PTA president and parents.

#2 – Coordinate:

The Health Department staff will visit the school at least 1-2 weeks before the clinic to assess the school clinic location. ADH will tell you how to set up the room: tables, chairs, etc., to support best flow (if they do not tell you how to set up the room, ask ADH what will work best for them).

-Make a list of students who have submitted completed forms. Helps to have folders for each teacher with completed forms in that folder.

-Ensure that forms are filled out completely-it will speed up the process of the flu clinic. Call parent/guardian for insurance numbers if blank.

ADH will call before clinic to find out how many students/staff have signed up.

-It helps if teachers come to the vaccine site with their students. If a teacher is going to get the shot, he or she may accompany their students.

#3-Items Needed for successful clinic:

-Tables

-Chairs

-ADH will bring screens, have back up screens in case-can order through Health Services Warehouse-Helps out with students not being able to see the other students getting their vaccine.

-Walkie-talkies are a big help over the campus to keep the clinic moving and prevent waits.

-Trash Cans for each table that is set up

-Clipboards

-Basket for pens
-Sanitizer
-Cleansing Wipes
If requested, complete Clinic Evaluation form and note of vaccinations given and return to Health Services.

Any adverse reaction to vaccines provided at school must be reported to the principal, ADH and Health Services. A VAERS report will be completed.
To complete a VAERS report go to: https://vaers.hhs.gov/uploadFile/index.jsp
You may either fill the report out online or you may download a PDF file and then upload to the VAERS reporting system. Keep in mind if you fill it out online you must complete it in one sitting. If you download the PDF file you need to ensure that you are utilizing a computer where you can securely save a document with protected health information.

Food Poisoning – See Poisoning

Fractures

** *Refer to 10th edition School Nurse Guidelines—Fractures p. 207*

Complete an online Serious Incident Report for Safety and Security and copy principal.
Fill out Emergency Response (even non-transfer)
Cis.lrsd.org
The stretcher must be visible and accessible in every health room.

HAND, FOOT, AND MOUTH DISEASE (Coxsackieviruses)

Hand, foot, and mouth disease is a harmless viral rash.

Clinical Presentation:

- Small painful ulcers in the mouth (99%), especially on tongue and sides of mouth.
- Small, thick-walled water blisters (like chickenpox) or red spots located on the palms, soles, and webs between the fingers and toes (70%).
- One (1) to five (5) water blisters per hand or foot.

Nonessential Findings:

- Small blisters or red spots on the buttocks (30%)
- Low-grade (100ºF to 102ºF) fever
- Mainly occurs in children age six (6) months to four (4) years
- Cause: Coxsackie A-16 virus

Immediately refer to primary care physician if these symptoms are present:

1. Signs of dehydration (e.g. very dry mouth, no tears, no urine in eight (8) hours
2. Stiff neck, severe headache or acting confused. (R/O aseptic meningitis)

Refer to primary care physician if these symptoms are present:

1. Red, swollen and tender gums (R/O acute gingivostomatitis- from Herpes simplex) (Reason: may treat with oral acyclovir).
2. Fever (> 100ºF) persists > three (3) days (R/O bacterial infection)

Contagiousness: Quite contagious but a mild disease. Incubation period is three (3) to six (6) days. Students can return to daycare or school when the temperature returns to normal (usually one (1) to three (3) days)

Expected Course: The fever lasts two (2) or three (3) days. The mouth ulcers resolve by seven (7) days. The rash on the hands and feet lasts ten (10) days.

Notification: Notify other parents only if there is more than one case per classroom.

HAZARDOUS WASTE MANAGEMENT

Little Rock School District has a contract for hazardous waste management. Large boxes with red plastic liners are located in the Health Services office. Waste pick-up is done at least twice a year and as needed.
Red containers for sharps: Ensure that the containers do not exceed 2/3 capacity. When transporting ensure the lid is closed and locked.

Generators of medical waste may transport their own waste to an off-site permitted treatment or disposal facility, or satellite facility in a fully enclosed container designed to prevent leakage of fluids as outlined in Section VI.D.1., without having to obtain a transportation permit.

HEADACHES *

CAUSE	TREATMENT
Illness (common cold, sinus infection, allergies, virus)	If temperature is elevated, follow guidelines for fever control. Send student home only if headache is unresponsive to medication as directed by school nurse.
Head Injury	Follow head injury guidelines
Hunger	Provide nourishment (check with individual school if there are funds set aside for snacks)
Fatigue	Use discretion and allow student to rest in health room.
Migraine (Diagnosis from PCP)	Give medication as directed by physician. Allow student to rest in health room. Avoid excess noise and bright lights. Exclude only if the headache is not responsive to medication and/or unrelieved with a period of rest.

IF STUDENT HAS REOCCURING HEADACHES ENCOURAGE PARENTS TO CONTACT PCP AND NOTIFY FAMILY OF ACH HEADACHE CLINIC

STAFF MEMBERS REQUESTING OTC MEDS FOR HEADACHE MUST HAVE BLOOD PRESSURE ASSESSED PRIOR TO MEDICATION ADMINISTRATION.

** Refer to 10th edition School Nurse Resource Manual "Headaches".*

HEAD INJURIES AND CONCUSSION *

CARE of Pre-K Students with HEAD INJURIES

1. Students who hit or bump their head should be sent to the health room to be evaluated by the school nurse or First Aid Provider with the Health Services Referral Form completed including location, piece of equipment or cause of injury (see DHS alignment at end).

2. If any of the following symptoms or conditions are present, the child **must** be evaluated by a school nurse:
   - a break in the skin, bruising or swelling of skin,
   - persistent crying,
   - refusal to eat,
   - statement or indication that head hurts.

   If the school nurse is not on campus notify, the Health Services Director at 539-0304 so prompt arrangements can be made for another school nurse to evaluate the student.

3. **Initial treatment of all injuries to the head**: Students should be kept still, lying down with their head and shoulders slightly elevated. Do not offer water. Apply an **ice pack** to the injured area. Allow student to rest and be observed for 30 minutes. Notify family of injury.

4. The nurse or First Aid provider will ask student and adult staff present during injury separately for details of the incident. Where did it occur? When did it occur? How did it occur? Were there other students involved? If two students collided, bumped heads into each other, both students must be evaluated.

5. Observe for signs of concussion and severe head injury. Does student have any of these symptoms?
   a. Unequal pupils.
   b. Seeing double or other visual problems.
   c. Severe headache.
   d. Forceful vomiting-some nausea may be common in mild head injuries.
   e. Dizziness or poor balance.
   f. Convulsions or seizures.
   g. Weakness of arms or legs.
   h. Unusual sleepiness or drowsiness.
   i. Marked mental changes or personality changes.
   j. Any fluid from ears or nose (other than normal secretions).

If any of the above symptoms are present, the child **must** be evaluated by a school nurse. Notify principal or building administrator. The parent is to be called immediately to come pick up student and will be referred to the primary care physician for urgent evaluation. If severe, see step 9.

The completed Head Injury Instruction form noting assessment and treatment will be placed in student health record and sent home with parent. Instruct parent to provide discharge paperwork from PCP with care instructions.

6. Student may return to class after 30 minutes if symptom free with a sticker on their shirt with a statement such as "**Please watch me, I Bumped My Head**" so that all who come in contact with the student can watch for abnormal behavior or a change in symptoms. Call parent or guardian to report the injury so they can watch student after school as well. Send the "Head Injury Parent Letter" to parents with student if symptoms present/visible injury. This is to be done <u>regardless</u> of how well the child feels after 30 minutes of rest.

7. Staff should continue to observe for the areas mentioned in #5 above. If condition changes, the student is to be evaluated or reevaluated by the school nurse.

8. Any child, who suffers a loss of consciousness or develops any of the symptoms listed in #5, is to be referred to a physician and a LRSD "Serious Incident" report is to be completed.

9. If there is persistent loss of consciousness, or unstable vital signs/ breathing or heart rate, call an **ambulance**. Notify family, principal, administration and Health Services Director. In addition to the LRSD "Serious Incident" report, a "Health Services Emergency Transport" Form is to be completed.

10. If child is stable (not having any symptoms) and is going to an after-school program, this information must be communicated with those care providers as well. A note is sufficient if the provider cannot be reached by phone.

11. <u>Anytime</u> an injury or illness, etc., occurs while on a **field trip** the school nurse must be notified. This includes all injuries, not just head injuries.

*****_This protocol is in alignment with DHS regulation 604.1.i (page 35 under Children's Records). A record of all accidents and injuries will be provided to the family on the date of the occurrence "indicating the date, location, time of day, area or piece of equipment, when incident occurred"._

<u>HEAD INJURIES AND CONCUSSION</u>

Students K-12th grade

1.Students who have received a significant blow to the head must lie down with their heads slightly elevated.
2. Take the pulse, respiration, and if possible, the blood pressure. Repeat these vital signs every 15 minutes until you are confident the student is stable.
3. Do neurological assessment. Observe for signs of concussion and severe head injury.
   a. Unequal pupils.
   b. Seeing double or other visual problems.

c. Severe headache.
d. Forceful vomiting-some nausea may be common in mild head injuries.
e. Dizziness or poor balance.
f. Convulsions or seizures.
g. Weakness of arms or legs.
h. Unusual sleepiness or drowsiness.
i. Marked mental changes or personality changes.
j. Any fluid from ears or nose (other than normal secretions).

4. Apply an ice pack to the injury.
5. Student may return to class if symptom free and after vital signs are stable on two consecutive assessments. Teachers should continue to observe the areas mentioned in #3 above and a "Head Injury Parent Letter" form must be sent home and parents notified by phone of the injury. (This is to be done regardless of how well the child feels after 30 minutes of rest.) If child is going to after school program, this information must be communicated with those care providers as well.
6. If the vital signs are unstable or any of the symptoms in #3 are present, the parent is to be called, and referral to physician made. The "Head Injury Parent Letter" form should be given to the parents.
7. Any child, who suffers a loss of consciousness or develops any of the symptoms listed in #3, should be referred to a physician.
8. If there is persistent loss of consciousness, or unstable vital signs, an ambulance should be called.
9. Provide a copy of the nurse referral form for the principal as well in case parents calls and info is needed.

** Refer to*

Health Records

Any medical requests will only to be given to custodial parent that is listed in eSchool. School nurse should notify parent/guardian that a 24-hour notice is needed for records. Health Records may not be e-mailed since it is Health Information. Parent/Guardian may pick up from nurse's office, confidential documents will need to be placed in a secure envelope.

IMMUNIZATION REQUIREMENTS

Immunization Requirements for Child Care and Early Childhood Education Facilities

Current AGE of child	**DTaP DTP/DT**	**POLIO**	**Hib ****	**HEPATITIS B**	**MMR ******	**VARICELLA ******	**PNEUMOCOCCAL ****	**HEPATITIS A**
1-2 Months	None	None	None	None (1-2 doses possible)	None	None	None	
3-4 Months	1 dose	1 dose	1 dose	1 dose (1-2 doses possible)	None	None	1 dose	
5-6 Months	2 doses **OR** 1 dose within last 8 weeks	2 doses **OR** 1 dose within last 8 weeks	2 doses **OR** 1 dose within last 8 weeks	2 doses **OR** 1 dose within last 8 weeks	None	None	2 doses **OR** 1 dose within last 8 weeks	
7-12 Months	3 doses **OR** 1 dose within last 8 weeks	2 doses **OR** 1 dose within last 8 weeks (3 doses possible)	2-3 doses **OR** 1 dose within last 8 weeks	2 doses **OR** 1 dose within last 8 weeks (3 doses possible)	None	None	2-3 doses **OR** 1 dose within last 8 weeks	
13-15 Months	3 doses **OR** 1 dose within last 8 weeks	2 doses **OR** 1 dose within last 8 weeks (3 doses possible)	2-3 doses **OR** 1 dose within last 8 weeks (4 doses possible)	2 doses **OR** 1 dose within last 8 weeks (3 doses possible)	None (1 dose possible)	None (1 dose possible. A medical professional history of disease may be accepted in lieu of receiving vaccine.)	2-3 doses **OR** 1 dose within last 8 weeks (4 doses possible)	
16-18 Months	3 doses or 1 dose within last 8 weeks	2 doses or 1 dose within last 8 weeks (3 doses possible)	3-4 doses with last dose on/after 1st birthday **OR** 2 doses if first dose is administered at age 12 - 14 months and doses are at least 8 weeks apart **OR** 1 dose on/after 15 months of	2 doses **OR** 1 dose within the last 8 weeks (3 doses possible)	1 dose	1 dose A medical professional history of disease may be accepted in lieu of receiving vaccine. .	3-4 doses with last dose must be on/after1st birthday **OR** 2 doses on/after 1st birthday	

			age if no prior doses					

Current AGE of child	DTaP DTP/DT	POLIO	Hib **	HEPATITIS B	MMR ****	VARICELLA ****	PNEUMOCOCCAL **	HEPATITIS A
19-48 months	4 doses **OR** 3rd dose within last 6 months **OR** 1 dose within last 8 weeks	3 doses **OR** 1 dose within last 8 weeks	3-4 doses with last dose on/after 1st birthday OR 2 doses if first dose is administered at age 12 - 14 months and doses are at least 8 weeks apart **OR** 1 dose on/after 15 months of age if no prior doses	3 doses *** **OR** 1 dose within last 8 weeks	1 dose	1 dose A medical professional history of disease may be accepted in lieu of receiving vaccine.	3-4 doses with last dose must be on/after1st birthday **OR** 1 dose on/after 24 months of age if no prior doses **OR** 2 doses on/after 1st birthday	**For 19-24 months:** 1 dose on or after first birthday (2 doses possible) **For 25-48 months:** 2 doses with one dose on or after 1st birthday and at least 6 months from first dose
≥49 months	5 doses * **OR** 4th dose within last 6 months **OR** 1 dose within last 8 weeks **OR** 4 doses with last dose on/after 4th birthday	4 doses with a minimum interval of 6 months between the 3rd and 4th dose **OR** 1 dose within last 8 weeks	3-4 doses with last dose on/after 1st birthday **OR** 2 doses if first dose is administered at age 12 - 14 months and doses are at least 8 weeks apart **OR** 1 dose on/after 15 months of age if no prior doses **Not required on/after 5th birthday**	3 doses *** **OR** 1 dose within the last 8 weeks	1 dose	1 dose A medical professional history of disease may be accepted in lieu of receiving vaccine.	3-4 doses with last dose on/after 1st birthday **OR** 1 dose on/after 24 months of age if no prior doses **OR** 2 doses on/after 1st birthday **Not required on/after 5th birthday**	2 doses with one dose on or after 1st birthday and at least 6 months from first dose

*5th DTaP/DTP/DT (Pre-school dose) must be given on/after the child's 4th birthday. Interval between 4th DTaP/DTP/DT and 5th DTaP/DTP/DT should be at least 6 months. If a child is currently ≥49 months of age and does not meet the above criteria or is in process within 15 days, they are not up-to-date and should be scheduled for immunization.

** For Hib and Pneumococcal, children receiving the first dose of vaccine at age 7 months or older require fewer doses to complete the series.

*** 3rd dose of hepatitis B should be given at least 8 weeks after the 2nd dose, at least 16 weeks after the 1st dose, and it should not be administered before the child is 24 weeks of age.

**** Vaccine doses administered up to 4 days before the minimum interval or minimum age can be counted as valid for doses already administered. Exception: The minimum interval between doses of live vaccines (such as MMR and Varicella) must be 28 days.

TABLE II
KINDERGARTEN THROUGH GRADE TWELVE IMMUNIZATION REQUIREMENTS*

Vaccine ► ---------- Grade ▼	**Diphtheria, Tetanus, Pertussis (DTP/DT/Td/ DTaP/Tdap)**	**Polio (OPV – Oral or IPV – Inactivated)**	**MMR***** **(Measles, Mumps, and Rubella)**	**Hep B**	**Meningococcal (MCV4)**	**Varicella**	**Hepatitis A**
Kindergarten	4 doses (with 1 dose on or after 4th birthday)	3 doses (with 1 dose on or after 4th birthday and a minimum interval of 6 months between the 2nd and 3rd dose) **OR** 4 doses with 1 dose on or after 4th birthday and a minimum interval of 6 months between the 3rd and 4th dose	2 doses (with dose 1 on or after 1st birthday and dose 2 at least 28 days after dose 1)	3 doses	None	2 doses (with dose 1 on or after 1st birthday and dose 2 at least 28 days after dose 1) ******A medical professional history of disease may be accepted in lieu of receiving vaccine.	1 dose on or after 1st birthday

*****A medical professional is a medical doctor (MD), advanced practice nurse (APN), doctor of osteopathy (DO), or physician assistant (PA). No self or parental history of disease will be accepted.

Vaccine ► ---------- Grade ▼	**Diphtheria, Tetanus, Pertussis (DTP/DT/Td/DTaP/Tdap)**	**Polio (OPV – Oral or IPV – Inactivated)**	**MMR***** **(Measles, Mumps, and Rubella)**	**Hep B**	**Meningococcal (MCV4)**	**Varicella**	**Hepatitis A**
Grades 1 – 12	4 doses (with 1 dose on or after 4th birthday) **AND** 1 dose of Tdap for ages 11 years (as of September 1st each year) and older **OR** 3 doses******* for persons 7 years of age or older who are not fully vaccinated (including persons who cannot document prior vaccination)	3 doses doses (with 1 dose on or after 4th birthday with a minimum interval of 6 months between the 2nd and 3rd dose) **OR** 4 doses with 1 dose on or after 4th birthday and a minimum interval of 6 months between the 3rd and 4th dose	2 doses (with dose 1 on or after 1st birthday and dose 2 at least 28 days after dose 1)	2** or 3*** doses (11-15 year olds could be on a 2-dose schedule)	Second dose at age 16 years (as of September 1st each year) with a minimum interval of 8 weeks since 1st dose **OR** 1 dose if not vaccinated prior to age 16 years (If first dose is administered at age 16 years or older, no second dose required.)	2 doses (with dose 1 on or after 1st birthday and dose 2 at least 28 days after dose 1) **OR** ******A medical professional history of disease may be accepted in lieu of receiving vaccine.	**Grade 1 only:** 1 dose on or after 1st birthday

. *****A medical professional is a medical doctor (MD), advanced practice nurse (APN), doctor of osteopathy (DO), or physician assistant (PA). No self or parental history of disease will be accepted.

Vaccine ► ---------- Grade ▼	**Diphtheria, Tetanus, Pertussis**	**Polio (OPV – Oral or**	**MMR*****	**Hep B**	**Meningococcal (MCV4)**	**Varicella**	**Hepatitis A**

	(DTP/DT/Td/ DTaP/Tdap)	IPV – Inactivated)	(Measles, Mumps, and Rubella)				
Grade 7	4 doses (with 1 dose on or after 4th birthday) **AND** 1 dose of Tdap **** **OR** 3 doses***** ** for persons 7 years of age or older who are not fully immunized (including persons who cannot document prior vaccination)	3 doses (with 1 dose on or after 4th birthday with a minimum interval of 6 months between the 2nd and 3rd dose) **OR** 4 doses with 1 dose on or after 4th birthday and a minimum interval of 6 months between the 3rd and 4th dose	2 doses (with dose 1 on or after 1st birthday and dose 2 at least 28 days after dose 1)	2** or 3*** doses (11-15 year olds could be on a 2-dose schedule)	1 dose	2 doses (with dose 1 on or after 1st birthday and dose 2 at least 28 days after dose 1) **OR** ******A medical professional history of disease may be accepted in lieu of receiving vaccine.	None

*Doses of vaccine required for school entry may be less than the number of doses required for age-appropriate immunization.
**An alternative two-dose hepatitis B schedule for 11-15-year-old children may be substituted for the three-dose schedule. Only a FDA-approved alternative regimen vaccine for the two-dose series may be used to meet this requirement. If you are unsure if a particular child's two-dose schedule is acceptable, please contact the Immunization Section for assistance at 501-661-2169.
*** 3rd dose of hepatitis B should be given at least 8 weeks after the 2nd dose, at least 16 weeks after the 1st dose, and it should not be administered before the child is 24 weeks (168 days) of age. (All 3rd doses of hepatitis B vaccine given earlier than 6 months of age before 6/21/96 are valid doses and should be counted as valid until 6/21/2014.)
**** Tdap vaccine can be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.

***** Exception: If a student has previously received two doses of measles, one dose of mumps and one dose of rubella before January 1, 2010, the doses will be accepted as compliant to immunization requirements and 2 MMRs are not required.

******A medical professional is a medical doctor (MD), advanced practice nurse (APN), doctor of osteopathy (DO), or physician assistant (PA). No self or parental history of disease will be accepted.

******* For unvaccinated persons 7 years of age and older (including persons who cannot document prior vaccination), the primary series is 3 doses. The first two doses should be separated by at least 4 weeks, and the third dose at least 6 months after the second. One of these doses (preferably the first) should be administered as Tdap and the remaining two doses administered as Td.

Vaccine doses administered up to 4 days before the minimum interval or minimum age can be counted as valid for doses already administered. Exception: The minimum interval between doses of live vaccines (such as MMR and Varicella) must be 28 days.

If the child does not meet the immunization requirements for entering school, the school shall refer the child to a medical authority (private doctor or health department) for immunization or consultation for when the immunization is due.

TABLE III COLLEGE/UNIVERSITY IMMUNIZATION REQUIREMENTS

Vaccine ► **----------** **Part-time Students living on campus and Full-time Students ▼**	**MMR*** **(Measles, Mumps, and Rubella)**
Incoming freshmen and foreign-born students	2 doses (with dose 1 on or after 1st birthday and dose 2 at least 28 days after dose)
All other students	1 dose (on or after 1st birthday)

* Exception: If a student has previously received two doses of measles, one dose of mumps and one dose of rubella before January 1, 2010, the doses will be accepted as compliant to immunization requirements and 2 MMRs are not required.

Vaccine doses administered up to 4 days before the minimum interval or minimum age can be counted as valid for doses already administered. Exception: The minimum interval between doses of live vaccines (such as between the first and second dose of MMR) must be 28 days.

May Refer Parents to these Immunization Clinics:

Stephens ACH SBHC: 501-447-4680
Chicot SBHC: 501-447-7070
Central Pulaski County Health Unit: 501–280-3100
Southwest Health Unit: 501-565-9311

INDIVIDUAL HEALTHCARE PLANS

School Nurses, in collaboration with the student, physician, family and teachers, shall meet nursing regulatory requirements and professional standards by developing an Individualized Healthcare Plan (IHP) for students whose healthcare needs affect or have the potential to affect safe and optimal school attendance and academic performance. **Development of IHP's is a nursing responsibility, based on standards of care regulated by state nurse practice acts** and cannot be delegated to unlicensed individuals (National Council of State Boards of Nursing [NCSBN] 2005 and ASBN 2007). It is the responsibility of the school nurse to implement and evaluate the IHP at least yearly *and, as changes in health status occur*, to determine the need for revision and evidence of desired student outcomes.

The IHP is a document based on the nursing process. The term IHP refers to all care plans developed by the school nurse, especially those for students who require complex health services on a daily basis or have a condition or diagnosis that could result in a health crisis. These students may also have an Individualized Education Plan (IEP), a 504 Student Accommodation Plan to ensure school nursing services and access to the learning environment, or an Emergency Care Plan (ECP) for staff caring for these students (Hermann, 2005).

An Asthma Action Plan, Seizure Action Plan, Food Allergy Action Plan, Diabetic Orders are all forms of IHP's. School nurses should attend the IEP team meetings as an opportunity to educate other team members on the special health needs of a student and to incorporate components of the IHP or the ECP.
"Judicious use of the IHP as a vehicle to ensure safe nursing services and continuity of care for students with special (health) needs is a standard of care against which a school nurse's conduct can be judged in a legal proceeding" (Hootman, Schwab, Gelfman, Gregory & Pohlman, 2005, p. 190). Along with applicable laws including state nurse practice acts, expert testimony, organizational policies and procedures, the standard of care is a significant factor used by courts in professional liability cases (Pohlman, 2005).
The IHP's clinical purposes include clarifying and consolidating meaningful health information, establishing the priority set of nursing diagnoses for a student, providing communication to direct the nursing care of a student, documenting nursing practice, ensuring consistency and continuity of care as students move within and outside school districts, directing specific interventions, identifying (safe and appropriate) delegation of care, and providing methods to review and evaluate nursing goals and student outcomes (Hermann, 2005). It is important to note that student-centered outcomes are developed early in the IHP process to guide interventions and provide a basis for evaluation to take place. The IHP is the document that combines all of the student's healthcare needs into one document for management in the school setting (Zimmerman, 2013).

The student Emergency Care Plan (ECP), also referred to as the Emergency Action Plan (EAP), is an emergency plan developed by the physician and nurse is sometimes used instead of an IHP (examples: Asthma, Seizure, Food Allergy Action Plans). The ECP is written in clear action steps using succinct terminology that can be understood by school faculty and staff who are charged with recognizing a health crisis and intervening appropriately (Zimmerman, 2013). The ECP should also cover situations such as a power outage or lock down that includes plans for appropriate emergency intervention related to such things as medication administration or hydration. The ECP is distributed to these individuals who have contact with the student with the expectation that the information will be treated with confidentiality. The individuals who have a copy of the ECP should be listed at the bottom of the plan.

Process for Developing an IHP

The IHP is treated as confidential information and is stored in an area which is easily accessible to personnel who are identified in the plan**. If the student is in special education, the IHP is to be a part of the Individualized Education Plan (IEP).** This plan encourages full communication and cooperation to provide the best possible care for the student.
Nurses and support staff cannot perform nursing procedures without doctor's orders and equipment provided by the parent. The appropriate training is to be done prior to the student's first day of attendance.
Document all **attempts** to obtain information for a care plan to support students at school with date, number called or emails.
Plans must be individualized to each specific student. Nurses are **Not** to download a commercially prepared care plan without modifying to the specific student.
Students requiring an IHP should be examined by a physician at least annually. Requesting updates for page 1 annually facilitates this process and appropriate care.

Prioritizing Your Student Population

- Every student whose health care needs overwhelmingly affect their daily functioning or impact their education will require an IHP. Priority students are: students with health needs that are addressed on a daily basis (administration of Insulin by injection following carb count, nutrition via gastrostomy tube, suctioning, thicket with meals, etc.)
- Students with a medical diagnosis of a chronic condition (sickle cell, seizures, immunosuppression, and hemophilia) may not require daily intervention but must have a safety plan / IHP.
- Students who take daily oral medications for conditions such as but not limited to ADD, ADHD, ODD may not need an IHP.

Components of the IHP
The IHP provides the format for assessment (summarizing key information); nursing diagnosis (synthesizing a problem statement); developing goals, interventions, and outcomes to meet the health needs of students; and evaluation. The IHP does not have to address every health issue of the student.
Steps of the process:

1. Obtain doctor's order (page one of IHP). Nurses complete the top three lines before sending to the physician or providing to the parent.
2. Obtain a Release of Information Form (ROI); have parent or guardian sign.
3. Fax ROI to physician with IHP page 1 and request a copy of the most recent physical.
4. Contact the parent to coordinate a date for a team meeting.
5. When the physician's orders for daily nursing procedures are available, the nurse trains the staff.
6. As soon as the nurse is informed of a student with a health condition, a safety plan is to be implemented (dysphasia, seizures, cerebral palsy, food allergies, asthma, etc.) while waiting for the formal plan / doctor's orders.
7. After the nurse writes the IHP page 2, 3, etc, a copy is provided to the parent for signature. Then the principal's signature is obtained.

8. IHPs are a fluid document. Save in a Folder on your computer, and your back up flash drives as IHPs. Files in the folder should be labeled for example "Jackie 2016". This facilitates easy updates.
9. Page 1 is to be sent to physician for updates annually. Review with the parent for any changes. Update with changes in staff and dates of their training. If there aren't any changes, sign and date the SAME IHP and use it again.

Parent Responsibility

- Notify the school (administrator, nurse, teacher or special education staff) of their child's health condition at the time of enrollment or when it becomes known during a school year.
- Page one of the IHP should be provided to the physician for completion. Services cannot be provided by school staff until this is provided.
- Provide medication, supplies, equipment and physician's written instructions to the school.
- Participate in the development and modification of the IHP and the associated training of staff.
- Notify school nurse of changes in health status; hospitalization, new medication, surgery, etc.

School Nurse Responsibility

- Interview the family and student.
- Review past and current medical, nursing and educational records, such as discharge plans, clinic reports, 504 plans, IEPs.
- Consult with other community providers, home care agency, counseling services.
- Do a physical assessment.
- Keep principal informed of student's status and your need for time to write, implement and evaluate the IHP.
- Collect signatures for Certificate of Dietary Disability (CDD) if <u>any</u> modification or restriction is needed. Nurses are not to remove food from a tray. Collaborate with school Child Nutrition staff and district Registered Dietitian when needed.
  Example: If the physician or APN orders carbs limited to "60 grams with meals" a CDD must be completed and Child Nutrition will make modifications.
- Observe student in the classroom.
- Maintain continuous collaboration, support, and review with the parents.
- Update annually.

Format of the IHP

The IHP form, (pages one and two) used by LRSD was developed by a committee of school nurses. The Arkansas State School Nurse Consultant ADE/ADII. The form was approved by

legal representatives from ADE and LRSD. All Arkansas school nurses are to use this form as the base of the student's IHP.

Page one is completed by the physician. It includes information about the student's condition, procedures, treatments and modifications required to be done during the school day. It is helpful to also collect information on procedures done at home to coordinate care.

Page two is completed by the school nurse. This page notes potential problems to anticipate prevention plans and documents staff who are trained and dates of training. Signatures of parent, nurse and principal are noted on page 2.

The third and other pages of the IHP contains a table that includes: assessment data, nursing diagnosis, goals, interventions and outcomes. The table will include:

Column 1 – Assessment Data: A brief statement of student's condition that requires nursing interventions.

Column 2 – Nursing Diagnosis. Focus on student response to disease that can change through nursing intervention. "You do not have to use the NANDA nursing diagnoses", Sue Will, 7/201_, ASNA Conference.

Column 3 - Goals. Goals are general, overarching, hoped for results. Guideposts for the selection of interventions and outcomes and evaluation. Example:
Improved asthma management, improved activity tolerance.
Outcome-Rescue inhaler use no more than 2x/week.

Column 4 – Interventions. Include any treatment, based upon clinical judgement and knowledge that a nurse performs to enhance student outcomes (NIC). Include the nursing procedures that are to be done, appropriate for the school setting. Indicate what equipment, supplies, medication are
to be used. What YOU are going to do.

Column 5 – Outcomes. Outcomes identify what the student is expected to do or know. They are to be measurable, specific, realistic and achievable because of interventions.
Outcomes should reflect SMART Goals:
Specific – clear expectation
Measurable – times per week/ percent of time
Attainable – Reasonable. Realistic for that student
Relevant – Aligned with diagnosis, goal, interventions
Time-framed – Timeline, deadline

LITTLE ROCK SCHOOL DISTRICT

HEALTH SERVICES

INDIVIDUAL HEALTH CARE PLAN

Act 1565 (1999) amends Annotated Arkansas Code 6-18-1005 to require Individual Healthcare Plans for students with special health care needs in schools. **(This information is CONFIDENTIAL.)**

Student's Name _____ Date of Birth _____ Grade _____

School _____ Allergies _____

Student's Diagnosis _____

Brief history of medical condition _____

PROCEDURES AND INTERVENTIONS (TO BE COMPLETED BY PHYSICIAN OR CLINIC NURSE)

1. Does the student require assistance to attend school? _____ If YES, documentation in items 2-10 should support this requirement.
2. Health care treatments, medications, or procedures (i.e. blood sugars, caths, etc.) at school:
   _____
   _____
3. Health care treatments, medications, or procedures at home: _____
   _____
4. Potential side-effects of medication(s) or treatment(s): _____
5. Transportation (bus, parents, etc.): _____
6. Suggested environmental modifications (seating in front of room, avoidance of specific allergens, etc.):
   _____
7. List necessary equipment and supplies and person(s) responsible for providing these items:

_____
_____

8. Safety Measures: _____
9. Dietary requirements: (Certification of disability form must be completed for school to accommodate.): _____
10. Activity Limitations:_____

PLEASE ATTACH A COPY OF STUDENT'S MOST RECENT PHYSICAL EXAMINATION

Physician's Signature _____ Date Signed _____

Emergency Plan ( ) Attached ( ) Check if additional information is attached.

LRSD IHP

Student's Name _____

HEALTHCARE PLAN
(TO BE COMPLETED BY SCHOOL NURSE AND SCHOOL TEAM)

Health Care Procedures Check ( ): Health Care Procedures should be attached.

Is backup staff available and trained if primary staff not available _____ Yes _____ No

Possible Problems to Anticipate and Interventions

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Training (Type)	Date Attended	Total Hours	Staff Attended

DOCUMENTATION OF PARTICIPATION

We have participated in the development of the Healthcare Plan and agree with its contents. Parent/guardian agrees to notify the school of the following changes or cancellations occur: the health status, physician (s), the procedure(s).

Signatures **Date**

_____ Parent/Guardian

_____ Nurse

_____ Principal/Designee

(Revised 3/07-ADE)
(Revised 8/21-LRSD)
Example Care Plan:

Nursing Assessment	Nursing Diagnosis	Goals	Interventions	Outcomes
Diagnosed with ADHD	Deficient Knowledge r/t: ● Inaccurate follow through of instruction ● Inappropriate behavior	Improved understanding from caregivers and student of known diagnosis	Promote understanding through education for parent/guardian regarding diagnosis, treatment options, and f/u assessments. Implement a medication program at school if needed. Obtain parent/guardian and physician authorization for medication to be given at school.	Student and parent/guardian will demonstrate increased knowledge about ADHD and the student's treatment, and management plan within one month.
Disruptive classroom behavior	Ineffective coping r/t: ● Insufficient problem solving skills ● Difficulty organizing information ● Inability to attend to information	Improved classroom behavior	Identify problem behaviors and help parents/guardians and teachers develop a behavior plan to encourage appropriate behaviors and decrease inappropriate behaviors Collaborate with school counselor, teach student self-monitoring techniques, including identifying social cues from peers and adults, refocus attention, and relaxation exercises.	Student will demonstrate readiness to learn by completing classroom activities with peers with 80% compliance within 3 months as reported by teacher Student will demonstrate effective problem-solving skills and coping strategies 50% of the time within 3 months as reported by the teacher.

Sample ADHD IHP-Landscape format is best to use. Need a nursing assessment to address all needs.

INFECTION CONTROL / UNIVERSAL PRECAUTIONS

Nurses are to refer school staff to the "Safe Schools" online program "Blood Borne Pathogen Exposure Prevention", under the Health Section. www.lrsd.org/staff lounge for the mandatory annual education requirement.

THIS PROTOCOL MUST BE POSTED IN ALL HEALTH ROOMS, FACULTY LOUNGES AND CUSTODIAL OFFICES.

Infection Control refers to those practices carried out by staff and students that control the spread of infections. All LRSD staff will be responsible for the following protocols:

1. **Hand washing is the most important technique for preventing the spread of disease.** Washing properly and frequently is necessary. Hand washing prevents staff from infecting themselves or their families and also protects the students in their care. Liquid or foam soap is recommended. Hot and cold running water is recommended, but cold water is adequate. Disposable paper towels and hand dryers are preferred. Cloth towels must be discarded after each use and arrangements made for proper disposal and storage until laundered.

   A. Staff and students should wash hands
      1. Prior to eating and after eating.
      2. After recess.
      3. Before and after caring for the sick or injured.
      4. Following elimination.
      5. Before and after diaper changes.
      6. Following contact with blood or body fluids, secretions or excretions.
      7. After contact with any object that might have been contaminated by body fluids.
      8. Following the removal of latex-free gloves.

   B. Correct hand washing procedures
      1. Wet hands;
      2. Apply soap and lather well;
      3. Wash vigorously a minimum of 15-30 seconds, all sides of fingers, palms, thumbs, backs of hands and up wrist; nails can be cleaned with a brush; wash under jewelry as well;
      4. Rinse well with running water;
      5. Dry hands with toweling and utilize the toweling to turn off the faucet; and
      6. Dispose of toweling.

2. **First Aid**
   Whenever appropriate, students and staff should be encouraged to do their own first aid. The nurse or other health care provider can review the appropriate steps, e.g., for cuts and lacerations, wash well with soap and water, dry, apply a band-aid, if necessary.

3. **Disinfection in the Health Room Setting**

A. Any item that has had contact with blood or body fluids may be potentially infective. The district approved tuberculocidal product is to be used as the disinfectant for any contamination that involves blood. This is a ready mixed solution that will be in a spray bottle. The same tuberculocidal is to be used as the disinfectant for any contamination that is blood free.

B. Sterilization and disinfection of instruments (scissors, nail clippers, etc.)
   1. When medical instruments/devices or supplies are contaminated with blood or other body fluids, they must be:
      a. washed with soap and water.
      b. submerged thoroughly in alcohol or green tincture for 20 minutes.
      c. rinsed thoroughly in cold water and placed in clean container.
      d. change solution at least once a week.
   2. The district approved tuberculocidal product is the disinfectant to be used for all blood-contaminated supplies and equipment.

C. Thermometer probe covers are to be ejected into the trash can without ever being touched.

D. The recommended type of ice pack is ice cubes encased in a zip lock bag. The zip lock bag is to be disposed of after each use.

E.

4. **Disposal of contaminated (used) needles, syringes, specimen containers, and blood contaminated objects**

Health Rooms have strong plastic leak proof container with a tight-fitting lid that will be used for blood or bodily fluid contaminated sharps, needles, and syringes. If the standard Red Sharps Container is not used, the container must be labeled "Infectious Waste". All used needles, syringes, and sharps will be placed in this container and will not be left where any student will have access to it. It must be kept in a locked cabinet. Needles, syringes and sharps are to be disposed of without breaking or recapping the unit. W**hen containers are 2/3 full and need to be disposed of,**
tape securely and bring to the Health Services office or call the office for Hazardous waste disposal.

5. **Exposure to contaminated (used) syringes, needles and sharps**

Any exposure to needles, syringes and sharps, by students or staff that involves a break in the skin is to be reported to the school nurse or Coordinator of Health Services as soon as possible. This includes exposure to contaminated (used) needles, laceration from glass, metal, or any other object that may have punctured another individual. It also includes mucous membrane exposure to blood, which may occur in a splash to the eye or mouth. Prolonged contact with large amounts of blood should also be reported.

Administer 1st Aid to all needle sticks. Clean wound with soap & water. A Serious Incident Report is completed for all needle stick injuries. Employees are to follow the procedure for Worker's Compensation included in the Operations Manual.
Parents must be called when students receive a needle stick. It is recommended the individual seek medical evaluation.

6. **Use of Gloves**

A. Latex-free gloves:

Disposable latex-free gloves should be used by all persons administering first aid when:

1. The potential is present for contact with blood or other body fluids.
2. The employee has any cuts, scratches or other breaks in the skin.

B. General-purpose utility gloves such as rubber household gloves must be used for:

1. Housekeeping chores involving potential blood and body fluid contact.
2. Decontamination procedures.

7. **Handling Body Fluids**

These procedures should be used for cleaning up any body fluid spill regardless of infectious disease status.

A. **Wear disposable gloves. When disposable gloves are not available or unanticipated contact occurs, wash hands and other affected areas with soap and water as soon as possible.**

B. Clean and disinfect all soiled, washable surfaces immediately, cleaning up the fluid spill before applying the disinfectant. Use paper towels to wipe up small areas. A sanitary absorbent agent can be applied to larger spills that may then be swept or vacuumed.

C. Clean and disinfect soiled rugs or carpet immediately. Mop tile floors with a clean mop.

D. Clean equipment and dispose of all disposable materials. Soiled tissue and flushable waste can be flushed in the toilet. Paper towels, disposable vacuum cleaner bags, and sweepings should be placed in a trash bag.

E. Clothing and other non-disposable items should be placed in a plastic bag to be sent home.

F. Remove disposable gloves and discard in trash bag.

G. Wash hands.

H. Secure plastic trash bags holding the contaminated waste.

I. Large blood spills that potentially could occur from severe trauma may require the custodian to seek additional assistance. The chlorinated absorbent in the kit provided for the custodians is sufficient for a spill of up to one gallon.

J. Vacuums and brooms are not to be used for spills of body fluid cleanup.

The Exposure Control Plan (ECP) mandated by the Occupational Safety and Health Administration (OSHA) Blood-borne Pathogen Standard (29CR 1910.1030) may be used as a resource guide.

8. **Guidelines for Diapering**

Correct diaper changing is required to prevent spread of infection through urine and/or fecal material. Children without symptoms may shed infectious organisms in urine or stool. The diaper changing area should be separated from activity areas and food preparation sites.

A. Equipment: changing table, cot or mat (with plastic or vinyl surface that can be cleansed and disinfected); hand-washing facility with hot and cold running water, liquid soap, paper towels; tissues, baby wipes; plastic trash bags for soiled linens and disposable gloves; disinfectant.

B. Wash hands, put on disposable gloves, and place student on clean changing surface.

C. Remove soiled diaper, folding inward to cover fecal material, and place in appropriate receptacle. If clothing is soiled, move and place in a plastic bag that can be labeled with the student's name, secured and sent home at the end of the day.
D. Cleanse the perineum and the buttocks thoroughly with soap and warm water or diaper wipes. Rinse well. Dry. Apply clean diaper.
E. Remove gloves and wash your hands.
F. Return student to class.
G. Put on another pair of gloves and disinfect the changing table or mat. Bag up all contaminated articles and secure. Remove gloves.
H. Wash your hands.

9. **Trash Containers**

A. All health room trash receptacles are to be lined with plastic liners, rather than the red bags used in hospitals, LRSD uses double bags for all waste with body fluids.
B. Do not reuse trash liners.
C. Do not push or pack down trash.
D. Trash liners are to be removed, secured and placed in the dumpster on a daily basis unless they are empty.

10. Guidelines for Maintaining a Clean School Environment

Maintaining a clean school environment decreases the probability of transmission of infectious diseases. Basic equipment includes trash bags, garbage cans, disposable gloves, disinfectant, hand washing area, liquid soap, paper towels, clean rags, brooms, mops/buckets, vacuum cleaner, washer/dryer for linens, and dishwasher.

A. Clean the following areas and items daily:
    1. Classrooms, bathrooms, kitchen
    2. Floors: sweep, mop, vacuum depending on surface
    3. Sinks and faucet handles; backsplash, walls around sink
    4. Cabinet and drawer handles
    5. Door knobs
    6. Soap dispenser spigot and/or soap holders
    7. Changing tables
    8. Toilets
B. Vacuum carpets daily. If a rug or carpet is soiled, it should be disinfected immediately.
C. Steam clean carpets quarterly.
D. Dust daily.
E. Empty trash daily; clean trash cans weekly.
F. Empty soap dispensers, wash, and air dry monthly.
G. If heavy non-disposable gloves are worn when a disinfectant is be used, they must be washed and air-dried after each use. They must be stored in the room of use in the area reserved for soiled articles.

INFECTION EXPOSURE (COMMUNICABLE DISEASE)
(Contagious Periods and Incubation Periods)

Definition of Terms in Chart Below:

- **Incubation Period:** Time interval between exposure to the infection and onset of symptoms.

- **Contagious Period:** Time interval during which a sick child's disease is contagious to others. With precautions, children sometimes can return to daycare and school before this period is over.

- **Infections That Are Not Contagious:** Reassure parents about these: otitis media, sinusitis, urinary tract infection, pneumonia, and bacteremia. Sexually transmitted diseases are not contagious to children unless there is sexual contact or shared bathing.

DISEASE	INCUBATION PERIOD (DAYS)	CONTAGIOUS PERIOD (DAYS)
Skin Infections / Rashes		
Chickenpox	14-16	2 days before rash until all sore have crusts (6-7)
Fifth disease (erythema infectiosum)	10-14	7 days before rash until rash begins
Hard-foot-and-mouth disease	3-6	Onset of mouth ulcers until fever gone
Impetigo (strep or staph)	2-5	Onset of sores until 24 hours on antibiotic
Lice	7	Onset of itch until 1 treatment
Measles	10-12	4 days before rash until rash gone (7)
Roseola	10-15	Onset of fever until rash gone (2)
Rubella	14-21	7 days before rash until rash gone (4)
Scabies	30	Onset of rash until 1 treatment
Scarlet fever	3-6	Onset of fever or rash until 24 hours on antibiotic
Shingles (contagious for chickenpox)	14-16	Onset of rash until all sores have crusts (7)
Warts	30-180	*Footnote 1*
Respiratory Infections		
Bronchiolitis	4-6	Onset of cough until 7 days
Colds	2-5	Onset of runny nose until fever gone

Cold Sores (herpes)	2-12	*Footnote 2*
Coughs (viral) or croup (viral)	2-5	Onset of cough until fever gone
Covid-19	2-14	48 hours prior to onset of symptoms through day 10 or 48 hours prior to test through day 10 if asymptomatic
Diphtheria	2-5	Onset of sore throat until 4 days on antibiotic
Influenza	1-2	Onset of cough until fever gone
Sore throat, strep	2-5	Onset of sore throat until 24 hours on antibiotic
Sore throat, viral	2-5	Onset of sore throat until fever gone

Continued…

INFECTION EXPOSURE
(Contagious Periods and Incubation Periods) (Continued)

DISEASE	INCUBATION PERIOD (DAYS)	CONTAGIOUS PERIOD (DAYS)
Respiratory Infections (continued)		
Tuberculosis	14-70	Until 2 weeks on drugs (Note: Most childhood TB is not contagious.)
Whooping cough	7-10	Onset of runny nose until 5 days on antibiotic
Intestinal Infections		
Diarrhea, bacterial	1-5	*Footnote 3*
Diarrhea, giardia	7-21	*Footnote 3*
Diarrhea, traveler's	1-6	*Footnote 3*
Diarrhea, viral (Rotavirus)	1-3	*Footnote 3*
Hepatitis A	14-50	2 weeks before jaundice begins until jaundice resolved (7)
Hepatitis B	50-180	Same
Pinworms	21-28	*Footnote 1*
Vomiting, viral	2-5	Until vomiting stops
Other Infections		
Infectious mononucleosis	30-50	Onset of fever until fever gone (7)
Meningitis, bacterial	2-10	7 days before symptoms until 24 hours on IV antibiotics in hospital
Mumps	16-18	5 days before swelling until swelling gone (7)
Pinkeye without pus (viral)	1-5	*Footnote 1*
Pinkeye with pus (bacterial)	2-7	Onset of pus until 1 day on antibiotic eye drops

Footnotes

1. Staying home is unnecessary because the infection is very mild and/or minimally contagious.
2. Cold sores: <6years old, contagious until sores are dry, 4-5 days (no isolation necessary if sores are on part of body that can be covered).>6years old, no isolation necessary if beyond touching, picking stage.

3. Diarrhea precautions: Contagious until stools are formed. Stay home until fever is gone, diarrhea is mild, blood and mucus are gone, and toilet-trained child has control over loose BMs. Shigella and *E. coli* 0157 require extra precautions.

COMMUNICABLE DISEASE/Infection Exposure

Guide for School Nurses to Report Communicable Diseases

1. If a parent/guardian calls and reports that their child has varicella, pertussis, meningitis, or any other communicable disease, please find out where/who diagnosed the child and then report to Arkansas Department of Health (ADH) using the Communicable Disease Reporting Form. Once ADH receives the report and confirms the diagnosis, a health department nurse might contact you to collect more information about the child.

2. When ADH contacts the school, we might need some of the following information to facilitate identification and prevention methods for the disease under surveillance:
   - Teacher's name and class/classes attended by case, the number of students in class, and the seating arrangement of class (tables versus chairs in rows). *electronic copy of class rosters are very helpful.

     If student is a bus rider, we will need the bus number, whether they have assigned seating on bus, does the bus go to multiple schools, and length of ride.

   - Once we identify those at risk we may need to determine how close the child sits to each contact (example- with pertussis we treat based on proximity to case).
   - Immunizations status of those in class, bus, etc. that we identify as a contact
   - If there are any immunization exemptions in the school, we need to know if they are a contact to the case, what type of exemption they have, and if they have had any immunizations previously. The ADH Communicable Disease Medical Director will provide guidance on who should be excluded and length of time for exclusion.
   - Once we have collected the information and reviewed with our medical director, we will make a recommendation to the school. If applicable, ADH will provide the school with a letter for parents along with instructions and a fact sheet about the disease.

3. Please confirm the recommendations and appropriate follow up actions with the health department. The school can choose to go above and beyond the health department's recommendations. ADH may provide a letter/fact sheet for parents. There are several different kinds of letters that may be used.
   Close Contact Letter- used for students that have been identified as a close contact to the case and it explains that the child/student has been named as a close contact and needs treatment/vaccination and advises them what to do.
   Minimal Contact Letter- used for students that have had minimal contact with the case but need to be aware of what signs and symptoms routinely occur and what to do.
   Fact Sheet- Information sheet for parent/guardian that explains the disease, how it is spread and what signs and symptoms routinely occur.

4. If an outbreak is identified, ADH will need your help in collecting information on the students, assessing immunization status, and distributing information to parents in a timely manner.

   For any questions please contact your local Communicable Disease Nurse Specialist (CDNS) or you may call our division of Communicable Disease at 501-537-8969.

Revised Guidance for Exclusion from School during Varicella Outbreak

In order to better meet the needs of schools and students in Arkansas, the Arkansas Department of Health has revised its guidance regarding how ADH will handle outbreaks of varicella. This guidance applies to varicella outbreaks only and is intended for use by ADH Communicable Disease staff. ADH Communicable Disease staff will be responsible for determining the date of initial exposure and when an outbreak has ended.

Children in Preschool and Daycare Settings
Unvaccinated children who are exposed to varicella will be excluded for a minimum 21 days.
1. If the child receives a dose of the varicella vaccine, they may return to school immediately.
2. The child should be monitored for symptoms and rash for 21 days. If the child develops a rash they must be excluded from school and reported as a new case.
3. If the child remains unvaccinated they may return after they have been disease free for 21 days and the outbreak has ended. If they remain disease free for 21 days and the outbreak has not ended, they will be excluded until the outbreak is over.
4. If a child has a history of disease provided by a medical profession or has immunity to varicella as demonstrated by IgG titer, they may return immediately.

Kindergarten through Grade 12
Unvaccinated students who are exposed to varicella will be excluded for a minimum 21 days.
1. If the student receives the first dose of the varicella vaccine, they may return to school immediately. This student should be monitored for symptoms and rash for 21 days. If the student develops a rash they must be excluded from school and reported as a new case.

2. If the student receives the first dose of varicella, they will need to complete a waiting period before they can receive their second dose. For students aged 7 through 12 years, the recommended waiting period is 12 weeks. For students aged 13 and older, the recommended waiting period is 4 weeks. Students who have received their first dose and are waiting to receive their second dose are considered to be "in process" and may return to school.
3. If the student remains unvaccinated, they may return after they have been disease free for 21 days and the outbreak has ended. If they remain disease free for 21 days and the outbreak has not ended, they will be excluded until the outbreak is over.
4. If a student has a history of disease provided by a medical professional or has immunity to varicella as demonstrated by IgG titer, they may return immediately.

Students with only one dose of varicella vaccine who are exposed to varicella will be excluded for a minimum 21 days.

1. If the student has recently received their first dose of varicella vaccine and is in the waiting period before they can receive the second dose, they do not need to be excluded.
2. If the student receives the second dose of the varicella vaccine, they may return to school immediately. This student should be monitored for symptoms and rash for 21 days. If the student develops a rash they must be excluded from school and reported as a new case.
3. If the student does not receive the second varicella dose, they may return after they have been disease free for 21 days and the outbreak has ended. If they remain disease free for 21 days and the outbreaks has not ended, they will be excluded until the outbreak is over.
4. If a student has a history of disease provided by a medical professional or has immunity to varicella as demonstrated by IgG titer, they may return immediately.

LGBTQ

See *10th edition School Nurse Resource Manual*, Sexual Minority youth p.568

LICE *

Read *10th edition School Nurse Resource (Lice).*
If you see lice in the scalp or if there are nits (small white specks tightly adhere to the hair shaft), use the following directions:

1. If a student has been adequately treated for head lice and continues to have nits, he/she should **not** be excluded from school.
2. All early childhood students are required by DHS to be **nit free** to attend school.
3. Only symptomatic students are required to be inspected by the teacher or other school personnel to determine if they also have head lice.
4. Report to the Health Services Director if multiple cases are found.
5. If resistance to OTC products is identified in the community students should be referred to their PCP for prescription treatment.
6. Discourage parents from using insecticide foggers or sprays at home. They are not necessary and can be toxic if inhaled or absorbed through the skin.

NOTE: Plain vinegar aids nit removal with combing.

MENINGITIS (Bacterial)

** Refer to Clinical Guidelines for School Nurse -- Meningitis*

Schools need to respond to a diagnosis of Bacterial Meningitis only if a report is received from the Arkansas Department of Health. If a parent reports this diagnosis, request written diagnosis from a physician. This will be shared with Arkansas Department of Health following their directive. Instructions for reporting communicable disease are in this manual under Communicable Disease.

MENINGITIS (Viral)

Students with a diagnosis of viral meningitis do not need to be excluded from school when they are fever free. Students are only considered infectious while they have a fever.

MENSTRUAL CRAMPS (Dysmenorrhea) *

1. Allow the student to lie down for a brief period.
2. Use the heating pad for 20-30 minutes.
3. If nausea and vomiting are present or if cramping is very severe, the student may need to go home.
4. Repeated visits to the Health Room for menstrual cramps require further assessment by the nurse and possible referral to the doctor.

MENTAL HEALTH ASSESSMENT

When students present with alterations in mental health nurses are to collaborate with the agency mental health therapist on campus and / or school counselor. The parents' permission is required for the private agency mental health Therapist to treat a student on school campus. The agency therapist is required by contract to assist students with emergency needs.

Written parental permission is required for depression screening or other kinds of mental health screening.

All employees who present with symptoms of stress or difficulty functioning at work should be encouraged to talk with the building administrator and to call the Employee Assistance Program. Several programs are available to support staff.

MONONUCLEOSIS *

Mononucleosis is an acute syndrome characterized by fever, sore throat, weakness, and enlarged lymph nodes, especially in the neck. The incubation period is 5 – 7 weeks. Student must be kept

at home until symptoms disappear and he or she is able to tolerate general activity. An afebrile student does not need to be excluded from school or activities.

** Refer to Clinical Guidelines for School Nurse (Mononucleosis).*

NARCAN-See Emergency Medications

NEEDLESTICK

Administer 1st Aid to all needle sticks. Clean wound with soap & water. A Serious Incident Report is completed for all needle stick injuries. Employees are to follow the procedure for Worker's Compensation included in the Operations Manual.

Parents must be called when students receive a needle stick. It is recommended the individual seek medical observation.

If an Epi Pen is the source of a needle stick and was erroneously given, the individual will experience side effects of the medication; increased heart rate. Treat symptoms and refer for advanced care if needed. Symptoms will last for 20-30 minutes.

NEUROPSYCHOLOGY EVALUATIONS

LRSD school psychologists do not do neuropsychological evaluations. This is a very specialized evaluation. District School Psychologists are certified only and do not hold a license with the Psychology Board, and those Licensed Psychological Examiners are not licensed to complete neuropsychological evaluations. The category of Traumatic Brain Injury requires a neuropsychological evaluation, but this requirement was changed to require either a neuropsychological evaluation OR a medical so we generally have a medical evaluation and rarely require these evaluations to be completed.

Person Protective Equipment (PPE)

Gown, Gloves, Mask, Goggles, Face Shield, and Gloves
Use safe work practices to protect yourself and limit the spread of contamination
-Keep hands away from face
-Limit surfaces touched
-Change gloves when torn or heavily contaminated
-Perform hand hygiene
For further guidance: https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf

POISONING

If a student has ingested any questionable substance call Poison Control (1-800-222-1222) immediately, follow their directions then relay this information to the parents. Suspect ingestion if student presents with: breathing difficulty; nausea, vomiting or diarrhea; chest or abdominal

pain; sweating; changes in consciousness; seizure; headache or dizziness; irregular pupil size; burning/tearing of the eyes; abnormal skin color; burns around the lips, tongue or on the skin.

1. **CHECK** scene, then **CHECK** person.
2. Obtain consent.
3. For life-threatening conditions, (e.g., unconscious, not breathing or a change in consciousness) **CALL 9-1-1,** OR-
   If conscious, **CALL** National Poison Control Center 1-800-376-4766

Call Poison Control when someone has:
Been bitten by a spider, snake, or stung by a scorpion
Adverse reaction to a bee, wasp or ant sting
Taken un-prescribed medication
Eaten a plant
Questions about medication affecting breast milk
Contamination of medication
Any medication overdose
Adverse reaction to herbal tea or supplement

POISONING - Food

For symptoms of food poisoning with one student, contact their parent and refer them to their Primary Care Physician (PCP). For multiple cases/students contact: Building Administrator, LRSD Food Services (447-2450); Director of Health Services (539-0304); The Pulaski County Department of Health (280-3100). Will be contacted by an administrator.

** Refer to Clinical Guidelines for School Nurse (Foodborne Illness).*

PREGNANCY – Nurse's Role and Interventions for Students who are pregnant

All nurses are expected to collaborate with teachers and school staff to identify students who may need reproductive care.
Consult with assistant principals, counselors, clinicians, resource officers, Steering Committee and Campus Leadership Team on a regular basis to make safety plans for students.

The following procedure is utilized by School Nurses to document work done towards this objective:

1. As soon as a student is identified as pregnant, the school nurse will arrange a conference time with the student and give the student the "Pregnancy Information Sheet" for completion once student has received initial medical care.
2. Encourage and assist with parent communication.
3. Provide teaching and refer to programs for pregnant teens
4. Document pregnancies as directed by Health Services.
5. Notify school Staff on "need to know basis".
6. If any changes in the pregnancy occur, notify school staff as soon as possible. When student is placed on Maternity Leave, please notify teachers as well as the Attendance Office.
7. Supports the students returning to school and meeting graduation requirements.

Secondary students who are concerned about being pregnant and request a **pregnancy test** may receive a confidential test in the nurse's office or be referred to any ACH primary care clinic (GPC, Circle of Friends, Southwest Little Rock, Adolescent Clinic) or ADH. If the test is positive the parent must be notified within 48 hours via a conference call with the school nurse.

RABIES CONTROL

Specimens (bats, birds, etc.) must be taken in a container to the Arkansas Department of Health at 4815 W. Markham Street; main number is 501-661-2000. Contact their parent and refer them to their Primary Care Physician (PCP). All animal bites must be reported to the student's Primary Care Physician. Call animal control (376-3067) if needed.

Rape- See Sexual Assault

RASHES

- *Refer to Clinical Guidelines for School Nurses (Rashes).*

COMMON SKIN RASHES

Disease/Agent	Source/Transmission	Incubation	Communicability	Description	Therapeutic Management
Hand-Foot-and Mouth (Coxsackie Virus A16)	Fecal-oral or possible oral-oral	Ubiquitous in humans. *Humans are the only natural host.*	Fecal viral excretion and transmission can continue for several weeks after the onset of infection.	*Exanthem:* *Maculopapular → vesicles – sometimes coalesce → bulla * ¼ - 2/3 have highly characteristic vesicular lesions on hands and feet *Enanthem:* (on mucous membranes)* occurs just prior to outbreak of exanthema * tongue is involved in 44% of patients	* Symptomatic * Disease is self-limiting * IVG may be used in immunocompromised
Roseola (HHV-6) Herpes Human Virus	Unknown – most likely occurs via respiratory secretions of asymptomatic family member/caretaker	Varies 5 – 15 days	Unknown	*Exanthem:* * discrete rose-pink macules or maculopapules * trunk → neck → face → extremities * nonpruritic * *fades on pressure* * lasts 1 – 2 days	* Antipyretics for fever control
Rubella - "German or 3 – Day Measles" (Rubella virus)	Respiratory secretions, stool, blood, urine or trans placentally	14 – 21 days	7 days prior to 5 days after appearance of rash	* pinkish red maculopapular exanthem appearing on face first and rapidly spreading to rest of body by end of day 1 * arthralgia * disappears in the same order as it appears and usually gone by 3rd day	* Symptomatic * Antipyretics * Analgesics
Rubeola - "Classic or Red Measles" (Paramyxovirus)	Respiratory secretions	10 – 20 days	4 days prior to 5 days after rash appears	* Erythematous maculopapular rash 3 – 4 days after onset of prodromal stage	* Vitamin A Supplement * Symptomatic – bedrest during febrile period * Antipyretics

				* Begins on face and spreads downward * Turns brown and scaly after 3 – 4 days * More severe the rash, the more sever the disease * Ear infection * Pneumonia	* Photophobia – warm saline to eyes
Fifth Disease "Erythema Infectiosium" (Paravovirus B19)	Probably respiratory and blood. *Humans are only known host.*	4 – 14 days	Just prior to onset of symptoms. One week after onset of symptoms in child in aplastic crisis.	Three stages: * slapped cheeks * maculopapular rash – extremities * lacy rash - 5 – 6 days	* Antipyretics * IVIG in immunocompromised children

RINGWORM *

Suspect ringworm if there is a circular, scaly rash that itches; usually with clearing of the central area thus forming a ring. Ringworm is caused by a fungal infection of the skin. Use the following guidelines:

1. Students with ringworm on skin do not need to be excluded from school if treatment is started.
2. Students with ringworm of the scalp are to be excluded from the school until written statement of treatment by a physician is received.
3. Medications work better without occlusive dressing/covering. Lesions may be covered if school staff expresses significant concern.

** Refer to 10th ed. School Nurse Resource Manual (Ringworm, p. 342).*

SARS (Severe Acute Respiratory Syndrome)

Any student or visitor who has traveled from the Far East and has respiratory symptoms (cough), sweats and fever should be evaluated with the SARS Assessment form in the Health Services Procedures Manual. If symptoms are positive, contact the student's parents and to the Arkansas Department of Health. History of travel without symptoms does not need to be reported.

SCABIES

Refer to 10th ed. School Nurse Resource Manual (Scabies, p.348).
If the highly contagious burrowing mite is detected the student is excluded for prompt treatment. The student may return the next day, after 8 hours of treatment. Not required to report to ADH.

SCARLET FEVER (Streptococcus) *

The bright red rash usually appears within 24 hours of onset of symptoms. Other symptoms may be vomiting, fever, sore throat, and/or headache. Watch for signs of dehydration (very dry mouth, no urine for 8 hours). Student must be isolated and excluded from school and on antibiotics 24 hours before returning to school.

**Refer to 10th ed. School Nurse Resource Manual (Sore Throat, p. 379).*

School Based Health Clinics
REFERRAL TO CLINIC FROM LRSD SCHOOLS

LRSD School-Based Health Clinics (SBHC) will accept referrals from all LRSD schools. The school nurse may refer students to LRSD SBHCs who are in need of further medical evaluation and treatment outside the scope of practice of the school nurse. The school nurse may also refer students with delinquent immunizations and annual physicals.

Procedure

The school nurse may send a consent form or clinic information home with the student.
The parent/guardian should call the clinic to schedule an appointment. Parents are responsible for transportation to appointments.

LRSD SBHCs:
Chicot Health Clinic
11100 Chicot Rd.
501-447-7070
Arkansas Children's Hospital - Medical
Dr. Valerie Arnold - Vision (Medicaid and Uninsured Only)

Stephens Health Clinic
3700 W. 18th St.
501-447-4680
Arkansas Children's Hospital - Medical

Wakefield Health Clinic
75 Westminster Dr.
501-447-6645
Dental Care (Medicaid and Uninsured Only)

Washington Health Clinic
2700 S. Main St.
501-447-6765
ArCare - Telemedicine

SCREENINGS

If referral is warranted, fill out the state required fields which are; referral code, referral date, follow-up code, and followup date. If the followup date is not entered the report will not run in cognos.

Mandatory Screenings for School Nurses

Name of Screening	Grades to be Screened	Deadline
Vision	**Pre-K, K 1, 2, 4, 6, 8 Transfers any grade & Referrals from teachers or parent/ guardian for any student.**	**APSCN- Nov 15th & April 15th (Enter your data by October 30th and March 30th)**
Immunizations	**Oct. 1st K & 7 New students and All Grades that haven't already been entered previously. Acuity Levels for students due at this time*(new 17-18)**	**APSCN-Oct. 15th (Enter data by Oct. 1)**
Hearing	**Pre-K, K, 1, 2, 4, 6, 8 Transfers any grade & Referrals from teachers or parent/guardian for any student.**	**APSCN- June 15th (Enter your data by May 30th)**
Scoliosis	**6 & 8 grade girls; 8th grade boys**	**APSCN-June 15th (Enter your data by May 30th)**
BMI	**K, 2, 4, 6, 8, 10**	**Internet- www.achi.net May 1st**

NOTE: Students enrolled in Special Education are screened at age appropriate grade levels and when requested for portfolio updates. Deadline dates are underlined, other date are suggested dates only.

Questions: Cheria Lindsey, BSN, RN, State School Nurse Consultant

BMI SCREENING

Purpose- Body Mass Index is a screening tool used to help school nurses assess a child's weight.

Supplies Needed-

Stadiometer, stabilized against the wall

Scale-ensure that it is calibrated

Carpenter Square (looks like an Orange Triangle)

Step Stool-the measurer needs to read the measurement at eye level

Batteries

Basket or Box to put student's belongings in while they weigh

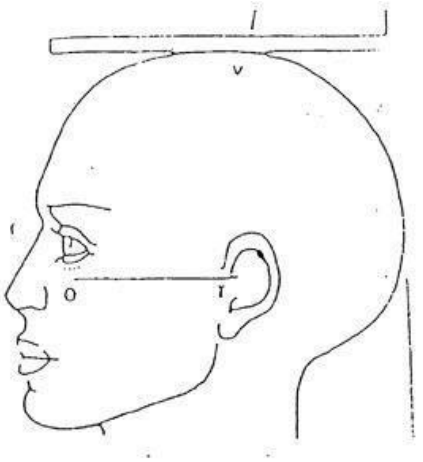
Chairs-for students to sit on while removing shoes

Weight Measurement

Have the student step on the scale with feet centered and body weight evenly distributed. The student should be facing the back of the scale (for confidentiality of the measurement). Weight is recorded to the nearest 0.2 pound.

Height Measurement

Shoes will need to be removed prior to height and weight. The student will stand with their back against the board with the back, scapulae, and buttocks touching the board if possible. The legs will be placed together with the knees and ankles touching. If the child has knock-knees, the feet are separated so that the medial borders of the knees are in contact, but not overlapping.
Verify position from the FRONT and LEFT side of the body. See image for Frankfort Horizontal Plane.



ORBITALE: Lower margin of eye socket
TRAGION: Notch above tragus of ear or at upper margin of zygomatic bone at that point
FRANKFORT PLANE: Orbitale-tragion horizontal line

Have student inhale deeply and hold his/her breath While Maintaining the head and body in the same position. The carpenter square is brought to the upper most point on the head with sufficient pressure to compress the hair. The measurement is recorded to the nearest 1/8th of an inch

Measure 1st Height, weight, then 2nd height. Record 2nd height in to eSchool unless there is an inch difference. Attempt height again if there is more than an inch difference between 1st and 2nd reading, to ensure accurate reading.

SCOLIOSIS SCREENING

I. PURPOSE

Scoliosis is a lateral curvature of the spine. Eighty-five percent of all cases have an unknown cause and are referred to as "idiopathic scoliosis". This condition can be detected in children during the growth spurt period between the ages of 10 and 15 years. Girls are affected more often than boys.
About 2 in 100 people will have a mild form of scoliosis. Scoliosis can be relatively easily detected by performing a 30 second scoliosis screen. If scoliosis is detected early, then treatment can be started before it becomes a physical or emotional disability. These Rules and Regulations provide a method to assure that all school age children shall be screened for scoliosis, and to assure that all children who fail the screening are referred for appropriate medical follow-up.

II. AUTHORITY

Act 41 of 1987 as amended by Act 95 of 1989, "An act to protect the health and welfare of

Arkansas children by requiring the Department of Health to institute scoliosis screening programs; and for other purposes."

III. **DEFINITIONS**

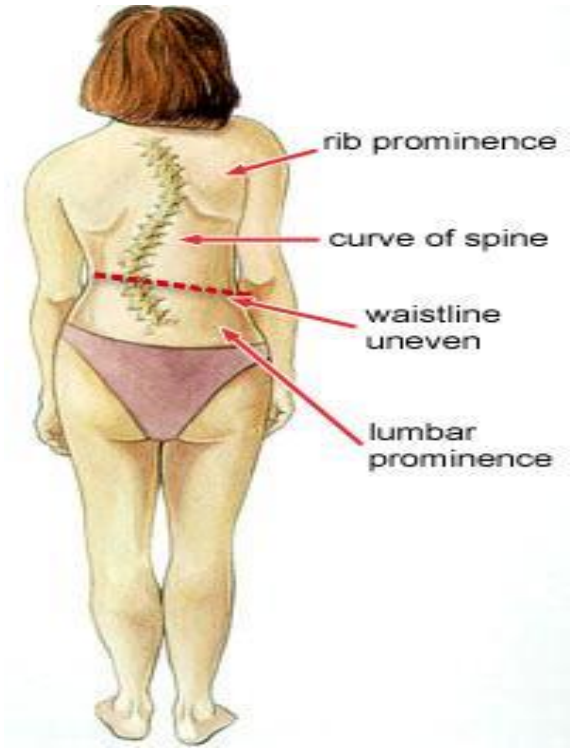
A. **Certified Instructors**: Individuals who train the screeners. These shall be licensed health practitioners who have successfully completed the Arkansas Department of Health Instructor Training Course in Scoliosis Screening.

B. **Screeners**: Individuals who perform the actual scoliosis screening. These shall be licensed physicians, individuals who have been trained to perform scoliosis screening by a Certified Scoliosis Screening Instructor, or individuals who can document completion of a Scoliosis Screening Workshop within the past five years and demonstrate competence to a Certified Scoliosis Screener.

C. Scoliosis Screening Procedure: The procedure used to examine a child for scoliosis. It consists of evaluating the child in six positions. The forward bend technique is included in three of these positions.

D. Scoliometer: An instrument that measures the degree of rotation of a deformity of the back found on a routine scoliosis screening.

E. Forward Bend Technique: A technique used to determine the presence or absence of an abnormality of the spine. It involves observing the person being screened from the rear, front, and side while the person is bending forward.



Grades for Screening:

- Girls- 6th and 8th grades
- Boys- 8th grades

Students with a curvature of 4 degrees should be evaluated by the nurse every 6 months. Parents of students with a curvature of 7 degrees receive a referral letter recommending

the student be evaluated by their primary care doctor or Orthopedic physician if insurance allows.

Vision Screening Procedure

Vision screening is a vital skill for school nurses. Since good vision is essential to learning it's important to identify students who need vision correction early. The following procedure was developed to support compliance with Act 1438 of 2005, Arkansas Department of Education Rules Governing Eye and Vision Screening Report in Arkansas Public Schools.
In LRSD, any student who fails one part of a screening is automatically referred to another nurse for screening. This decreases the number of rescreens to be done later. Health Aids and volunteers do not do rescreens.

- Screen one eye at a time.
  - If a child wears glasses, perform the screening with the child wearing the glasses.
  - If a child fails with his glasses. Test him without…sometimes the glasses are no longer right. If a child has newly prescribed glasses, then retest with the glasses and note the fail or pass. Glasses are not always made properly. If the child is being screened as a request for testing from special services, then report the new screen findings to the specialist.
- Screen at 20 feet for 20/30 acuity – Snellen Chart
  - Literate children
- Screen at 10 feet for 10/30 acuity – Age Appropriate Chart
  - Allen Chart/Tumbling E's
  - Pre-literate children/non-English speaking

The 10-ft. chart may be used with literate students if there is a space constraint. The 10-ft. chart is used in a 10-ft. space. Do not use a 20ft. chart in a 10ft. space and vice versa.

- **Any eye with vision poorer than 20/40 (large chart) or 10/20 (small chart) is a screen failure. Any student grades K-12 who misses more than 2 items on one line of the appropriate chart at 20/40 fails acuity. Any Pre-K student who fails to identify 4 or more items on the wall chart at 20/30 fails acuity. ***
- **These students do not need other vision testing at school. A referral for a vision exam by a medical provider should be done at this time.**
- * ADE Publications regarding vision screening rules, 2007 - 2015 state failure is 20/40.

Plus 2 (+2.00) Visual Acuity

- Test for farsightedness.

- Perform exactly as the distance visual acuity except;
- Hold a +2.00 lens (eye glasses) in front of the tested eye (fellow eye covered).
- Any eye that improves 2 lines of vision with the +2.00 lens is a screen failure.
- If student sees better with glasses, mark failure for 2+ part of Acuity screening.

Review the instructions that came with your specific vision machine for directions of use. In LRSD we tried to arrange slides so there is consistency of order. The slides may not correlate to the "Owner's Manual" so match the pictures. These are available on line from the manufacture's website if needed.

Lateral Muscle Balance Test at Far

- Performed at 'far' setting.
- With the Sterioptic machine keep Right eye on; left eye off. Titmus 2S machines
  Give instructions: "Here is a box. I will throw a red ball. Tell me where the ball lands."
- Turn left eye on.
- Need immediate answer. If not, repeat the test.

To pass, the child should report the ball landing 'in the box' or 'on the line'.

Lateral Muscle Balance Test at Near

At completion of Muscle Balance Far screening switch lever to 'near' setting.
Procedure is the same now as the Lateral Muscle Balance Far screening

Binocularity

Can use whichever of three slides you have—only need to use one.
Pass criteria depends on the slide.
Test in far position.
Test with both eyes 'on'.

Binocularity (Fusion) at Far

Example: Optec/Titmus
Right Eye sees two E figures (if 'on' alone) and the Left Eye sees two E figures (if 'on' alone).
When both eyes are 'on' the child should see three E figures.
With both eyes 'on' ask the child "how many E's do you see?" An answer other than 3 is a screen failure.

- **Tips**: Kids are quite literal and may say they only see one E (because the others in the boxes are turned backwards). You can ask if they see a "pointer" or something in each box. If No then ask if any are blank. If yes, you may need to readjust the head. If the student passes the far test and then fails near, they may be moving their head down as well as their eyes. Go back to far and if they pass have them hold their head very still and just look down with their eyes.

Binocularity at Near

- Example: Optec/Titmus

- Right Eye sees two E figures (if 'on' alone) and the Left Eye sees two E figures (if 'on' alone).
- When both eyes are 'on' the child should see three E figures.
- With both eyes 'on' ask the child "how many E's do you see?" An answer other than 3 is a screen failure.

Color

- Example: Optec/Titmus
- Right Eye sees two E figures (if 'on' alone) and the Left Eye sees two E figures (if 'on' alone).
- When both eyes are 'on' the child should see three E figures.
- With both eyes 'on' ask the child "how many E's do you see?" An answer other than 3 is a screen failure.
- If a chart with circles with hidden numbers is used instead of a machine, ask the student to name the number. If the student does not know numbers, ask them to trace what they see.

Rescreen

- Re-screen in four to six weeks if do not pass:
  Visual Acuity
  +2.00 test
  Instrument screenings

Referral

- Immediate referral if do not pass:
  Observation (Appearance)
  Instrument screenings
- Refer if do not pass any part of re-screen

Color vision deficit does **not** require a referral to physician. Be sure to report the results to the parents and teacher. Teacher may say "do the problems I have circled in red or place books on red shelf". Students may not see the red stop crossing street "hands" etc.

Tips

- Observation with glasses on and off.
- Glasses on for machine screening.
- Keep child's head in place on machine—no peeking with "good" eye!
- If they cannot see the ball or the E's stand behind them to see the alignment of their eyes. Sometimes they do not have the physical space between eyes to clear that middle part of the machine which can be blocking view.
- Adjust machine to child's height.
- **Amblyopia** – Vision cannot be corrected better than 20/40. This is reversible if detected early.

Screening Equipment Repair
Picks up audiometers for calibration every June and returns to nurse meeting in August.
Calibrate Elementary Schools one year and Secondary schools the next year. Rotate.
Most vision machines in LRSD schools are Stereo Optex 2000. Require 4 bulbs. Purchase from vendor. Or contact repair company. We can change these.
Titmus vision machines use 7-watt Christmas bulb. Must purchase from electrical store.
The 4-watt bulbs from Wal-Mart are not sufficient.

SEIZURES *

Care for person who has had a seizure the same way you would an unconscious person and administer emergency medication as prescribed. *See Clinical Guidelines for School Nurses (Seizures)* The Clinical Guidelines 2013 provides an excellent overview of assessment, intervention and education for working with individuals with seizures.

Diastat, Versed and Clonazepam may only be administered by licensed nurses. Student's receiving these medications need close supervision. If a student is having prolonged seizures (greater than 3 minutes) call an ambulance and the parent. The parent may assume responsibility for transport.

SEXUAL ASSAULT / RAPE *

When a school is notified that a rape has occurred to a student or staff member, the Administration and the school staff must protect the identity and right to privacy of the rape victim and of the alleged perpetrator. News of the incident should be contained as much as possible. School staff will minimize the fears of fellow students and quell the spread of rumors. Services provided to the victim and victim's family should be kept confidential and should be coordinated with outside service providers, such as rape crisis team or hospital emergency team. Rape only becomes a crisis to be managed by school staff when one or more of the following conditions exist:

- The rape occurs on campus.
- A member of the rape survivor's family requests school intervention.
- The rape survivor's friends request intervention.
- Rumors and myths are widespread and damaging.
- Students witness police action or emergency services response.

When one or more of the above exist, the following should be implemented:

Procedure
1. Direct the person providing the information not to repeat it elsewhere in the school.
2. If the rape occurred on campus, notify the appropriate law enforcement office, Safety & Security, administrative office, and/or local rape crisis agency and the student's parents.
3. Notify the nurse immediately.
4. Encourage victim to get medical attention. Even with no physical injuries it is important to determine risks of STDs and pregnancy. To preserve forensic evidence, encourage the victim to ask the hospital to conduct a rape kit. Also encourage the victim to report to hospital personnel if they feel they have been drugged and to ask for urine sample to be collected for analysis for drugs. Instruct victims to not change clothing or wash them-selves before being seen at the hospital.
5. If office staff members heard the report, ask them not to repeat or give out any information within or outside school unless they are specifically told to do so.

6. Designate the counselor, nurse, or person closest to the victim to talk with her or him about different support options. Provide a list of outside agencies if that is the preference of the victim UAMS, ACH…)
7. Provide space, accommodations, and necessary passes for victim and others involved receiving support services.

Rape is a crime of violence. For the rape survivor, it often is an experience of fear, loss of control, humiliation, and violation. Rape survivors may experience a full range of emotional reactions. It is extremely beneficial for rape survivors to seek emotional support regarding the assault.

SHINGLES

A diagnosis of Shingles refers to shedding of the Varicella Virus. Students do not need to be excluded. Lesions should be covered. Pain should be assessed and managed. Consider Teachers with unvaccinated students in class. Shingles can cause Chicken Pox in unvaccinated students. Risk of transmission is low if blisters are covered.

SPECIAL EDUCATION

The LRSD Division of Special Programs provides support staff to schools to enforce compliance with the following laws. Each school has a special programs supervisor assigned. These laws give students the support they need to do well in school, and in life.

IDEA – The Individuals with Disabilities Act provides federal funding to states to help guarantee special education and related services to eligible students. Parts A and B focus on school programs (eligibility, procedures and required services for children 3-21)
IEP – Individual Education Plans for students needing educational support are regulated by federal law. Students with IEPs are to have annual review. School nurses should participate in IEP meetings for all students who have an IHP.
IHP – All students who require a nursing procedure to attend school must have an Individual Health Care Plan. A copy of the IHP is filed in the student's individual health record in the Health Room and in the student's permanent record of education with the IEP.
504 – Section 504 of the Rehabilitation Act of 1073 prohibits discrimination against any person with a disability by any federally funded agency (schools) or organization. It requires states to provide programs for eligible students with disabilities that are equal to those of students without disabilities. Annual review is not required by federal law but annual review is appropriate.

A comparison chart of regulations for IHP/ IEP/504 is found in the Appendix.

SPLINTERS

1. Wash area with soap and water.
2. If the splinter end is outside the skin, try removing it with clean tweezers.
3. If the splinter is very large, deep, located in or near your eye, or if the area becomes infected, please contact parent to advise further medical evaluation by a PCP.
4. Only school nurses should remove splinters with a sterilized needle which should be properly discarded in a sharps container after use.
5. Unsterilized needles and pins should never be used.
6. After splinter is removed, wash with soap and water and apply petroleum jelly and cover with bandage.
7. Students with splinters do not need to be excluded.

SPRAINS / STRAINS*

General care of injuries to bones, muscles, and joints – RICE: rest, immobilize, cold, elevate

1. Avoid walking on severe ankle and leg sprains.
2. Persistent pain and swelling after 72 hours needs to be evaluated by a physician.

Exclusion: All students with suspected broken bones should be excluded for immediate medical care as above.

Students with minor sprains without much pain may remain in school.
Students with severe sprains should be excluded to seek medical care**.**

** Refer to 10th ed. School Nurse Resource Manual (sprain, p. 393)*

SUICIDE

Part II-3F (3)/Building Crisis Interventions
Medical Situations
Suicide - Students Who Are At Risk

Indicators of Potential Suicide--Warning Signs

The warning signs of suicide are indicators that a person may be in acute danger and may urgently need help.

- **Talking about wanting to die or to kill oneself;**
- **Looking for a way to kill oneself;**
- **Talking about feeling hopeless or having no purpose;**
- **Talking about feeling trapped or being in unbearable pain;**
- **Talking about being a burden to others;**
- **Increasing the use of alcohol or drugs;**
- **Acting anxious, agitated, or reckless;**
- **Sleeping too little or too much;**
- **Withdrawing or feeling isolated;**
- **Showing rage or talking about seeking revenge; and**
- **Displaying extreme mood swings.**

Procedure

1. **Secure a safe, confidential space to assess student's suicidal intent.** Remove any means of self- destruction and clarify any limits of confidentiality. Students who are at risk for imminent harm should never be left alone.
2. **Assess student for the degree of suicidal intent** using the "Indicators of Potential Suicide" above. People in the school setting who should be qualified to make the assessment would be the counselor, school nurse, and/ or mental health professional. If those people are not available, notify the Mental Health Services Coordinator or the Health Services Director.
3. **Notify parent or guardian.** Notify parent and inform them of the degree of suicidal risk and provide information about symptoms that may indicate suicidal risk. Parent or

guardian can be notified with or without the student present. Request permission from parent for a professional mental health mobile assessment to be done at the school.

4. **In the event there is concern about the altered state of mental health for a student or staff member: suicidal/homicidal ideations, hallucinations, mental confusion, extreme aggression/violence, a mobile assessor can be contacted. The school administrator or designee may call for an emergency assessment:**

   Rivendell – Deon Aaron 501-804-2503
   Pinnacle Pointe – Mike Belin 501-658-5229 or a phone assessment can be completed by calling: 501-223-3322 or 1-800-880-3322
   Methodist Family Health
   Robin Rudkins 501-765-5048
   The Bridgeway – Whitney Miller 501-350-6578

5. **While waiting for mobile assessor to arrive,** encourage a written, age appropriate contract. Student promises that he/she will not do anything to hurt or kill themselves. Have the contract signed, dated and copy given to all involved. Be sure that the contract includes information about Hot Line numbers, emergency room facilities and other available Mental Health Interventions.
6. **Voluntary or involuntary hospital admission.** If student is assessed at high risk for suicide and parent is not available, arrangements for student to be transported to hospital emergency room should be made. Call 911. If student is out of control, security and/or police should be contacted for assistance.
7. **Talk with parents or guardians.** Educate parents about actions to take to protect student from suicide attempts. (Remove potential weapons and harmful substances. Provide supervision at all times.)
8. **If parent refuses** to seek treatment for the student, a report should be made to the Department of Human Services for medical neglect.

Follow-up

1. **Continuity of care.** Prior to student's return from treatment, a person (i.e., social worker, counselor, etc.) should be appointed to initiate and monitor the student's follow-up plan. The student and family should be consulted on return to school so that a comprehensive plan may be established. Ongoing support services such as Student Assistance Program, counselor and nurse follow-up, peer counseling, etc., could be considered in developing this plan. Information must be exchanged between agencies involved in the student's care plan.
2. **Documentation.** The school should document all its involvement including assessment, referral and follow up of the student. This should be kept in student's health and/or counseling folder so that it is kept locked and confidential. <u>The student's mental health care provider should fill out an Individual Health Care Plan if necessary prior to the student's return to school</u>.

SWALLOWED OBJECTS

1. Suspect a foreign body in the throat if a student coughs and chokes when he has had some small object (like a nut, small piece of candy, pea, etc.) in his/her mouth.

2. Continued cough, choking or breathing problems could mean the foreign object has been aspirated into the trachea (windpipe).

3. If coughing does not dislodge the object, there is respiratory distress or continued signs of choking, begin emergency treatment.

4. If there is no distress but a foreign body is suspected, a physician should be consulted because a foreign body in the trachea (windpipe) needs to be surgically removed.

5. If a student swallows a large (1 or more inches across) or a sharp foreign object it may lodge in the esophagus. In these cases, the student will have difficulty or discomfort swallowing liquids.

6. Parents should be informed of any swallowed foreign body.

7. Seek immediate medical care for any signs of aspiration of a foreign object into the airway that is not relieved by the choking intervention. Exclude any student with swallowing pain or discomfort after swallowing a foreign object. Other students without swallowing or breathing difficulty should not be excluded.

8. If a student has swallowed a button battery they must be referred immediately to their Primary Care Physician. One electrical discharge can cause erosion within six (6) hours if it remains in the esophagus.

9. **If there is any sign of airway obstruction or difficulty breathing, an ambulance must be called.**

TOILETING (Pre-K)

LRSD Pre-Kindergarten Toileting Procedures and Protocol

As ABC classes and centers, all caregivers (teachers, paraprofessionals, nurses, principals/coordinators, etc.) are required to adhere to ABC regulations and DHS Minimum Licensing Standards.

ABC regulations state the following:

*14.10 - **ABC programs shall assist children not yet toilet-trained with cooperation and enthusiasm. Programs shall not employ toilet-training techniques which could be construed as punishment or shaming the child.***

Both three- and four-year-old children may have accidents or have toileting needs. As caregivers, all are responsible for assisting children in their development – including toileting. It is not one person's sole responsibility, but all staff in pre-k. At no time should the child be shamed, humiliated, or punished for toileting concerns (i.e. sitting alone in the room, not allowed to use or play with items, or threatened to remain in soiled clothes). Children should have extra clothes; those who are prone to accidents may need more than one change of clothes or extra underwear at school.

Further, DHS Minimum Licensing explains the process for diapering/toileting. **These procedures must be followed regardless of the age of the child to ensure the safety and welfare of the child.**

DHS 1107 – Diaper/Toileting (Page 52) provides specific requirements below with *expected actions by the caregiver(s) in italics.*

1. The caregiver shall ensure that children are properly cleaned and dried.
   STAFF EXPECTATION: Caregivers assist with wiping and ensuring the child is clean (front and back in the diaper area) following toileting, especially with bowel movements. Children are LEARNING how to care for their toileting needs, and it is an expectation of all caregivers to assist in this process.

In the event of an accident or toileting issue:

2. Soiled or wet diaper (clothes) shall be removed and replaced with clean, dry diapers (clothes).
   *STAFF EXPECTATION: This must occur **IMMEDIATELY**. Children may never sit in wet or soiled clothes awaiting someone to come to clean or change them. Caregiver(s) working with the child must respond immediately due to the safety concerns of bodily fluids remaining in contact with the body and to other children. It is not appropriate to ask the family to come up to change children or wait on other staff to assist.*
3. Children shall always be attended during diapering (changing). In toilet learning, the child may not be left unsupervised on the toilet as punishment or as training.
   STAFF EXPECTATION: Children must be assisted in the cleaning/changing process. No child should be expected to clean themselves or sent into the bathroom to "take care of it." The caregivers must assist as outlined below.
4. *Medical gloves should be used by caregivers.*
5. *A private cleaning/changing area is needed. If the child needs to lie down, a pad must be used; do not lay the child on the carpet or cold tile. Disposable pads (i.e., Chucks) may be purchased with pre-k money.*
6. Soiled clothing is not rinsed.
   STAFF EXPECTATION: While clothes are not rinsed, any solid or semi-solid bowel movement in a child's clothes must be carefully disposed in the toilet by the caregiver, never the child, and flushed. If there is already something in the toilet, flush the toilet first, then place the bowel movement in the toilet.
7. Child's clothes shall be sanitarily bagged to be taken home.
   STAFF EXPECTATION: The caregiver, not the child, places clothes or soiled items in the bag and ties it tightly.
8. *Notify the family of the accident following school procedures.*
9. *All must wash hands following a changing/toileting time.*

Always ask yourself, "How would you want your child/grandchild, etc. treated & cared for in this situation?"

START TRIAGE

(Maloney et al., 2000)

Scene assessment/safety

Triage

Assess/airway/alertness

Rescue/resuscitate

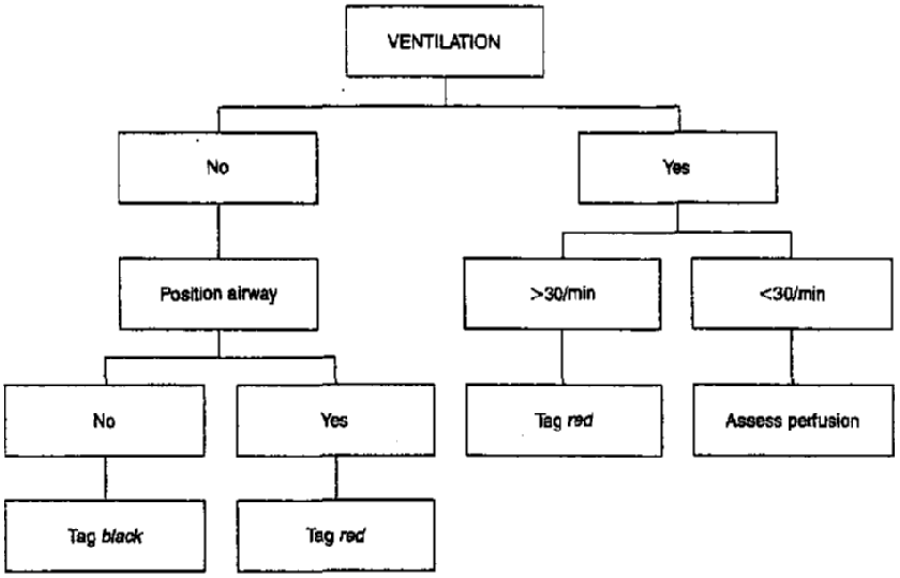
Tag

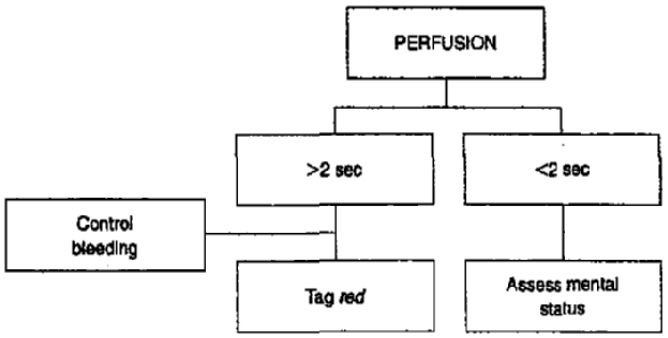
Priority 1: Correctable life-threatening; *tag red*

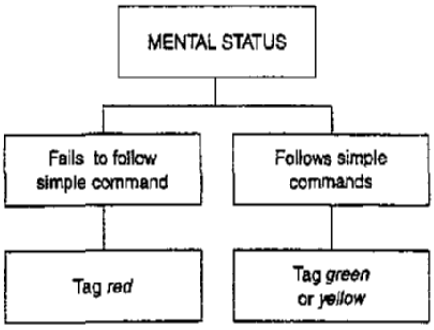
Priority 2: Serious, but not life-threatening; *tag yellow*

Priority 3: Walking wounded; *tag green*

Priority 4: Dead or fatally injured; *tag black*

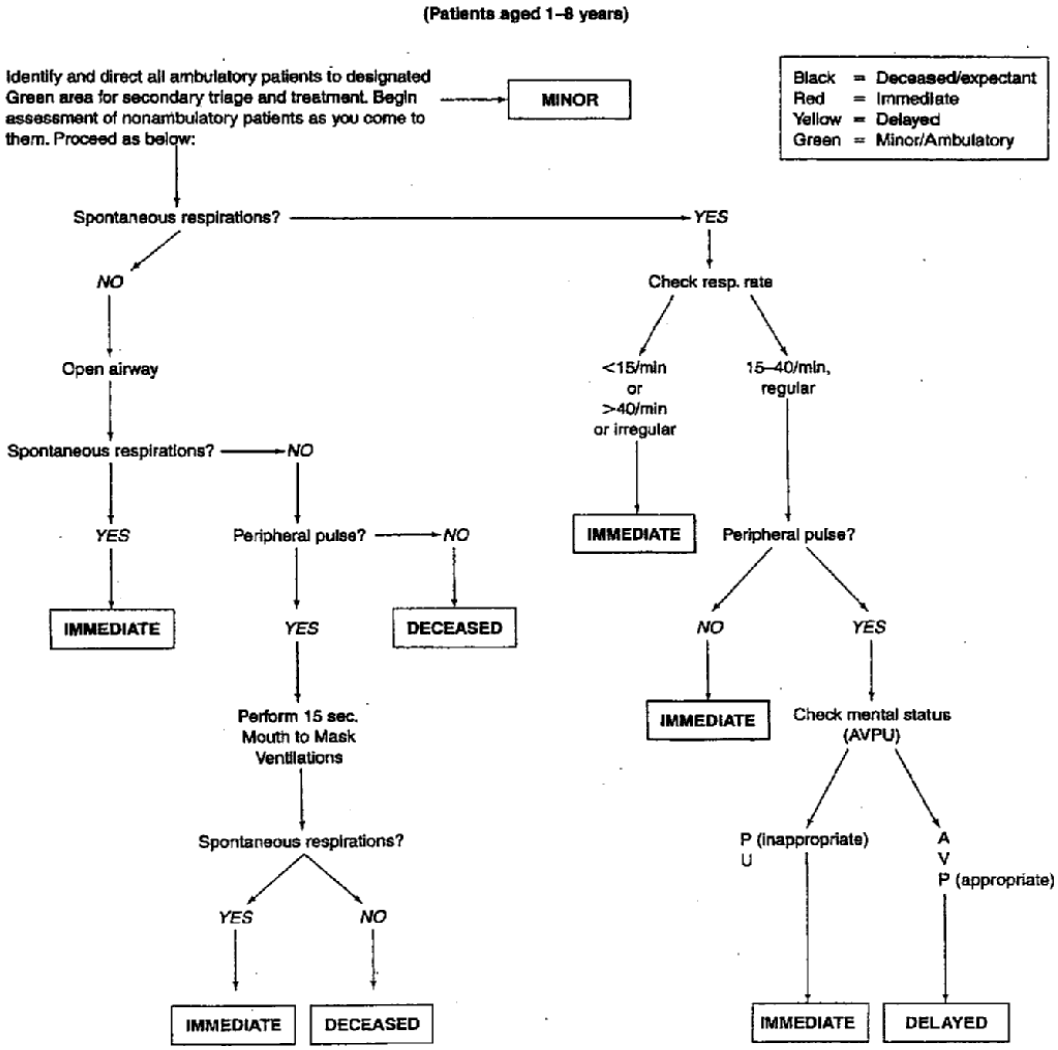






TRIAGE – MULTICASUALTY (Continued)

JumpSTART FIELD PEDIATRIC MULTICASUALTY TRIAGE SYSTEM
(Romig, 1995)



Pediatric 101 – Vital Signs

DCAM Pediatric Clinic, the University of Chicago

Temperature (T)
Normal:
Rectal T: < 100.4F
Axial/oral T: <99.5F

Celsius to Fahrenheit Conversion

ºC	**35**	**36**	**37**	**38**	**39**	**40**	**41**	**42**
ºF	95.0	96.8	98.6	100.4	102.2	104.0	105.8	107.6

Vital Sign – Pain Perception
Wong-Baker Pain Scale can be used in children >3yrs old

Be sure to note how many points the assessment is out of (ex. 3 out of 5 = 3/5)

Normal Vital Signs

Pediatric 101 – Measurements

DCAM Pediatric Clinic, the University of Chicago
Emergency Room, the Ra Rabida Children Hospital

Body Mass Index (BMI)
Calculation: Weight (lbs) x 703/Height (inch)^2
Weight (kg) / Height (meter)^2
Normal Values:
For girls: age + 13
For boys: age + 12
Can use children's BMI table to estimate
Overweight
BMI between 85th and 90th of the upper age range for children and teenagers
Obesity
BMI over 27 for adults and over 90th of the upper age range for children and teenagers
Body weight exceeds 120% (95th percentile) of that expected for their age, height, and gender

Kilogram to Pounds Conversion Table

kg	**Lb.**	**Kg**	**Lb.**	**Kg**	**Lb.**	**Kg**	**Lb.**	**Kg**	**Lb.**	**Kg**	**Lb.**	**Kg**	**Lb.**	**Kg**	**Lb.**	**Kg**	**Lb.**	**Kg**	**Lb.**
1	2.2	**11**	24.2	**21**	46.2	**31**	68.3	**41**	90.3	**51**	112.4	**61**	134.4	**71**	156.5	**81**	178.5	**91**	200.6
2	4.4	**12**	26.4	**22**	48.5	**32**	70.5	**42**	92.5	**52**	114.6	**62**	136.6	**72**	158.7	**82**	180.7	**92**	202.8
3	6.6	**13**	28.6	**23**	50.7	**33**	72.7	**43**	94.7	**53**	116.8	**63**	138.8	**73**	160.9	**83**	182.9	**93**	205.0
4	8.8	**14**	30.8	**24**	52.9	**34**	74.9	**44**	97.0	**54**	119.0	**64**	141.0	**74**	163.1	**84**	185.1	**94**	207.2
5	11.0	**15**	33.0	**25**	55.1	**35**	77.1	**45**	99.2	**55**	121.2	**65**	143.3	**75**	165.3	**85**	187.3	**95**	209.4
6	13.2	**15**	35.2	**26**	57.3	**36**	79.3	**46**	101.4	**56**	123.4	**66**	145.5	**76**	167.5	**86**	189.5	**96**	211.6
7	15.4	**17**	37.4	**27**	59.5	**37**	81.5	**47**	103.6	**57**	125.6	**67**	147.7	**77**	169.7	**87**	191.8	**97**	213.8
8	17.6	**18**	39.6	**28**	71.7	**38**	83.7	**48**	105.8	**58**	127.8	**68**	149.9	**78**	171.9	**88**	194.0	**98**	216.0
9	19.8	**19**	41.8	**29**	63.9	**39**	85.9	**49**	108.0	**59**	130.0	**69**	152.1	**79**	174.1	**89**	196.2	**99**	218.2
10	22.0	**20**	44.0	**30**	66.1	**40**	88.1	**50**	110.2	**60**	132.2	**70**	154.3	**80**	176.3	**90**	198.4	**100**	220.4

Inches to Centimeter Conversion

ADULT BLOOD PRESSURE

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER

VOLUNTEERS

Adult volunteers are welcome to work in the school Health Room. Training is done by the school nurse or Health Services Director. All volunteers register with the Volunteers in Public Schools Office (VIPS)

VOMITING

Vomiting may have many causes, and is not always from an infection. For example, children with gastro esophageal reflux have frequent spit-ups and vomiting episodes, and are not contagious. A child who has fallen may vomit because of a head injury.

Children with vomiting from an infection may have fever or diarrhea. Prolonged or severe vomiting may result in children becoming dehydrated (dry mouth, no tears).

Students are to be excluded from school if one or more of these symptoms are present:

- Vomited more than two times in 24 hours and vomiting is not from a known condition for which the child has a care plan.
- Vomiting and fever.
- Vomit that appears green/bloody.
- No urine output in 8 hours
- Recent history of head injury.
- Child looks or acts very ill.

WEAPONS OF MASS DISTRUCTION AND/OR BIOLOGICAL OUTBREAK / ATTACK

Symptoms of biological incident may not present for 1–20 days depending on the agent, and may include fever, headache, chills, sweating, weakness, fatigue, respiratory distress, difficulty talking or eating, joint and muscle pain, and/or nausea.

Epidemiologic Strategies for Detection of Outbreak

Review health room log and absentee reports to identify:

- A rapidly increasing disease incidence
- An unusual increase in the number of people seeking care, especially with fever, respiratory, or gastrointestinal symptoms
- An endemic disease rapidly emerging at an uncharacteristic time or in an unusual pattern

- Lower attack rate among persons who had been indoors
- Clusters of patients arriving from a single locale
- Large numbers of rapidly fatal cases
- Any patient presenting with a disease that is relatively uncommon and has bioterrorism potential

1. Notify the principal, then the Director of Health Services, of symptoms being presented. One of these individuals will notify the Arkansas Department of Health (661-2000 or 661-2136).
2. Treat symptoms per protocol.
3. Establish a location for isolation of symptomatic students and staff.
4. Place clothing from suspected victims in airtight impervious (e.g., plastic) bags and save for law authorities (e.g., FBI, LRPD, ADH).
5. Use soap and water for washing victims (DO NOT USE BLEACH ON SKIN).
6. For environmental disinfection use bleach (standard 6.0%-6.15% sodium hypochlorite) in a 0.6% concentration (1-part bleach to 9 parts water). For botulism, plague and smallpox an alternative is to use an EPA approved germicidal detergent.
7. For smallpox, all bedding and clothing must be autoclaved or laundered in hot water and bleach.

CHEMICAL ACCIDENT / ATTACK

Indicators of Chemical Hazard:

- Blisters or rashes
- Unusual droplets or oily film
- Unexplained odors
- Unexplained coughing, fatigue, tearing in eyes, and/or dizziness

Note: Some chemical agents do not produce a visible vapor cloud. Some chemicals will produce discoloration on the surface of contaminated items.

1. If a chemical accident / attack is suspected, notify the principal, then the Director of Health Services (539-0304) immediately.
2. Describe signs and symptoms, estimated time of incident, number of people affected and other pertinent information.
3. The Director of Health Services will notify the Arkansas Department of Health (661-2000 or 661-2136 after hours) and the Fire Department (911).
4. Principal will instruct the custodian to turn off the HVAC (heating, ventilation, air conditioning) system.
5. Stay calm and keep students and staff calm.
6. Remain in room with door and windows closed.
7. Have everyone cover nose and mouth with handkerchief or other material.
8. Evacuate victims to a fresh air environment. DO NOT ALLOW ANY PERSONS IN THE AFFECTED AREA TO LEAVE THE SCENE.
9. Exposed individuals should remove clothing quickly and seal in plastic impervious bags (save for authorities). This is strongly recommended even if exposure is only to vapor or aerosol agent.
10. Wash skin and hair with hypoallergenic liquid soap and copious tepid water in sequential steps of rinse, soap, rinse, wait one minute then final additional rinse (20 minutes).

NOTE: Some chemicals may be water reactive. If this is known, dry decontamination methods such as baby powder, flour, corn meal, or dirt may be used to remove chemical contamination.

Other Considerations:

- Latent responses from cyanide or pulmonary agents do not require decontamination.
- Contaminated waste water may require special collection or treatment. Discuss with local water authorities; notify local water authorities at the time of an event
- Pure metals and strong corrosives require dry decontamination (i.e., gentle brushing or vacuuming of large particles) before water is applied
- Clean and decontaminate the facility according to the specific agent involved.

**Pandemic Flu—Refer to Emergency Response Crisis Management Manual

WEATHER GUIDELINES

Check local temperatures at www.arkansasmatters.com
Click on weather tab, get weather conditions specific to your school.

Child Care Weather Watch

Understand the Weather

Wind-Chill

- 30°is *chilly* and generally uncomfortable
- 15°to 30° is *cold*
- 0° to 15° is *very cold*
- -20° to 0° is *bitter cold* with significant risk of *frostbite*
- -20° to -60° is *extreme cold* and *frostbite* is likely
- -60° is *frigid* and exposed *skin will freeze* in 1 minute

Wind-Chill Factor Chart (in Fahrenheit)

Air Temperature \ Wind Speed in mph	Calm	5	10	15	20	25	30	35	40
40	40	36	34	32	30	29	28	28	27
30	30	25	21	19	17	16	15	14	13
20	20	13	9	6	4	3	1	0	-1
10	10	1	-4	-7	-9	-11	-12	-14	-15
0	0	-11	-16	-19	-22	-24	-26	-27	-29
-10	-10	-22	-28	-32	-35	-37	-39	-41	-43

Comfortable for out door play

Caution

Danger

Heat Index

- 80° or below is considered *comfortable*
- 90° beginning to feel *uncomfortable*
- 100° *uncomfortable* and may be *hazardous*
- 110° considered *dangerous*

All temperatures are in degrees Fahrenheit

Heat Index Chart (in Fahrenheit %)

Air Temperature (F) \ Relative Humidity (Percent)	40	45	50	55	60	65	70	75	80	85	90	95	100
80	80	80	81	81	82	82	83	84	84	85	86	86	87
84	83	84	85	86	88	89	90	92	94	96	98	100	103
90	91	93	95	97	100	103	105	109	113	117	122	127	132
94	97	100	103	106	110	114	119	124	129	135			
100	109	114	118	124	129	130							
104	119	124	131	137									

Child Care Weather Watch

Watching the weather is just part of the job for child care providers. Planning for playtime, field trips, or weather safety is part of the daily routine. The changes in weather require the child care provider to attend to the health and safety of children in their care. What clothing, beverages, and sun screen are appropriate? Dress children to maintain a comfortable body temperature (warmer months - lightweight cotton, colder months - wear layers of clothing). Drinking beverages helps the body maintain a comfortable temperature. Water or fruit juices are best. Avoid high sugar content beverages and soda pop. Sunscreen may be used year around. Use a sunscreen labeled as SPF-15 or higher. Apply sunscreen generously and frequently. Read the label of the sunscreen product. You can also use sunscreen to block harmful rays from the sun. Look for sunscreen with UVB and UVA ray protection. Have children play in shaded areas or create shade in the play area.

Condition **GREEN** - Most children may play outdoors and be comfortable. Child care providers should watch for the child that becomes uncomfortable while playing outdoors.
INFANTS AND TODDLERS Infants/toddlers are unable to tell the child care provider if they are too hot or cold. The infant/toddler may become fussy when uncomfortable. Infants/toddlers tolerate shorter periods of outdoor play. Dress infants/toddlers in lightweight cotton or cotton-like fabrics during the warmer months. In cooler or cold months dress infants in layers to keep them warm. Protect infants from the sun by using sunscreen and playing in shaded areas. Give beverages while playing outdoors.
YOUNG CHILDREN Use precautions regarding clothing, sunscreen, and beverages. Young children need to be reminded to stop play and drink a beverage and apply more sunscreen.
OLDER CHILDREN Use precautions for clothing, beverages, and sunscreen. The older child needs a firm approach to wearing proper clothing for the weather (they may want to play without coats, hats or mittens). Apply sunscreen and give beverages while outdoors.

Condition **YELLOW** means the child care provider must use caution and closely observe the children for signs of being too hot or cold while outdoors. Clothing, sunscreen, and beverages are important. Shorten the length of outdoor time.
INFANTS AND TODDLERS Child care providers should use the precautions outlined in Condition Green. Clothing, sunscreen, and beverages are important. Shorten the length of time for outdoor play.
YOUNG CHILDREN Use the precautions regarding clothing, sunscreen, and beverages. Younger children may insist they are *not* too hot or cold because they are enjoying playtime. Child care providers need to structure the length of time for outdoor play for the young child.
OLDER CHILDREN Use precautions for clothing, sunscreen, and beverages. Use a firm approach to wearing proper clothing for the weather (they may want to play without coats, hats or mittens), applying sunscreen and drinking liquids remain important while playing outdoors.

During condition **RED** most children should not play outdoors due to the health risk.
INFANTS/TODDLERS should play indoors and have ample space for large motor play.
YOUNG CHILDREN may ask to play outside and do not understand the potential danger of weather conditions.
OLDER CHILDREN may play outdoors for very short periods of time. Child care providers must be vigilant about proper clothing, beverages, and use of sunscreen

Child Care Weather Watch was produced by the Iowa Department of Public Health, Healthy Child Care Iowa. This guide was produced through federal grant (MCJ19T029 & MCJ19KCC7) funds from the US Department of Health & Human Services, Health Resources & Services Administration, Maternal & Child Health Bureau. For questions about health and safety in child care contact the Iowa Healthy Families line telephone 1-800-369-2229. Wind-Chill and Heat Index information is from the National Weather Service.

Understand the Weather

The weather forecast may be confusing unless you know the meaning of the words used by your weather forecaster.

- **Blizzard Warning:** There will be snow and strong winds that produce a blinding snow, deep drifts, and life-threatening wind chills. Seek shelter immediately.
- **Heat Index Warning:** How hot it feels to the body when the air temperature (in Fahrenheit) and relative humidity are combined.
- **Relative Humidity:** The percent of moisture in the air.
- **Temperature:** The temperature of the air in degrees Fahrenheit.
- **Wind:** The speed of the wind in miles per hour.
- **Wind Chill Warning:** There will be sub-zero temperatures with moderate to strong winds expected which may cause hypothermia and great danger to people, pets & livestock.
- **Winter Weather Advisory:** Winter weather conditions are expected to cause significant inconveniences and may be hazardous. If caution is exercised, these situations should not become life threatening.
- **Winter Storm Warning:** Severe winter conditions have begun in your area.
- **Winter Storm Watch:** Severe winter conditions, like heavy snow and ice are possible within the next day or two.

WEATHER RELATED CONCERNS – POTENTIAL PROBLEMS

HEAT RELATED EMERGENCIES

Condition	Muscle Cramps	Breathing	Pulse	Weakness	Skin	Perspiration	Loss of Consciousness
Heat Cramps	Yes	Varies	Varies	Yes	Moist, Warm, No Change	Heavy	Seldom
Heat Exhaustion	No	Rapid, Shallow	Weak	Yes	Cold,Clammy	Heavy	Sometimes
Heat Stroke	No	Deep, then shallow	Full rapid	Yes	Dry,Hot	Little or None	Often

A. Heat Cramps

1. Move to a cool place.
2. Massage muscle with pressure.
3. Apply warm moist towels to forehead and cramped muscles.
4. Alert EMS.

B. Heat Exhaustion

1. Move to a cool place.
2. Keep at rest.
4. Provide care for shock but do not overheat.
5. May become unconscious.
6. Alert EMS.

C. Heat Stroke

1. Cool rapidly with wet towels or sheets and pour cold water over them.
2. Wrap cold packs and place on underarms, on wrists, on ankles, and on each side of neck.
3. If transport is delayed – put victim in tub of cold water up to face.
4. Monitor vitals.
5. Provide care for shock.

** Refer to Clinical Guidelines for School Nurse (Heat-Related Illnesses).*

WORKERS COMPENSATION

Forms Shown on Health Services Flash Drive

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III MEDICATION ADMINISTRATION

ADMINISTRATION OF MEDICATIONS TO EARLY CHILDHOOD THROUGH TWELFTH GRADE STUDENTS

This medication **procedure** will address issues relating to the administration of prescribed, parent-provided medication to students in early childhood programs through 12th grade during the school day. Students who are in need of medication will be provided a safe and appropriate time and method to take their medication.

A physician order is required for all prescription and non-prescription (over-the-counter) medications. A pharmacy generated label, a signed note on clinic letterhead by PCP or specialty doctor, dentist or APRN, or signed prescription will serve as physician order and will dictate the dosage and time to be administered. Medications will **only** be given according to labeling directions.

Schedule 2 or 3 pain medication (Codeine, Oxycontin, etc.) will not be administered at school. The only exception to this regulation is students with documented chronic disease, such as Sickle Cell, and an IHP on file noting the need, and a current MAR.

Compliance with this procedure will be the joint responsibility of the principal and the school nurse.
Little Rock School District health services team will also follow the Arkansas State Board of Nursing in the school nurse roles and responsibilities.
Questions regarding the Medication Procedure may be directed to the school nurse or Health Services.

Medication Transit between Home and School

Parents are responsible to bring the medication to school. Children are not to transport their own prescription medication. Parents are to pick up the medication bottles of discontinued or unused medication. (The only exception to this is antibiotics which may be carried to and from school by the student.) The last week of school the nurse will notify parents of unused medication remaining in the health room and encourage medication pick up. On the last day of school all medications remaining in the health room will be destroyed per ADH Pharmacy Services and Drug Control regulations.

Self-Carry

In compliance with Act 1694 of 2005, students of all ages who demonstrate proficiency with administration of their inhaler and/or Epi pen may carry their prescribed emergency medication. Parents must agree and sign written authorization for the student to carry an asthma inhaler or auto-injectable epinephrine or both on his/her person for use while in school, at an on-site school sponsored activity, or at off- site school sponsored activity. This authorization is valid for the duration of the school year and must be renewed yearly. The "LRSD Student Assessment/ Authorization and Evaluation for Auto Injector/ Epi Pen and/ or Inhaler Procedure" must be completed annually.

Senior High Students may carry dosage for one day of their prescription and non-prescription medication. Rescue Medications (inhalers and Epi Pens) may be carried by students who

demonstrate correct use. They are encouraged to report any use of inhalers to the school nurse. Routine verification by the school nurse is not required but nurses will verify any medication upon request of school administrators.

Middle School Students may carry dosage for one day of their own non-prescription medications and certain prescription medications that have been approved by the school nurse and written parental consent. **Before any prescription medication is allowed to be self-carried the oral medication check-list and education must be provided by the school nurse and student**. All other prescription medications must be locked in the health room office.

Parental Consent and Documentation For Prescription Medication

- Parents will complete a separate written consent form for **each** medication that is to be administered at school, there must be a separate Medication Authorization Consent for each medication (controlled and /or non-controlled – oral, injectable, rectal, nasal inhaled or topical daily medications) as well as medications needed for emergencies.
- A new Medication Administration Consent (MAC) form is required for any change in medication dosage or time and will need to be completed, signed, dated, and counted.
- Medication Authorization forms will have the Medication Administration Record (MAR) copied on the back of the form.
- The consent forms and MAR's are to be kept in alphabetical order by student's last name.
- Student pictures will be obtained and attached to the consent form. You may use your district laptop, district camera, or a polaroid camera to obtain a photo.
- The consent form will be kept in the three ring binder. It is NOT to be kept in the same container as the medication.
- A new consent form is required each new school year.
- The consent form must be filled out completely and include: student name, date the form is being filled out, student grade, and teacher (if elementary school).
- If parents refuse to sign the consent form, district employees may not administer the medication. Parents may give the medication.
- The MACs and MARs for daily medication (controlled and non-controlled medication) are located first followed by PRN medication MACs/MARs. The Controlled Medication Count form is also kept behind the students' MAC/MAR, in the same location.
- When completing the MAC, parent/guardian will identify a specific trained designee to administer the medication in the absence of the nurse.

Compliance Regulations for Administration of Controlled Substances in Schools:

School nurses may not delegate to non-licensed personnel the task of dispensing or administering controlled substances. Once a parent has a prescription, they are considered the ultimate user. The parent may delegate to a volunteer to give the controlled substance in the absence of the nurse. The trained volunteer must be referred to by their name on the consent form. The volunteer must also be named in the student's IHP. (ASNA.org, 8.23.18)

Medication Authorization Consent forms will have the Medication Administration Record (MAR) copied on the back of the form. Nurses will obtain a photo of the student to attach to the consent form (MAC). Never use a personal cell phone to take a photo.

The back side of the Medication Authorization Consent form (MAC) is the Medication Administration Record (MAR). This MAR is to be used for daily charting of medications that have been given by MA's or other staff. It is essential that every medication administered be documented with the initialed signature of the person giving the medication and the time. It is the responsibility of the school nurse upon return, to enter doses documented on MAR into eSchool. If a student is absent or refused medication, the school nurse or MA will need to document appropriate reasons for medication not given on the MAR. MARs are to be filed in the Health Record**.**

Prescription Medication Guidelines

- Parent or guardian must deliver medications to school. School nurses should not accept medication brought in by students.
- All medications brought to school must be in the original container with current prescription. All prescriptions must have a readable and currently dated pharmacy label. The label should include:
    - Student's name
    - Name of the medication
    - Dosage instructions
    - Specific time of administration during the school day
    - Healthcare provider name
    - Pharmacy name and telephone number

- Medication is not to be sent in any other container or wrapper. Parents are to be notified if medication has been sent in an inappropriate container. The medication will stay at school until the parent retrieves or proper disposal is done.

Parent Responsibilities:

- Parent or guardian must hand deliver medication to school in the original labeled container
- Medication in saran wrap, aluminum foil, lunch box, or other non-pharmacy containers will not be accepted.
- Parent must count the medication in the presence of the school nurse and sign the consent form for verification.
- Parents may request pharmacists to provide the medication in two appropriately labeled bottles so one can be left at school and one kept at home.

School Nurse Responsibilities:

- Do not accept medication without a completed consent form.
- Do not accept medication with incomplete, missing, or unreadable pharmacy labels.
- Count the medication in the presence of the parent/guardian.
- Notify parent when medication supply is running low. Document any parent contact in eSchool.

- Verify that consent form information matches the prescription label.

Accountability of Medication

When the parent brings the medication to school, the number of pills will be counted, (or the amount of liquid measured). This counting will be done by the parent and a school district employee. If the parent is not available to count medication two (2) employees must count and sign the Medication Authorization and Release (MAR). The name of the medication, dosage and amount will be recorded on the Medication Authorization and Release. This information will be dated and signed by the parent and school employee. The amount of medication brought by the parent should not exceed the amount needed for **one month**.

If a school employee, other than the nurse, collects the medication the parent will be told "a School Nurse must assess all medications prior to 1st dose given at school". The parents may administer the medication in the absence of the nurse. If the assigned school nurse is unavailable for more than 1 day, the Health Services Director will be notified to verify the medication.

Medication Counts

- A count will be done weekly to verify medication can be accounted for by documentation and the number on hand for the specific student.
- Nurses must count and document the number of doses of a controlled medication brought to school at the time they are brought to the school.
- All prescription medications are counted after another trained employee administered medication in the absence of the nurse.
- Medications are counted at the time they are brought to school.
- When accepting medication from a parent, medications must be counted in the presence of both the parent and school staff member. Both parties must sign and date confirming the amount of medication delivered to school and the current amount present.
- Use a pill counter to count the medication.
- Weekly controlled counts will be documented in blue or black ink. Do NOT use pencil.
- Access to controlled substances is limited to as few personnel as possible.
- The medication count is recorded on the LRSD Controlled Medication Count Record (similar to the *Controlled Substance Reconciliation* Form. *ASBN, School Nurse Roles and Responsibilities, 2018)*. Controlled medications need to be counted weekly with another LRSD employee. Every effort should be given to count meds at the same time every week. Controlled medications should also be counted (with another LRSD employee) when the school nurse returns after being absent, prior to administering medications for the day.

If there is a discrepancy in medication count, the school nurse must notify the Director of Health Services (see lost or missing medication).

Medication Storage

- All prescription and non-prescription medications will be stored in the health room/nurses office under double lock and key. Each lock must have a different unique key. Three copies of the keys are kept at school with nurse, principal and one other person. The keys will remain on campus at all times. Access to control medications will be limited.
- Storage containers may be in lockable cabinets or file cabinet drawers while in compliance with Arkansas State Board of Nursing (ASBN) regulations. The containers will be kept locked at all times. Medications may not be stored in baggies or envelopes. The school health rooms only store medications that are administered during school hours by school staff.

Refrigerated Medications – Medications requiring refrigeration must be stored in a refrigerator designated to medications only.

- Medications requiring refrigeration must be stored in a refrigerator designated for medications only.
- Food may not be stored with medication.
- Opening the door affects the temperature and stability of the medication.
- Do not store medications in a refrigerator door.
- Should maintain a consistent temperature of 36-46 degrees F.

The storage cabinet containing medications is to be used only for medications and items essential to medication administration. No other supplies or equipment is to be in this cabinet. The storage cabinet holding the containers will be kept locked at all times. Medication will not be kept in the classroom.

The school health rooms only store medications that are administered during school hours by school staff. Medications requiring refrigeration must be stored in a refrigerator designated for medications only. Food may not be stored with medication. Opening the door affects the temperature and stability of the medication.

The only exceptions to this procedure are:

1. Inhalers and Epi Pens may be carried by elementary students if the nurse and parent determine it is appropriate for the child to do so and the Medication Self Carry form is complete. Students will report to the school nurse any use of inhalers or Epi Pens.
2. Medication that requires refrigeration may be placed in the unlocked refrigerators.
3. Stock Epi pens are kept (1) mounted by other emergency equipment in main hallway with zip lock tie for security, (2) in Nurses' Go bag in Health Room.
4. Naloxone (stock) is stored in Nurses' Go bag in Health Room

Medication Administration

- When the nurse is available in the building, she/he will administer the medication.
- Nurses will arrange their schedule so they will be available to administer the medication during high volume time.
- The principal will designate the Medication Assistant who will be responsible to administer non- controlled medication on the days the nurse is not in the building.
- Only school district employees can be designated. Volunteers are prohibited from administering medication. RN's and LPN's who are listed as substitute nurses with the LRSD and have been trained and approved by LRSD Health Services may give medications.

Under no circumstances will any staff member or student give or sell any of their own medications to a student. Any student found with another student's medication will be disciplined per the Student Handbook for Drug Violations.

The first page of the Medication Notebook will have the Medication and Procedures Form, a list of students who receive medication on a daily basis. This list will be in order of time sequence. The Medication and Procedure Form is a safety net to check off when a medication is given. It is not a legal document and will be destroyed at the end of the week.

Administration Procedure

- All students are to identify themselves by first and last name every time a medication is administered. Asking other personal identifiers will decrease risk of errors (i.e., parent name, date of birth, etc.)
- The label is to be read twice before giving the medication. This includes checking the name on the bottle with the name of the student, the name of the medication, the dosage and the time the medication is to be given.
- The student is to swallow the medication in the presence of the medication administrator. If water is not close at hand, the student is to get a cup for water and bring it to the designated place. Health Services will provide the disposable cups.
- The label is to be read a third time when the medication is returned to storage.
- Document medication given immediately after giving in eSchool in the Day Sheet.The Medication Assistant needs to initial and put time in box under date given.

It is expected that students will be responsible to come in to take their medication at the appropriate time. Students may need to be reminded to take their medication. Schools must establish a method of reminding students if they have forgotten or failed to show up for their medications.

Medication Assistants (MA)

Medication Assistants (MA's) are employees who have been designated by their principal and school nurse to take the course necessary to prepare them to administer medications. This course, called Medication Administration, will be taught by Health Services Staff. The school nurse will instruct the employee to complete the online education first. Once that is completed, the school nurse will notify the director of health services that the medical assistant is eligible to

finish the course. School nurses can teach the recertification course after consulting with the Director of Health Services.

The course offered through HS consist of:

1. Completing online education through "Safe Schools" Program
2. Attending class and successfully completing written exam
3. Demonstrating required competency skills with the nurse at their assigned school.
4. A certificate will be issued upon completion of all components.

When teaching about Controlled Medications the nurse will state: "Nurses do not delegate the dispensing or administration of any controlled medication. The parent is delegating. By identifying in writing who will give controlled medication, in the absence of the nurse, the parent is delegating."

After the course is completed, the certificates will be obtained through the health services secretary. Contact the health services secretary at 501-447-7383 if the medication assistant has not received a certificate.

The list of MAs is to be placed on the inside of the medication notebook or in view of the location of the medications. The Medication Assistant must take this required course every three (3) years to retain designee status.

Medication Times

Every attempt will be made to provide for students' individual medication needs. Parents are to establish medication schedules for their children that will require the least number of doses possible during school hours. Two (2) times a day medications should be given at home, before and after school. Alterations in administration time (up to one hour) must be communicated to the parent/guardian.

Error in Medication Administration

- Any mistake or error involving administration of medication will require that the school nurse or MA notify the principal, parent and Health Services Director.
- Documentation of the error is to be made by the person responsible for the error.
- The report form is found in the **Health Room Guide** Notebook located in the Health Room or in your Google drive.
- Information pertaining to the error is to be placed in the student's health folder by the nurse.
- A copy is sent to the Health Services Director as well.

Reporting Lost or Missing Medication

- When medication is missing, the school nurse must report the missing medication to the Principal, the Director of Health Services, and the parent.
- The Director of Health Services will report the missing medication to the Safety and Security Office, DEA and when applicable, local law enforcement.

- Incidents involving the school nurse and missing medication will be reported in writing to the Arkansas State Board of Nursing by the school nurse or Director of Health Services.
- If a prescribed medication is missing from the secured storage, the school is responsible for replacing the medication. Documentation of the incident must be provided with request for payment.

Medication Provided by the School District

The District Consulting School Physician will establish directives for the use of non-prescription medication stocked in the Health Room; non-aspirin (Tylenol), antacid tablets, antibiotic ointment and other medication that may be needed. These medications will only be given by school nurses with parent permission. **Other school personnel may not give school-purchased medications to students, even if parental permission has been obtained**

Herbals
School staff may not administer herbal, non-prescription medications to students.

Sample Medication
Arkansas Board of Pharmacy prohibits nurses from sharing sample medications with parents and students.

Medications by Gastrostomy Tube
The school nurse will train designated staff in "Gastrostomy Tube Bolus Method". The procedure and training documents needed to complete the IHP will be tailored to individual student's needs. Medication administered through a gastrostomy tube are delivered to the nurse by parents. All mixing is to be done at the school. Students with continuous feedings via gastrostomy pump receive medications via bolus method.

Thick It is powder added to liquids (water, juice, milk) to prevent aspiration. A doctor must prescribe this for administration at school and describe the consistency; examples-honey, nectar (thinner), etc. Thick It easily congeals and must be used quickly after mixing.
Students receiving Thick It at school should have a swallow study done within 2 years, develop safety precautions to prevent ingestion of water from water fountains, classrooms and other places around school. A Medication Authorization Release (MAR) must be completed to obtain parent permission.

Simply Thick is gel packets measured to be mixed with prescribed amounts of liquid (water, juice, milk). A Medication Authorization Release (MAR) must be completed.

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Students who give or receive medication from other students will receive discipline sanctions according to the Student Handbook.

Nurses will attempt to verify any found medication on request of the school administrators.

MEDICATION DISPOSAL

LRSD Health Services has a contract for disposal of medical waste. Parents should pick up unused medication from the health room. If parents do not respond to the nurse's request for retrieval of medication, the medication will be disposed of as described here.

Parent failure to retrieve medication will be noted on the LRSD Medication Disposal Record. A copy of the Medication Disposal Record should be kept at school in the file of the Annual Report.

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Epi Pens and albuterol can be brought to the Health Services Office for disposal. All other medications (prescription and OTC) should be disposed of by the nurse using the instructions below.

1. **Controlled Substances** that are abandoned or surrendered by parents are released to LRSD Security officers or LRPD officers to be taken to LRPD for destruction. Only send medications listed in the **Arkansas List of Controlled Substances, which is attached**. Tylenol, Guanfacine/Tenex, Cymbalta, Cetrizine are **not Control Drugs and may be surrendered at the Police Station or by following the White House Rules for disposal.** Do NOT flush them down the toilet. There must be a paper trail noting collection, return and disposal of all medications provided by parents.

2. Any other prescription or over the counter medication is disposed of using "the white house rule" listed below. Do NOT flush them down the toilet.

- Before throwing out a medicine container, scratch out all identifying information on the prescription label to make it unreadable. This will help protect the identity and the privacy of personal health information.
- Take medication out of their original containers, crush the medications, and then mix them with an undesirable substance, such as used dirt, coffee grounds or kitty litter. The medication will be less appealing to children and pets, and unrecognizable to people who may intentionally go through your trash.
- Put them in a sealable bag, empty can, or other container to prevent the medication from leaking or breaking out of a garbage bag.
- Throw the container in the garbage.

References

Act 757 (2011) Allow School Nurse to Administer Auto Injectable Epi. Asthma inhaler directives included.
Arkansas Nurse Practice Act (2007) A.C.A. 17-87-101 et al. www.arsbn.org
Arkansas State Board of Nursing, School Nurse Role & Responsibilities Practice Guidelines (2018)
Arkansas State Board of Pharmacy

MEDICATION PROCEDURE FOR DAYTIME FIELD TRIP

Students receiving prescription medication during the school day will receive their prescribed medication while on field trips. The CMA staff person accompanying the student during the

field trip will be responsible for security of the medication, medication administration and documentation. If the teachers and/or staff accompanying students on the field trip are not trained to give medication the nurse can teach the staff to give the individual medication needed for this one time. For controlled medication, the "controlled medication" procedure will be followed.

SCHOOL DISTRICT PERSONNEL RESPONSIBILITIES:

1. Teacher will notify the school nurse of a scheduled field trip as soon as the trip has been scheduled or at least 1 week in advance.
2. Nurses will receive an email regarding upcoming field trips when bus transportation is requested. This email will include date, time and location of field trip.
3. The field trip departure will be delayed if nurses do not have adequate time to assemble the daily and emergency medications.
4. The staff member in charge of medications will:
    - Count the medication with the school nurse from the prescription bottle.
    - Receive the medication from the nurse in a properly labeled sealed medication envelope (the morning of the field trip).
    - Keep the medication in a secure place at all times while on the field trip.
    - Administer the medication within 30 minutes before or after the time indicated on the medication envelope following all instructions carefully.
    - Return the **medication envelope** to the health room following the field trip. Person responsible will sign their name, and document on the Medication Administration Record, the date and time the medication was given.

SCHOOL NURSE RESPONSIBILITIES

1. Notify teachers of students requiring medications on field trips.
2. The nurse counts the medication to be given with the staff who will administer on the field trip.
3. The nurse places one dose of medication in a small envelope, identifying the name of the student, name of medication, dose, route and time to be taken. Also indicate a place on the envelope for the medication assistant to sign and put the time and date the medication was administered. The envelope is to be sealed.
4. After the field trip, the envelope is to be returned to the nurse who will make note of field trip on the Medication Administration Record (MAR) and store it in the students' health folder.
4. Emergency meds such as Epi-pens, Glucagon, Benadryl and Inhalers will be packed for the trip as needed. Include the Individual Health Plans, Food Allergy Plans and Asthma Action Plans, the medication and medication consent form in a Manila envelope provided by the office and staple the IHP, FAP or AAP on the back of the envelope. The nurse will review protocol and establish competency of the medication administrator to administer Epi-pens and Inhalers. Students who meet criteria may carry and administer their own inhaler and/or Epi-pen according to state law.
5. Address any food allergy concerns if there are plans for eating meals or snacks during the field trip, prior to leaving campus.

6. Students with diabetes will need to have their blood sugar checked while off campus. If food is served, plans must be made for insulin to be administered by a parent or nurse.
7. In the absence of the nurse, preparation of field trip medication may be delegated to the Medication Assistant (MA).

ADDITIONAL INFORMATION for Field Trips:

- If a liquid medication is to be dispensed, the original container and a device for measuring the medication must be taken on the trip.
- If a medication is not given as it is ordered, the person responsible for giving the medication must **notify the student's parent, the student's physician, the school nurse and the principal. (Parents may call the physician but if unable to reach the parent, the physician must be called directly). Upon return to school, a Medication Error Report must be filled out.**

STOCK MEDICATION

The following medications are provided by the Health Services Department. Any other medications must be accompanied by a physician's order. Parental permission is required except in the case of life threatening event when Epinephrine is appropriate.

ACETAMINOPHEN

Using the dosages below, acetaminophen may be given to students with fever over 102° F (taken orally), 101° F axillary, when family is delayed in picking up student and parents have given permission. Fever is beneficial for fighting infection. Only give if fever is accompanied by another symptom.

Blood pressure is to be checked prior to providing pain relief to all staff members with complaints of headache, sinus and tooth/ jaw pain (potential masking HTN or stroke symptoms or abscess).

ACETAMINOPHEN DOSAGE (FOR FEVER AND PAIN)									
Child's weight more than (lb)	7	14	21	28	42	56	84	112	lb
Total amount (mg)	40	80	120	160	240	325	480	650	Mg
Syrup 160 mg / 5 ml (1 tsp)	-	½	¾	1	1 ½	2	2 ½	4	Tsp
Chewable 80 mg tabs	-	-	1 ½	2	3	4	5-6	8	Tabs
Adult 325 mg tabs	-	-	-	-	-	1	1 ½	2	Tabs

- Acetaminophen Dosage 5-7mg/pound/dose (10-15mg/kg/dose) every 4-6 hours (Adults 650 mg)
- Don't use <3 months of age. (Reason: Fever during the first 12 weeks of life needs to be documented in a medical setting and, if present, the infant needs a complete evaluation by PCP or ED)

ASPIRIN

Aspirin is not a stock medication.
Do not administer to adults with heart attack symptoms without knowing medical history. MEMS will give ASA as needed.

ALBUTEROL-SEE ASTHMA

BENADRYL (Diphenhydramine) DOSAGE

If a student is having a minor allergic reaction, (welts only, nasal congestion) the nurse may administer Diphenhydramine with parent permission using the dose chart below. Notify teacher and parent to watch student closely. If symptoms continue, nurse should request assessment by health care provider. Diphenhydramine supplied by LRSD is not to be used for rhinorrhea or colds. Diphenhydramine supplied by parents/guardians may be administered **with a doctor's order**. LRSD only utilizes liquid Benadryl because it is absorbed quicker.

BENADRYL DOSAGE (ANTIHISTAMINE)						
Child's weight more than (lb)	22	33	44	55	110	lb
Total amount (mg)	10	15	20	25	50	mg
Liquid 12.5 mg/5 mL (tsp)	3/4	1	1 ½	2	-	tsp

- Dosage: 0.5 mg/lb/dose (1.0 mg/kg/dose) every 6-8 hours.
- Adults: 50 mg max.
- Contraindication: weight < 20 lb. (Reason: Benadryl is a sedative.)

IBUPROFEN (FOR STAFF ONLY)

IBUPROFEN DOSAGE (FOR FEVER AND PAIN)									
Adult 200 mg tabs	-	-	-	-	1	1	1 ½	2	Tabs

- Dosage: 3-5 mg/lb/dose (5-10 mg/kg/dose) every 6-8 hours as needed.
- Adult dose: 400 mg (max at school)
- Discourage staff from taking more than the recommended dose to minimize G.I. discomfort.

Blood pressure is to be checked prior to providing pain relief to all staff members with complaints of headache, sinus and tooth/ jaw pain (potential masking HTN or stroke symptoms or abscess).

MAGNESIUM-ALUMINUM HYDROXIDE [Antacid] (secondary schools and staff only) DOSAGE ON BACK INDICATES GIVE 2-4 TUMS...WE'RE UNDERDOSING)

One antacid tablet (400 mg) may be given for symptoms of indigestion. The dose may be repeated after 30 minutes if symptoms continue. Do not give more than two doses per day.

VACCINATIONS

School Nurses and licensed practical nurses under the supervision of the Arkansas Department of Health are authorized by ADH standing order to administer immunizations in the school setting. School nurses practice under these standing orders and are required to adhere to the following guidelines:

- School Nurses who practice under the standing order for vaccine administration signed by the Arkansas Department of Health shall demonstrate competency in vaccine administration and perform all nursing procedures primarily under the guidance of the Arkansas Nurse Practice Act and by following the same protocols as public health nurses administering immunizations in public health clinics.
- Vaccine administration competency shall be demonstrated by the School Nurse in collaborative practice with a public health nurse or by a competency demonstration associated with the Arkansas Department of Health Immunization or LRSD Health Services training.

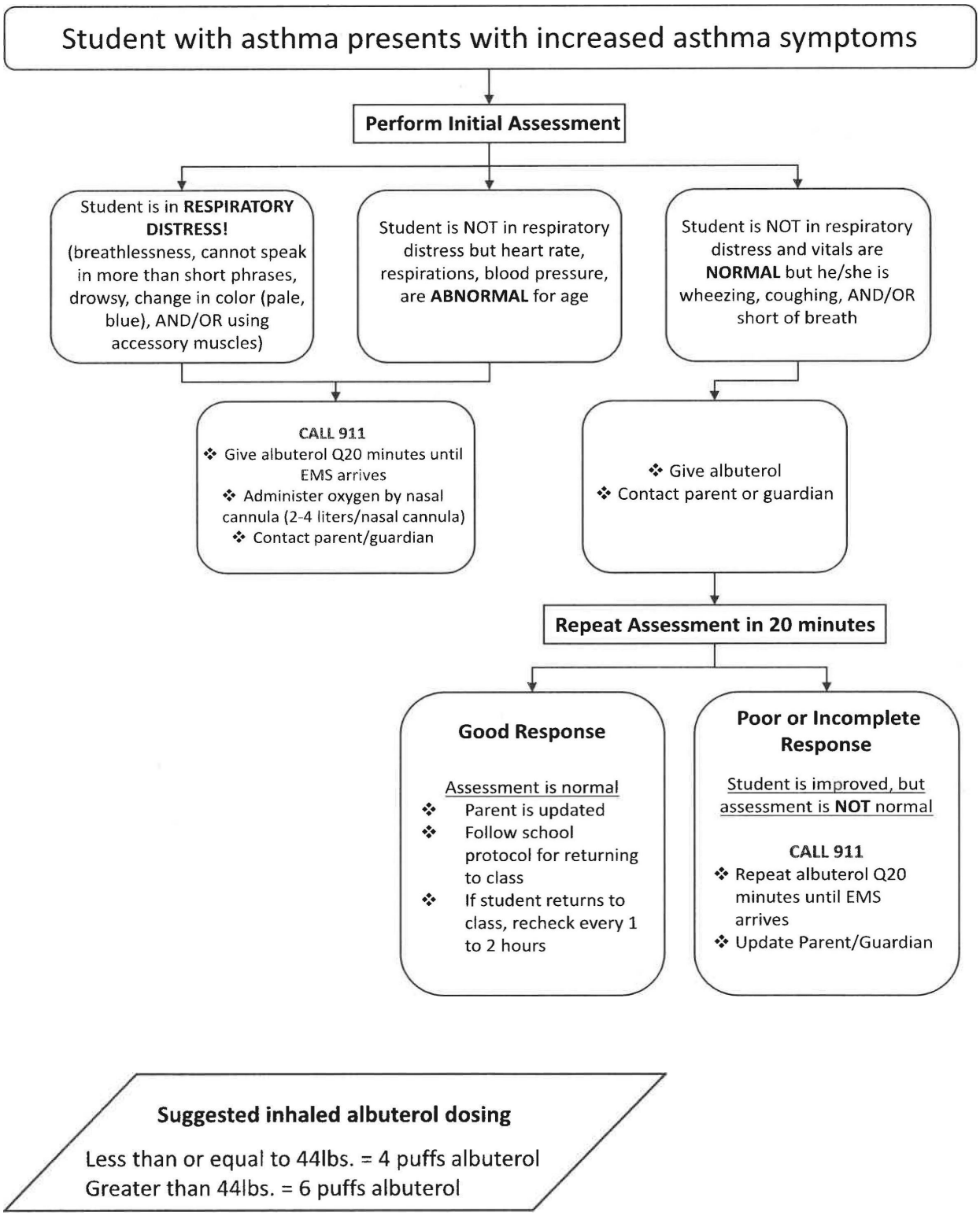
WITCH HAZEL

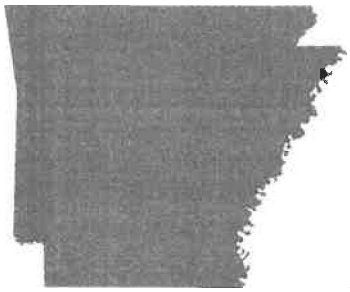
Witch Hazel is a topical astringent used to treat minor skin irritations such as acne, insect bites, etc.

Emergency Medications

Albuterol

See algorithm and vital sign chart on next pages.


Student with asthma presents with increased asthma symptoms
Perform Initial Assessment
Student is in RESPIRATORY DISTRESS! (breathlessness, cannot speak in more than short phrases, drowsy, change in color (pale, blue), AND/OR using accessory muscles)
Student is NOT in respiratory distress but heart rate, respirations, blood pressure, are ABNORMAL for age
Student is NOT in respiratory distress and vitals are NORMAL but he/she is wheezing, coughing, AND/OR short of breath
CALL 911
❖ Give albuterol Q20 minutes until EMS arrives
❖ Administer oxygen by nasal cannula (2-4 liters/nasal cannula)
❖ Contact parent/guardian
❖ Give albuterol
❖ Contact parent or guardian
Repeat Assessment in 20 minutes
Good Response
Assessment is normal
❖ Parent is updated
❖ Follow school protocol for returning to class
❖ If student returns to class, recheck every 1 to 2 hours
Poor or Incomplete Response
Student is improved, but assessment is NOT normal
CALL 911
❖ Repeat albuterol Q20 minutes until EMS arrives
❖ Update Parent/Guardian
Suggested inhaled albuterol dosing
Less than or equal to 44lbs. = 4 puffs albuterol
Greater than 44lbs. = 6 puffs albuterol



Arkansas School-Based Emergency Asthma Treatment Plan Emergency Treatment Plan References

Resp. Rate	Normal	Mild	Moderate	Severe
2-3 years	18-26	27-34	35-39	> 40
4-5 years	16-24	25-30	31-35	> 36
6-12 years	14-20	21-26	27-30	> 31
>12 years	12-18	19-23	24-27	> 28

Heart Rate	Normal	Mild	Moderate	Severe
2-3 years	89-139	139-149	149-160	> 160
4-5 years	71-128	129-139	139-149	>149
6-12 years	60-114	114-128	128-139	>139
>12 years	50-104	104-114	114-128	>128

Normal Values for Systolic/Diastolic Blood Pressure	
2-3 years	85-109/37-67
4-5 years	91-114/50-74
6-12 years	96-121/57-80
>12 years	105-136/62-87

Common Breath Sounds During an Asthma Flare:

Normal: loud air entry on inspiration and expiration with normal effort

Diminished to Absent breath sounds: air entry on inspiration and expiration, but hard to hear, may indicate air is not moving well, *This can often be confused with normal breath sounds Wheezing: high pitched whistling sounds when breathing out

Risk Factors for Fatal Asthma Flare-Ups

A history of near-fatal asthma requiring intubation and mechanical ventilation (tube and machine to help breath)

- ❑ ED visit or hospitalization in the past year
- ❑ Currently using or having recently stopped using oral corticosteroids (a marker of event severity) Not currently using inhaled corticosteroids
- ❑ Over-use of Albuterol, especially use of more than one canister in a month
- ❑ A history of psychiatric disease or psychosocial problems
- ❑ Poor adherence with asthma medications and /or poor adherence with a written asthma action

Food aller in a atient with asthma

HR, RR, and temperature ranges: CTAS 2013 BP ranges: *Modified from American Heart Association (2012).

Pediatric emergency assessment, recognition, and stabilization (PEARS) provider manual. t National Heart, Lung and Blood Pressure Institute (2004). The fourth report on the diagnosis, evaluation, and treatment of high bloodpressure in children and adolescents. Pediatrics, 114(2), 555556. 5

EPINEPHRINE

Epinephrine may be given in an emergency situation by school personnel who have received training.

If a student is having a **severe allergic reaction** (welts over body, increasing trouble breathing, tightness in throat, wheezing) OR a **severe asthma attack** (wheezing, severe trouble breathing) administer Epinephrine at these doses:

EPINEPHRINE		
	Amount	
20-66 pound child	0.15 mg /0.15 mL	EpiPen® Jr. Auto-Inject if available. If not, use 0.3 mg EpiPen
Over 66 pounds	0.3 mg /0.3mL	EpiPen® Auto-Inject

Do this while someone else is calling 911. (Reason: to receive life-saving advice) Inject it into the upper outer thigh muscle. (Subcutaneous is less effective). If using an EpiPen®, hold injector in place on thigh for 10 seconds. Response may take 5-8 minutes, stay with student.

Supine Position: If student feels weak, lie down with the feet elevated. (Reason: counteract shock).

If the student **improves** after receiving Epi medical evaluation is still indicated. The student is at risk of a rebound episode that could be more severe than the initial attack. The student **must** be evaluated by a physician before returning to school.

Accidental Epi administration – If someone is accidentally stuck with an EpiPen, call Poison Control for directives of care. Their staff will guide you through an assessment to determine need for additional medical care.

NARCAN ADMINISTRATION PROTOCOL

RECOGNIZE:

Observe individual for signs and symptoms of opioid overdose

Suspected or confirmed opioid overdose consists of:

- Respiratory depression evidenced by slow respirations or no breathing (apnea)
- Unresponsiveness to stimuli (such as calling name, shaking, sternal rub)

Suspicion of opioid overdose can be based on:

- Presenting symptoms
- History
- Report from bystanders
- School nurse or staff prior knowledge of person
- Nearby medications, illicit drugs or drug paraphernalia

Opioid Overdose vs. Opioid High

Opioid High	Opioid Overdose
Relaxed muscles	Pale, clammy skin
Speech slowed, slurred, breathing	Speech infrequent, not breathing, very shallow breathing
Appears sleepy, nodding off	Deep snorting or gurgling
Responds to stimuli	Unresponsive to stimuli (calling name, shaking, sternal rub)
Normal heart beat/pulse	Slowed heart beat/pulse
Normal skin color	Cyanotic skin coloration (blue lips, fingertips)
	Pinpoint pupils

(Adapted from Massachusetts Department of Public Health Opioid Overdose Education and Naloxone Distribution)

RESPOND:

Immediately call for help

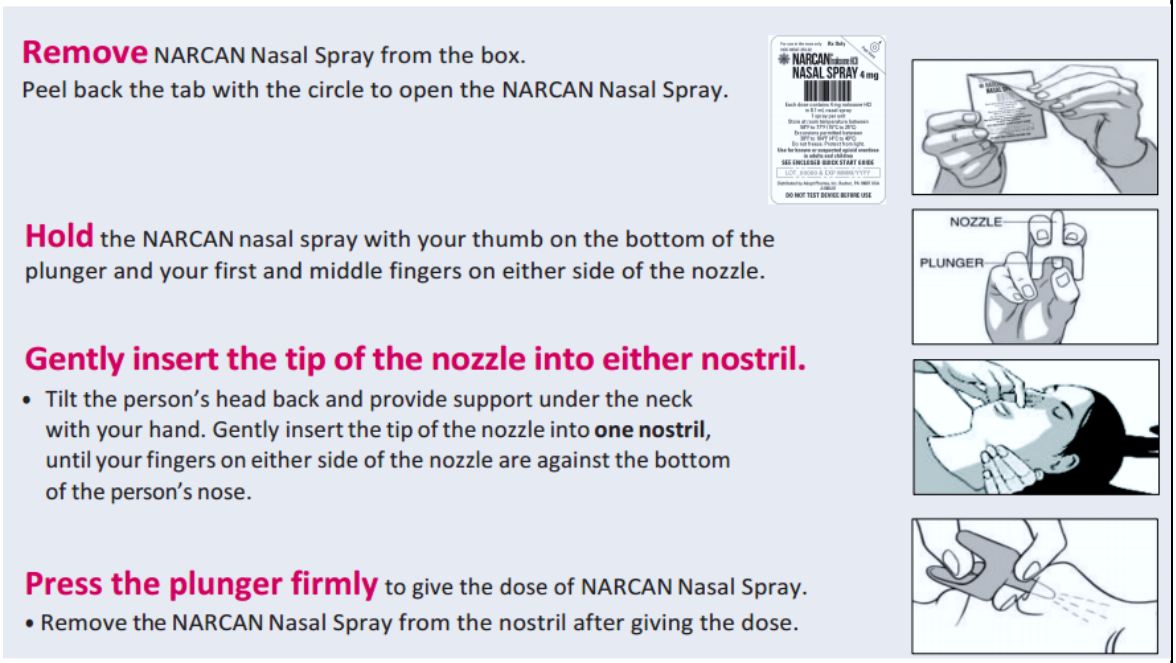
- Call for help- Dial 911.
  - Request Advanced Life Support.
- Assess breathing: Perform rescue breathing if needed.
  - Place the person on their back.
  - Tilt their chin up to open the airway.
  - Check to see if there is anything in their mouth blocking their airway, such as gum, toothpick, undissolved pills, syringe cap, cheeked Fentanyl patch.
    - If present. remove it.
  - If using mask, place and hold mask over mouth and nose.
  - If not using mask, pinch their nose with one hand and place your mouth over their mouth
  - Give 2 even, regular-sized breaths.
  - Blow enough air into their lungs to make their chest rise.
    - If you are using a mask and don't see their chest rise, out of the corner of your eye, tilt the head back more and make sure the seal around the mouth and nose is secure.
    - If you are not using a mask and don't see their chest rise, out of the corner of your eye make sure you're pinching their nose.
  - Breathe again.
  - Give one breath every 5 seconds.

REVERSE:

Administer naloxone

Via Intra-Nasal Narcan:

Tilt head back and given spray (4 mg) into one nostril. If additional doses are needed, given in the other nostril.



(Graphic credit: ADAPT Pharma, 2015)

- Place person in recovery position (lying on their side).
- Stay with the person until help arrives.
- Seize all illegal and/or non-prescribed opioid narcotics found on victim and process in accordance with school district protocols.

Note: Using naloxone in patients who are opioid dependent may result in severe opioid withdrawal symptoms such as restlessness or irritability, body aches, diarrhea, increased heart rate (tachycardia), fever, runny nose, sneezing, goose bumps (piloerection), sweating, yawning, nausea or vomiting, nervousness, shivering or trembling, abdominal cramps, weakness, and increased blood pressure. **Risk of adverse reaction should not be a deterrent to administration of naloxone.**

REFER:

- Have the individual transported to nearest medical facility, even if symptoms seem to get better.
- Contact parent/guardians per school protocol.
- Complete Naloxone Administration Report form.
- Follow up with treatment referral recommendations.

References

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IV APPENDIX

AR STATE BOARD OF NURSING DELEGATION CHART

NURSING TASKS						
A = Within Scope of Practice **S = Within Scope of Practice with supervision** **D = Delegated task with supervision** **EM = In emergencies** **X = Cannot perform**				**Provider = Person w/legal authority to prescribe – M.D., APRN with prescriptive authority, Dentist, Physician Assistant with prescriptive authority, etc.**		
Procedure	**Provider Order Required**	**RN**	**LPN/LPTN**	**Unlicensed Assistive Personnel**	**Student or Self**	**RN Scope of Practice:** The delivery of health care services which require **assessment, diagnosis, planning, intervention, and evaluation.** **LPN Scope of Practice:** The delivery of health care services which are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including **observation, intervention and evaluation**.
1.0 Activities of Daily Living						
1.1 Toileting/Diapering		A	A	A		
1.2 Bowel/Bladder Training		A	A	D	S	
1.3 Dental Hygiene		A	A	S	S	
1.4 Oral Hygiene		A	A	S	S	
1.5 Lifting/Positioning/Transfers		A	A	S	S	
1.6 Feeding						
1.6.1 Nutritional Assessment		A	X	X	X	
1.6.2 Oral Feeding		A	A	S	A	
1.6.3 Naso-Gastric Feeding	Yes	A	S	X	S	
1.6.4 Monitoring N/G Feeding		A	S	X	S	
1.6.5 Gastrostomy Feeding	Yes	A	S	D	S	
1.6.6 Monitoring Gastrostomy Feeding		A	S	D	S	
1.6.7 Jejunostomy Tube Feeding	Yes	A	S	X	X	
1.6.8 Total Parenteral Feeding (intravenous)	Yes	A	S	X	X	
1.6.9 Monitoring Parenteral Feeding		A	S	X	X	
1.6.10 Naso-Gastric Tube Feeding	Yes	A	S	X	X	
1.6.11 Naso-Gastric Tube Removal	Yes	A	S	EM	S	
1.6.12 Gastrostomy Tube Reinsertion	Yes	X	X	X	X	

NURSING TASKS						
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Procedure	**Provider Ordered Required**	**RN**	**LPN/LPTN**	**Unlicensed Assistive Personnel**	**Student for Self**	**RN Scope of Practice: The delivery of health care services which require assessment, diagnosis, planning, intervention, and evaluation.** **LPN Scope of Practice: The delivery of health care services which are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including observation, intervention and evaluation.**
2.0 Urinary Catheterization						
2.1 Clean Intermittent Cath.	Yes	A	S	D	S	
2.2 Sterile Catheterization	Yes	A	S	X	X	
2.3 External Catheter application	Yes	A	A	S	S	
2.4 Indwelling Catheter Care (cleanse with soap & water, empty bag)		A	A	S	S	
3.0 Medical Support Systems						
3.1 Ventricular Peritoneal Shunt Monitoring	Yes	A	S	D	X	
3.2 Mechanical Ventilator						
3.2.1 Monitoring	Yes	A	S	D	X	
3.2.2 Adjustment of Ventilator	Yes	A	S	X	X	
3.2.3 Ambubag		A	S	EM	X	
3.3 Oxygen						
3.3.1 Intermittent	Yes	A	S	D	X	
3.3.1 Continuous – monitoring	Yes	A	S	D	S	
3.4 Central Line Catheter	Yes	A	S	X	X	
3.5 Peritoneal Dialysis	Yes	A	S	X	X	
4.0 Medication administration						
4.1 Oral – Prescription	Yes	A	S	D	X	
4.2 Oral – Over the Counter (written parental consent)		A	S	D	S	
4.3 Injection	Yes	A	S	X	S	
4.3.1 Glucagon	Yes	A	S	X	S	Trained School Volunteer Personnel may only administer in the absence or unavailability school nurse.
4.3.2 Insulin – Scheduled dose	Yes	A	S	X	S	
4.3.3 Insulin – Unscheduled dose	Yes	A	S	X	S	Trained School Volunteer Personnel may only administer in

NURSING TASKS						
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Procedure	**Provider Ordered Required**	**RN**	**LPN/LPTN**	**Unlicensed Assistive Personnel**	**Student for Self**	**RN Scope of Practice:** The delivery of health care services which require **assessment, diagnosis, planning, intervention, and evaluation.** **LPN Scope of Practice:** The delivery of health care services which are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including **observation, intervention and evaluation**. the absence or unavailability school nurse.
4.4 Epi-Pen Allergy Kit	Yes	A	S	EM/S	S	
4.5 Inhalation						
4.51 Prophylactic/Routine asthma inhaler	Yes	A	S	D	S	
4.52 Emergency/Rescue asthma inhaler	Yes	A	S	D	S	
4.53 Nasal Insulin	Yes	A	S	X	X	
4.54 Nasal controlled substance (such as but not limited to Versed)	Yes	A	S	X	X	
4.6 Rectal	Yes	A	S	X	X	
4.7 Bladder Instillation	Yes	A	S	X	X	
4.8 Eye/Ear Drops	Yes	A	S	D	X	
4.9 Topical						
4.9.1 Prescription Topical	Yes	A	S	D	X	
4.9.2 Over the Counter Topical(written parental consent)		A	S	D	S	
4.10 Per Naso-gastric Tube	Yes	A	S	X	X	
4.11 Per Gastrostomy Tube	Yes	A	S	D	X	
4.12 Intravenous	Yes	A	S	X	X	
5.0 Ostomies (colostomy, ileostomy)						
5.1 Ostomy Care (empty bag, cleanse w/soap & water)		A	S	S	S	
5.2 Ostomy Irrigation	Yes	A	S	X	S	
6.0 Respiratory						
6.1 Postural Drainage	Yes	A	S	D	X	
6.2 Percussion	Yes	A	S	D	X	
6.3 Suctioning						
6.3.1 Pharyngeal	Yes	A	S	D	X	
6.3.2 Tracheostomy	Yes	A	S	D	X	
6.4 Tracheostomy Tube Replacement	Yes	A	EM	EM	EM	
6.5 Tracheostomy Care (clean/dress)	Yes	A	S	D	X	
7.0 Screenings						

NURSING TASKS						
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Procedure	**Provider Order Required**	**RN**	**LPN/LPTN**	**Unlicensed Assistive Personnel**	**Student or Self**	**RN Scope of Practice:** The delivery of health care services which require **assessment, diagnosis, planning, intervention, and evaluation.** **LPN Scope of Practice:** The delivery of health care services which are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including **observation, intervention and evaluation**.
7.1 Growth (height/weight)		A	S	D	S	Act 1220 of 2003 HOUSE BILL 1173
7.2 Vital Signs		A	A	S	X	
7.3 Hearing		A	S	D	X	A.C.A. § 6-18-701
7.4 Vision		A	S	X	X	A.C.A. § 6-18-1501 ADE Rules & Regulations
7.5 Scoliosis		A	S	D	X	ADH Rules & Regulations
8.0 Specimen Collecting/Testing						
8.1 Blood Glucose	Yes	A	S	D	S	
8.2 Urine Glucose/Ketone	Yes	A	S	D	S	
9.0 Other Healthcare Procedures						
9.1 Seizure Safety Procedures		A	S	D	X	
9.2 Pressure Ulcer Care	Yes	A	S	D	X	
9.3 Dressings, Sterile		A	S	D	X	
9.4 Dressings, Non-sterile		A	S	D	S	
9.5 Vagal Nerve Stimulator	Yes	A	S	D	X	
10.0 Developing Protocols						
10.1 Healthcare Procedures		A	X	X	X	
10.2 Emergency Protocols		A	X	X	X	
10.3 Individualized Healthcare Plan		A	X	X	X	

DIVISION OF ELEMENTARY AND SECONDARY EDUCATION RULES GOVERNING IMMUNIZATION REQUIREMENTS IN ARKANSAS PUBLIC SCHOOLS

Effective Date: July 6, 2020

1.0 PURPOSE

1.01 The purpose of these rules is to establish the requirements and procedures for governing grades Kindergarten through Twelve (K-12) immunization requirements in Arkansas Public Schools.

2.0 REGULATORY AUTHORITY

2.01 The Rules are duly adopted and promulgated pursuant to the State Board of Education's authority under Ark. Code Ann. §§ 6-11-105, 6-18-702, and 25-15-201 et seq.

3.0 REQUIREMENTS

3.01 Except as otherwise provided in these rules, no child shall be admitted to a public school of this state who has not been immunized against the following, as evidenced by an immunization record from a licensed physician or a public health department (See Table I):

3.01.1 Poliomyelitis;
3.01.2 Diphtheria;
3.01.3 Tetanus;
3.01.4 Pertussis;
3.01.5 Red (rubeola) measles;
3.01.6 Rubella;
3.01.7 Mumps;
3.01.8 Hepatitis B;
3.01.9 Hepatitis A;
3.01.10 Meningococcal disease; and
3.01.11 Varicella (chickenpox).

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3.02 The requirements for entry into school are:

3.02.1 For students entering into Kindergarten:
3.02.1.1 At least four doses of the following vaccines:
3.02.1.1.1 Diphtheria/Tetanus/Acellular Pertussis (DTaP);
3.02.1.1.2 Diphtheria/Tetanus/Pertussis (DTP); or
3.02.1.1.3 Diphtheria/Tetanus (DT pediatric).
3.02.1.2 At least three doses of Polio vaccine;
3.02.1.3 Three doses of Hepatitis B vaccine;
3.02.1.4 Two doses of Measles/Mumps/Rubella (MMR) vaccine;
3.02.1.4.1 If a student received two doses of measles, one dose of mumps, and one dose of rubella prior to January 1, 2010, the doses will be accepted as compliant with Section 3.02.1.4
3.02.1.5 Two doses of Varicella (chickenpox) vaccine; and
3.02.1.5.1 A history of disease may be accepted in lieu of receiving the Varicella vaccine.
3.02.1.5.2 The history of disease must be provided by a medical doctor (MD), advanced practice nurse

(APN), doctor of osteopathy (DO), or physician
assistant (PA).
3.02.1.5.3 No student, parent, or guardian history of varicella
disease will be accepted (See Table I).
3.02.1.6 One dose of Hepatitis A vaccine.
3.02.2 For students entering into grades One through Twelve (1-12):
3.02.2.1 No fewer than three doses of:
3.02.2.1.1 Diphtheria/Tetanus/Acellular Pertussis (DTaP);
3.02.1.1.2 Diphtheria/Tetanus/Pertussis (DTP);
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3.02.1.1.3 Diphtheria/Tetanus (DT pediatric);
3.02.1.1.4 Tetanus/Diphtheria (Td-adult); or
3.02.1.1.5 Tetanus/Diphtheria/Acellular Pertussis (Tdap).
3.02.2.2 One dose of Tetanus/Diphtheria/Acellular Pertussis (Tdap)
for students who are eleven (11) years old as of September
1, and for students older than eleven (11) years if the
student has not received the dose of Tdap at age eleven.
3.02.2.2.1 If a student is unvaccinated and age seven (7) or
older, the student must receive one dose of
Tetanus/Diphtheria/Acellular Pertussis
(Tdap) and two doses of Tetanus/Diphtheria (Tdadult).
3.02.2.2.2 Students who cannot document prior vaccination
must be vaccinated as stated in Section 3.02.2.2.1.
3.02.2.3 At least three doses of Polio vaccine, with the final dose
received after 4 years of age;
3.02.2.4 Two doses of Measles/Mumps/Rubella (MMR) vaccine;
3.02.2.4.1 If a student has previously received two doses of
measles, one dose of mumps and one dose of
rubella before January 1, 2010, the doses will be
accepted as compliant to immunization
requirements and 2 MMRs are not required.
3.02.2.5 Two doses of Varicella (chickenpox) vaccine;
3.02.2.5.1 A documented history of disease may be accepted
in lieu of receiving the Varicella vaccine.
3.02.2.5.2 The history of disease must be provided by a
medical doctor (MD), advanced practice nurse
(APN), doctor of osteopathy (DO), or physician
assistant (PA).
3.02.2.5.3 No student, parent, or guardian history of varicella
disease will be accepted (See Table I).
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3.02.2.6 No fewer than two doses of Hepatitis B vaccine;
3.02.2.7 Meningococcal vaccine;
3.02.2.7.1 Each student must have one dose to enroll in
Seventh Grade.
3.02.2.7.2 Each student age sixteen (16) on September 1 must
receive a second dose, unless the first dose was
administered at age sixteen (16) or older.

3.02.2.7.2.1 If the first vaccine is administered at age sixteen (16) or older, no second dose is required.
3.02.2.8 Each student must receive at least one dose of Hepatitis A to enroll in First Grade.
3.03 If a student has not met the immunization requirements for enrolling in a public school, the student should be referred to a medical authority, such as a private doctor or the health department, for immunization or consultation.
3.04 A school may temporarily admit a student if:
3.04.1 The student is in the process of receiving the needed doses of the required vaccines; or
3.04.1.1 If a student is admitted and is in the process of completing the required minimum immunizations, the school shall require the student to complete the required doses on schedule.
3.04.1.2 The school shall keep a written statement from a medical professional verifying that the student is in the process of completing the required minimum immunizations and stating a date when the student must receive the next immunization.
3.04.1.3 For purposes of these Rules, "in process" means the student has received at least one dose of the required immunizations and is waiting the minimum time interval to receive the additional doses.
3.04.2 The student has applied for an exemption for the vaccines the student has not received within thirty (30) calendar days after the child's admission, or by October 1 for Tdap and Meningococcal at age eleven and sixteen.
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ADE 302-5
3.05 If the student does not provide documentation under Section 3.04.1.2, or show proof that the student has received an exemption from the immunization requirements, the student must be excluded from the school until the documentation is provided.
4.0 DOCUMENTATION FOR IMMUNIZATION OR PROOF OF IMMUNITY
4.01 The following documentation of immunizations is required:
4.01.1 A copy of the original source document or a copy from the immunization provider's medical record shall be placed in the student's permanent record.
4.01.2.1 A school shall only accept a record provided by a licensed physician, the health department, a military service, or an official record from another Arkansas educational entity.
4.01.2.1.1 The record must state the vaccine type and the dates of vaccine administration.
4.01.2.1.2 Terms such as "up-to-date", "complete", "adequate", or other similar terms shall not be accepted as proof of immunization.
4.01.2.2 The immunization record printed off of the statewide immunization registry with the Official Seal of the State of Arkansas is an approved immunization record.
4.02 The following documentation for proof of immunity is required:

4.02.1 Serologic testing shall only be accepted as proof of immunity for the following:
4.02.1.1 Hepatitis B virus;
4.02.1.2 Measles;
4.02.1.3 Mumps;
4.02.1.4 Rubella; and
4.02.1.5 Varicella (chickenpox).
4.02.2 Any individual who has immunity to any of the diseases listed in
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Section 4.02.1, as documented by appropriate serological testing, shall not be required to have the vaccine for that disease.
4.02.3 The student, parent, or guardian shall submit a copy of the serological test to the Arkansas Department of Health, Immunization Section, along with a letter requesting that the serological test be accepted as proof of immunity in lieu of receiving vaccine for the disease indicated on the serological test.
4.02.3.1 After review by the Medical Director, Immunization Section, a letter indicating approval or denial of the proof of immunity is sent to the individual, parent, or guardian and it is that person's responsibility to inform the school of the approval or denial.
4.02.3.2 If the proof of immunity is approved, no annual approval is required.
4.02.3.3 If the proof of immunity is approved, the school shall maintain a copy of the approval letter in the student's permanent record.
4.02.3.4 If the proof of immunity is denied, the student must receive the required immunization or request an exemption from the Arkansas Department of Health.
4.03 An individual who has lost his/her immunization records or whose serology test results are unavailable shall be properly immunized for those diseases or will be required to show proof that they have applied for an exemption for those vaccines he/she has not received.
4.04 Each public school shall maintain a list of individuals not appropriately immunized and a list of individuals with medical, religious or philosophical exemptions.
4.05 Immunization records may be stored on a computer database, such as the Arkansas Public School Computer Network (APSCN).
5.0 EXEMPTIONS
5.01 General Requirements
5.01.1 Exemptions shall be granted only by the Arkansas Department of Health.
5.01.2 Individuals shall complete an annual application for medical, religious, and philosophical exemptions.
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5.01.3 A notarized statement by the individual requesting the exemption must accompany the application.
5.01.4 All individuals requesting an exemption must complete an educational component developed by the Department of Health that includes

information on the risks and benefits of vaccinations.
5.01.5 All individuals must sign an “informed consent” form provided by the Department of Health that includes:
5.01.5.1 A statement of refusal to vaccinate;
5.01.5.2 A statement of understanding that at the discretion of the Department of Health the non-immunized child or individual may be removed from the applicable facility, for no fewer than twenty-one (21) days, during an outbreak if the child or individual is not fully vaccinated; and
5.01.5.3 A statement of understanding that the child or individual shall not return to the applicable facility until the outbreak has been resolved and the Department of Health approves the return.

5.02 Medical Exemptions

5.02.1 Only a letter issued by the Medical Director, Immunization Section of the Arkansas Department of Health, stating the vaccine(s) or vaccines for which a child/student is exempt is to be accepted as a valid medical exemption by the school.
5.02.2 Statements from private physicians shall not be accepted by the school as proof of a medical exemption unless accompanied by a letter issued by the Medical Director, Immunization Section of the Arkansas Department of Health.
5.02.3 In addition to the general requirements of Section 5.01 of these Rules, individuals seeking a medical exemption must submit the Immunization Section's standard form for medical exemptions.
5.02.3.1 This form is available from the Immunization Section upon request.
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5.03 Religious Exemptions

5.03.1 In addition to the general requirements found in Section 5.01 of these Rules, individuals seeking a religious exemption must submit the Immunization Section’s standard form for religious exemptions.
5.03.1.1 This form is available from the Immunization Section upon request.

5.04 Philosophical Exemptions

5.04.1 In addition to the general requirements found in Section 5.01 of these Rules, individuals seeking a philosophical exemption must submit the Immunization Section’s standard form for philosophical exemptions.
5.04.1.1 This form is available from the Immunization Section upon request.

6.0 EXCLUSION FROM SCHOOL

6.01 Each school must maintain an accurate and current list of all students who have obtained an exemption from the vaccinations requirements and who are in the process of obtaining the vaccination requirements.
6.02 If the Department of Health determines that a possibility of disease transmission exists, individuals who have an exemption or who are in the process of obtaining the vaccinations will be excluded from the school.
6.02.1 Students who have had the disease as verified by appropriate serological testing will not be excluded from the school.

6.02.2 Students who are excluded from school under Section 6.02 shall not return to school until the possibility of disease transmission has been controlled and the Department of Health approves the return.
6.02.3 Students who are excluded from school under Section 6.02 shall not be dismissed or dropped from the attendance records of the school or school district in accordance with Ark. Code Ann. § 6-18-213(f).
6.02.4 Absences accrued due to exclusion under Section 6.02 shall be counted as excused or unexcused absences in accordance with the school's attendance policy.
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ADE 302-9
7.0 REPORTING REQUIREMENTS
7.01 In order to identify areas where additional emphasis is needed and to measure levels of immunization compliance, the Arkansas Department of Health will conduct annual assessments in schools.
7.01.1 Public schools are required to cooperate in completing these surveys and audits.
7.02 Each public school shall create and maintain a report that provides information regarding the:
7.02.1 Number and percentage of students within the public school who have been granted from the Department of Health an exemption from the requirement to obtain one (1) or more vaccinations.
7.02.2 The number and percentage of students within the public school who have:
7.02.2.1 Failed to provide to the public school proof of the vaccinations required; and
7.02.2.2 Not obtained an exemption from the Department of Health.
7.03 The report required under Section 7.02 must be updated by December 1 each year and be posted and available to the public online.

V. School Nurse Resources

Internet websites and Information for School Nurses

Arkansas Centers for Health Improvement: http://www.achi.net/
Arkansas Department of Education: http://arkansased.org/
Arkansas Department of Health and Human Services:
http://www.arkansas.gov/dhhs/homepage.html
Arkansas Nurses Association: http://www.arna.org/
Arkansas State Board of Nursing: http://www.arsbn.org/
National Association of School Nurses: http://www.nasn.org
Mouseclick M.D., A to Z medical answers -from Arkansas Children's Hospital: http://www.archildrens.org/pa/pa/pa_index.htm

The following is a site managed by an actual School Nurse who shares and offers that supportive attitude we can all benefit from! It offers bulletin board ideas and many other ideas and items of interest. http://www.homestead.com/snp/index.html

Health Oriented Search Engines/Directories

www.foodallergy.org Food Allergy Research & Education. If you go to the website, they have new Emergency Care Plans that deal with explaining symptoms and treating appropriately with forms in English and Spanish. https://www.foodallergy.org/file/emergency-care-plan.pdf https://www.foodallergy.org/file/emergency-care-plan-spanish.pdf

www.pollen.com Pollen.com-National Allergy Forecast for Today
http://www.aafa.org/ Asthma and Allergy Foundation of America
http://www.aap.org/ American Academy of Pediatrics
http://medlineplus.gov/ Medline Plus - Drug and Disease Information
http://www.cdc.gov/ Centers for Disease Control
Direct Link to Immunization Information: http://www.cdc.gov/vaccines/vpd-vac/default.htm
Direct link to Coordinated School Health:
http://www.cdc.gov/HealthyYouth/CSHP/index.htm
http://www.healthatoz.com A comprehensive search engine form many medical and health-related sites. The database provides timesaving format and search capabilities.
http://www.healthfinder.gov Healthfinder® - free gateway to reliable consumer health and human services information website developed by the U.S. Department of Health and Human Services.
http://www.healthtouch.com A wide variety of health info and resources at this site.
http://dir.yahoo.com/Health/Medicine/ This is a health search engine that will give you access to a multitude of special interest search addresses plus a guide for a variety of websites for specific topics.

National Health Organizations

American Diabetes Association: http://www.diabetes.org
American Medical Association: http://www.ama-assn.org
American School Health Association: http://www.ashaweb.org/
Autism Society of America: http://www.autism-society.org
Children and Adults with Attention Deficit/Hyperactivity Disorder: http://www.chadd.org/

Food & Drug Administration: http://www.fda.gov
Mayo Clinic: http://www.MayoClinic.com
National Cancer Institute: http://www.nci.nih.gov
National Eczema Association http://www.nationaleczema.org/
NORD (National Organization for Rare Disorders): http://rarediseases.info.nih.gov/
This site is very helpful and will reply with information if you have questions about a specific rare condition.

Health Education Resources

www.pgschoolprograms.com/puberty/ P & G School Programs - Always Changing Puberty Education Program
http://mypyramid.gov/ Guidance for following the Pyramid dietary program, with teaching tools and resources.
http://www.healthyfridge.org/ Dietary guidance with fun stuff to use with kids. Also has items for using in newsletters to parents or creating a bulletin board.
http://www.healthiergeneration.org/ Alliance for a Healthier Generation/American Heart Association
http://colgatebsbf.com/ This Web site has very good information for children regarding maintaining good oral hygiene. There are a lot of activities for children to do such as making charts, playing games (find the healthy snacks), and obtaining a special message from the tooth fairy.
http://www.dole5aday.com This Web site teaches children excellent nutrition information in a fun and lively manner. Students can browse through the fruit newsroom; get great nutritious recipes, and much more. This site also has a section about how teachers can help their students make wise food choices.

School Nurse/School Health Resources

http://www.cdc.gov/nccdphp/dash/publica.htm **School Health Program Publications**. CDC guidelines, surveys, and other school health publications.

http://www.rxlist.com/ This is a **pharmacological reference** to over 4000 medications which is reviewed and revised by a pharmacist every 6 months

www.drugs.com Browse medications by name. Search by condition or class of drug. Use **pill identifier** to find name of an unknown pill. Check for drug interactions. Sign up to receive updates and recalls on drugs.

http://www.schoolnurse.com/ This site includes articles from School Health Alert plus links to many other school nurse resources.

http://www2.scholastic.com/browse/collection.jsp?id=570 The LIVE**STRONG** at School program uses national standards-based lessons to teach your students about the realities of cancer

Vision Resources

Burlsworth Foundation

http://www.brandonburlsworth.org Go to Eyes of a Champion icon. Set up an account with them. It is in place to assist kids who do not have insurance, or ARKids, or Medicaid be able to get free eye exams and glasses if needed. Print an application to send home to family. Three different languages, they fill it out, return, wait for approval, often get approved in 10-15 minutes. Choose a store located near family, print a certificate to give to parent to take to the particular eye doctor you assigned. Print an extra for students' health record. Update in comments on your screening in CIS that approved for Burlsworth and Certificate provided. Rescreen student with glasses, if any were prescribed, in a month.

Sources for Vision Care:

Dr. Tim Norton
Contact Lens Xpress
2000 S. University, #E
Little Rock, AR 72204
501-280-9400
drtnorton@aol.com

Walmart Vision Centers
Shackleford: 223-9952
Baseline: 565-2455
Cantrell: 868-6231

Dr. Justin Leiblong
Hardberger Leiblong Eye Clinic
http://hardbergereyecenter.com/aboutus.nxg.
123 N. Van Buren St.
Little Rock, AR 72205
661-0450

Monica Verma
Eye Care Arkansas
Baptist Health Eye Center
9800 Baptist Health Drive, Suite 301
Little Rock, AR 72205-6230
501-225-4488 Phone
501-225-9299 Fax

Health Services Forms
The following District forms are needed when school starts in August. The HIF **must** be completed when a student registers and at "Check In". These may be ordered from the Supply Center. The Referral to the Nurse/ Health Room forms and Health Records are ordered from Metro Print Shop.

- Health Information Forms #920002 100 per package
- Spanish Health Information Forms #920008 100 per package
- Health Record Folders #900217 100 per package
- Referral to Nurse Forms #900086 100 per package

Order for 4th and 5th grade **Puberty kits** in October or November at the Proctor and Gamble website: www.pgschoolprograms.com Use these as needed and when teaching the "Growth & Development/Puberty education" classes in May.

Resources for Physicals

Arkansas Children's Southwest Little Rock Community Clinic: 9015 Dailey Drive, (501) 364-6560, Mon – Fri 8:00 am to 5:00 pm, Bilingual staff, Appointment required.

HealthCare Express: 9222 Stagecoach Rd, 235-8199 Mon-Fri 8am to 8-pm Sat 10 am – 2 pm, Sun. 1pm – 5 pm. PreK Physicals $25.00

Sherwood Urgent Care (Maumelle): 123 Audubon Dr. 501-803-9481

Velocity Care – 11600 Chenal Pkwy #5, 501-221-1160

Concentra (2 locations) 3470 Landers Rd, NLR 501-945-0661
10101 Mabelvale Plaza Dr. Ste 3, 501-954-7822

ARC Express Walk-In Clinic: 11524 N. Rodney Parham, Suite 8, 501-954-7822

UAMS 12th Street Health & Wellness Center
Phone: 501-614-2HWC(2492) http://healthon12th.uams.edu/
Email: LSWhite@uams.edu
Walk-In 4-8 pm Monday and Wednesday. Can call for appt (priority) but not required

Free Clinics
Harmony Health Clinic, 201 E. Roosevelt Rd., by Appointment 375
Only (medical and dental) Monday – Friday 9 am- 3 pm
Walk in Accepted only Thursday 5 – 9 pm
Sheppard's Hope Neighborhood Health Center, 2404 S. Tyler 614-9523
Thursdays 5:30 pm – 9 pm
Esperonza, 6111 West 83rd Street 562-1114
Vaccine Clinics
The Shot clinic, 10720 N. Rodney Parham, Private Insurance only, no Medicaid. 225-7468
http://www.theshotclinic.net/services/vaccinations/
UAMS 12th St. UAMS 12th Street Health & Wellness Center
Phone: 501-614-2492 http://healthon12th.uams.edu/, 4:00 – 8:00, with appointment.

VI. HEALTH SERVICES PROGRAM

The Little Rock School District's Health Services Department provides support to students by providing services and education necessary to promote each student's optimum level of wellness, school attendance and academic success. School nurses are the link between school, health care and community agencies.

The Health Services Department is a section of the Student Services Department. The Health Services program utilizes the Framework for the 21st Century School Nursing Practice incorporating the Standards of Practice into services provided to students. This framework provides structure for practice and is aligned with the whole school, whole community, and whole child model. School nurses implement Standards of Practice in a community health paradigm, coordinate care, demonstrate leadership and continually work towards quality improvement.

Relationship building begins at "Check In" as students register and parents provide information about medical diagnoses for their students. The composite of this information is the *Allergies* • *Special Needs or Procedures* • *Chronic Illness* Report. This data directs Individual Health Care Plans and staffing.

LRSD nurses complete the annual state mandated health screenings including vision, hearing, spine assessment/scoliosis, height and weight. As time permits nurses screen for hypertension, dental anomalies, and acanthosis nigricans the precursor to Type 2 diabetes. These screenings are reported electronically to the Arkansas Department of Education. The nurses monitor and support compliance with the Arkansas Department of Health vaccine requirements for school entry. Students who are not vaccinated appropriately for age are not allowed to attend school. Nurses also complete and submit the annual Nurse Survey of Services to Arkansas Department of Education and LRSD Administration.

School nurses complete – reports for ADE as part of the district cycle 3, 5 & 7 reports. Nurses also provide LRSD Administration with reports of service electronically through the CIS program. A list of all reports and the expected date of completion is provided to nurses the week before school starts.

Each Health Room has approximately $5,000.00 worth of equipment including a: vision and hearing screening machine, stethoscope, sphygmomanometers to monitor blood pressure, weight scale, digital thermometer, and other assessment items. This equipment and other necessary supplies are ordered through the Health Services budget, inventoried and calibrated annually and repaired as needed. All durable equipment such as computers, cots, refrigerators, and office furniture are supplied through the building budget.

Each campus and support building has at least one automatic defibrillator (AED) for prompt response during cardiac arrest. Annually the nurse on each campus trains a team of staff to respond and utilize the AED if needed and a nurse is not available. In addition to the Health Room supplies each campus also has an emergency backpack (usually red) which is filled with first aid supplies. Each campus has at least 1 rolling red suitcase containing first aid and disaster

response supplies to respond to a multiple casualty incident if needed (flash lights, whistle, gloves for excavation, sheets for draping or moving bodies, and more).

Health Services Provided by Nurses

School nurses support teachers and education by helping to keep students healthy so they may learn. This includes:

- Nursing assessment and treatment of acute illnesses
- Provide basic first aid and emergency response services
- Providing mandated health screenings-hearing, vision, scoliosis, height/weight (BMI)
- Provide other screenings as time and nurse power available: dental/ oral, blood pressure, acanthosis nigricans, and depression.
- Assessing medical histories and nursing assessments
- Developing and implementing mandated Individual Health Care Plans (IHP's) for students with medical diagnoses requiring nursing procedures such as but not limited to: tube feeding, respiratory care, IV therapy, urinary and catheterization, etc. Asthma, Seizure and Food Allergy Action Plans are condition specific IHP's.
- Referrals to other health care providers
- Home visits
- Administration of daily and emergency medications
- Monitor for infectious / communicable disease (ex. Chickenpox, MRSA, Pertussis / Whooping Cough, Measles, Mumps)
- Management of individual student health records
- Monitor and maintain current immunization records according to law
- Mental health nursing assessment and crisis management for emotional problems, substance abuse, child abuse and neglect

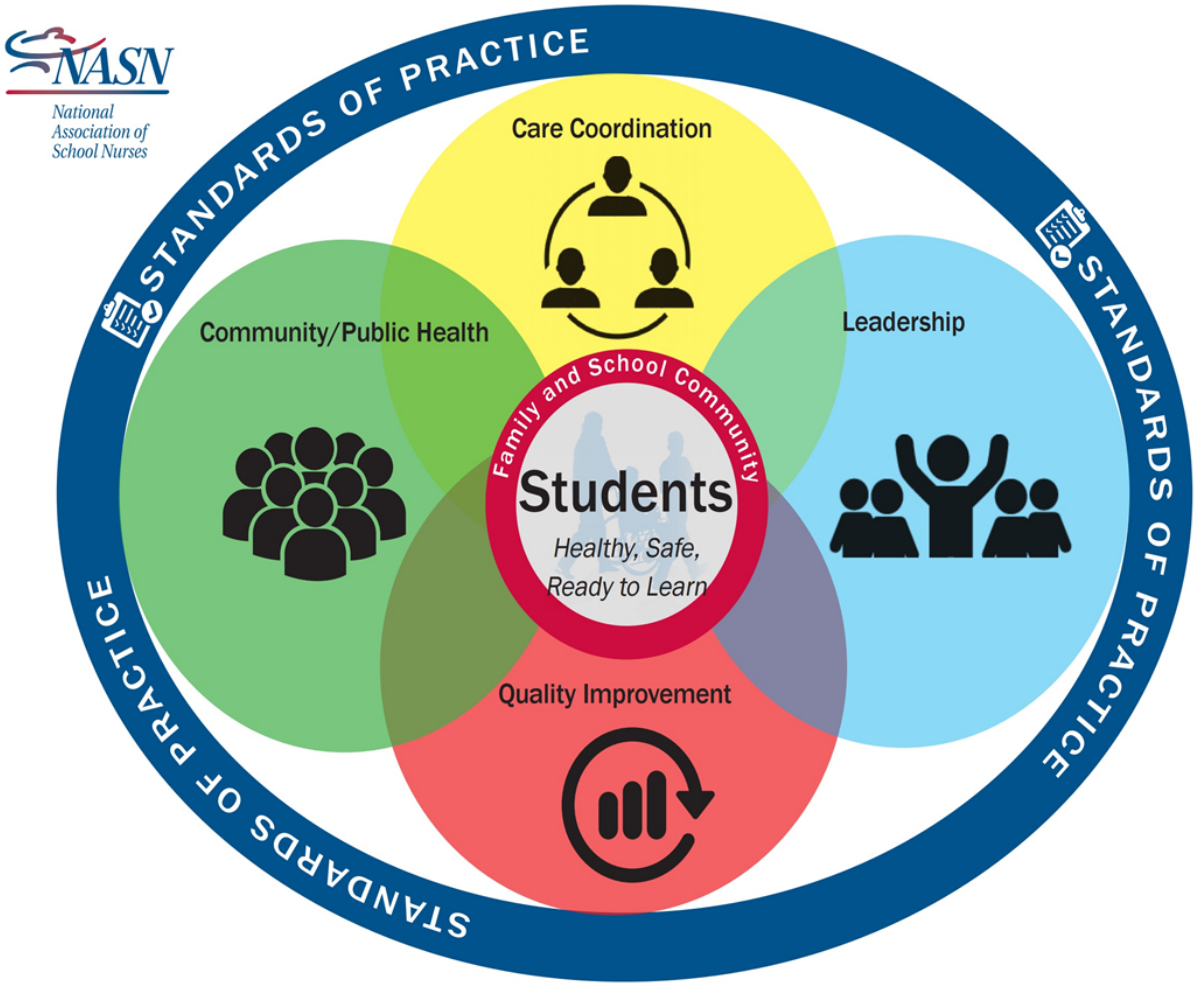
Providing health education - School nurses teach children and staff ways to stay healthy. This includes:

- Individual health teaching in the health room and the classroom
- Being a resource person for teaching health classes
- Providing staff development/in-services on Infection Control including hand washing, CPR, First Aid, Defibrillators (AED), Medication Administration, Nutrition and exercise, Health conditions such as diabetes, seizures and asthma.
- Acting as a health consultant to staff
- Group classes for specific issues, i.e., Hand washing, Obesity prevention, Avoiding tobacco and drug use, hygiene, puberty, stress management, etc.
- Organizing and facilitating support groups for pregnant teens and students with conditions such as asthma or diabetes.

School nurses work to keep schools safe so students can learn without risks to their health by making a safe environment. This includes:

- Monitoring and reporting campus injuries
- Developing safety plans which prevent accidents
- Monitoring schools for cleanliness and health hazards
- Preventing the spread of infectious/communicable diseases

Framework for 21st Century School Nursing Practice™



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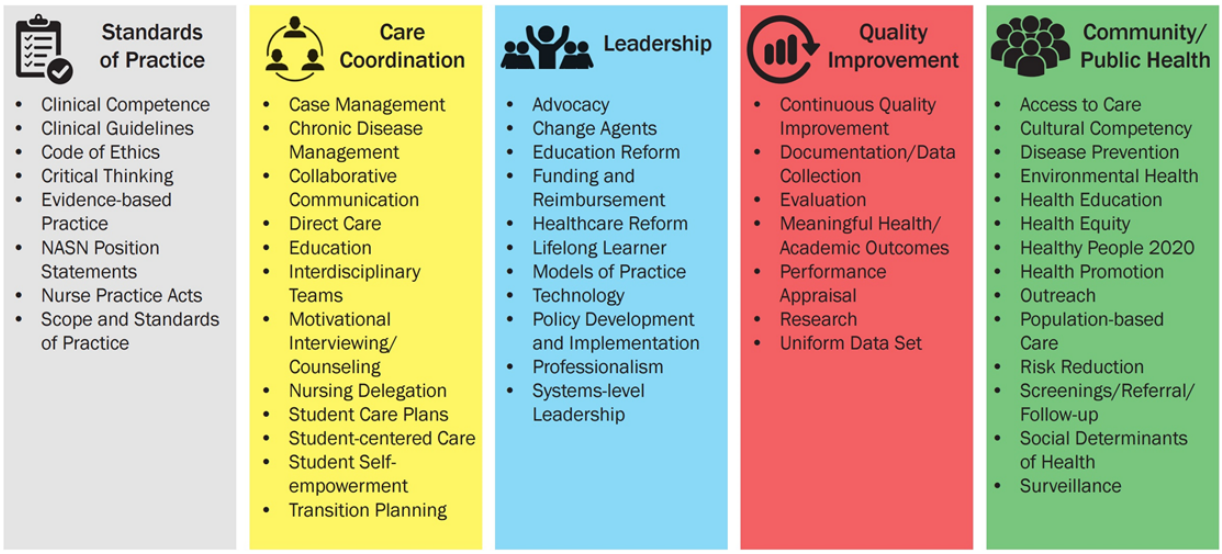
Framework for 21st Century School Nursing Practice™

NASN's *Framework for 21st Century School Nursing Practice* (the *Framework*) provides structure and focus for the key principles and components of current day, evidence-based school nursing practice. It is aligned with the Whole School, Whole Community, Whole Child model that calls for a collaborative approach to learning and health (ASCD & CDC, 2014). Central to the *Framework* is student-centered nursing care that occurs within the context of the students' family and school community. Surrounding the students, family, and school community are the non-hierarchical, overlapping key principles of *Care Coordination, Leadership, Quality Improvement,* and *Community/Public Health.* These principles are surrounded by the fifth principle, *Standards of Practice*, which is foundational for evidence-based, clinically competent, quality care. School nurses daily use the skills outlined in the practice components of each principle to help students be healthy, safe, and ready to learn.



ASCD & CDC. (2014). *Whole school whole community whole child: A collaborative approach to learning and health.* Retrieved from http://www.ascd.org/ASCD/pdf/siteASCD/publications/wholechild/wscc-a-collaborative-approach.pdf

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Rev. 10/6/16

Health Room Equipment Inventory

Health Room Equipment Inventory

Health Room Equipment Request

Health Room Supply List

Health Room Supply List

HS Organizational Chart

VII PERSONNEL ISSUES

The complete Employee Handbook is found at:
https://www.lrsd.org/cms/lib/AR02203631/Centricity/Domain/422/Student%20Handbook%20-2020-2021%20v1.pdf

LRSD Employee Standards of Behavior

As an employee of Little Rock School District, the following standards of behavior are expected.

SAFETY, POSITIVITY, OWNERSHIP, and **KNOWLEDGE are expected behaviors of all.**

SAFETY ● Employees are encouraged to wear ID badges. ● Maintain a safe/clean work area and environment. ● Report hazardous equipment and conditions. ● Report any suspected child abuse. ● Demonstrate proper safety practices according to school/office and district policy. ● Never leave students unsupervised. ● Escort visitors who are unfamiliar with our facilities when possible.	**POSITIVITY** ● Refrain from personal conversations in the presence of visitors. ● Treat others as you would like to be treated. ● Respect the ideas, opinions, expertise, and diversity of co-workers. ● Acknowledge the contributions of others. ● Avoid criticism of the Little Rock School District and its visitors/employees. ● Listen attentively to visitors/co-workers and avoid interrupting them. ● Avoid language that demeans anyone's heritage, religion, appearance, or lifestyle. ● Display tolerance, sensitivity, and impartiality towards others' cultures, backgrounds, and languages. ● Promote a welcoming environment. ● Greet people by name when possible. ● Be aware of body language and facial expressions.
OWNERSHIP ● Report on time and be ready to begin work. ● Practice good personal hygiene; be aware of others' sensitivity to fragrances, food odors, etc. ● Properly dispose of litter. ● Be honest, reliable, and helpful even when there is nothing in it for you. ● Go the extra mile. Abide by parking and non-smoking policies. ● Ensure all calls and messages are answered promptly, within one business day. ● Apologize for delays, keep visitors informed, and reschedule appointments as appropriate. ● Take ownership of personal professional development.	**KNOWLEDGE** ● Be accountable for information disseminated by the District. ● Ensure that you are helpful, courteous, and knowledgeable. ● Deal with complaints appropriately. ● Seek opportunities for personal and professional growth. ● Consider ways to enhance your department or school, and share ideas. ● Embrace new ideas.

● Keep promises. Don't make promises you can't keep. ● Utilize district messaging systems.	

Working Impaired

If an employee has been released to return to work and it is reported that they are in a condition unfit to perform their job, an assessment will be made through observations, questioning, etc. and if there are still concerns, District Safety and Security will be called immediately to assess the employee and determine whether they need to be transported for drug/alcohol testing for cause.

DISTRICT ABSENCE REPORTING PROCEDURES

Little Rock School District (LRSD) employees are responsible for following the correct absence reporting procedures each time they are absent from work. Failure to follow the correct absence reporting procedures as listed below will lead to Progressive Discipline, up to and including, the recommendation for termination of employment with the LRSD. Further, failure to follow all required absence reporting procedures will result in the absence being coded as a **"no call/no show" absence** and an employee's pay will be docked accordingly for the absence.

Failure to follow **all** expected absence reporting procedures will prevent an employee from claiming the absence as a sick day. **Both** procedures as described in numbers one and two for each group of employees below are required with each absence:

Absence Reporting Procedures for all LRSD

Except in cases of emergency when employees are physical or mentally incapable of meeting these criteria, the following conditions must be met in order to use sick leave:

WillSub substitute system must be notified of the use of sick leave at least one hour before the start of the employee's workday. (Or other applicable system of reporting an absence).

The building administrator or supervisor designee must be notified of the use of sick leave (phone call, email, or text) at least one hour before the start of the employee's workday.

All employees who are absent in excess of five consecutive days or longer will be required to provide a doctor's certification verifying the illness or disability. In addition, a doctor's release certifying the employee is capable of performing normal employment functions may be required.

Absence without communication to the principal and Nurse Supervisor and/or designee in excess of five consecutive days by failing to follow the aforementioned absence reporting procedures will be considered as resigning from his/her position and/or may be recommended for termination with the LRSD.

Absences of more than three times per month are considered excessive.

An employee's primary obligation is to report to work regularly and on time. Failure to do so constitutes just cause for discipline, including termination.

Health Services Directives for Reporting Absences:

If you are ill or need to take personal leave:

- Report your absence to Jacqueline McEuen by phone 501-539-0304 as soon as you know of the absence or by 7:00 a.m. the day of the absence.
- **YOU MUST REPORT YOUR ABSENCE TO www.willsub.com before or the day of absence.**
- The phone number to call in your absence is: 1-877-945-5782 or you can go to: www.willsub.com
- You will need to know your User ID as well as your PIN. The secretary of your school can print your ID sheet for you with this information.
- **ALWAYS SELECT NO SUB NEEDED** on the willsub system, rather using the system by phone or website - Jacqueline McEuen will take care of getting coverage for your school.
- If your absence will be for more than 1 day, you are required to report your absences daily to Jacqueline McEuen, Alicia Brown-Clark, your school and willsub. Please inform all parties of your anticipated return date.
- **Statement of absence forms are no longer necessary because of the willsub system**
- Submit your signed copy of the Compensatory time sheet to Health Services if you are using compensatory time from August Check-In. This is **necessary** documentation for audits conducted on payroll records by staff from the LRSD Business office.

If you know ahead of time you will be absent:

- Email Jacqueline McEuen (jacqueline.mceuen@lrsd.org) **AND** Alicia Brown-Clark (alicia.brown@lrsd.org)
  This is **necessary** in order to provide coverage as needed for nursing procedures

If you are going to be late:
Call or text Jacqueline McEuen at 501-539-0304 immediately AS WELL AS CALLING YOUR SCHOOL.

Compensatory Time

- The Compensatory Time Sheet must be received in the Health Services Office by the end of August or it will not be accepted.
- Compensatory time is allowed for Check-In or School Events the week before contract begins where the nurse collects health information from parents.

Dress for Work/Appearance

Nurses are expected to appear professional. Nurses must wear appropriate clothing and maintain standards of personal hygiene and grooming that are suitable to the professional public health care environment, promote safety, enhance infection control and demonstrate consideration for others.

Nurses must wear their LRSD identification badge visible and face forward, with identification as nurse, at all times while on duty. Nurses are to be visually recognized as the nurse on campus; ready to help at any moment to assist those in need. Scrubs are the preferred attire for LRSD Nurses. Dress may be casual (slacks or skirt) with a lab jacket or scrubs that appear neat. Closed toe shoes are to be comfortable and able to protect your feet when moving about the whole campus including the outside grounds. No accessories, jewelry, or exposed body art will state or allude to any obscenity nor hinder performance on the job.
Professional nurses are recognized by their skills not their attire or skin art.

Electronics in the Health Room

Coffee pots or microwaves should not be in Health rooms without approval of the building Principal. There is risk of over load to the electrical system and potential for burning students

Travel Reimbursement

Nurses and Support Staff are reimbursed for travel between assignments during the work day. The mileage reimbursement form should be completed monthly and submitted to the Health Services office for signature and processing by the first of the month. Time is needed to obtain signatures and submit to the business office by the 5th of the month.

For out of town travel the starting point is the Administration Bldg. 810 West Markham. We do not need to do a mileage claim form for reimbursement because the professional leave form has all the information regarding distance. Be sure to complete and attach documentation of the mileage to the leave form and complete all applicable sections.

Equipment Maintenance

When equipment fails to work properly complete an **Equipment Repair Form**, attach to the equipment and send through school mail or bring to Health Services office. Equipment cannot be sent for repair without your description of the problem. The $50 – $100 diagnostic fee is reduced when the repairman can focus on the identified problem area.

Liability/Malpractice Premium Reimbursement

The LRSD Nurses agreement states “Nurses will be reimbursed for malpractice insurance up to $99.00, now increased to $109.00 per year. Carrying insurance is a personal decision.

1. Request for reimbursement of malpractice insurance will be sent to the Health Services Secretary.
2. Provide a copy of your cancelled check (**front & back**), money order, or credit card statement (blackout your card number) showing payment of the insurance and your name.

If you make your payment by credit card on-line, a copy of your bank statement which has your name is still required.

3. Provide the receipt sent to you from the issuing company (NSO). This is typically an email and **has your name** on it.

NOTE: It typically takes two-three weeks to process the reimbursement.

VIII REFERENCES

Arkansas Better Chance Program for Early Childhood
http://humanservices.arkansas.gov/dccece/Pages/ArkansasBetterChance.aspx

Clinical Guidelines for School Nurses (2013), School Health Alert

First Aid / CPR / AED for Schools and the Community , Red Cross (2011)

Infection Control in the Child Care Center and Preschool, 8th Edition, Leigh B. Grossman. 2012

Donoghue, Elaine and Kraft, Coleen, Editors. Managing Infectious Diseases in Child Care and Schools, American Academy of Pediatrics, 2010

Minimum Licensing Requirements for Child Care Center, 2015
http://humanservices.arkansas.gov/dccece/licensing_docs/2014%20A1%20CCC%20Clean%20Copy%20Final%20Filing.pdf

PedFACTS, Pediatric first Aid for Caregivers and Teachers, American Academy of Pediatrics, National Association of School Nurses, 2014

Pediatric Emergency Assessment, Recognition and Stabilization (PEARS), American Academy of Pediatrics, 2017.

2015 Red Book: Report of the Committee on Infectious Diseases. 30th ed. Elk Grove Village, IL: American Academy of Pediatrics: 2015

http://www.nhlbi.nih.gov/health/prof/heart/hbp/hbp_ped.pdf

http:///www.pediatrichypertension.org

LRSD School Resource Officers and Director of Safety & Security

Guidelines for Treating Exposure to Pepper-Spray/ Chemical Irritants, https:www .Frontline ewellness.org/) https://firstaidtrainingclass.ca/dealing-with-pepper-spray-on-the-eyes https://www.publicschoolreview.com/blog/pepper-spray-at-school-from-lawsuits-to-hospitalizations Pepper Spray Policy, City of Sacramento Policy and Procedure Pepper Spray, CSAC Excess Insurance Authority