Health Services Reference Guide

Guidelines for Providing Student Health Services

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FORWARD

“You cannot educate a child who is not healthy and you cannot keep a child healthy who is not educated”
- Former Surgeon General Jocelyn Elders, School Nurse Perspectives, “Exploring School Nursing”, by G. Harvey, RN, Med., @ http://snp.homestead.com

The No Child Left Behind Act of 2001, reformed the Elementary and Secondary Education Act (ESEA), redefining the federal role in K-12 education and aiding in closing the achievement gap between disadvantaged and minority students and their peers (United States Department of Education, 2002). The United States Department of Education (2002) explains this act is “based on four basic principles: stronger accountability for results, increased flexibility and local control, expanded options for parents, and emphasis on teaching methods that have been proven to work.” Since a close relationship exists between education and health, both physical and mental, coordinated school health programs greatly compliment the efforts of the No Child Left Behind Act.

Good health is the absence of disease and complete physical, mental and social well-being. Kentucky ranks thirty-sixth in the nation in terms of childhood well-being. Research is clear that education and lifestyle patterns set in childhood determine both health and school achievement. The Kentucky Board of Education calls for a coordinated health effort accepted and championed by parents and citizens, implemented in the school, promoted and supplemented by public health, supported through coordination and technical assistance and adequately funded by lawmakers.

Recognizing that educational and physical needs of children cannot be separated, the 2002 General Assembly of the Commonwealth of Kentucky created a new section of KRS Chapter 156 directing the Department of Education to provide leadership and assistance to local school districts relating to student health services. The Health Service Reference Guide (HRSG) has been compiled to serve as a resource guide to local school districts in the creation and delivery of student health services.

The Kentucky Department of Education utilizes the mission statement of the Kentucky Board of Education. The mission statements of the Kentucky Board of Education, the Kentucky Department for Public Health, and the Kentucky School Board Association are included below to acknowledge their collaborative partnership in the development of this reference guide.

Kentucky Board of Education

The mission of the Kentucky Board of Education is to focus the efforts of the Kentucky Department of Education, local schools, districts and partners in public education to assist all schools to meet proficiency by 2014 and to assure that each child is given the maximum opportunity to achieve at high levels. The complementary mission of the Kentucky Department of Education, as the national catalyst for educational transformation, is to assure for each child an internationally superior education and love of learning-through visionary leadership, vigorous stewardship, and exemplary services in alliance with schools, school districts, and other partners.

Kentucky Department for Public Health

The Kentucky Department for Public Health mission is to protect, promote, and monitor the improvement of the health of the public. The mission of local health departments is to protect and ensure the health of citizens through quality individual and population-based services.
Kentucky School Board Association

The Kentucky School Board Association (KSBA) mission is to provide advocacy, consultation, information, and professional development district support services for local school board members as well as district and school staff. The KSBA Strategic Objectives for 2003-2004 are:

- Every public school board will govern effectively and with integrity.
- Every public school board member will understand and emphasize student achievement.
- Every public school board will practice good stewardship of resources.

The Health Service Reference Guide is meant to comply with KRS 156.501 and 156.502 and to assure school staff will deliver quality health services to all Kentucky public school students. The Health Services Reference Guide strives to provide school personnel and administrators with a convenient reference for their development of district policies and procedures pertaining to health services.

The Health Services Guide was developed under the leadership of the Kentucky Department of Education Coordinated School Health Program in collaboration with the Kentucky Department for Public Health, Kentucky School Board Association and the Kentucky Board of Nursing. Many highly qualified professionals of diverse backgrounds and expertise assisted with the content of this reference guide.
PREFACE

“School systems are not responsible for meeting every need of their students. But when the need directly affects learning, the school must meet the challenge” - Carnegie Council on Adolescent Development, 1989, p.61

Purpose Of The Health Service Reference Guide

A close relationship exists between education and health, both mental and physical. Health is fundamental to education and education is fundamental to health. Children with health problems may have barriers to learning that may limit their educational progress. The purpose of School Health is to bring each child to an optimum physical condition so that no child will be inhibited from reaching their educational goals.

The Health Services Reference Guide (HSRG) has been compiled to serve as a resource guide for school administrators and school health personnel to use in the development of their district-specific policies, procedures and forms.

These guidelines are intended to:

- Provide direction for school districts toward the development of school health programs
- Increase awareness of school health issues and the potential strategies available to resolve these issues
- Provide guidelines for the development of district school health programs, policies and procedures
- Serve as a guide for orientating new personnel


The HSRG is available on-line at the Kentucky Department of Education website under “School Health”. Schools will receive instructions on how to download the on-line HSRG and a copy is to be placed in the school library (according to KRS 156.501). One copy of the HSRG on CD will be sent to each school district’s health coordinator. For further information, please contact:

Coordinated School Health Program
Kentucky Department of Education
Capital Plaza Towers, 16th Floor
500 Mero Street
Frankfort, KY 40601
Phone 502-564-2706

The HSRG will be reviewed and updated on an annual schedule. Notices of the updates for the HSRG and other related communication for school health may be found at the Kentucky Department of Education website (http://www.education.ky.gov/) It is the responsibility of the recipient of the HSRG to keep all changes to this manual current.
Who Should Use The Health Service Reference Guide

The intended audience for this guide is any school professional who has responsibility for one or more components of a coordinated school health program. The professional may include:

- School administrators such as superintendents, assistant superintendents, principals, director of pupil personnel (DPP)
- School health services personnel such as school registered nurses, nurse practitioners, physicians, school-based health center staff, school health coordinators and health educators.
- Teachers

Although this reference guide is written for professionals, it may also be used by other personnel who are involved in coordinated school health program to increase their understanding of the issues involved in school health. These persons may include:

- LPN’s
- Paraprofessionals such as school health aides and/or instructional aides

What This Reference Guide Includes

The Health Services Reference Guide (HSRG) offers guidelines, definitions and sample forms for providing school health services. Topics discussed in the HSRG include: coordinated school health programs, school-nursing practice, school health services (student records, criteria for school enrollment, preventative screenings, immunizations, students with special health care needs, and other health concerns (i.e. allergies, asthma, diabetes, etc.). The HSRG also provides easy access to Kentucky Administrative Regulations (KAR), Kentucky Revised Statutes (KRS), Kentucky Board of Nursing Advisory Opinion Statements (KBN AOS), and Kentucky School Board Association (KSBA) policies and procedures that relate to school health services.
“School health programs offer the opportunity to provide the services and knowledge necessary to enable children to be productive learners and to develop the skills to make health decisions for the rest of their lives” - National School Board Association (1995)

OVERVIEW

While the prevalence of the traditional childhood diseases have decreased over the past years, there have been new health problems emerge which have a negative influence on student achievement and success. These new health problems include an increase in chronic health conditions, such as asthma, allergies and diabetes, addictions, teen pregnancy, HIV/AIDS, STDs, suicide, auto accidents and injuries or deaths from violent acts. Many of these health problems are the result of poverty, homelessness, poor nutrition, lack of exercise, smoking, early and/or unprotected sexual activity, substance abuse, stress and depression.

The complex, fast-paced world that children and adolescents live in exposes them to significant health risks. Research has shown that these health risks impact student achievement. Health and education are interdependent. Therefore, school health programs play an integral role in student achievement and success.

Although parents have primary responsibility for their children’s health, other sectors, including education must support healthy lives for our children. The American School Health Association (ASHA) defines a school health program as “all the strategies, activities and services offered by, in or in association with schools that are designed to promote students’ physical, emotional, and social development.”
“COORDINATED” OR “COMPREHENSIVE”

In 1987, Dr. Diane Allensworth and Dr. Lloyd Kolbe developed an eight-component model for a comprehensive, now known as coordinated, school health program. The guiding principle of the coordinated school health program is that health agencies, community institutions, families, and schools and communities work in partnership to create a seamless web of education and services that lowers the barriers to learning experienced by many children today.

In the Preface to *Health Is Academic*, the editors provide reasons for using the term “coordinated.” One reason is that some people in the field believe that the word “coordinated” does not encompass the word “comprehensive.” The goal is to have a comprehensive, well-coordinated school health program.

The Kentucky Board of Education has chosen the term “comprehensive school health” and recognizes the Centers for Disease Control and Prevention (CDC) endorsed eight-component coordinated school health model. When a school or district recognizes each of the eight components; plans, implements, and evaluates program and policies; and addresses these issues within its Comprehensive School Improvement Plan (CSIP), the school or district is addressing what the Board of Education and the Department of Education envision.

Each district or school’s health program should be based on the gaps or needs and interests within that school community. The term “comprehensive” or “coordinated” can be used to the degree that the individual district or school finds the term comfortable.
The Kentucky Board of Education’s comprehensive school health vision statement is as follows:

TO provide the statewide leadership and support necessary to develop a state-level infrastructure that provides support for local coordinated school health planning and implementation IN A WAY THAT demonstrates an integrated, collaborative approach between and among educators, health and human service providers, and other agencies and organizations at the policy and implementation levels SO THAT each and every child and family has access to the services and supports necessary to enable the highest level of student academic achievement by removing mental, physical and other barriers to learning.
EIGHT COMPONENTS OF COORDINATED SCHOOL HEALTH MODEL

In order to effectively address the students’ health and thus improve their ability to learn, a school health program must consist of many components. Each component contributes in unique ways yet overlaps with other components. Kentucky’s comprehensive school health program consists of eight components:

- Comprehensive School Health Education
- Physical Education
- School Health Services
- School Nutrition Services
- School Counseling, Psychological, and Social Services
- Health School Environment
- Promotion of Health Staff
- Family and Community Involvement

A description of each component may be found in Exhibit 1A.
EIGHT COMPONENTS OF COORDINATED SCHOOL HEALTH MODEL

In order to effectively address the students’ health and thus improve their ability to learn, a school health program must consist of many components. Each component contributes in unique ways yet overlaps with other components. Kentucky’s comprehensive school health program consists of eight components:

**Comprehensive School Health Education** : In Kentucky schools, we will deliver classroom instruction that addresses the physical, mental, emotional, and social dimensions of health; develops health knowledge, attitudes, and skills; and is tailored to each age level. It will motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors.

**Physical Education** : In Kentucky schools, we will provide planned, sequential instruction that promotes lifelong physical activity. It will be designed to develop basic movement skills, lifelong sport skills, and physical fitness, as well as enhance mental, social, and emotional abilities. Instruction will be delivered on a regular basis.

**School Health Services** : In Kentucky schools, we will have readily accessible preventive services, education, emergency care, referral and management of acute and chronic health conditions. These will be designed to promote the health of students, identify and prevent health problems and injuries, and ensure care for students.

**School Nutrition Services** : In Kentucky schools, we will provide nutritious, affordable, and appealing meals; nutrition education; and an environment that promotes healthy eating behaviors for all children. It will be designed to maximize each child’s education and health potential for a lifetime. We will eliminate unhealthy foods from our schools.

**School Counseling, Psychological, and Social Services** : In Kentucky schools, we will make available high quality counseling, psychological and social services. This will engage students in activities that focus on cognitive, emotional, behavioral and social needs of individuals, groups, and families. It will be designed to prevent and address problems, facilitate positive learning and healthy behavior, and enhance healthy development.

**Healthy School Environment** : All of Kentucky schools will be a healthy environment including the physical, emotional and social climate of the school. It is designed to provide a safe physical plant, as well as a healthy and supportive environment that fosters learning.

Promotion of Healthy Staff: In Kentucky schools, we will promote healthy staffs. We will assure that assessment, education, and fitness activities are available for school faculty and staff. This will be designed to maintain and improve the health
and well-being of school staff, who serve as role models for students.

**Family and Community Involvement**: In Kentucky schools, families and communities will be involved in schools. Partnerships among schools, families, community groups and individuals will be present in all schools. We will share and maximize resources and expertise in addressing the healthy development of children, youth and their families.¹

HEALTH RISK BEHAVIORS

In a recent CDC document, “Stories from the Field: Lessons Learned about Building Coordinated School Health Programs,” a number of coordinated school health program success stories illustrated various connections between student health and academic achievement. In and out of the classroom, students develop and reinforce behaviors that will determine outcomes for their lifetime. Lessons learned about risky behaviors can impact not only student’s present health while in the school setting, but also their health as productive adults in society.

The CDC groups health risk behaviors among students into the following categories:

- Behaviors that contribute to injury
- Tobacco use
- Alcohol and other drug use
- Sexual behaviors
- Unhealthy eating
- Inadequate physical activity

Health risk behaviors can affect education outcomes, education behaviors, and students’ attitudes. Coordinating, enhancing, and supporting existing health-related programs and services enable us to identify and address program gaps, maximize staffing and funding, and minimize duplications that will meet the needs of our Kentucky children and youth.

One tool schools can use to develop a Coordinated School Health Program (CSHP) is a book by Fetro entitled *Step by Step to Health Promoting Schools.* Fetro recognizes five factors that can affect program adoption: (1) student’s developmental level, (2) geographic or regional location, (3) local needs and concerns, (4) funding sources, and (5) school board policies.
COORDINATED SCHOOL HEALTH COMMITTEE

Most schools have some or all of the eight components already in place, but often the individuals responsible for each of the components work in isolation, only focusing on their own program or role responsibilities. Leadership at both the school level and district level is critical for consistent and ongoing support of a coordinated school health program. In the Health is Academic chapter, “Implementing Coordinated School Health Programs in Local Schools,” Fetro encourages schools to develop a Coordinated School (CSH) Committee:

The responsibilities of a Health School Team could include assessing student, family, and staff needs; mapping existing school and community resources that could contribute to a coordinated school health program; identifying gaps and duplications; developing actions plans; and monitoring implementation. An existing advisory or planning group—for example, a school council, student study team, student assistance team, safe school planning team, or crisis response team—may take on this role.

The Health School Team (CHS committee) should consist of “students, parents and other caregivers, community representatives, and key school staff” Examples of “key school staff” include, but are not limited to: school nurses, health educators, physical educators, school counselors, school social workers, school psychologists, family resource/youth service centers, drug and alcohol prevention coordinators, food service staff, liaisons with parents and youth.”

The Coordinated School Health staff at the Kentucky Department of Education is available to provide technical assistance and consultation to districts, schools, and their communities to identify the school health gaps, needs, and interests by helping to develop a school health committee or council.
HEALTHY KENTUCKIANS 2010

The Nation’s Healthy People 2010 initiative provides a comprehensive strategy to improve the health of our nation. In turn, the Commonwealth of Kentucky has provided a preventive initiative, based on the nation’s objectives, “Healthy Kentuckians 2010” (Spring 2000) as our State’s commitment to the national health agenda. Exhibit 1B lists some of the objectives selected to monitor progress within the school-community.
HEALTHY KENTUCKIANS 2010 SELECTED OBJECTIVES TO MONITOR SCHOOL-COMMUNITY PROGRESS

**Objective 1.4** – Increase to at least 20% the proportion of young people in Grades K-12 who engage in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days.

**Objective 2.3** – Reduce to 5% or less the prevalence of overweight and obesity (at or above the sex and age-specific 95th percentile of BMI from the revised NCHS/CDC growth charts) in children aged 1-5 and 6-11 and in adolescents aged 12-19.

**Objective 3.6** – Reduce the proportion of young people who have smoked cigarettes within the past 30 days.

**Objective 4.2** – Reduce the annual dropout rate for students enrolled in Grades 9-12 to a rate of less than 5%.

**Objective 5.11** – (Developmental) Reduce the health effects due to indoor air pollution in public schools.

**Objective 9.6** – Increase to at least 70% the proportion of 8,12, and 15-year olds (developmental) who have received protective sealants in permanent molar teeth.

**Objective 11.6** – Reduce pregnancies among females aged 15-17 to no more than 45 per 1,000 adolescents.

**Objective 19.3** – Increase to 75% the proportion of children with disabilities to be included with appropriate supports in regular education programs.

**Objective 21.9** – Increase to 100% the proportion of school children who receive classroom education on HIV and STDs.

**Objective 22.11** – Achieve immunization coverage of 95% for children in licensed day care facilities and children in kindergarten.

**Objective 26.6** – Increase to an average 95% the proportion of adolescents who perceive great risk of personal harm and/or trouble associated with use of tobacco, alcohol, and drugs.

**Objective 26.27** – (Developmental) Reduce by half the proportion of Kentucky adolescents who report considering or attempting suicide during the past year for reasons related to substances.

From Cabinet for Health Services, Kentucky Department of Public Health (2000) Healthy Kentuckians 2010
SCHOOL HEALTH SERVICES

School health services is one of the eight components of the coordinated school health model and is one that all schools address. In a coordinated school health program, the nurse may provide the leadership or play a supporting role in any of the eight components. School health requires a cooperative, collaborative school health team effort. The nurse’s role is primarily a manager of the health services program, however, other activities may be included as shown in Exhibit 1C.

Delivery of health services requires the involvement of many professionals i.e. -school nurses, physicians, dentists, counselors, psychologists, social workers, pupil services personnel, therapists, and others. In the Commonwealth, various models for the delivery of school health services exist. Most of the professions in the health care field require a license or a certificate. In the Health Is Academic chapter, “Health Services,” Strange, Helm and Tucker provide a framework for major areas of responsibilities for the professional support personnel (Exhibit 1D).

The user should recognize that this Health Services Reference Guide (HSRG) has been developed by the Kentucky Department of Education “to provide leadership and assistance to local school districts relating to school health services” as mandated by KRS 156.501. School health service staff at any level or in any school health service delivery model need to be aware of the supporting components of the coordinated school health model that coordinate with the specific responsibilities within school health services. “Healthy Kentuckians 2010” and the Standards and Indicators for School Improvement (SISI) from the Department of Education (Exhibit 1E) are two resources that a CSH committee or group can use to plan, implement, and evaluate their school health program.
SUGGESTED SCHOOL NURSE ROLES IN COORDINATED SCHOOL HEALTH PROGRAMS

School Health Services

- Assess, plan, and implement coordinated school health services.
- Establish and maintain comprehensive school health records.
- Assess the health and developmental status of all students.
- Establish system to provide care for illness and injury.
- Monitor communicable disease prevention and control program-establish and maintain immunization records, comply with state laws, rules and regulations regarding immunization requirements, exclusion of students with communicate diseases and reporting of designated diseases; participate on advisory committee for students and staff with chronic infectious diseases.
- Determine priorities for screening programs, conduct screenings, make referrals and provide follow-up.
- Establish dental health programs as needed-education, screenings, fluoride rinse programs.
- Serve as clearinghouse for abuse and neglect reporting and education,
- Provide in-service education for school personnel on surveillance of health problems, communicable disease control, infection control, abuse and neglect reporting, etc.

Comprehensive School Health Education

- Establish resource files on health topics.
- Promote special health promotion observances.
- Participate on health curriculum committees to provide input regarding current health risks, types of health concerns of students, etc.
- Support and reinforce health instruction goals and objectives.
- Act as resource to classroom teachers as a presenter on health-related subject matter.

Health School Environment

- Monitor school environment to identify hazards; work to correct problems.
- Establish/monitor injury reporting systems and ensure action is taken to prevent problems.
- Monitor emotional needs of students and staff.
- Develop and implement crisis intervention plans.
- Assure emergency concerns related to students with special health care concerns.

Physical Education

- Contribute information for designing adaptive PE programs for students with special health concerns.
- Provide information regarding physical activity for students with special health care concerns.
- Collaborate with physical educators to meet PE program goals.

School Nutrition Services

- Encourage school breakfast programs.
- Monitor school food services menus for adherence to Dietary Guidelines.
- Encourage presence of nutritious foods in vending machines.
- Assist in education programs for school food services staff.
- Assist in monitoring food preparation areas in regard to sanitation.
School Counseling, Psychological and Social Services

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

School-site Health Promotion for Staff

- Maintain health records of employees and identify potential emergency situations.
- Provide health education/health promotion activities based on health risk appraisal information.
- Provide monitoring of chronic disease conditions at the request of staff.
- Offer immunization clinics and tuberculin testing, as needed.

Family and Community Involvement

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

MAJOR AREAS OF RESPONSIBILITY
FOR PROFESSIONAL SUPPORT PERSONNEL

- Planning/Preparation - Designing activities that change the program or its implementation.
- Intervention – Delivering services to improve skills/functional abilities or inform recipients.
- Consultation – Collaborating with school personnel and/or parents to assist with and coordinate the delivery of services to students.
- Staff Development – Facilitating the staff’s achievement of desired professional goals.
- Liaison/Coordinator – Coordinating information and program delivery within the school and between the school and its major constituents.
- Assessment/Evaluation – Gathering and interpreting data from individuals, groups, or programs to evaluate needs/performance.
- Administration/Management – Organizing, directing, or coordinating programs that include responsibility for budgeting, staffing, reporting, and other similar activities.
- Professional Responsibilities/Development – Developing and improving individual competence and skills and delivering service consistent with professional standards.

<table>
<thead>
<tr>
<th>Standard 1 - Academic Performance - Curriculum</th>
<th>Standard 4 - Learning Environment - School Culture</th>
<th>Standard 7 - Efficiency - Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1a  Aligned with academic expectation, core content, program of studies</td>
<td>4.1a Leadership support for safe, orderly environment</td>
<td>7.1a Leadership developed shared vision</td>
</tr>
<tr>
<td>1.1b Discussions among schools regarding curriculum standards</td>
<td>4.1b Leadership beliefs and practices for high achievement</td>
<td>7.1b Leadership decisions are collaborative, data driven, performance</td>
</tr>
<tr>
<td>1.1c Discussions among schools to eliminate overlaps, close gaps</td>
<td>4.1c Teacher beliefs and practices for high achievement</td>
<td>7.1c Leadership personal PD plan focused on effective skills</td>
</tr>
<tr>
<td>1.1d Vertical communication w/ focus on key transition points</td>
<td>4.1d Teachers and non-teaching staff involved in decision making</td>
<td>7.1d Leadership disaggregates data</td>
</tr>
<tr>
<td>1.1e Links to continuing education, life and career options</td>
<td>4.1e Teachers accept their role in student success/failure</td>
<td>7.1e Leadership provides access to curriculum and data</td>
</tr>
<tr>
<td>1.1f Process to monitor, evaluate and review curriculum</td>
<td>4.1f Effective assignment and use of staff strengths</td>
<td>7.1f Leadership maximizes time effectiveness</td>
</tr>
<tr>
<td>1.1g Common academic core for all students</td>
<td>4.1g Teachers communicate student progress with parents</td>
<td>7.1g Leadership provides resources, monitors progress, removes barriers to learning</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Standard 2 - Academic Performance - Classroom</th>
<th>Standard 5 - Learning Environment - Student, Family and Community Support</th>
<th>Standard 8 - Efficiency - Organizational Structure and Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1a Classroom assessments are frequent, rigorous, aligned</td>
<td>5.1a Families and communities active partners</td>
<td>8.1a Organization maximizes time, space, resources…</td>
</tr>
<tr>
<td>2.1b Teachers collaborate in design of assessment, aligned</td>
<td>5.1b All students have access to all curriculum</td>
<td>Organization of the School</td>
</tr>
<tr>
<td>2.1c Students can articulate the expectations, know requirements</td>
<td>5.1c School provides organizational structure</td>
<td>8.1b Master schedule provides all students access</td>
</tr>
<tr>
<td>2.1d Test scores used to identify gaps</td>
<td>5.1d Student instructional assistance outside of classroom</td>
<td>8.1c Staffing based on student needs</td>
</tr>
<tr>
<td>2.1e Multiple assessments provide feedback on learning</td>
<td>5.1e Accurate student record keeping system</td>
<td>8.1d Staff’s efficient use of time to maximize learning</td>
</tr>
<tr>
<td>2.1f Performance standards communicated and observable</td>
<td></td>
<td>8.1e Team vertical and horizontal planning focused on improvement plan</td>
</tr>
<tr>
<td>2.1g CATS coordination - building and district</td>
<td></td>
<td>8.1f Schedule aligned with student learning needs</td>
</tr>
<tr>
<td>2.1h Student work analyzed</td>
<td></td>
<td>Resource Allocation and Integration</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>3.1a Varied instructional strategies used in all classrooms</td>
<td>6.1a Long term professional growth plans</td>
<td>School Improvement Plan…</td>
</tr>
<tr>
<td>3.1b Instructional strategies/activities aligned with goals</td>
<td>6.1b Building capacity with on-going PD</td>
<td>Defining the School’s Vision, Mission, Beliefs</td>
</tr>
<tr>
<td>3.1c Strategies monitored/aligned to address learning styles</td>
<td>6.1c Staff development aligned with student performance goals</td>
<td>9.1a Collaborative process</td>
</tr>
<tr>
<td>3.1d Teachers demonstrate content knowledge</td>
<td>6.1d School improvement goals connected to student learning goals</td>
<td>Development of the Profile</td>
</tr>
<tr>
<td>3.1e Teachers incorporate technology in classrooms</td>
<td>6.1e PD ongoing and job imbedded</td>
<td>9.2a Planning process involves collecting, managing and analyzing data</td>
</tr>
<tr>
<td>3.1f Sufficient resources available</td>
<td>6.1f PD aligned to analysis of test data</td>
<td>9.2b Uses data for school improvement planning</td>
</tr>
<tr>
<td>3.1g Teacher collaboration to review student work</td>
<td></td>
<td>Defining Desired Results for Student Learning</td>
</tr>
<tr>
<td>3.1h Homework is frequent, monitored and tied to instructional practice</td>
<td></td>
<td>9.3a Plans reflect research expectations for learning and are reviewed by team</td>
</tr>
</tbody>
</table>

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<tr>
<th>Standard 7 - Efficiency - Leadership</th>
<th>Standard 8 - Efficiency - Organizational Structure and Resources</th>
<th>Standard 9 - Efficiency - Comprehensive and Effective Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1a Leadership developed shared vision</td>
<td>8.1a Organization maximizes time, space, resources…</td>
<td>School Improvement Plan…</td>
</tr>
<tr>
<td>7.1b Leadership decisions are collaborative, data driven, performance</td>
<td>Organization of the School</td>
<td>Defining the School’s Vision, Mission, Beliefs</td>
</tr>
<tr>
<td>7.1c Leadership personal PD plan focused on effective skills</td>
<td>8.1b Master schedule provides all students access</td>
<td>9.1a Collaborative process</td>
</tr>
<tr>
<td>7.1d Leadership disaggregates data</td>
<td>8.1c Staffing based on student needs</td>
<td>Development of the Profile</td>
</tr>
<tr>
<td>7.1e Leadership provides access to curriculum and data</td>
<td>8.1d Staff’s efficient use of time to maximize learning</td>
<td>9.2a Planning process involves collecting, managing and analyzing data</td>
</tr>
<tr>
<td>7.1f Leadership maximizes time effectiveness</td>
<td>8.1e Team vertical and horizontal planning focused on improvement plan</td>
<td>9.2b Uses data for school improvement planning</td>
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<td>7.1g Leadership provides resources, monitors progress, removes barriers to learning</td>
<td>8.1f Schedule aligned with student learning needs</td>
<td>Defining Desired Results for Student Learning</td>
</tr>
<tr>
<td>7.1h Leadership ensures safe and effective learning</td>
<td>Resource Allocation and Integration</td>
<td>9.3a Plans reflect research expectations for learning and are reviewed by team</td>
</tr>
<tr>
<td>7.1i Leadership ensures necessary SBDM policies</td>
<td>8.2a Resources used, equitable</td>
<td>9.3b Staff analysis student learning needs</td>
</tr>
<tr>
<td>7.1j SBDM has intentional focus on student academic performance</td>
<td>8.2b Discretionary funds allocated on data based needs</td>
<td>9.3c Desired learning results are defined</td>
</tr>
<tr>
<td>7.1k Leader has skills in academic performance, learning environment, efficiency</td>
<td>8.2c Funds aligned with CP goals</td>
<td>Analyzing Instructional and Organizational Effectiveness</td>
</tr>
<tr>
<td>7.1l School improvement action steps aligned with goals and objectives</td>
<td>8.2d State/Federal funds allocated with CP goals and data needs</td>
<td>9.4a Data used to determine strengths and limitations</td>
</tr>
</tbody>
</table>

**STANDARDS AND INDICATORS FOR SCHOOL IMPROVEMENT LEVERAGE POINTS – SCHOOL LEVEL**
REFERENCES CHAPTER 1


(5) Marx, et. al., op.cit, Ch. 8

(6) KRS 156.501 Student Health Services
“Health is directly linked to educational achievement, quality of life, and economic productivity. Research in both developing and developed countries demonstrates that school health programs can simultaneously reduce common health problems, increase the efficiency of the duration system and the economic development in each nation.” - World Health Organization, 1998

Kentucky has a diverse student population. The Commonwealth’s students are from many areas of the world, come from various economic levels, and have a multitude of health-service needs. To meet these students’ health and safety needs, as well as the needs of the school staff, the administration, management and coordination of school health services are critical.

SCHOOL HEALTH SERVICES LEGISLATION

As a result of the 2002 Legislative Session, two new statutes were added to KRS (Kentucky Revised Statutes) chapter 156: KRS 156.501 and KRS 156.502. These new statutes require the Department of Education to “provide leadership and assistance to local school districts relating to student health services. In addition, “the department, working in cooperation with the Department for Public Health, shall provide contract for services, or identify resources to improve student health services.”

Among the resources to improve student health services, KRS 156.501 lists standardized protocols and guidelines for health procedures (this Health Service Reference Guide); consultation, technical assistance, and development of quality improvement measures for state and local boards of education, individual public schools and local health departments; statewide and local data collection and reporting school health services, and information related to the provision of school health services.

In addition to providing, contracting for, or identifying resources to improve student health services, the Department of Education was required to establish, and has established, the Education School Nurse Consultant position. The Department for Public Health, through a Memorandum of Agreement (MOA) with the Department of Education provides 50% of the funds for this position.

The second new statute, KRS 156.502 defines and addresses health services in the school setting. Specifically, this statute speaks to the training of non-medical school employees to perform health services.
KEY HEALTH SERVICES STAFF AND RESOURCES

Kentucky Department for Public Health

In addition to providing half of the funds for the Education School Nurse Consultant position, the Kentucky Department for Public Health (KDPH) is also available to provide health resources to the Department of Education, to local schools and to local health departments.

Education School Nurse Consultant

The Education School Nurse Consultant provides leadership, technical assistance, and consultation to school districts, local public health departments, local schools, families and other community members. In addition, this position assists in interpretation of school health laws and promotes quality school health services at the school district and local school levels. The complete job description is illustrated as Exhibit 2A. The National Association of State School Nurse Consultant position description is available at http://lserver.aea14.k12.ia.us/swp/tadkins/nassnc/nassnc.html

School Health Coordinator

Pursuant to 704 KAR 4:020, Section 5, and relating to KRS 156.160: … a superintendent shall designate a person to serve as school district health coordinator… The school district health coordinator shall work in cooperation with all school personnel, the local board of education, the State Department of Education, the local health department, family resource and youth service centers, and parents in planning, promoting, and implementing a school health services program.

The school health coordinator serves as a leader and liaison between KDE/LHD and each school in all components of coordinated school health. Qualifications and a job description for this position can be found in KDE’s Local District Classification Plan, Class Code 7271 Exhibit 2B or by the determination of the Educational Professional Standards Board in 704 KAR Chapter 20.

Director of Pupil Personnel

The Director of Pupil Personnel (DPP) provides additional leadership to the health staff at the district and school level. Issues such as attendance, truancy, and dropout can at times contribute to the health and safety of the students. As a member of the Interdisciplinary School Health Services Team, the DPP can receive valuable information on student health concerns and can assist in the planning process to eliminate barriers to learning.

School Nurse

Definition of school nursing (NASN, Rhode Island, 1999):

School nursing is a specialized practice of professional nursing that advances the wellbeing, academic success, and life-long achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning.

The National Healthy People 2010 objective for the school nurse to student ratio is 1 to 750. In school year 2002-2003, Kentucky’s ratio was 1 to 1,362. This number includes LPNs and RNs.

In Kentucky, the Registered Nurse (RN) minimal education requirement is an Associate Degree in Nursing. In Kentucky to practice as a school nurse, there is no requirement to obtain a specialty certificate. “A bachelor’s degree is the minimum level of education required to sit for the national school nurse certification examination. The national certification represents a national standard of preparation, knowledge and practice in school nursing.” In Kentucky, the administrative regulation 16 KAR 2:060 establishes the standard to issue a certificate
for the position of school nurse.

The Kentucky Board of Nursing (KBN) is authorized by Kentucky Revised Statutes (KRS) Chapter 314 to regulate nurses, nursing education and practice, and to issue advisory opinions on nursing practice, in order to assure that safe and effective nursing care is provided by nurses to the citizens of Kentucky. The KBN Advisory Statement #93-30, School Nursing, (see Appendix) describes the practice roles of the Advanced Registered Nurse Practitioner, Registered Nurse and Licensed Practical Nurse in the school setting according to the provisions set forth in KRS 314.011. Also explained in this advisory statement is the role of delegation of selected acts to school personnel and the supervision of unlicensed persons in accordance with KRS 156.502 and 201 KAR 20:400. (See Appendix)

The model for the delivery of school health services is often based on the needs of the individual school or district. There are three main staffing models that have been identified that are used throughout the Commonwealth:

- School nurses who are hired directly by a district or individual school
- Local public health department, hospital, home health agency with whom the district contracts
- Physician office and/or school-based health center with whom the district contracts

Health Services Assistant

In addition to the school nurse represented in each of these models, many schools provide direct health care to students by using health assistants/unlicensed school staff. The multi-level staffing model provides a variety of services to students and staff and is the most common model seen in Kentucky schools. The health service assistants’ basic function according to class code 7273 is “administer basic first aid and screen ill or injured students in accordance with State laws and District regulations; assist with health testing programs; prepare and maintain a variety of records, files and reports.” Exhibit 2C describes the expectations and limitations of the role. The delegating nurse provides ongoing training, support and supervision, and participates in the evaluation process of the delivery of the delegated health service as described in 201 KAR 20:400 Section 4(8)
EDUCATION SCHOOL NURSE CONSULTANT

The Education School Nurse Consultant reports to the Team Leader for Coordinated School Health. This full-time position supports all student health services by providing general leadership, consultation, and direction in the development and promotion of quality school nursing services. All student health service activities will build capacity for effective Coordinated School Health Programs.

Roles and Responsibilities:

Participate in the communication of guidelines and protocols and updates, to all school nurses, school districts, public health offices, and other agencies providing school nursing services to schools.

Assess and determine training methods for nursing procedures and practices to be followed in Kentucky public schools in conjunction with policies of the Kentucky Board of Nursing and the Nurse Practice Act.

Provide technical assistance in the definition and clarification of nursing procedures that may be delegated to unlicensed personnel.

Provide assistance to districts and schools in the specific employment qualifications/requirements for school nurses and related personnel.

Provide professional development to all school nurses in the area of documentation, record keeping, and reporting/collection and analysis of data.

Participate in the Intra-Agency Coordinated School Health Team.

Provide technical assistance in improvement for schools and local health department school health services.

Serve as KDE's liaison and resource expert in the area of school nursing practice at the local and state levels.

Monitor, interpret, and disseminate relevant and current information to user groups associated with changes in health and medical care, school nursing practice, and related legal and legislative issues.

Serve as a member of appropriate boards and committees, as directed.
LOCAL DISTRICT HEALTH COORDINATOR

Roles and Responsibilities:

Evaluate services in the school health program to plan for more comprehensive services for the child, family, and schools as necessary; assist in the formulation of the school health program.

Develop methods to evaluate the contribution of nursing, psychology and/or social work in school health areas on a continuous basis related to health needs, coordinate with other professionals and citizens groups in researching, planning and implementing the school health program.

Coordinate activities of the Health Department with other services in the school district; communicate with the Health Department, school system, and other community resources and agencies to develop improved systems of early case findings and referrals for improved child care.

Participate as a team member for in-service education in schools, Pupil Personnel Services, and the Health Department; organize and assist in the health education of parents, teachers and administrative groups.

Maintain current standards of nursing, psychology, and/or social work in special program areas, and provide services according to agency policies and programs.

Maintain and implement the requirements for physical examinations and immunizations required by law; coordinate activities with Pupil Personnel as needed.

Act as safety coordinator for the school system; assist the principals in establishing school safety committees and the supervision of school safety procedures and practices. Complete OSHA reports; maintain records and injury reports associated with Worker's Compensation Insurance for district employees; assure completion of annual reports for the state Department of Education regarding health services; maintain record-keeping systems.

Promote the appropriate use of screening techniques in vision, hearing, dental and other tests; arrange for the training of teachers or volunteers in performing screenings; plan for the follow-up of suspected findings; assist teachers and volunteers in developing an awareness of signs of illness or other health problems.

Participate in conferences with parents and/or teachers regarding problems of individual pupils or the classroom as a whole; provide counseling according to established guidelines.

Encourage families to provide for periodic health examinations of their children by utilizing services of private physicians, dentists, and clinics; interpret the school health program to the family, consult with parents regarding the health of their children; notify parents and pupils for needed immunizations and tests as required.

Observe and report to physicians, with parental approval, the pupil's health status and any reaction at school to drugs or treatments prescribed by the physician.

Act as a resource person to school personnel, pupils, and parent/teacher organizations regarding the various aspects of health education; provide or recommend health education materials for classroom use.

Participate in formulating policies for the care of pupils who become ill or injured at school; arrange for the instruction of school personnel to give emergency care.

Source: MUNIS Class Codes 2001-2002; Class Code: 7271
Supervise the reporting of any known or suspected communicable disease cases to the local health department.

Perform related duties as assigned.

**Knowledge And Abilities:**

**Knowledge Of:**

- Policies, objectives, rules, and regulations related to the school health program
- Vision, hearing, dental and other screening techniques
- Promotion and public speaking techniques
- Conference and counseling techniques
- Record-keeping techniques
- Oral and written communication skills
- Interpersonal skills using tact, patience, and courtesy
- Health and safety regulations
- Communicable diseases

**Ability To:**

- Plan, coordinate, implement and modify a comprehensive health services program for the district
- Train others in proper screening techniques
- Communicate with others regarding a variety of health-related activities and concerns
- Coordinate a variety of health related activities
- Provide consultation to parents, students, teachers, and school authorities
- Communicate effectively both orally and in writing
- Establish and maintain cooperative and effective working relationships with others
- Compile data and verify data and prepare reports
- Learn district organization, operations, policies, and objectives
- Work independently with little direction
- Plan and organize work
- Observe health and safety regulations

**Education, Experience, And Licenses:**

Any combination equivalent to:

- Graduation and licensure from a Registered Nursing program and three years nursing experience;
- Graduation from a four-year psychology program and one year of related experience; or
- Graduation and licensure from a four-year social work program and one year of related experience.
HEALTH SERVICES ASSISTANT

Roles and Responsibilities:

Administer basic first aid and screen ill or injured students in accordance with State laws and District regulations; assist with health testing programs; prepare and maintain a variety of records, files and reports.

Representative Duties:

• Perform basic first aid procedures and screen ill or injured children according to established procedures; utilize a variety of health products and supplies in caring for injuries and health needs.
• Administer first aid in emergency situations and notify nurse, administrator, parents or paramedics as necessary.
• Schedule students for and assist with vision, hearing, scoliosis and dental screenings; schedule follow-up appointments if further testing are required.
• Prepare, maintain and type a variety of health-related records and files including student health records, emergency medical records, accident reports and health and disability reports; prepare correspondence, forms, notices and referrals; maintain files and duplicate materials as needed.
• Maintain the health office in a clean, orderly and safe condition; assist in maintaining inventory and order first aid supplies as necessary.
• Attend meetings and assist other school personnel as required.
• Operate standard office equipment as required
• Perform related duties as assigned.

Knowledge And Abilities:

Knowledge Of:
• Basic First Aid and age-appropriate CPR techniques
• Health and safety regulations
• Modern office practices, procedures and equipment
• Record-keeping techniques
• Correct English usage, grammar, spelling, punctuation and vocabulary
• Oral and written communications skills
• Interpersonal skills using tact, patience and courtesy

Ability To:
• Administer first aid to ill or injured students
• Establish and maintain files, records, reports and referrals.
• Work cooperatively with others.
• Understand and follow oral and written directions.
• Meet schedules and time lines.
• Plan and organize work.
• Work confidentially with discretion
• Communicate effectively both orally and in writing
• Read, explain and follow rules, regulations, policies and procedures
• Learn and apply appropriate care and procedures related to ill or injured students
• Perform clerical duties such as filing, duplications, typing and maintaining records
• Operate standard office equipment as required
• Complete work with many interruptions

Source: MUNIS Class Codes 2001-2002; Class Code: 7273
Education And Experience:

Any combination equivalent to: high school diploma, G.E.D. Certificate or demonstrated progress toward obtaining a G.E.D. as required by Kentucky law and one year of clerical or office experience

Licenses And Other Requirements:
Valid First Aid and CPR Certificate issued by an authorized agency
CONCEPTUAL MODEL FOR SCHOOL HEALTH SERVICES

The approach to implement health services varies throughout the Commonwealth. “Most school health services staff recognize the importance of coordinating with those responsible for the other seven components of the coordinated school health program to improve healthy outcomes for students. Yet, only one-third of school districts (nationally) have done needs assessments and engaged in formal processes to design their school health services.” The healthy school team/CSH committee and the interdisciplinary school health services team are two groups that work together to accomplish the overall school health program. At the district level the health coordinator or district school nurse might serve as the coordinator for the core team.

Communication is key to all persons involved for successful health services outcomes. The KDE Conceptual Model for School Health Services, (Exhibit 2D) shows the steps considered supportive of the student health outcomes, beginning with Kentucky laws. The Conceptual Model identifies the steps for school boards, administrators, school health staff, and their respective committees- i.e. site-based decision-making councils (SBDM), and Family Resource Youth Service Centers (FRYSCs) – to evaluate the effectiveness of the delivery of health care services.

District Policies and Procedures

The district’s health policies should reflect professional standards and state laws and regulations through the student health outcomes. Most school districts subscribe to KSBA’s Policy Service, and more than half of those districts also subscribe to the Association’s Procedure Service. A list of school health-related policies and procedures developed by KSBA and adopted by most districts is included in the HSRG Appendix.
KENTUCKY DEPARTMENT OF EDUCATION
CONCEPTUAL MODEL FOR HEALTH SERVICES

STUDENT HEALTH OUTCOMES

INDIVIDUAL HEALTH PLAN (IHP)

PROCEDURES

POLICIES

HEALTH SERVICES GUIDELINES

NATIONAL SCOPE AND STANDARDS OF PROFESSIONAL PRACTICE

KENTUCKY LAWS (STATUTES/ADMINISTRATIVE REGULATIONS/ADVISORY OPINIONS)

Developed by Barbara Donica, MA, RN and Karen Erwin, MSN, RN
DEFINITIONS FOR KDE CONCEPTUAL MODEL

*Kentucky Laws:* KRS 156.501 and KRS 156.502. KRS Chapter 314, and a listing of Title 201, Chapter 20, of the Kentucky Administrative Regulations that guide nursing practice in Kentucky. Advisory Opinion Statements from the Kentucky Board of Nursing are authorized by KRS 314.

*National Scope and Standards of Professional Practice:* delineates the professional responsibilities whose clinical practice includes the delivery of school health services

*Health Services Guidelines:* serves as a resource of information for the delivery of health care services in Kentucky schools according to Kentucky Statutes and Regulations.

*Policies:* a set of standards that defines what is to be implemented in specific terms for a broad category of health care issues; defines medical/nursing management of common health care issues

*Procedures:* a step-by-step plan of action that may be “technically” based, e.g. medication administration, or insertion of a urinary catheter

*Individual Health Plan (IHP):* an individual plan of care that provides for effective and efficient delivery of health care services; that promotes school success for the student and reduces the potential for liability to the school district. Key participants in the development of the IHP include the child, the parent/guardian, school administrator, school nurse, student’s health care provider and other community agencies.

*Student Health Outcomes:* a measurement of achievement as they relate to the student’s health goals written in the IHP. The outcomes are used to evaluate the effectiveness of the delivery of care and whether the student’s health goals were achieved.
STANDARDS OF NURSING PRACTICE

The school nurse provides services that advance students’ well-being, academic success and lifelong achievement. To guide the school nurse, The American Nurses’ Association (ANA) and the National Association of School Nurses (NASN) have produced the Scope and Standards of Professional School Nursing Practice. School boards, administrators, and school nurses can use this reference to incorporate the systematic process to assess the student health situation and to identify outcomes required for the Individual Health Plan (IHP) and or other planning processes.

The combination of the scope of practice statement and nursing standards provide a framework for professional expectations of nurses who serve our students and further define and clarify the role of nursing within schools and the school community.

“The standards serve as a definitive guide for role implementation, interpretation and evaluation…the scope statement describes the who, what, where, when, why and how of the specialty”.

Each school nurse who provided contact information to KDE’s Coordinated School Health Program have received a copy of the publication listed above.
KENTUCKY BOARD OF NURSING

The Kentucky Board of Nursing (KBN) interprets the statutes governing nursing practice and issues advisory opinions and guidelines on safe nursing practice. The Scope of Practice Determination Guidelines is a summary of statutory definitions and policy and can assist school administrators and their nursing staff, “determine whether the performance of an act is within the scope of practice for which the nurse is licensed.” For complete summary and decision tree, see Exhibit 2E.

Statutes, regulations, and Board’s opinions are located in the HSRG Appendix. Additional KBN information can be found at http://kbn.ky.gov
The Kentucky Nursing Laws (KRS Chapter 314) defines “licensed practical nursing practice,” “registered nursing practice,” “advanced registered nursing practice,” and holds all nurses individually accountable and responsible for their nursing decisions and actions. The Kentucky Board of Nursing (KBN) interprets the statutes governing nursing practice and issues advisory opinions as guidelines on what constitutes safe nursing practice.

When the performance of a specific act is not definitively addressed in the Kentucky Nursing Laws or in an advisory opinion of the Board, the nurse must exercise professional judgment in determining whether the performance of the act is within the scope of practice for which the nurse is licensed. The KBN has developed a decision tree chart that provides guidelines to nurses in determining whether a selected function is within a nurse’s scope of practice now or in the future.

Statutory Definitions and Policy

KRS 314.011(10) defines “licensed practical nursing practice” as:

…The performance of acts requiring knowledge and skill such as are taught or acquired in approved schools for practical nursing in:

a) The observing and caring for the ill, injured, or infirm under the direction of a registered nurse, a licensed physician, or dentist.

b) The giving of counsel and applying procedures to safeguard life and health, as defined and authorized by the board.

c) The administration of medication or treatment as authorized by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board which is consistent with the National Federation of Licensed Practical Nurses or with standards of practice established by nationally accepted organizations of licensed practical nurses.

d) Teaching, supervising, and delegating except as limited by the board.

e) The performance of other nursing acts which are authorized or limited by the board and which are consistent with the National Federation of Licensed Practical Nurses’ Standards of Practice or with standards of practice established by nationally accepted organizations of licensed practical nurses.

KRS 314.011(6) defines “registered nursing practice” as:

…The performance of acts requiring substantial specialized knowledge, judgment and nursing skill based upon the principles of psychological, biological, physical and social sciences in the application of the nursing process in:

a) The care, counsel, and health teaching of the ill, injured, or infirm.

b) The maintenance of health or prevention of illness of others.

c) The administration of medication and treatment as prescribed by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board, and which are consistent either with the American Nurses’ Association Standards of Practice or with standards of practice established by nationally accepted organizations of registered nurses. Components of medication administration include, but are not limited to:

1. Preparing and giving medication in the prescribed dosage, route, and frequency;
2. Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy;
3. Intervening when emergency care is required as a result of drug therapy;
4. Recognizing accepted prescribing limits and reporting deviations to the prescribing individual;
5. Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual; and
6. Instructing an individual regarding medications.

d) The supervision, teaching of, and delegation to other personnel in the performance of activities relating to nursing care.

e) The performance of other nursing acts which are authorized or limited by the board, and which are consistent either with American Nurses’ Association Standards of Practice or with standards of practice established by nationally accepted organizations of registered nurses.

KRS 314.011(8) defines “advanced registered nursing practice” (ARNP) as:

…The performance of additional acts by registered nurses who have gained added knowledge and skills through an organized post-basic program of study and clinical experience and who are certified by the American Nurses’ Association or other nationally established organizations or agencies recognized by the board to certify registered nurses for advanced nursing practice. The performance of these additional acts shall be consistent with the certifying organization or agencies’ scopes and standards of practice recognized by the board by regulations.

KRS 314.021(2) states that:

All individuals licensed under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individuals’ educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.
1. Describe the act being performed.

2. Is the act expressly permitted/prohibited by the *Kentucky Nursing Laws* for license which you hold?

<table>
<thead>
<tr>
<th>Permitted</th>
<th>Unsure</th>
<th>Prohibited</th>
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<tr>
<td>Yes</td>
<td>No</td>
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3. Does the act require application of substantial specialized nursing knowledge, skill, and independent judgment?

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   WITHIN SCOPE OF RN OR ARNP, OR MAYBE² MAY BE WITHIN SCOPE OF RN OR LPN PRACTICE

ARNP PRACTICE ONLY

4. Is the act consistent with the scope of practice based upon at least one of the following factors?
   b. Nursing literature and research.
   c. Appropriately established policy and procedure of employing facility.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   NOT WITHIN YOUR SCOPE OF PRACTICE

5. Do you personally possess the depth and breadth of knowledge to perform the act safely and effectively as demonstrated by knowledge acquired in a prelicensure program, post-basic program, or continuing education program?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   NOT WITHIN YOUR SCOPE OF PRACTICE

6. Do you personally possess current clinical competence to perform the act safely?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

   NOT WITHIN YOUR CURRENT SCOPE OF PRACTICE UNLESS COMPETENCE IS ACHIEVED

7. Is the performance of the act within the accepted “standard of care” which would be provided in similar circumstances by reasonable and prudent nurses who have similar training and experience?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

   NOT WITHIN YOUR SCOPE OF PRACTICE: PERFORMANCE OF ACT MAY PLACE BOTH NURSE AND PATIENT AT RISK

8. Are you prepared to accept the consequences of your action?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

   PERFORM THE ACT — BASED UPON VALID ORDER WHEN NECESSARY, AND IN ACCORDANCE WITH APPROPRIATELY ESTABLISHED INSTITUTIONAL POLICY AND PROCEDURE

   ASSUME ACCOUNTABILITY FOR PROVISION OF SAFE CARE
1. Designated act.

2. *Kentucky Nursing Laws.*

<table>
<thead>
<tr>
<th>Permitted</th>
<th>Unsure</th>
<th>Prohibited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Stop</td>
</tr>
</tbody>
</table>

3. Specialized education required?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN or ARNP</td>
<td>RN or LPN</td>
</tr>
</tbody>
</table>

4. Scope of practice factors present?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Stop</th>
</tr>
</thead>
</table>

5. Possess knowledge?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Stop</th>
</tr>
</thead>
</table>

6. Competent?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Stop</th>
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</thead>
</table>

7. Reasonable and prudent?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Stop</th>
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</thead>
</table>

8. Accountability assumed?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Stop</th>
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</thead>
</table>

Perform

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An advisory opinion is not a regulation of the Board and does not have the force and effect of law. It is issued as a guidepost to licensees who wish to engage in safe nursing practice and who wish to minimize the possibility of being subjected to malpractice litigation. (Copies of advisory opinion statements and the *Kentucky Nursing Laws* are available for purchase from the Kentucky Board of Nursing office.)

The legal scope of advanced registered nursing practice is defined by a) post-basic education; b) certification as an advanced practiced nurse; and c) the national nursing organization’s published scope and standards of practice.

Approved: 2/88
Revised: 8/90; 2/91; 10/92; 6/00; 9/01
Updated: 4/95
Reviewed: 12/96; 5/00
STUDENT HEALTH RECORDS

The nursing process includes assessment, nursing diagnosis, identifying outcomes, planning, implementation and evaluation. This process can provide a comprehensive and systematic method of documentation of student health services.

Documentation

Documentation “is the written record of interactions between and among school health professionals, students and their families, other members of the school team and community health care providers”. It also includes, the administration of screenings, procedures, treatments, and student and family education and the results or students’ response to them.

The primary objectives of documentation in school nursing practice are:

- Promotion of high-quality student health services
- Advancement of efficient and effective school health services programs
- Creation of a legal record of nursing services provided to students.

The health record is a communication tool and should include within the Cumulative Health Record all information pertaining to the student’s health (i.e. Immunization Record, Preventive Health Exams, Vision Exams, all screening outcomes, etc.) including the Individual Health Plan (IHP) and any Emergency Action Plan (EAP).

Each district should have clear policies and procedures that address the types of records, maintenance and protection of those school health records. Please refer to the Records Retention Schedule in the Appendix as for how long health records should be kept.
HIPAA AND OTHER FEDERAL LAWS

Federal laws need to be reviewed carefully before sharing student health records. The Health Insurance Portability and Accountability Act (HIPAA) mandates actions that “covered entities” must take to protect the privacy of the individual’s health information. The U.S. Department of Health and Human Services (HHS) has issued rules to implement and enforce these privacy requirements.

Generally, entities covered by HIPAA may release or receive “protected health information” about an individual only if the individual gives permission for release or the Act expressly permits release of information. The Advisory Statement discusses students’ records:

...under a final rule issued by HSS, health information contained within student education records that are subject to the Family Education Rights and Privacy Act (FERPA) is exempt from the requirement of HIPAA. (2)

“Educational record” includes individually identifiable health information of students under the age of 18 created by a nurse in a primary or secondary school receiving federal funds.” (13) A copy of the complete “Advisory Statement on Local School Districts’ Responsibilities Under HIPAA “ from the KSBA and KDE along with a model authorization form may be found at: http://www.ksba.org/legalhipaa.htm.

All records are to be considered under these privacy acts. For retention student health records, see the Records Retention Schedule in the Appendix.
DELEGATION AND TRAINING OF NON-MEDICAL/UNLICENSED SCHOOL STAFF/EMPLOYEES

Unlicensed personnel staff / non-medical personnel staff are used interchangeably based on document source.

Delegation

- **KRS 156.501** requires delegation of nursing functions to be consistent with administrative regulation promulgated by the Kentucky Board of Nursing (KBN). The following discussion of nursing law is excerpted from KBN’s AOS #87-15 Advisory Opinions Statement: “Role of Nurses in the Supervision and Delegation of Nursing Acts to Unlicensed Personnel”.

  All statutes, regulations and KBN opinions can be found in their entirety in the reference guide Appendix.

School boards, superintendents, principals, and other school administrators (including FRYSCs) who have hired non-medical/unlicensed staff to provide health services, need to be aware that only a physician, advanced registered nurse practitioner (ARNP), or registered nurse (RN) can delegate such health services and are to do within that professions’ scope of practice. Limited delegation under the direct supervision of an RN is within the licensed practical nurse’s (LPN) scope of practice. Exhibit 2F illustrates a list of potential health care services that may be delegated to unlicensed (or non-medical) staff/para-professionals.

Training

- **KRS 156.501** (1) requires training of designated non-medical school personnel.

- **KRS 156.502** (2) governs who can provide health care services in a school setting. Subsection (c) reads:

  A school employee who is delegated responsibility to perform the health service by a physician, advanced registered nurse practitioner, or registered nurse; and (1) has been trained by the delegation physician or delegating nurse for the specific health service within his/her scope of practice…and (2) has been approved in writing by the delegation physician or delegation nurse.

The school nurse should be included in the selection and evaluation process for the nonmedical/unlicensed employee. If delegating employees (licensed and unlicensed) are to perform health services for students, the nurse
should present a clear plan that includes an appropriate job description for that employee. All employees should receive adequate orientation and supervision and periodic evaluations. Training for employees should identify expectations and limitation of the employees’ role. Delegation and training on specific health service procedures are included later in this guide.

The delegating physician or delegating nurse must document training of the employee providing the health service. Questions to consider when planning a training session are illustrated in Exhibit 2G. A sample training form (courtesy of Jefferson County Public Schools) is illustrated in Exhibit 2H.
HEALTH SERVICES FOR STUDENTS AND EMPLOYEES

<table>
<thead>
<tr>
<th>Service Description</th>
<th>School Nurse</th>
<th>Nurse Assistant</th>
<th>Volunteer</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Aid (illness/injury)</td>
<td>X</td>
<td>X*</td>
<td>X*</td>
</tr>
<tr>
<td>Health appraisal</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandated screening (vision, hearing, scoliosis)</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Immunization monitoring</td>
<td>X</td>
<td>X*</td>
<td></td>
</tr>
<tr>
<td>Administration of prescribed medication</td>
<td>X</td>
<td>X*</td>
<td></td>
</tr>
<tr>
<td>Pediculosis screening and treatment</td>
<td>X</td>
<td>X*</td>
<td></td>
</tr>
<tr>
<td>Special procedures (clean intermittent catherization, tube feeding, tracheostomy suction, etc.)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teaching</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitoring</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service delivery</td>
<td>X</td>
<td>X*</td>
<td></td>
</tr>
<tr>
<td>Pregnancy case management</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug toxicity assessment</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management of communicable diseases</td>
<td>X**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual health counseling</td>
<td>X**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral of medical problems</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow-up of referred medical problems</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation on the Assistance and Consultation team (ACT)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*With training, if state law allows this function to be delegated.

** Includes employees

When planning the delegation training, keep the following questions in mind:

**Who’s your audience?** When training non-medical employees, it is important to remember they may be unfamiliar with medical terminology.

**What are you training?** Keep the information simple and provide the information in writing for easy reference.

**How much time do you have to train?** Schedule enough time to cover the material effectively.

**Where are you training?** Teaching materials (PowerPoint, overhead, video) may vary depending on the training site’s space availability.

**Why is the training necessary?** Explain the importance of delegation.
DELEGATION OF HEALTH SERVICE(S) TO SCHOOL PERSONNEL

School Year: ______________________    Date: ______________________________________

Employee Printed Name__________________________________________________________

School: _______________________________________________________________________

I have been instructed on my school district’s guidelines for:

<table>
<thead>
<tr>
<th>Employee Initials</th>
<th>Health Services Nurse’s Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Administration of medications on daily basis and field trips</td>
</tr>
<tr>
<td></td>
<td>Administration of medication on field trips only</td>
</tr>
<tr>
<td></td>
<td>Asthma and Mini-nebulizer treatments</td>
</tr>
<tr>
<td></td>
<td>Diabetes and blood glucose monitoring</td>
</tr>
<tr>
<td></td>
<td>Epi-pen</td>
</tr>
<tr>
<td></td>
<td>G-tube feedings</td>
</tr>
<tr>
<td></td>
<td>G-tube medication administration</td>
</tr>
<tr>
<td></td>
<td>Seizure and Diastat</td>
</tr>
<tr>
<td></td>
<td>Trachs and suctioning</td>
</tr>
</tbody>
</table>

I understand that I am to follow district guidelines as delegated by the school nurse. Upon signing this, I consent to perform the health service(s) initialed above by the delegating school nurse and myself, possess the training and skills, and have demonstrated competency to safely and effectively perform the health service(s).

Employee Signature ___________________________     Date ________________

I have provided training to this individual on the health service(s) initialed above by the employee and myself in accordance with school district guidelines. She/he has demonstrated knowledge and understanding of this/these health service(s).

School Nurse Stamp/Signature ___________________________     Date ________________

Adapted from: Jefferson County Public School Health Services
REFERENCES CHAPTER 2

(1) **KRS 156.501** Student health services
(2) **KRS 156.502** Health services in school setting
(3) **704 KAR 4:020** School health services
(4) National Association of School Nurses (NASN) (1999) *Definition of School Nursing*
(6) **16 KAR 2:060** School nurse
(7) Kentucky Board of Nursing, AOS # 93-30, “School Nursing”
(8) **201 KAR 20:400** Delegation of nursing acts
(12) **24 CRF 164.501**
(14) Kentucky Board of Nursing, Advisory Statement # 87-15, “Role of Nurses in the Supervision and Delegation of Nursing Acts to Unlicensed Personnel.”
CHAPTER 3 - SCHOOL HEALTH SERVICES

REQUIREMENT FOR ENROLLMENT

In order to enroll a child in a Kentucky school, the child must have these on file:

**Birth Certificate**

KRS 158.032

(3): Upon enrollment of a student for the first time in any elementary or secondary school, the school shall notify in writing the person enrolling the student that within thirty (30) days the person shall provide either:

(a) A certified copy of the student’s birth certificate; or

(b) Other reliable proof of the student’s identity and age, and an affidavit of the inability to produce a copy of the birth certificate

A matrix of health services has been included (Exhibit 3A) as a referral tool for school entrance requirements that includes the following:

**Immunization Certificate**

Any child enrolled as a regular attendee in all public or private primary or secondary schools, and preschool programs shall have a current immunization certificate (EPID-230 or EPID-230A) and be on file within two weeks of the child’s attendance. (KRS 214.034) The child shall have been immunized against diphtheria, tetanus, poliomyelitis, pertussis, measles, rubella, mumps, varicella, hepatitis B, and haemophilus influenzae disease according with testing and immunization schedules established by regulations of the Cabinet for Health Services. (Exhibit 3B-Immunization Certificate)

All public or private primary schools shall require a current immunization certificate for hepatitis B for any child enrolled as a regular attendee in the sixth grade, as provided by administrative regulation of the Cabinet for Health Services, promulgated under KRS Chapter 13A to be on file within two (2) weeks of the child’s attendance. This provision shall sunset following the 2008-2009 school year unless otherwise authorized by the General Assembly (KRS 214.034).

Exceptions to testing or immunization requirement: According to KRS 214.036 there are only two (2) exceptions by which a child may be excused from immunizations.

(1) Certificate of Medical Exemption. The child’s physician must write a statement that the child has a certain specific health/physical conditions, which are, recognized contraindications to the administration of one or more of the required vaccines. The child must then present to the school a medical exemption certificate (EPID-230B). (Exhibit 3C-Medical Exemption)

(2) Certificate of Religious Exemption. The parent must submit a written sworn statement objecting to the immunization of the student on religious grounds. The student must then present to the school a religious exemption certificate (EPID-230C). (Exhibit 3D-Religious Exemption)
Preventive Health Care Exam

704 KAR 4:020 Sec. 2. Preventative Health Care Examinations

(1) A local board of education shall require a preventative health care examination of each child within one (1) year prior to the child’s initial admission to school. A second examination shall be required within (1) year prior to sixth grade, or initial admission to school. A third examination may be required by policy of the local board of education within one (1) year prior to entry into the ninth grade or initial admission to school.

(2) A local school board may extend the deadline not to exceed two (2) months.

(3) An out of state transfer student shall be required to have documentation of a preventative health care examination.

The exam shall be reported on the Preventative Health Care Exam Form, dated December 1999. (Exhibit 3E-Initial Entry; Exhibit 3F-Sixth Grade) The preventative health care examination may be performed and signed for by a physician, and advanced registered nurse practitioner, a physician’s assistant, or by a health care provider trained in the early periodic screening diagnosis and treatment programs. (4)

Eye Exam for School Entry

According to KRS 156.160 (10) (g) effective July 15, 2000, the Kentucky Board of Education (KBE) requires a vision examination by an optometrist or ophthalmologist that meets the requirement prescribed by KBE. The law specifically states, “evidence shall be submitted to the school no later than January 1 of the first year that a child is enrolled in public school, public preschool or Head Start program.” The optometrist or ophthalmologist performing the examination is to complete and sign the Kentucky Eye Examination Form for School Entry. (5) (Exhibit 3G)

Sports Physicals

KRS 156.070 states “every local board of education shall require an annual medical examination performed and signed by a physician, physician’s assistant, advanced registered nurse practitioner or chiropractor, if performed within the professional’s scope of practice, for a student seeking eligibility to participate in any high school athletic activity or sport.”

According to the Kentucky High School Athletic Association (KHSAA) Bylaw 2. Physician’s Certificate and Parent’s Consent:

“The Superintendent or Principal shall have each student who is trying for a place as a participant on an athletic team or cheerleading squad present a physician’s certificate certification signed by a physician, physician’s assistant, advanced registered nurse practitioner (ARNP), or chiropractor if performed in the scope of practice (as defined in KRS Chapter 312) which shall state that he/she is physically fit to participate without undue risk. The parent’s consent for the child’s participation and acknowledgement of receipt of the eligibility rules as promulgated by the Association and Kentucky Board of Education regulations in writing shall also be required.” (Exhibit 3H)

(Please note that both sides of the athletic physical form must be completed.)
### MATRIX OF HEALTH SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Pre-3</th>
<th>Pre-4</th>
<th>K</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>Referrals</th>
<th>Transfer Students</th>
<th>Known Problems</th>
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</thead>
<tbody>
<tr>
<td>Preventative Health Exam</td>
<td>Xm</td>
<td>Xm</td>
<td>Xm</td>
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<td>Immunization Record</td>
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<td>Eye Exam</td>
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<td>Cumulative Record</td>
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<td>Athletic/Sports Physicals++</td>
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<td>R</td>
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</tbody>
</table>

- **Xm-Manded in 704 KAR 4:020 Section 2:** (1) A local board of education shall require a preventative health care exam of each child within one (1) year prior to the child’s initial admission to school. A second exam shall be required within one (1) year prior to entry into the sixth grade or initial admission to school. (3) A local school board may exceed the deadline by which to obtain a preventative health care exam no to exceed two (2) months. (9) A valid immunization certificate shall be on file within two (2) weeks of the child’s enrollment in school. A preventative health care exam my be performed and signed fo by a physician, and advanced registered nurse practioner, a physician’s assistant or a health care provider in the early periodic screening diagnosis and treatment programs.

- **Eye exam:** KRS 165.160: (g) A vision examination by an optometrist or ophthalmologist that shall be submitted to the school no later than January 1 of the first year that a child is enrolled in a public school, public preschool or Head Start

- **Xm* 704 KAR 4:020 Section “A third exam may be required by policy of the local school board within 1 year prior to entry into the ninth grade or initial school entry”

- **++ Athletic/Sports Physicals must be given by a Physician, Physician Assistant, Advanced Registered Nurse Practioner or Chiropractor. The exam is valid for one (1) year from the examination date. (KRS 156.070; HSAA Handbook Bylaw 2)

- **R- As Recommended. 704 KAR Section 2 (10) TB testing shall be carried out upon notification by a local health department.**
• Xs  Suggested as appropriate intervals for provision of those services. Scoliosis Screening, Vision Screening, Hearing Screening, Height & Weight:  704 KAR Section 2 (11) A board of education shall adopt a program of continuous health supervision for all school enrollees. Supervision shall include scheduled, appropriate screening tests for vision, hearing and scoliosis. (11 ) (c ) Established scoliosis screening times, at least in grade six (6) and eight (8) and appropriate procedures and referral criteria
• Cumulative Health Records 704 KAR  Section 3 (1) A school shall initiate a cumulative health record for each pupil entering its school. The record shall be maintained throughout the pupil’s attendance. The record shall include screening tests related to growth and development, vision hearing, and scoliosis and findings and recommendations of a physician and a dentist
• This Matrix of Health Services addresses only the health services required by Kentucky Law or Administrative Regulation. Individual school districts may choose to add additional screenings according to their school district policies.
COMMONWEALTH OF KENTUCKY
IMMUNIZATION CERTIFICATE
(Required of each child enrolled in a public or private school, preschool program, day care center, certified family child care home, or other licensed facility which cares for children.)

Name of Child______________________________________________________________________________ Birthdate__________________________
(Last) (First) (Middle)
Name of Parent or Guardian_____________________________________________________________________________________________________
Address_______________________________________________________________________________________________________________________
(Street) (City) (State) (Zip Code)

DATES ADMINISTERED (month/day/year)

DIPHTHERIA, TETANUS, PERTUSSIS* #1/__/__/ #2/__/__/ #3/__/__/ #4/__/__/ #5/__/__/ 

POLIO VACCINES 
#1/__/__/ #2/__/__/ #3/__/__/ #4/__/__/ 

MMR (Measles, Mumps, Rubella)** #1/__/__/ #2/__/__/ #3/__/__/ #4/__/__/ #5/__/__/ Other

Hib*** #1/__/__/ #2/__/__/ #3/__/__/ #4/__/__/ Other

Hepatitis B**** #1/__/__/ #2/__/__/ #3/__/__/ or #1/__/__/ #2/__/__/ (adult dose)

Varicella ***** #1/__/__/ or child has had chickenpox disease (X) ______.

*DTaP, DTP, DT, Td **MMR for one dose, measles-containing for second. ***Hib not required at age 5 years or more. **** Alternative two dose series of approved adult hepatitis B vaccine for children 11-15 years of age. ******Varicella required for children 19 months to 7 years unless a parent, guardian or physician states that the child has had chickenpox disease.

This child is current for immunizations until ____/____/____, (two weeks after the next shot is due) after which this certificate is no longer valid and a new certificate must be obtained.

I CERTIFY THAT THE ABOVE NAMED CHILD HAS RECEIVED IMMUNIZATIONS AS STIPULATED ABOVE.
Signature of physician, Health Dept., or their designee_______________________________________________Date_____________________________

This Certificate should be presented to the school or facility in which the child intends to enroll and should be retained by the school or facility and filed with the child’s health record.

EPID-230 (Rev 8/2002)
COMMONWEALTH OF KENTUCKY
CERTIFICATE OF MEDICAL EXEMPTION

<table>
<thead>
<tr>
<th>Name of Child</th>
<th>Birthdate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Parent or Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MEDICAL EXEMPTION – THE ABOVE NAMED CHILD HAS CERTAIN SPECIFIC HEALTH/PHYSICAL CONDITIONS WHICH ARE RECOGNIZED CONTRAINDICATIONS TO THE ADMINISTRATION OF ONE OR MORE OF THE REQUIRED VACCINES:

### VACCINE(S) CONTRAINDICATED

<table>
<thead>
<tr>
<th>DATES ADMINISTERED (month/day/year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIPHTHERIA, TETANUS, PERTUSSIS* #1/ / / #2/ / / #3/ / / #4/ / / #5/ / /</td>
</tr>
<tr>
<td>POLIO VACCINES</td>
</tr>
<tr>
<td>#1/ / / #2/ / / #3/ / / #4/ / /</td>
</tr>
<tr>
<td>MMR (Measles, Mumps, Rubella)**</td>
</tr>
<tr>
<td>#1/ / / #2/ / / Other/ / / Other</td>
</tr>
<tr>
<td>Hib***</td>
</tr>
<tr>
<td>#1/ / / #2/ / / #3/ / / #4/ / /</td>
</tr>
<tr>
<td>Hepatitis B**** #1/ / / #2/ / / #3/ / / or #1/ / / #2/ / / (adult dose)</td>
</tr>
<tr>
<td>Varicella***** #1/ / / or child has had chickenpox disease (X)</td>
</tr>
</tbody>
</table>

---

*DTaP, DTP, DT, Td **MMR for one dose, measles-containing for second. ***Hib not required at age 5 years or more. ****Alternative two dose series of approved adult hepatitis B vaccine for children 11-15 years of age. *****Varicella required for children 19 months to 7 years unless a parent, guardian or physician states that the child has had chickenpox disease. This child is current for immunizations until ___/___/____, (two weeks after next shot is due) after which this certificate is no longer valid and a new certificate must be obtained.

I CERTIFY THAT THE ABOVE NAMED CHILD HAS RECEIVED IMMUNIZATIONS AS STIPULATED ABOVE.

Signature of physician, Health Dept., or their designee     Date

This Certificate should be presented to the school or facility in which the child intends to enroll and should be retained by the school or facility and filed with the child’s health record.

COMMONWEALTH OF KENTUCKY
CHILDHOOD IMMUNIZATION LAW
CERTIFICATE OF RELIGIOUS EXEMPTION

Name of Child________________________________________________________________________________  Birthdate__________________________

Name of Parent or Guardian_______________________________________________________________________________________________________

Address_______________________________________________________________________________________________________________________

(Street) (City) (State) (Zip Code)

RELIGIOUS EXEMPTION – THE ABOVE NAMED CHILD IS HEREBY GRANTED A RELIGIOUS EXEMPTION OBJECTING TO ___________________________ IMMUNIZATION(S) ON RELIGIOUS GROUNDS. A SWORN STATEMENT FROM THE PARENT OR GUARDIAN IS ATTACHED.

_______________________________________________________________________________  ______________________________________________
(Signature of physician, health dept., or their designee) (Date)

______________________________________________________________________________________________________________________________
(Address)

This Certificate should be presented to the school or facility in which the child intends to enroll and should be retained by the school or facility and filed with the child’s health record.

EPID-230C (Rev 09/2002)
PREVENTATIVE HEALTH CARE EXAMINATION FORM - INITIAL ENTRY [headstart - fourth (4) grade]

All local boards of education shall require a preventative health care examination of each child first entering a Kentucky public school within a period of twelve (12) months prior to initial admission to school. Local school boards may extend this time not to exceed two (2) months. The administration shall have an approved program of continuous health supervision which shall include evidence of having been screened for vision and hearing.

PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS

IDENTIFYING INFORMATION

Student Name: ________________________________
Social Security Number: ____________________________ Date of Birth: ____________________________
Parent or Guardian Name: ________________________________

RECORD OF IMMUNIZATIONS TO BE REPORTED ON IMMUNIZATION CERTIFICATE FORM, EPID 230.

MEDICAL HISTORY

Seizures: _____________________________________________
Chronic Illness: _________________________________________
Allergies: ____________________________________________
Medications: __________________________________________
Significant Historical Information: __________________________________________________________

Physical Exam:


HEENT Hearing: R____ L____

Skin Vision: R____/____ L____/____

Neck STRABISMUS/AMBLYOPIA SCREEN ☐ ABNORMAL

Chest Optional---------HCT/HGB: ________ (required for headstart)

Heart Optional-------------------UA: ________

Abd - Genitalia
Extremities-Back
Neuro

Explain Abnormal Exam: ____________________________________________________________

Recommendations: No Restrictions: Normal Exam

RESTRICONS AND SUGGESTIONS TO SCHOOL: __________________________________________

Age appropriate and suggested anticipatory guidance (health assessments)

☐ Discuss injury prevention with parents
  ☐ Bicycle Safety  ☐ Car Seat Belts  ☐ Memorization of Name, Address and Phone Number

☐ Advise the child not to go with or accept anything from strangers and feel free to say "NO" to strangers.

☐ Emphasize the importance of dental care.

☐ Discuss mental health issues.

Signed: ____________________________ Date: ____________________________

Physician/ARNP/PA/EPSDT Provider

Address: ____________________________ Telephone: ____________________________

Kentucky Department of Education
PREVENTATIVE HEALTH CARE EXAMINATION FORM - Sixth (6th) Grade Form (for grades 5-12)

All local boards of education shall require a second and third preventative health care examination of each child within one (1) year prior to entry into the sixth (6th) grade or subsequent grades. Each board shall have an approved program of continuous health supervision in accordance with current statutes and regulations, vision, hearing and scoliosis scheduled screening tests. Local school districts shall establish a plan for implementation and compliance with the sixth (6th) grade examination.

PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS

**IDENTIFYING INFORMATION**

<table>
<thead>
<tr>
<th>Grade: 5th</th>
<th>6th</th>
<th>7th</th>
<th>8th</th>
<th>9th</th>
<th>10th</th>
<th>11th</th>
<th>12th</th>
</tr>
</thead>
</table>

(Circle appropriate grade)

Student Name: __________________________

Social Security Number: __________________________ Date of Birth: __________________________

Parent or Guardian Name: __________________________

**RECORD OF IMMUNIZATIONS** TO BE REPORTED ON IMMUNIZATION CERTIFICATE FORM, EPID 230.

**MEDICAL HISTORY**

Seizures: ____________________________________________

Chronic Illness: ______________________________________

Allergies: __________________________________________

Medications: _________________________________________

Significant Historical Information: _______________________

**Physical Exam:**

<table>
<thead>
<tr>
<th>N.</th>
<th>Abn.</th>
<th>General Appearance</th>
<th>Hgt: __________ Wgt: __________ BP: ______ / ______</th>
</tr>
</thead>
<tbody>
<tr>
<td>___</td>
<td>___</td>
<td>HEENT</td>
<td>Hearing: R __________ L __________</td>
</tr>
<tr>
<td>___</td>
<td>___</td>
<td>Skin</td>
<td>Vision: R __________ L __________</td>
</tr>
<tr>
<td>___</td>
<td>___</td>
<td>Neck</td>
<td>Optional--------HCT/HGB: ___________________________</td>
</tr>
<tr>
<td>___</td>
<td>___</td>
<td>Chest</td>
<td>Optional----------UA: ___________________________</td>
</tr>
<tr>
<td>___</td>
<td>___</td>
<td>Heart</td>
<td></td>
</tr>
<tr>
<td>___</td>
<td>___</td>
<td>Abd-Genitalia</td>
<td></td>
</tr>
<tr>
<td>___</td>
<td>___</td>
<td>Extremeties-Back (including scoliosis screen for 6th grade)</td>
<td></td>
</tr>
<tr>
<td>___</td>
<td>___</td>
<td>Neuro</td>
<td></td>
</tr>
</tbody>
</table>

**Explain Abnormal Exam:** __________________________________________

**Recommendations:**

________________ No Restrictions: Normal Exam

________________ RESTRICTIONS AND SUGGESTIONS TO SCHOOL: ____________________________

**Age Appropriate and Suggested Anticipatory Guidance (Health Assessments)**

1. How have things been going for you at school? With your peers?
2. How do you rate your own health?
3. What concerns do you have about your own development?

**Advise adolescents about the following good health habits and self-care.** – See sample reference on back of form.

- [ ] Risk behaviors were discussed and addressed
- [ ] Risk behaviors were not addressed today

Signed: __________________________ Date __________________________

Physician/ARNP/PA/EPSDT Provider

Address: __________________________ Telephone: __________________________
<table>
<thead>
<tr>
<th></th>
<th><strong>Low Risk</strong></th>
<th><strong>Moderate Risk</strong></th>
<th><strong>High Risk</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Body Mass Index</strong></td>
<td>Between 15-85% Normal weight/height per the growth chart</td>
<td>Between 5-15%/85-95% (Just over or just under the normal range)</td>
<td>&lt;5%/&gt;95% (Much over or much under normal weight)</td>
</tr>
<tr>
<td><strong>Weight perception</strong></td>
<td>Feels good about weight</td>
<td>Feels “fat” even though weight is normal on the chart</td>
<td>Skips meals, vomits, takes medicine, or exercises too much to control weight</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td>Eats 3 meals/day; and eats fruits, vegetables, and foods with fiber</td>
<td>Eats less than 3 meals/day; or vegetarian without milk or eggs</td>
<td>Eats a lot of snacks with fat and sugar, eats few regular meals</td>
</tr>
<tr>
<td><strong>Exercise</strong></td>
<td>5 times/week for at least 20 min each, with increased heart rate and sweating</td>
<td>Exercises less than 5 times/week, not strenuously</td>
<td>No regular exercise to increase heart rate</td>
</tr>
<tr>
<td><strong>Tobacco use</strong></td>
<td>No smoke or chew</td>
<td>Smoke or chew less than daily; or Stopped less than 6 weeks ago</td>
<td>Smoke or chew regularly</td>
</tr>
<tr>
<td><strong>Drug use</strong></td>
<td>Never used</td>
<td>Previously used; not in the past 3 months</td>
<td>Recently used or currently uses marijuana, huffing, LSD, cocaine, heroin, etc.</td>
</tr>
<tr>
<td><strong>Alcohol use</strong></td>
<td>Has only tasted it, or used for religious purpose</td>
<td>Social only, not more than once/week; less than 3 beers or 2 liquor drinks at a time</td>
<td>Drunkenness, blackouts; drinking interferes w/school, family, etc.; 4 or more drinks at a time</td>
</tr>
<tr>
<td><strong>Sexual activity</strong></td>
<td>Never, or is married and faithful</td>
<td>Not in last 6 months; safe sex with condoms</td>
<td>Sex without regular use of condoms; first intercourse before age 16</td>
</tr>
<tr>
<td><strong>School</strong></td>
<td>B/C average or better, steady improvement in grades</td>
<td>Grades slipping; detention problem</td>
<td>Failing grades; suspension; often skips school</td>
</tr>
<tr>
<td><strong>Depression</strong></td>
<td>Usually happy</td>
<td>Often feels discouraged or down; cries a lot</td>
<td>Unhappy most of the time; feels hopeless; thought of suicide</td>
</tr>
<tr>
<td><strong>Abuse</strong></td>
<td>No physical or sexual abuse</td>
<td>Abuse reported and counseling received</td>
<td>Abuse still occurring or not treated with counseling</td>
</tr>
<tr>
<td><strong>Safety</strong></td>
<td>Uses seat belt/helmet, never rides with drunk driver</td>
<td>Usually uses seat belt/helmet; rarely rides with drunk driver</td>
<td>Does not use seat belt/helmet; has driven drink; sometimes rides with drunk driver</td>
</tr>
<tr>
<td><strong>Violence</strong></td>
<td>No fights, no threats, does not carry a knife, gun, or rifle, no legal troubles</td>
<td>Threatens others; previous illegal acts (stealing, etc.) but not in past 3 months</td>
<td>Damages own or others’ property; carries a gun, knife, or rifle; physical fights with peers; has had contact with police</td>
</tr>
<tr>
<td><strong>Family relationships and responsibility</strong></td>
<td>Gets along with family, completes chores or work duties</td>
<td>Often argues with family; does not complete chores or work duties</td>
<td>Physical and/or intense verbal fights with family</td>
</tr>
<tr>
<td><strong>Friends and Recreation</strong></td>
<td>Has male and female friends; involved in clubs, activities, or hobbies</td>
<td>Has few friends; does things alone; has friends who often get into trouble</td>
<td>Has no friends; or belongs to gang or cult</td>
</tr>
<tr>
<td><strong>Good qualities and Future plans</strong></td>
<td>Can name 3 good qualities about self; has plans for the future</td>
<td>Hard to think of good qualities about self; has few interests; does not have future</td>
<td>No good qualities about self; no interests or activities</td>
</tr>
<tr>
<td><strong>Immunizations</strong></td>
<td>Second MMR; tetanus within ten years; hepatitis series; had varicella or been vaccinated</td>
<td>Lacks any one item</td>
<td>Lacks two or more items</td>
</tr>
</tbody>
</table>

Kentucky Department of Education
Kentucky Eye Examination Form for School Entry

KRS 156.160 (1) (g) requires proof of a vision examination by an optometrist or ophthalmologist. This evidence shall be submitted to the school no later than January 1 of the first year that a three (3), four (4), five (5) or six (6) year old child is enrolled in public school, public preschool, or Head Start program.

PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS

IDENTIFYING INFORMATION

Student Name: __________________________________________________________________________________________________________________ __
Date of Birth: ________________________________________________________________________________________________________________ _____
Parent or Guardian Name: ______________________________________________________________________________________________________ _____

RECORD OF IMMUNIZATION TO BE REPORTED ON IMMUNIZATION CERTIFICATE FORM, EPID 230

CASE HISTORY

Date of Exam: ________________________________________________________________________________________________________________ ____

Ocular History: Normal or Positive for: _________________________________________________________________________________________

Medical History: Normal or Positive for: _________________________________________________________________________________________

Drug Allergies: NKDA or Allergic to: ____________________________________________________________________________________________

Family Ocular and Medical History: ❑ Amblyopia ❑ Strabismus ❑ Glaucoma ❑ Diabetes
Other: _____________________________________________________________________________

Other Pertinent Information: _________________________________________________________________________________________________ ________

Refraction with cycloplegic? (please indicate one) ✓ YES ❑ NO

<table>
<thead>
<tr>
<th>OD</th>
<th>OS</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 / ______</td>
<td>20 / ______</td>
</tr>
</tbody>
</table>

Unaided Acuity

Best Corrected Acuity

Normal ✗ Abnormal ✗ Not able to Assess

External Exam (eye and adnexa) ❑ ❑ ❑
Internal Exam (media, lens, fundus, etc) ❑ ❑ ❑
Neurological Integrity (pupils) ❑ ❑ ❑
Binoocular Function (stereopsis) ❑ ❑ ❑
Accommodation and convergence ❑ ❑ ❑
Color Vision ❑ ❑ ❑

Diagnosis: ❑ Normal ❑ Myopia ❑ Hyperopia ❑ Astigmatism ❑ Strabismus ❑ Amblyopia
Other: _____________________________________________________________________________

Recommendations:

1 Glasses prescribed: ✓ YES ❑ NO
2
3

Age appropriate and suggested anticipatory guidance (health assessments):

Educate (parents/patients) about eye/vision disorders and needed vision care
Counsel (parents/patients) regarding eye safety
Stress importance of early, preventative eye care
Recommend re-examination, as appropriate

Signed: ___________________________ Date: ___________________________
Optometrist/Ophthalmologist

Address: ___________________________ Telephone: ( ) ________________________

3G
KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION
2280 Executive Drive, Lexington, Kentucky 40505
Athletic Participation/Parental Consent Form
Physical Examination Form

PART I - ATHLETE INFORMATION
(To be completed by athlete)

Name: ____________________________ School Year: ____________

(First) (Last) (Initial)

Home Address: ____________________________

(Street) (City, State, zip)

Date of Birth: ____________________________ Birth Place (County, State): ____________________________

This is my ______ year at ____________________________ School and my ______ year since entering ninth grade. Last year I attended ____________________________

School. I am planning to participate in the following (circle all you might try to play):

Baseball  Cross Country  Golf  Soccer  Tennis  Wrestling
Basketball  Football  Cheerleading  Field Hockey  Other:

PART II - MEDICAL HISTORY

This form must be completed by parent and athlete prior to the time of the physical exam and presented to the authorized health care provider before the physical.

CHECK THE APPROPRIATE RESPONSE TO EACH ITEM:

YES NO

1. Have you ever been hospitalized?    ☐ ☐ ☐

Have you ever had surgery of any kind (e.g., tonsillectomy)?  ☐ ☐ ☐

2. Are you presently taking any medications or pills?    ☐ ☐ ☐

3. Do you have any allergies (medicine, bees, or other insects)?    ☐ ☐ ☐

4. Have you ever passed out during exercise?    ☐ ☐ ☐

Have you ever been dizzy during or after exercise?    ☐ ☐ ☐

Have you ever had chest pain during or after exercise? ☐ ☐ ☐

Have you ever had high blood pressure?    ☐ ☐ ☐

Have you ever been told you have a heart murmur?    ☐ ☐ ☐

Have you ever had racing of your heart?    ☐ ☐ ☐

Has anyone in your family died of heart problems before 50?    ☐ ☐ ☐

5. Do you have any skin problems? (itching, rashes, acne)    ☐ ☐ ☐

Have you ever had a head injury?    ☐ ☐ ☐

Have you ever been knocked out or unconscious?    ☐ ☐ ☐

Have you ever had a seizure or suffer from epilepsy? ☐ ☐ ☐

Have you ever had a stinger, burn or pinched nerve? ☐ ☐ ☐

6. Have you ever had heat related problems?    ☐ ☐ ☐

Have you ever been dizzy or passed out in the heat? ☐ ☐ ☐

7. Do you cough heavily, or breath heavily during activity? ☐ ☐ ☐

Do you use any special equipment (e.g., knee brace)? ☐ ☐ ☐

8. Have you had any problems with your eyes or vision?    ☐ ☐ ☐

9. Have you had any problems with your ears or vision?    ☐ ☐ ☐

10. Have you ever sprained/trained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones? ☐ ☐ ☐

11. Are you missing one of any paired organs (e.g., eyes) ☐ ☐ ☐

12. Have you ever been diagnosed with any form of asthma? ☐ ☐ ☐

Are you using an inhaler for asthma?    ☐ ☐ ☐

13. Are you diabetic?  ☐ ☐ ☐

Do you administer insulin to yourself?    ☐ ☐ ☐

14. Are you presently using tobacco in any form?    ☐ ☐ ☐

15. Do you have a history of sickle-cell anemia in your family? ☐ ☐ ☐

16. Have you had any other medical problems? ☐ ☐ ☐

17. Have you had a medical problem or injury within the last year? ☐ ☐ ☐

18. Can you swim?    ☐ ☐ ☐

19. When was your last tetanus shot?    ☐ ☐ ☐

Please explain any YES answers from questions 1-18. ____________________________


PART III - PHYSICAL EXAMINATION

NAME: ____________________________ SEX: ____________________________

SCHOOL: ____________________________ GRADE: ____________________________

HEIGHT: ____________ WEIGHT: ____________ BP: ____________

VISION: R-20/  L-20/  BOTH-20/  CORRECTED? Y N

PULSE: ____________

HEART

Rhythm: ____________________________ (Regular/irregular)

Murmur (supine): ____________________________

Murmur (standing): ____________________________

ENT

Lungs: ____________________________

Skin: ____________________________

Abdominal: ____________________________

Genitalia: ____________________________

Musculoskeletal: ____________________________

Neck: ____________________________

Shoulder: ____________________________

Elbow: ____________________________

Wrist: ____________________________

Hand: ____________________________

Back: ____________________________

Knee: ____________________________

Ankle: ____________________________

Foot: ____________________________

Dental: ____________________________

Other: ____________________________

Normal  Abnormal  Comment

I have reviewed the data above, reviewed the student's medical history and make the following recommendations on participation in athletics:

1. Cleared  Pulse: ____________

2. Cleared after additional evaluation for ____________________________

3. Restricted from participating in the sports of ____________________________

4. Cleared to participate in the sports of ____________________________

Recommendations/Restrictions: ____________________________

In accordance with KHSAA Bylaws, I have examined the physical condition of the student and find the said pupil to be physically fit to practice for and participate in interscholastic athletic contests.

Authorized Signature: ____________________________ Date: ____________________________

Authorized Provider's Name (please print): ____________________________

Address: ____________________________ Phone: ____________________________

Date: ____________________________ City, State, Zip: ____________________________
PART IV - ACKNOWLEDGMENT OF RISK, STATEMENT OF HAZARDS IN PARTICIPATION IN
ATHLETICS AND PARENTAL CONSENT

The student athlete and the parent/guardian should read this statement carefully. You should be aware that playing or practicing to play or helping with or participating in any manner in any sport can be a dangerous activity involving many risks of injury. The dangers and risks of playing, practicing to play, helping or participating in sports include, but are not limited to, death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, general health and well being. Because of the dangers of participating in sports, the student should recognize the importance of following the coach's instructions regarding playing techniques, training and other team rules and obey such instruction.

In accordance with the purpose and spirit of KHSAA Bylaws, I acknowledge receipt of the included eligibility rules as put forth by the KHSAA and Kentucky Board of Education and understand additional rules may apply to my child. I also am aware of the risk of a wide range of injuries to my child as a result of participation in sports, with contact sports having a higher risk.

In accordance with the purpose and spirit of Kentucky High School Athletic Association Bylaws, Physician's Certificate and Parental Consent, I acknowledge receipt of the current year's eligibility rules as promulgated by the Association and Kentucky Board of Education regulations. I understand that my child must have insurance coverage up to a limit of $25,000 in order to be eligible to try for a place on an athletic team with the company listed below. I also consent for my son/daughter to represent his/her high school in interscholastic athletic contests for one calendar year from the date of this physical examination in the sport(s) checked below:

He/she is planning to participate in the following (circle all you might try to play):

- Baseball
- Cross Country
- Golf
- Softball
- Tennis
- Volleyball
- Basketball
- Football
- Soccer
- Swimming
- Track
- Wrestling
- Cheerleading
- Other:

I also give my consent and approval for this student-athlete to receive a physical examination, as required by the KHSAA, and acknowledge the risks inherent with participation. Please complete both sides of this form, detach it from the Eligibility Rules and Regulations, and return it to the principal of your high school immediately. I understand this must be done before my child practices or participates in any one of the above listed sports. I also understand the personal safety of the student is of first importance to the school. In event of needed professional medical care, I give my permission for a representative of the school to transport my child to the nearest medical facility and for staff of that facility to render treatment.

(To be completed and signed by parent/guardian)

_________________________  ____________________________
Signature of Parent/Guardian  Date

_________________________
Student's Name

_________________________
High School

_________________________
Parent's Name (please print)

_________________________
Address

_________________________
Phone No.

_________________________
Insurance Carrier

_________________________
Insurance Policy Number

Students desiring to participate in Wrestling must also complete KHSAA Form WR101 and required attachments between October 15 and December 15.

PART V. ATHLETES' ACKNOWLEDGMENT OF RISK AND PARTICIPATION

As an athlete I recognize the importance of following coach's instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instruction in order to be safe and try to avoid injury. I also give school representatives permission to release my demographic information and playing or participation statistics and other information as may be requested, and agree that I may be photographed or otherwise captured during competition and such image may be used without my permission.

_________________________
Signature of Athlete

PART VI - EMERGENCY PERMISSION FORM

(To be completed by parent/guardian)

STUDENT NAME

SOC. SEC. NO.

ADDRESS

CITY/STATE/ZIP

SCHOOL

BIRTH DATE

PHONE

PERSON TO CONTACT IN CASE OF MEDICAL EMERGENCY:

NAME

RELATION

ADDRESS

CITY/STATE/ZIP

DAYTIME PHONE

EVENING PHONE

Please list any health problems/concerns your child may have, including allergies (medications / others) and any medications presently being used:

_________________________
In the event that an athletic injury should occur to the above named student-athlete I give my permission for them to receive proper/necessary care from a certified athletic trainer or coach employed by or representing the school.

Furthermore, in the event that a medical emergency should occur and I cannot be contacted I give my permission for a school representative (coach, athletic trainer) to arrange for ambulance service to the nearest medical facility. I also give permission for the staff of the medical facility to render treatment which is considered necessary for the student-athletes well being.

_________________________
Parent/Guardian Signature:

_________________________
Date:

Emergency permission form must be reproduced to travel with respective athlete and is acceptable for emergency treatment.

Physical Exam Valid for One Year from Date Administered.

Physical Exam must be signed by authorized Health Care Providers named in Bylaw 2.
SCREENING PROGRAMS

704 KAR 4:020 School Health Services, Section 2

(11) A board of education shall adopt a program of continuous health supervision for all school enrollees. Supervision shall include scheduled, appropriate screening tests for vision, hearing and scoliosis.

(12) A local spinal screening program for scoliosis shall include:

(a) Training sessions for teachers or lay volunteers who will be doing the screening;

(b) Obtaining parental permission for scoliosis screening;

(c) Established screening times, at least in grades six (6) and eight (8) and appropriate procedures and referral criteria;

(d) Mandated education of students regarding scoliosis screening; and

(e) Required referral of all children with abnormal screening results for appropriate diagnosis and treatment and follow-up on these referrals. Local referral and follow-up procedures shall include:

1. Notification of parents of students who need further evaluation by a physician;

2. Tracking referrals to determine whether all children with abnormal screening results receive appropriate diagnosis and treatment; and

3. Reporting of data on screening, referral and follow-up tracking to the Department of Education.

(13) The Department of Education shall:

(a) Monitor the spinal screening and referral programs provided by local boards of education;

(b) Provide consultation and technical assistance to local boards of education concerning spinal screening, referral and follow-up for appropriate diagnosis and treatment; and

(c) Encourage local school systems to work cooperatively with local health departments and local Commission for Children with Special Health Care Needs offices to plan, promote and implement scoliosis screening programs.

(14) Referral and appropriate follow-up of any abnormality noted by screening assessment or teacher observation shall be recorded on school health records.

*Note: Only scoliosis is mandated in this regulation to be performed at grades six (6) and eight (8). The specific scheduling (grades) of vision and hearing is at the local district’s discretion.
Documentation of all health screenings will be recorded on the Pupil’s Cumulative Health Record (Exhibit 3I). The following guidelines are for reference only and not intended to take the place of a formal training session for persons performing screenings.

**Scoliosis Screening**

Scoliosis, or lateral curvature of the spine, is a common disorder. The majority of curves are of unknown origin although there appears to be a strong familiar tendency. Scoliosis can affect adults, but it is most common in young people, especially girls between ages of 10 and 16 (Green WB, et al. (2001). Although many curves can be of minor consequence, progressive scoliosis may lead to crippling spine deformity and heart and lung problems; therefore, early detection and treatment are essential.

The purpose of a school screening is primarily to identify the child at risk of persistent asymmetry, not to diagnose a spinal deformity. Scoliosis often goes undetected because of the painless onset. Unless the condition is severe, it will not be visible to parents or otherwise in a clothed child. Early detection can be accomplished by mass screening of the critical age groups by trained personnel. The Kentucky Commission for Children with Special Health Care Needs recommends school age children in grades 5-9 be screened yearly. The law requires 6th and 8th grades be screened annually (704 KAR 4:020 (2)(12).

**Steps in Setting Up a Scoliosis Screening**

1. Designate a coordinator who will organize and implement the spinal screening program by arranging for screening training, student education, parent permission, dates for screening, and follow-up on findings of screening and prepare reports for Department of Education.

2. Coordinators and other screeners should attend a training session if they have not participated previously. School personnel and community health departments are encouraged to work together where possible. Videotape is available for loan from Commission for Children with Special Health Care Needs (CCSHCN), which provides instruction for screeners. (See Exhibit 3J-School Screening for Scoliosis: Screening Procedure Worksheet) Use of trained health aides or volunteers is appropriate and encouraged for initial mass screening. However, nurses, physicians, or other appropriately trained professionals should perform all rescreenings.

3. Coordinators must obtain parental permission for screening or rescreening. (Exhibit 3K)

4. Students must be educated prior to screening to alleviate undue anxiety and give them the opportunity to dress appropriately. A tape for children is available by loan from the Commission for Children with Special Health Care Needs (CCSHCN), which explains what scoliosis is, how it is detected, why it is important to screen and act on positive findings.

5. Privacy for screening is a top priority. Boys and girls should be screened separately and individually. Students should be barefoot. Boys should remove their shirts. Girls may place their blouses on backwards.

6. List every student on the Scoliosis Screening Worksheet found in the packet (Exhibit 3L). Any abnormal findings should be listed under R- (rescreening). Whenever possible to avoid unnecessary referrals to physician, students with positive findings should be rescreened by a health professional.

7. After all of the initial screenings are completed, including absentees, the local coordinator makes arrangements for the rescreening. This step may be omitted if a doctor or registered nurse does the initial screening.

8. Included in this section is the “Criteria for Referral to Physicians”. It is used by second screeners as a guide on which to base the referrals. It is recommended nurses use a scoliometer to aid in decisions to refer.
9. Good communication is essential. Parents should understand that a positive screening does not constitute a diagnosis of scoliosis but indicates a need for further evaluation by a physician. The person who does the referral screening gives the findings to the coordinator. (Exhibit 3M-Master List) Parents of students who need further evaluation by a physician should be notified. The coordinator should send this information on a referral letter to the parents with an explanation of findings. (Exhibit 3N)

10. Those needing financial assistance for physician evaluation may be referred to the Kentucky Commission for Children with Special Health Care Needs, (800) 232-1160, for evaluation by an orthopedist.

11. The physician completes the referral letter with his findings and returns it to the local coordinator. A copy should be kept and the originals placed in the student’s health record.

12. Students with questionable findings who are not referred for evaluation should be rescreened in 4-6 months or during the yearly screening process. The coordinator can keep a master list of students who will need rescreening. Parents should be notified that their child failed this screening. (10)

13. The coordinator in public schools should report screening numbers to Department of Education, who in turn with share with the Commission. Coordinators in private schools should send a Scoliosis Screening Report to the CCSHCN, 982 Eastern Parkway, Louisville, KY 40217 by July 1.

14. Resources that are available for parents, students and health professionals are provided or are available from National Scoliosis Foundation website (http://www.scoliosis.org/)

Scoliosis Screening Process

While not an absolute “measurement”, scoliosis screening is conducted as a part of a Preventative Health Assessment at certain ages. Using the appropriate procedure for this screening is essential and is included here for that reason.

1. Watch the child walk toward you, then turn and walk away. Notice any signs of leg length discrepancies. With back bare, the child should stand straight, feet together, looking straight ahead, arms at his/her side. Examiner will look for the following:

   a) Head: to see if it is centered over the pelvis (a plumb line may be helpful in checking this)
   b) Alignment: Does the head and base of the neck line up over the center of the sacrum?
   c) Shoulders: to see if they are level; (Is one shoulder higher or lower than the other side or is there a fullness on one side of the neck?)
   d) Scapulas (shoulder blades): to see if one is more prominent than the other
   e) Arms: to see if they are equal distance from the sides; (Is there a greater distance between the arm and flank on one side or the other?)
   f) Waist: to see if the indentions (waist side curves) are the same; (Is there a deeper crease over one side of the waist than the other?)
   g) Spine: as noted by observing the spinous processes; (Does it appear to curve?)
   h) Hips: to see if they are level; (Is there an asymmetrical contour of the flanks and hips?)
   i) The child should then bend forward with head down, the back parallel to the floor and their hands clasped; (Is there prominence or a bulge on one side of the back or flank?)
2. View the child from the side, looking for

   a) One shoulder higher than the other
   b) Head not centered directly over pelvis
   c) One hip appears raised or more prominent than the other
   d) Uneven wrist
   e) Leaning of entire body to one side

Any one of the findings suggests an underlying scoliosis curve, which deserves further evaluation.

The Scoliometer is a device that provides a way to measure the angle of trunk rotation in spinal screening for scoliosis. The Scoliometer should not be used in place of the screening previously described, but if used in concert with the routine screening, it will provide objective guidelines for referral. The scoliometer will also reveal small curvatures, which do not require a referral, but will need follow-up rescreening. Manufacturer’s guidelines should be followed when using the scoliometer for spinal screenings.

Criteria For Referral

The following criteria for referral is used by second screeners as a guide on which to base referrals. If any child has any three of the following, the child should be referred to a pediatrician, family doctor, or the Commission for Children with Special Health Care Needs (CCSHCN).

1. One shoulder higher than the other
2. One scapula more prominent than the other
3. Waist folds not even
4. Arms not hanging equal distance from the sides
5. Pelvis not level
6. Unequal symmetry of the upper back, lower back or both

If any one or two of the above are seen, then the child should be re-screened in 6-12 months. If the child, on forward bend test, has a hump on one side hat measures less than 7 degrees, using the scoliometer, the child should be re-screened in 6-12 months.

Hearing Screening

According to 704 KAR 4:020(2)(11), the Board of Education shall adopt a program of continuous health supervision that includes scheduled screening tests for hearing. (Note: This regulation does not mandate when the school district must perform this screening. The determination of when to screen is left up to the individual school district to schedule.)

Hearing is assessed in children 3 years and older (depending on understanding and cooperativeness), adolescents, and adults with pure tone screening (audiometers). If unable to test the child using the pure tone screening procedure, assess the hearing as described for younger children. Refer to the Health Matrix for frequency of screening. (Exhibit 3A)
Testing Area

The room used for hearing screening should be as quiet as possible, because background noise interferes with the accuracy of the test and leads to false positive results. Examples of background noise are hallways, fluorescent light hum, etc. The tester, who has normal hearing, may test him/herself to be sure that ambient noise does not interfere with testing. The testing room must be at least large enough to accommodate a table for the audiometer and chairs for the tester and patient. The patient’s chair should be positioned so that the patient cannot see the operation of the audiometer.

Pure Tone Screening Procedure

A: Audiometer
1. Power: Turn on.
2. Masking: Check to insure that masking is turned off.
3. Output Selector: Red earphone is for the right ear (Hint: R for R)
   Blue earphone is for the left ear.
4. Tone Level or Tone Interrupter: Normally Off. Press down to produce tone.
5. The following test levels shall be followed for these frequencies:
   a. 1000Hz  2000Hz  4000Hz
   b. 20dB  20dB  20dB
   c. 25dB for exam room
6. Patients being tested with pure tone audiometer are given verbal instructions to raise their hand when the tone is heard. Children age 6 and below may be able to raise their hand, but it is often easier to have them drop a block. Children below age 6 should have a demonstration: Place the headphones on the table or in your lap, present a tone at 90dB and raise your hand/drop a block. Repeat this having the child perform with you simultaneously. Repeat the tone, but allow the child to perform alone. TURN THE TONE BACK DOWN to 20dB, then place the headphones on the child (adolescent, adult) and proceed with the specified test levels.

B: Screening
1. Set frequency dial to 1000Hz.
2. Set hearing level at 20dB
3. Present the tone by pressing the tone level.
4. To be assured that the patient is responding correctly, the tone may need to be presented several times. Once the desired response is received (i.e. drop a block/ raised hand), continue the test and complete the screening as follows:
   a. Sound Proof Room
      i. Test right ear at 1000, 2000, and 4000 Hz at 20dB
      ii. Test left ear at 1000, 2000 and 4000 Hz at 20dB
   b. Exam Room Area
      i. Test right ear at 1000, 2000 and 4000 Hz at 25dB
      ii. Test left ear at 1000, 2000 and 4000 Hz at 25dB
5. If the patient DOES NOT RESPOND to the first tone presented in the right ear and if the patient DOES NOT RESPOND to the first tone presented in the right ear at 1000 Hz at 20dB (25dB) then:
   a. Increase the hearing level to 30dB (leave on right ear at 1000 Hz)
   b. If no response then increase to 40dB
   c. If no response then increase to 50dB
   d. If no response, then switch the control to the left ear and follow the same procedure, increase by 10dB and decrease by 5dB.
6. Normal hearing test per audiometer:
   - 20dB each ear, each tone—sound proof room
   - 25dB each ear, each tone, exam room area

C. Pass/Fail Criteria
   a. The screening test is failed if the patient fails to hear any one tone in either ear.
   b. For screening purposes, middle ear pressure determination and the presence of absence of the acoustic reflex are the only factors involved in the referral criteria.
   c. Individuals having middle ear pressure outside the range of +100 to –200 mm pressure or who disclose a no peak tracing with no demonstrable acoustic reflex fails the screening. (11)

A rescreening test should be administered in two weeks for the student, and if the student fails the second screening, he/she should be referred for proper follow-up.

Audiometer Screening Pointers

1. One of the purposes of the screening test is to conserve time. If for any reason, the tester is unable to obtain a rapid test on a child, the child can be temporarily failed and retested at a later time.
2. With the exception described for obtaining an initial response, the tester should present tones only at the screening levels. To present tones at other levels is a waste of time.
3. The tester should never dismiss a child who has been totally unsuccessful in hearing the test tones. However, do not go higher than 50dB.
4. The tester should not let the child see him operate the tone level switch.
5. The tester should not look up each time he presents the tone.
6. The tester should be sure that he indicates that a response was correct only after the response was made. As a general rule, it is better not to indicate that a response was correct or incorrect to the child.
7. The tester should not require the child to raise the hand that corresponds to the ear in which he/she hears the tone.
8. The success of the screening test depends largely on the skills of the tester, the adequacy of the testing area, and the function of the audiom etric equipment. If the tester has doubts concerning the function of the equipment, he should contact the Commission’s Hearing Conservation Representative.

Statistics

Statistics are maintained by the school district regarding how many children were screened (Exhibit 3O), how many needed further observation (Exhibit 3P) and also how many children were referred for follow-up (Exhibit 3Q and Exhibit 3R). These records are destroyed at the end of the school year.

Send statistics to your Hearing Conservation Representative by the end of the calendar year (semi-annual report) and then again at the end of the school year (annual report). If you are unsure who your Hearing Conservation Representative is, contact the Commission Office in your area or contact the Speech and Hearing Administrator in the Louisville office.

Vision Screening

According to 704 KAR 4:020(2)(11), the Board of Education shall adopt a program of continuous health supervision that includes scheduled screening tests for vision. Note: There is no mandated grade that vision screening must occur. The districts may use their own discretion as to when screenings should be scheduled. If history suggests it, more frequent screening should be done for that individual child.
Visual acuity has particular educational significance because of the obvious relationship to learning. Screening for distance is considered by authorities to be the single most important test of visual ability. Vision is most commonly described in acuity measure, or the best a child can see. 20/20 is considered normal vision.

Vision can be hampered in a number of ways. When a young child has a refractive error that is different between the right and left eye, the child’s brain will ignore the weaker eye and only “see” the image from the stronger eye. As a result the child will not have binocular vision. An adult may see two images, or double vision, but a child who is learning to use vision will begin to see only the better image. This can develop into a condition known as AMBYLYOPIA- where both eyes are healthy but the brain uses only the information from the good eye and the other becomes “nonfunctional”, commonly known as a “lazy eye.” This condition can be corrected with glasses, surgery, and/or patching the “good eye”. If this discrepancy is not corrected by the age of 6 years, the child may have permanent vision loss in the weaker eye.

Strabismus is caused by muscle balance problems, commonly described as “crossed eyes.” The imbalance of the muscles causes the eyes to present two different images to the brain. The brain cannot process two different images so only one image from the stronger eye is accepted. Amblyopia can occur from strabismus or from an unbalanced refractive error (as described above). In some cases, glasses or patching may improve the weakened muscle balance, and in other cases surgery will be necessary. When the eyes are able to work together to produce one image, this is called binocular vision. Binocular vision is necessary for depth perception when judging the size and distance. It is an important factor in mobility.

Besides refractive errors and strabismus, injuries and various other physical conditions such as cataracts, glaucoma, and detached retinas can create difficulty in seeing.

Symptoms of vision difficulty may include:

1. Appearance: Crossed eyed, red eyes, watery eyes, crusty eyelids, frequent styes, and cloudiness in or around the pupil.
2. Behavior: Holds body rigid while looking at distant object, thrusts head forward or backward while looking at distant objects, avoids close work, has short attention span, turns head to use only one eye, tilts head to one side, places head close to book or desk when reading or writing, blinks excessively, rubs eye often, squints, and closes or covers one eye.
3. Complaints: headaches, nausea or dizziness, burning or itching of eyes, has blurry vision when looking up from close work, sees objects double, and undue sensitivity to light.

Treatment for visual problems may include:

1. Prescription for glasses or contact lenses;
2. Patching eyes and/or exercises;
3. Surgery for severe muscle imbalance, cataracts, or severe glaucoma;
4. Medication for infections, allergies, glaucoma, and other condition; and
5. Educational assistance for the visually impaired and legally blind (this may include visual aids and special classes or schools).
Procedures For Assessing Vision

Ages Three to Adult:
Vision acuity is assessed in the school age child, adolescent and adult by the Snellen alphabet chart or instrument vision tester. Follow the same procedure for testing both eyes, then the right eye and the left eye, occluding the eye not being tested. Begin testing with the line above the referral line and test down to the appropriate line if possible. If the patient wears glasses, test with and without glasses.

Visual Acuity: Snellen “E” Chart or instrument vision tester, i.e. OPTEC 2000/Titmis, etc.

Supplies you will need for the Snellen Test:
1. Snellen “E” Chart
2. Window card
3. Tape measure
4. Adequate lighting
5. Large symbol “E”
6. Individual eye covers (may be made with construction paper cut with rounded corners or cone paper cups) to prevent the spread of infections.

Prepare the Screening Area
1. Select location that is quiet and free from distractions
2. Select location that has light colored wall that has no glare or shadows.
3. Attach Snellen “E” chart to wall so that the patient’s eye level is on the 20-foot line.
4. Light intensity on chart should be 10-20 foot candles evenly diffused over chart.
5. Cover upper and lower portion of the chart with cover cards.
6. Mark exactly 20 feet of distance from chart.

Prepare the Child
1. Show the child the large letter “E” so he/she is familiar with the symbol.
2. A game can be made with teaching the child to point in the direction the “table legs of the “E” are pointed so he/she will understand the various positions of the “E”.
3. Place child in standing position at the 20-foot mark and facing the chart. A set of footprints affixed to the floor with the heels at the 20-foot mark may help the child keep the proper position.
4. Teach the child to keep both eyes open during the test (when covering either eye).

Procedure
1. Test both eyes first, then the right eye and the left eye.
2. If patient wears glasses, test with and without glasses.
3. In testing one eye, occlude with other eye with an occluder or cone cup.
4. Begin on the 50-foot line of the Snellen “E” Chart for 3, 4 and 5 year olds. If that line is read correctly, go to the 40-foot line.
5. Begin on the 40-foot line of the Snellen “E” Chart for all patients above 6 years of age. If that line is read correctly, go to the 30-foot line.
6. With upper and lower portions of the chart covered, use window card to expose one symbol at a time.
7. Move window card promptly and rhythmically from one symbol to another at the speed with which the patient seems to keep pace.
8. In linear testing, it may be necessary to use a pointer to indicate the letter.
9. Patient points with him arm or hand in the direction the legs of the “E” point.
10. To pass a line the patient must see one-half, or more than half of the symbols on that line.
11. Observe for signs of eye problems, i.e. tilting the head, peeking around the occluder.
12. Record visual acuity (the last successful line read in the order tested…both eyes-right eye and left eye.

Record the results as a fraction – e.g. 20/30, 20/40, etc. The numerator represents the distance from the chart; the denominator represents the last line read. A reading of 20/50, for example, indicates that the child read at 20-feet the line that should be read at a distance of 50-feet. When using an instrument vision tester, follow manufacturer’s direction for vision assessment. Record results of class vision screening on Class Vision Flow Sheet (Exhibit 3S).

**Snellen Test Referral Criteria For Ages 6-Adult**

The larger the denominator is, the poorer the vision. If vision is poorer than 20/30, refer the person to an ophthalmologist or optometrist. (Exhibit 3T) Results of the vision screening should be recorded on the individual health record (Cumulative Health Record, Exhibit 3I).

**Height, Weight and Body Mass Index**

The purpose of a height and weight screening is to identify children who are experiencing or may be at risk for abnormal growth patterns for their age, weight, and/or heredity. (11)

Law does not mandate screening height and weight; however, your district may set policy requiring height and weight screening on a regular basis. The Kentucky Department of Education suggests that height and weight should be measured annually in the preschool and elementary grades and at least one (1) time during the middle school grades and one (1) time in high school. (See Health Matrix, Exhibit 3A)

The Centers for Disease Control and Prevention (CDC) recommends calculating BMI to determine if children are overweight. BMI (weight (kg) divided by stature (cm) X 10,000; or weight (lb) divided by stature (in) X 703) is calculated from height and weight measurements and is used to judge whether an individual’s weight is appropriate for their height. The BMI-for-age charts are recommended to assess weight in relation to stature for children ages 2-20 years. The weight-for-stature charts are available as an alternative to accommodate children 2-5 years who are not evaluated beyond the preschool years (CDC, 2003)

Weight and height are sensitive issues and body image greatly influences self-esteem. Therefore, assuring privacy during screening should be attained whenever possible. Height and weight screenings should be based, not on the comparison of one student with another, but the comparison should be for each student’s personal growth record. (See Exhibit 3U-Class Height Weight List) Record screening results for each student in his/her Cumulative Health Record.

The following guidelines for “height, weight, and body mass index screening process” are excerpted from Kentucky Department for Public Health’s (2003) Public Health Practice Reference: (13)

**Height, Weight & Body Mass Index Screening Process**

**Height:**

Obtain a standing height on children greater than 2 to 3 years of age, adolescents, and adults. Measurements may be accurately made by using a graduated ruler or tape attached to the wall and a flat surface that is placed horizontally on top of the head. The patient is to be wearing only socks or bare foot. The knees are to be straight and feet flat on the floor, and the patient is asked to look straight ahead. The flat surface (or moveable headboard) is lowered until it touches the crown of the head, compressing the hair. A measuring rod attached to a weight scale shall not be used.
If recumbent length is obtained for a two year old, it is plotted on the birth to 36 months growth chart, whereas, if standing height is obtained for a two year old, plot on the 2 to 18 year growth chart. Plot measurements for children on age and gender specific growth charts and evaluate accordingly.

**Weight:**

Balance beam or digital scales are to be used to weigh patients of all ages. Spring type scales are not acceptable. CDC recommends that all scales should be zero balanced and calibrated. Scales must be checked for accuracy on an annual basis and calibrated in accordance with manufacturer’s instructions. Prior to obtaining weight measurements, make sure the scale is “zeroed”. Weigh infants wearing only a dry diaper or light undergarments. Weigh children after removing outer clothing and shoes. Weigh adolescents and adults with the patient wearing minimal clothing. Place the patient in the middle of the scale. Read the measurement and record results immediately. Scales should be calibrated annually. Record individual height and weight on the Class Height and Weight Form (Exhibit 3U). Plot measurements on age and gender specific growth charts (Exhibits 3V, 3W, 3X or 3Y).

**Body Mass Index:**

The Body Mass Index (BMI) is a measure that can help determine if a person is at risk for a weight-related illness. The amount of body fat in children changes with age. Girls and boys body fatness will differ as they mature. The BMI is specific for age and plotted on a gender specific graft. More information on BMI for children may be found on the CDC website at: [http://www.cdc.gov/nccdphp/dnpa/bmi/bmi-for-age.htm](http://www.cdc.gov/nccdphp/dnpa/bmi/bmi-for-age.htm)

**BMI for Age Categories**

- Underweight = less than 5th percentile
- Normal weight = 85th percentile to less than 95th percentile
- Overweight = greater than 95th percentile
## Pupil’s Cumulative Health Record

**January 1993**

**Name** ___________________________ **Date of Birth** _________________ **Physical Examination(s)** ___________________________

**Last**  **(First)**  **(Middle)**

Health conditions such as severe allergies, disabilities, chronic illness, or other special health needs (Add comments on back.) ____________________________________________
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________

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### 504/IEP Date of Review or Reevaluation

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### Screening Record

Record date of screening and student's age with each screening result. *Indicate with an asterisk if student is wearing glasses during vision screening.*

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<th>DATE</th>
<th>Height</th>
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DOCUMENTATION

Use this side to record referrals and follow-ups (physician, clinic, parent, etc.), special procedures required during the school day, or other significant findings that may affect the student's school participation. Please sign and date all entries.

PUPIL'S CUMULATIVE HEALTH RECORD

The purpose of this record is to give the health professional a concise summary of the student's school health history. It is not intended to be used for daily documentation. Parent and emergency information should be maintained elsewhere.

Screenings are recorded by date and student age rather than grade level. This accommodates changes in the primary program and documents the information more accurately for the student.

The reverse side of the form is designed to allow school personnel ample space to document other information pertinent to the school health program.
SCHOOL SCREENING FOR SCOLIOSIS
Screening Procedure Worksheet

SIDE VIEW
- Upper back Normally Rounded, Neck Erect, Chin In, Head in Balance
- Upper back Slightly More Rounded, Neck Slightly Forward, Chin Slightly Out
- Upper back Markedly Rounded, Neck Markedly Forward, Chin Markedly Out

HIGH SHOULDER
- Shoulders Level (Horizontally)
- One Shoulder Slightly Higher Than Other
- One Shoulder Markedly Higher Than Other

CURVED SPINE
- Spine Straight
- Spine Slightly Curved Laterally
- Spine Markedly Curved Laterally

HIGH HIP
- Hips Level (Horizontally)
- One Hip Slightly Higher
- One Hip Markedly Higher

LUMBAR PROMINENCE RIB HUMP
- Normal Symmetrical
- Abnormal Asymmetrical
- Normal Symmetrical
- Abnormal

Source: Kentucky Commission for Handicapped Children, Louisville, KY,
Dear Parent(s) or Legal Guardian(s):

In recent years, you may have seen an ever-increasing number of teenage girls and boys wearing neck and back braces. You may have assumed these were the result of auto accidents – but in reality, most of the children were being treated for scoliosis. Simply stated, scoliosis is an S-shaped curvature of the spine. In its early years it is painless and appears gradually, especially during the years of rapid teenage growth. It is often confused with poor posture.

Some cases of scoliosis are so mild as to need no medical attention at all. Others get progressively more severe as the child grows. If detected in its early stages during the growth years, exercises or a brace like those you have seen may be all that is needed to prevent further curvature. Unfortunately, if not detected and treated early, the curvature can become great enough to severely affect a person’s appearance and health.

704 KAR 4:020 “School Health Services” directs that a Scoliosis Screening Program be adopted in our schools. Scoliosis screenings are to be held in grades 6 and 8 and will be conducted by nurse(s) or trained staff or volunteers during the school day. The procedure for screening is simple; the screener looks at the child’s back, standing and bent forward. Female students should wear a halter top under regular clothes, swim suit or sports bra. Male students should be prepared to remove their shirt.

A nurse will re-screen those students referred and, if further examination is indicated, you will be notified and requested to take your child to your local health care provider for further examination and x-ray.

Please sign the permission form below and return it to the school as soon as possible. (If your child is currently under treatment for a back problem, he/she does not need to participate in this screening program.)

Sincerely,

________________________________________

Screening Date: _____________________________    Grade Level: ______________________

PERMISSION FORM

[Please check one]: ( ) I Do ( ) I Do Not want my child to participate in the School Scoliosis Screening Program for detecting a possible curvature of the spine.

Name of Student: ______________________________________________________________

Signature of Parent of Legal Guardian: _____________________________________________

Source: KY Dept of Education
SCOLIOSIS SCREENING WORKSHEET

School: ________________________________     Grade: __________________

Screener: ______________________________      Date: __________________

Code: P=Passed R=Referred

<table>
<thead>
<tr>
<th>Name of Student</th>
<th>Age</th>
<th>Sex</th>
<th>Absent</th>
<th>1&lt;sup&gt;st&lt;/sup&gt; Screening</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; Screening</th>
<th>Comments</th>
</tr>
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Note: This document shall be shredded at the end of each school year.

Source: KY Dept of Education
**SCOLIOSIS SCREENING MASTER LIST**

School: ____________________________  Screener: ____________________________
County: ____________________________  Grades: ____________________________
Date screened: ______________________  Number screened: ___________________
Number of Denied Permissions: _______________
Number Referred for Second Screening: ________
Number Referred From Second Screening to M.D.: ___________

List Referrals Below:

<table>
<thead>
<tr>
<th>Name</th>
<th>Sex</th>
<th>Disposition (Screen next year or M.D. referral)</th>
</tr>
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<tbody>
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</table>

Source: KY Dept of Education
**REFERRAL LETTER FOR SCOLIOSIS SCREENING**

<table>
<thead>
<tr>
<th>Date: ___________</th>
<th>School: ____________________________________________________________</th>
</tr>
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<tbody>
<tr>
<td>Student: __________</td>
<td>Birthdate: _______________</td>
</tr>
<tr>
<td>Parent/Guardian:</td>
<td>_________________________________________________________________</td>
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<tr>
<td>Address:</td>
<td>____________________________________________________________________</td>
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<tr>
<td>Zip code: ______________</td>
<td>Telephone: ____________</td>
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</tbody>
</table>

Dear Health Care Provider:

During our school-screening program, the following abnormal physical findings were noted on this child: (Please be specific but brief) ____________________________________________
__________________________________________
__________________________________________

Please schedule this child for evaluation as soon as possible. Follow-up information from you is necessary for us to fully evaluate this screening program. We request that you complete the section below and return this form to: ____________________________________________________________

Thank you for your cooperation. If you have any questions, please feel free to call ____________.

**For Health Care Provider’s Use Only**

X-Ray Results: ____________________________________________________________
__________________________________________
__________________________________________

(  ) No significant findings at this time: ____________________________________________
(  ) Need for further evaluation: ____________________________________________
(  ) Re-examination or treatment recommended on (date): ____________________________
(  ) Additional Comments: ________________________________________________________

Date of Exam: ____________________________________________
Signed: ____________________________________________, M.D.
Address: _____________________________________________________________________
Zip Code: ______________________  Telephone: ____________________________________

Source: KY Dept of Education
### HEARING SCREENING CLASS LIST

School: ____________________________  Grade: ________________

Teacher: __________________________  Date: ________________

Instructions: List all children in the class. The information on this list should be recorded on each pupil’s Cumulative Health Record.

After each child’s name, place a check (\(\checkmark\)) in the Pass column if he/she passes the hearing screening or an (X) in the Fail column if he/she fails the screening.

If the child passes the second screening test, place a check (\(\checkmark\)) in the Pass column and draw a double line through the initial (X). If he/she fails the second screening test, place a second (X) in the Fail column.

<table>
<thead>
<tr>
<th>Name of Student</th>
<th>Pass</th>
<th>Fail</th>
<th>Name of Student</th>
<th>Pass</th>
<th>Fail</th>
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</table>
# HEARING SCREENING - FURTHER OBSERVATION LIST

Audiometer Used: ____________________________  Calibration ANSI Tympanometer Used: ______________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Remarks</th>
<th>Grade</th>
<th>Test Results</th>
<th>Tymp: Results</th>
<th>Audio Ref.</th>
<th>Medical Ref.</th>
</tr>
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<tbody>
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<td></td>
<td></td>
<td>Right 1000 2000 4000</td>
<td>Left 1000 2000 4000</td>
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</table>

Source: KY Dept of Education
Dear Parent or Guardian:

We have completed the hearing screening service provided as part of the School Health Program. Results of your child’s hearing test indicate the need for a more complete hearing examination. Since uncorrected hearing disorders can affect learning potential, it is important to complete this referral and return it to the school when completed.

Thank you for your cooperation. If you have any questions or if I can be of service, please contact me. ____________________________________________, School Nurse/ School Health Coordinator. Phone: __________________________________________________________________________.

Please return to:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Hearing Test Results (non-clinical testing area)

<table>
<thead>
<tr>
<th>Frequency</th>
<th>1000</th>
<th>2000</th>
<th>4000</th>
<th>Remarks</th>
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</thead>
<tbody>
<tr>
<td>Right Ear</td>
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<tr>
<td>Left Ear</td>
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</tbody>
</table>

Treatment: __________________________________________ Return advised? ________ When? ____________
Health Care Provider: _________________________________________ Date: ______________
Address: ____________________________________________________________
Dear Parent:

Your child ________________________________, recently received a hearing screening. The results indicate the need for further evaluation.

It is recommended that your child be seen by a physician for an ear examination. You may wish to consult with an otologist. In any case, please take this letter to the physician who examines your child.

If you are unable to afford private care for your child, please contact your local health department or call 1-800-232-1160 for more information regarding the Commission for Children With Special Health Care Needs program in your area.

Sincerely,

---------------------------------------------------------------------------------------------------------------------

Physician’s Report:

Child’s Name ________________________________ BD _______________ Date ___________
Physician’s Findings: ____________________________________________________________
Treatment Given: _______________________________________________________________
Recommendations: ______________________________________________________________
Please return form to:

________________________________
________________________________
________________________________

Parent: I agree to release the above information on my child or ward.

______________________________  ______________________________
Parent or Guardian’s Signature    Physician’s Signature

Source: KY Dept of Education
# CLASS VISION FLOW SHEET

<table>
<thead>
<tr>
<th>Name</th>
<th>Both</th>
<th>Right</th>
<th>Left</th>
<th>Without glasses (W/O)</th>
<th>With glasses (W)</th>
<th>Referral Yes/No</th>
<th>Date Report received</th>
<th>Follow-up Indicated</th>
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</table>

Source: KY Dept of Education
Dear Parent or Guardian:

We have completed the vision screening service provided as part of the School Health Program. Results of your child’s vision screen indicate the need for a more complete eye examination.

Since uncorrected vision disorders can affect learning potential, it is important to complete this referral and return it to the school when completed.

Thank you for your cooperation. If you have any questions or if I can be of service, please contact me. ________________________________________________________, School Nurse/School Health Coordinator. Phone: ________________________________.

Please return to:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Examination Results

<table>
<thead>
<tr>
<th>Normal Exam</th>
<th>Amblyobia</th>
<th>Muscle Imbalance</th>
<th>Refractive Error</th>
<th>Other</th>
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<th>Myopia</th>
<th>Hyperopia</th>
<th>Astigmatism</th>
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Treatment: ____________________________ Return advised? ________ When? ____________

Health Care Provider: ____________________________ Date: ____________

Address: ______________________________________________________________________
____________________________________________________________________
## CLASS HEIGHT / WEIGHT

<table>
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<tr>
<th>Name</th>
<th>Height</th>
<th>Weight</th>
<th>BMI</th>
<th>Age</th>
<th>Referral</th>
<th>Follow-up</th>
<th>Absent</th>
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Source: KY Dept of Education
### Body mass index-for-age percentiles

<table>
<thead>
<tr>
<th>Date</th>
<th>Age</th>
<th>Weight</th>
<th>Stature</th>
<th>BMI*</th>
<th>Comments</th>
</tr>
</thead>
</table>

*To Calculate BMI: 
- Weight (kg) ÷ Stature (cm) ÷ Stature (cm) x 10,000
- Weight (lb) ÷ Stature (in) ÷ Stature (in) x 703

Source: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000). http://www.cdc.gov/growthcharts

Published May 30, 2000 (modified 10/16/00).
# 2 to 20 years: Girls

## Body mass index-for-age percentiles

<table>
<thead>
<tr>
<th>Date</th>
<th>Age</th>
<th>Weight</th>
<th>Stature</th>
<th>BMI*</th>
<th>Comments</th>
</tr>
</thead>
</table>

*To Calculate BMI: Weight (kg) ÷ Stature (cm) ÷ Stature (cm) x 10,000
or Weight (lb) ÷ Stature (in) ÷ Stature (in) x 703

Published May 30, 2000 (modified 10/16/00).

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).

http://www.cdc.gov/growthcharts
REFERENCES CHAPTER 3

(1) **KRS 158.032**  Documents required upon enrollment or transfer

(2) **KRS 214.034**  Immunization of children

(3) **KRS 214.036**  Exemption to testing or immunization requirements

(4) **704 KAR 4:020 Sec. 2**  School nurse services

(5) **KRS 156.160**  (1)(g) Promulgation of Administrative Regulations by Kentucky Board of Education

(6) **KRS 156.070**  (2)(d) Generalized powers and duties of state board

(7) KHSAA Bylaw 2 (online @) [http://www.khsaa.org/handbook/bylaws/bylaw2.pdf](http://www.khsaa.org/handbook/bylaws/bylaw2.pdf), Kentucky High School Athletic Association


(9) National Scoliosis Foundation (online @ [http://www.scoliosis.org](http://www.scoliosis.org))


(14) Center for Chronic Disease Prevention and Health Promotion, Nutrition and Physical Activity, BMI for Children and Teens (online) [http://www.cdc.gov/nccdphp/dnpa/bmi/bmi-for-age.htm](http://www.cdc.gov/nccdphp/dnpa/bmi/bmi-for-age.htm)
CHAPTER 4 - IMMUNIZATIONS

SCHOOL ENTRANCE REQUIREMENTS

KRS 214.034:

(3) All public or private primary or secondary schools, and preschool programs shall require a current immunization certificate for any child enrolled as a regular attendee, to be on file within two (2) weeks of the child’s attendance. (1) (Exhibit 3B)

All parents, guardians, and other persons having care, custody, or control of any child shall have the child immunized against diphtheria, tetanus, poliomyelitis, measles, rubella, mumps, hepatitis B, and haemophilis influenzae disease in accordance with testing and immunizations schedules established by regulation of the Cabinet for Health Services.

Recommendations for Childhood and Adolescent Immunization Schedule January 2004-June 2004 revised chart approved by the Advisory Committee on Immunization Practices (ACIP) may be found in Exhibit 4A. (2) In non-graph format, from KY Department of Public Health showing the ages at which immunization doses should be administered may be found in Exhibit 4B. (3) Also included is the catch-up schedule for 2004 immunizations, (4) (Exhibit 4C) however, when in doubt, always refer back to the regulation. If you have any questions regarding immunizations, please contact the Immunization Program at (502) 564-4478.

On January 15, 2003 the Kentucky Department of Public Health Immunization Program issued a memorandum highlighting the most recent changes in the school/day care immunization requirements. A March 17, 2003 Memorandum was written and issued responding to questions about the immunization changes. A copy of the memorandum is enclosed and reflects what is on the CDC’s scheduled immunization chart as well as the revised chart from DPH. (Exhibit 4D)

Exceptions to Immunizations

KRS 214.036 identifies two situations in which a child may be exempt from immunizations:

1. A written opinion from the child’s attending physician that immunization would be injurious to the child’s health. The child must then present to the school a medical exemption certificate (EPID-230B). (Exhibit 3C)

2. The child’s parents are opposed to medical immunization against disease, and who object by a written sworn statement to the immunization of such child on religious grounds. The student must then present to the school a religious exemption certificate (EPID-230C). (5) (Exhibit 3D) However, in the event of an epidemic in a given area (KRS 214.036), the Cabinet for Health Services, may, by emergency regulation, require the immunization of all persons within the area of epidemic, against disease responsible for such epidemic.

Information for Schools Who Administer Immunizations

Not all schools administer immunizations to their students. The following information is for schools that administer immunizations. (Exhibits 4E through 4N) These guidelines are from the Department for Public Health’s Public Health Practice Reference chapter on Immunizations (2003). (6)
Exhibit 4E General Information and Recommendations on Immunizations
Exhibit 4F Guidelines for Pediatric Immunization Practices
Exhibit 4G Protocol for Routine Active Immunization of Infants and Children
Exhibit 4H Protocol for Recommended Accelerated Immunization Schedule for Infants and Children <7 Years of Age
Exhibit 4I Protocol for Immunization for Person > 7 years of Age Not Vaccinated At the Recommended Time in Early Infancy
Exhibit 4J Tetanus Wound Management Guidelines
Exhibit 4K Protocols for Spacing Live and Killed Antigen Administration
Exhibit 4L Protocol for Routine and Non-Routine Immunization
Exhibit 4M Adverse Events Following Vaccination
Exhibit 4N Invalid Contraindications To Vaccination
Exhibit 4O Quick Reference Vaccines Chart

For more information about immunizations, please refer to the National Immunization Program (NIP) Home Web Site: www.cdc.gov/nip/. Also available through this web page are information sheets that may be downloaded on all the vaccines at: http://www.cdc.gov/nip/vaccine/vac-chart-hcp.htm as well as FAQs, side-effects, vaccine safety issues, VAERS forms to report a suspected side-effect, etc. (7)

Available VIASs by Language

These Vaccine Information Sheets are available in 30 languages through the http://www.immunize.org/vis/
Recommended Childhood and Adolescent Immunization Schedule — United States, January – June 2004

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2003, for children through age 18 years. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible. A red square indicates age groups that warrant special effort to administer those vaccines not previously given. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and the vaccine’s other components are not contraindicated. Providers should consult the manufacturers’ package inserts for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form can be found on the Internet: http://www.vaers.org or by calling 1-800-822-7967.

### 1. Hepatitis B (HepB) vaccine
All infants should receive the first dose of hepatitis B vaccine soon after birth and before hospital discharge; the first dose may also be given by age 2 months if the infant’s mother is hepatitis B surface antigen (HBsAg) negative. Only monovalent HepB can be used for the birth dose. Monovalent or combination vaccine containing HepB may be used to complete the series. Four doses of vaccine may be administered when a birth dose is given. The second dose should be given at least 4 weeks after the first dose, except for combination vaccines which cannot be administered before age 6 weeks. The third dose should be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the vaccination series (third or fourth dose) should not be administered before age 24 weeks.

Infants born to HBsAg-positive mothers should receive HepB and 0.5 mL of Hepatitis B Immune Globulin (HBIG) within 12 hours of birth at separate sites. The second dose is recommended at age 1 to 2 months. The last dose in the immunization series should not be administered before age 24 weeks. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) at age 9 to 15 months.

Infants born to mothers whose HBsAg status is unknown should receive the first dose of the HepB series within 12 hours of birth. Maternal blood should be drawn as soon as possible to determine the mother’s HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than age 1 week). The second dose is recommended at age 1 to 2 months. The last dose in the immunization series should not be administered before age 24 weeks.

### 2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine
The fourth dose of DTaP may be administered as early as age 4 to 6 months but may be administered at any visit, provided at least 4 weeks have elapsed since the first dose and both doses are administered beginning at or after age 12 months. Those who have not previously received the second dose should complete the schedule by the 11- to 12-year-old visit.

### 3. Haemophilus influenzae type b (Hib) conjugate vaccine
Three Hib conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB or ComVax [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required. DTaP/Hib combination products should not be used for primary immunization in infants at ages 2, 4 or 6 months but can be used as boosters following any Hib vaccine. The final dose in the series should be given at age ≥12 months.

### 4. Measles, mumps, and rubella vaccine (MMR)
The second dose of MMR is recommended routinely at age 4 to 6 years but may be administered during any visit, provided at least 4 weeks have elapsed since the first dose and both doses are administered beginning at or after age 12 months. Those who have not previously received the second dose should complete the schedule by the 11- to 12-year-old visit.

### 5. Varicella vaccine
Varicella vaccine is recommended at any visit at or after age 12 months for susceptible children (i.e., those who lack a reliable history of chickenpox). Susceptible persons age ≥13 years should receive 2 doses, given at least 4 weeks apart.

### 6. Pneumococcal vaccine
The heptavalent pneumococcal conjugate vaccine (PCV) is recommended for all children age 2 to 12 months. It is also recommended for certain children age 24 to 59 months. The final dose in the series should be given at age ≥12 months. Pneumococcal polysaccharide vaccine (PPV23) is recommended in addition to PCV for certain high-risk groups. See MMWR 2000;49(RR-9):1-38.

### 7. Hepatitis A vaccine
Hepatitis A vaccine is recommended for children and adolescents in selected states and regions for certain high-risk groups; consult your local public health authority. Children and adolescents in these states, regions, and high-risk groups who have not been immunized against hepatitis A may begin the hepatitis A immunization series during any visit. The 2 doses in the series should be administered at least 6 months apart. See MMWR 1999;48(RR-12):1-37.

### 8. Influenza vaccine
Influenza vaccine is recommended annually for children age ≥6 months with certain risk factors (including but not limited to children with asthma, cardiac disease, sickle cell disease, human immunodeficiency virus infection, and diabetes; and household members of persons in high-risk groups [see MMWR 2003;52(RR-8):1-38]) and can be administered to all others wishing to obtain immunity. In addition, healthy children age 6 to 23 months are encouraged to receive influenza vaccine if feasible, because children in this age group are at substantially increased risk of influenza-related hospitalizations. For healthy persons age 5 to 49 years, the intranasally administered live-attenuated influenza vaccine (LAIV) is an acceptable alternative to the intramuscular trivalent inactivated influenza vaccine (TIV). See MMWR 2003;52(RR-13):1-8. Children receiving TIV should be administered a dosage appropriate for their age (0.25 mL if age 6 to 35 months or 0.5 mL if age ≥3 years). Children age <8 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by at least 4 weeks for TIV and at least 6 weeks for LAIV).

### Table: Recommended Childhood and Adolescent Immunization Schedule — United States, January – June 2004

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Age</th>
<th>Birth</th>
<th>1 mo</th>
<th>2 mo</th>
<th>4 mo</th>
<th>6 mo</th>
<th>12 mo</th>
<th>15 mo</th>
<th>18 mo</th>
<th>24 mo</th>
<th>4-6 y</th>
<th>11-12 y</th>
<th>13-18 y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td></td>
<td>HepB #1</td>
<td>only if mother HBsAg (+)</td>
<td>HepB #2</td>
<td></td>
<td>HepB #3</td>
<td></td>
<td>HepB series</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria, Tetanus, Pertussis</td>
<td>DTaP</td>
<td>DTaP</td>
<td>DTaP</td>
<td>DTaP</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenzae Type b</td>
<td>Hib</td>
<td>Hib</td>
<td>Hib</td>
<td>Hb</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Inactivated Poliovirus</td>
<td>IPV</td>
<td>IPV</td>
<td>IPV</td>
<td>IPV</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella</td>
<td></td>
<td>MMR #1</td>
<td>MMR #2</td>
<td>MMR #2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td>Varicella</td>
<td>Varicella</td>
<td>Varicella</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>PCV</td>
<td>PCV</td>
<td>PCV</td>
<td>PCV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Hepatitis A</td>
<td></td>
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</tr>
<tr>
<td>Influenza</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Range of Recommended Ages

Catch-up Immunization

Pre-adolescent Assessment

For additional information about vaccines, including precautions and contraindications for immunization and vaccine shortages, please visit the National Immunization Program Web site at www.cdc.gov/nip or call the National Immunization Information Hotline at 800-232-2522 (English) or 800-232-0233 (Spanish).

Approved by the Advisory Committee on Immunization Practices (www.cdc.gov/nip/acip), the American Academy of Pediatrics (www.aap.org), and the American Academy of Family Physicians (www.aafp.org).
# IMMUNIZATION REQUIREMENTS FOR SCHOOL, DAYCARE & HEAD START

<table>
<thead>
<tr>
<th>If a child is this age</th>
<th>These immunizations are required for attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;3 months</td>
<td>None</td>
</tr>
<tr>
<td>≥3 - &lt;5 months</td>
<td>1 DTaP or DTP; 1 IPV or OPV; 1 Hib, 1 Hep B</td>
</tr>
<tr>
<td>≥5 - &lt;7 months</td>
<td>2 DTaP or DTP, or a combination of the two (2) vaccines; 2 IPV or OPV; 2 Hib; 2 Hep B</td>
</tr>
<tr>
<td>≥7 - &lt;12 months</td>
<td>3 DTaP or DTP, or a combination of the two (2) vaccines; 2 OPV or IPV; 3 Hib&lt;sup&gt;1&lt;/sup&gt;, 2 Hep B</td>
</tr>
<tr>
<td>≥12 - &lt;16 months</td>
<td>3 DTaP or DTP, or a combination of the two (2) vaccines; 2 OPV or IPV; 3 Hib&lt;sup&gt;1&lt;/sup&gt;, 3 Hep B</td>
</tr>
<tr>
<td>≥16 - &lt;19 months</td>
<td>4 DTaP or DTP, or a combination of the two (2) vaccines; 2 OPV or IPV; 4 Hib&lt;sup&gt;1,2&lt;/sup&gt;, 3 Hep B 1 MMR ≥ 12 months</td>
</tr>
<tr>
<td>≥19 - 49 months</td>
<td>4 DTaP or DTP; 3 OPV or IPV; 4 Hib&lt;sup&gt;1,2,3&lt;/sup&gt; 1 MMR ≥12 months; 1 Varicella&lt;sup&gt;1&lt;/sup&gt;, 3 Hep B</td>
</tr>
<tr>
<td>≥49 months - &lt;5 years</td>
<td>4 DTaP or DTP, 1 on or after age 4 years; 3 OPV or IPV, 1 on or after age 4 years; 4 Hib&lt;sup&gt;1,2&lt;/sup&gt;; 1 MMR ≥ age 12 months &amp; 2&lt;sup&gt;nd&lt;/sup&gt; measles containing vaccine; 3 Hep B; 1 Varicella&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>≥ 5 years - &lt;7 years</td>
<td>5 DTaP or DTP, one or after age 4 years; 4 OPV or IPV, one or after 4 years; 1 MMR on or after age 12 months &amp; 2&lt;sup&gt;nd&lt;/sup&gt; measles containing vaccine 3 hepatitis B, 1 Varicella&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>≥7 years</td>
<td>5 DTaP, DTP, or combination of the two (2) vaccines; and a dose of Td that was preceded by two (2) doses of DTP, DTaP, DT, TT or Td or combinations. 1 dose of Td given at eleven (11) to twelve (12) years of age, if at least five (5) years has elapsed since the last dose of DTaP, DTP, TT, DT or Td. 4 OPV or IPV or combinations of the two (2) vaccines, one (1) of which shall have been administered at four (4) years of age or older; 1 MMR on or after age 12 months and for children born 10/01/90 or later, a second dose of measles-containing vaccine; and 3 hepatitis B for those born 10/1/92 or later</td>
</tr>
<tr>
<td>At 6&lt;sup&gt;th&lt;/sup&gt; grade entry</td>
<td>1 MMR on or after 12 months and 2&lt;sup&gt;nd&lt;/sup&gt; measles containing vaccine; effective Aug. 1, 2001, 3 Hep B&lt;sup&gt;4&lt;/sup&gt;</td>
</tr>
<tr>
<td>≥10 years since last DTaP, DTP or Td</td>
<td>1 Td</td>
</tr>
</tbody>
</table>

**Notes**

1. If first two doses of Hib vaccine were meningococcal protein conjugate, the third dose may be omitted and the child shall be considered as having received three (3) doses.
2. If Hib vaccine has been administered on or after 15 months of age, the child is not required to have further doses.
3. Beginning August 1, 2001; one (1) dose of varicella, unless a parent, guardian, or physician states that the child has had chickenpox disease.
4. Effective August 1, 2001 and until the 2008-2009 school year, two (2) doses of Hepatitis B separated by no less than four (4) weeks, and a third dose four (4) to six (6) months after the second dose. If an accelerated schedule is needed, the minimum interval between the second and third doses shall be eight (8) weeks. The first and third doses shall be separated by at least four (4) months.
5. Immunizations shall be administered at least at the minimum ages and intervals recommended by the ACIP.
6. Partial, split, half, or fractional quantities shall not be counted as a dose.

Source:
[http://www.education.ky.gov/KDE/Administrative+Resources/School+Health/Immunization+Requirements+for+School%2c+Daycare%2c+Head+Start.htm](http://www.education.ky.gov/KDE/Administrative+Resources/School+Health/Immunization+Requirements+for+School%2c+Daycare%2c+Head+Start.htm)  Rev. 3/03
For Children and Adolescents Who Start Late or Who Are >1 Month Behind

The tables below give catch-up schedules and minimum intervals between doses for children who have delayed immunizations. There is no need to restart a vaccine series regardless of the time that has elapsed between doses. Use the chart appropriate for the child’s age.

### Catch-up schedule for children age 4 months through 6 years

<table>
<thead>
<tr>
<th>Dose 1 (Minimum Age)</th>
<th>Minimum Interval Between Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dose 1 to Dose 2</td>
</tr>
<tr>
<td>DTaP (6 wk)</td>
<td>4 wk</td>
</tr>
<tr>
<td>IPV (6 wk)</td>
<td>4 wk</td>
</tr>
<tr>
<td>HepB(^\text{*}) (birth)</td>
<td>4 wk</td>
</tr>
<tr>
<td>MMR (12 mo)</td>
<td>4 wk(^3)</td>
</tr>
<tr>
<td>Varicella (12 mo)</td>
<td></td>
</tr>
<tr>
<td>Hib(^\text{5}) (6 wk)</td>
<td>4 wk: if first dose given at age &lt;12 mo</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>PCV(^\text{7}): (6 wk)</td>
<td>4 wk: if first dose given at age &lt;12 mo and current age &lt;24 mo</td>
</tr>
</tbody>
</table>

### Catch-up schedule for children age 7 through 18 years

<table>
<thead>
<tr>
<th></th>
<th>Minimum Interval Between Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dose 1 to Dose 2</td>
</tr>
<tr>
<td>Td:</td>
<td>4 wk</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>IPV(^\text{8}):</td>
<td>4 wk</td>
</tr>
<tr>
<td>HepB:</td>
<td>4 wk</td>
</tr>
<tr>
<td>MMR:</td>
<td>4 wk</td>
</tr>
<tr>
<td>Varicella(^\text{10}):</td>
<td>4 wk</td>
</tr>
</tbody>
</table>

1. DTaP: The fifth dose is not necessary if the fourth dose was given after the fourth birthday.
2. IPV: For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if third dose was given at age ≥12 mo.
3. Hib: All children and adolescents who have not been immunized against hepatitis B should begin the HepB immunization series during any visit. Providers should make special efforts to immunize children who were born in, or whose parents were born in, areas of the world where hepatitis B virus infection is moderately or highly endemic.
4. MMR: The second dose of MMR is recommended routinely at age 4 to 6 years but may be given earlier if desired.
5. Hib: Vaccine is not generally recommended for children age ≥2 years.
6. Hib: If current age <12 months and the first 2 doses were PRP-OMP (PedvaxHIB or Comvax [Merck]), the third (and final) dose should be given at age 12 to 15 months and at least 8 weeks after the second dose.
7. PCV: Vaccine is not generally recommended for children age ≥5 years.
8. Td: For children age 7 to 10 years, the interval between the third and booster dose is determined by the age when the first dose was given. For adolescents age 11 to 18 years, the interval is determined by the age when the third dose was given.
9. IPV: Vaccine is not generally recommended for persons age ≥18 years.
10. Varicella: Give 2-dose series to all susceptible adolescents age ≥13 years.

### Reporting Adverse Reactions

Report adverse reactions to vaccines through the federal Vaccine Adverse Event Reporting System. For information on reporting reactions following immunization, please visit www.vaers.org or call the 24-hour national toll-free information line (800) 822-7967.

### Disease Reporting

Report suspected cases of vaccine-preventable diseases to your state or local health department.

For additional information about vaccines, including precautions and contraindications for immunization and vaccine shortages, please visit the National Immunization Program Web site at www.cdc.gov/nip or call the National Immunization Information Hotline at 800-232-2522 (English) or 800-232-0233 (Spanish).
MEMORANDUM

TO: All Vaccines for Children (VFC) Providers

FROM: Victor M. Negron, Program Manager
       Immunization Program

DATE: March 17, 2003

SUBJECT: Changes to School/Day Care Immunization Requirements

On January 15, 2003, the Immunization Program issued a memorandum highlighting changes in the school/day care immunization requirements. In response to some of the questions and comments we have received, this memorandum provides additional highlights of significant changes and clarifies some of the highlights included in the January 15th memorandum.

What is the effective date of the new requirements? The amended administrative regulation became effective on December 18, 2002. However, the requirements are not retroactive, thus, children who received school physicals and immunizations prior to the effective date of the regulation do not have to be recalled to comply with the new requirements.

Were additional requirements added for Hepatitis B? Yes

- A dose of Hep B is now required for children who are at least three (3) and less than (5) months of age.
- Two (2) doses of Hep B are now required for children who are at least five (5) months and less than twelve (12) months of age.
- Three (3) doses of Hep B are now required for all children who are at least twelve (12) months of age (See exception below).

Was a new requirement added for adolescents to receive additional doses of HEP B? No, the regulation was only amended to allow adolescents 11-15 years of age the option of receiving an alternative two (2) dose series. The alternative two (2) dose hepatitis B series is only approved for children 11-15 years of age (two 10 mcg doses separated by 4-6 months completed by age sixteen). The only vaccine currently licensed for the alternative two dose series for adolescents is RecombivaxHB manufactured by Merck Vaccine Division. Please note that RecombivaxHB is not currently available through the Vaccines for Children Program.
Was an additional requirement added for DTP/DTaP and OPV/IPV for children who are at least five (5) months of age and less than seven years of age? Yes. By the time a child is seven years of age, he or she should have received five (5) doses of DTP or DTaP or a combination of the two vaccines and four (4) doses of OPV or IV or combinations of the two vaccines. If the fourth dose of DTP/DTaP was given on or after the child’s fourth birthday, the fifth dose is not required. If the third dose of OPV/IPV was given on or after the child’s fourth birthday, the fourth dose is not required.

Please clarify the Tetanus/Diphtheria (Td) Booster requirement for children 11-12 years of age. If a child is 11-12 years of age and he or she has completed the initial series, and if it has been at least five (5) years since the child received the last dose of DTaP, DTP, or DT, then a booster dose of Td should be administered. However, in the event a child received this booster dose of Td at less than 11-12 years of age, but at least five (5) years had elapsed since the last dose of DTaP, DTP, or DT, the dose is considered valid and will not have to be repeated at 11-12 years of age. Subsequent booster doses of Td should be administered every ten (10) years thereafter.

Does a “written sworn statement” for a religious exemption to the immunization requirements have to be notarized? The statute on which this requirement is based states that a parent who is opposed to immunizations may “object by a written sworn statement.” A written sworn statement may be notarized, but for the purposes of this regulation, it is not required.

When should a provisional immunization certificate expire? Provisional immunization certificates should expire 14 days after the date the next dose is required, and should not be issued for longer than one (1) year.

If a child presents with a certificate for a past immunization that does not include the full date (day, month, year) the vaccine was given, does it have to be repeated? Not, necessarily. This would be an instance where common sense would have to prevail. For example, if a child born on 1/7/03 received his or her 1st dose of DTaP on 3/9/03, the 2nd dose of DTaP on 5/03, and the 3rd dose of DTaP on 6/13/03, the second dose would be valid because more than four (4) weeks certainly had elapsed since the first dose. But, one could not be certain that four (4) weeks had elapsed between the 2nd dose and the 3rd dose. Therefore, the third dose would have to be repeated.

Does an immunization certificate have to be signed by a physician, ARNP, PA, local health department administrator? Yes, except that a physician or a local health department administrator may designate any staff member to sign the immunization certificates.

Do the different types of immunization certificates have to be on different color paper? No. Most computer-generated certificates are on white paper. For the last several years, the official
certificates provided by the state immunization program have been color coded for the convenience of provider. However, in order to decrease our printing costs, all certificates printed at the state office will now be on white paper.

**Is it true that a dose may be given up to four (4) days early?** Yes. According to the MMWR 2/8/02/Vol.51/No.RR-2, page 4, “ACIP recommends that vaccine doses administered \( \leq 4 \) days before the minimum interval or age be counted as valid.” However, since this should be the exception and not the rule, Kentucky chose not to specifically identify a 4-day leeway in the school/day care regulation. Instead, the Kentucky school/day care requirements specify that in order for a vaccine dose to be valid, it must be administered no sooner than at the minimum age and at the minimum interval between doses, as recommended by the ACIP. This may, in some instances, include a dose that was administered 4 days early. The January 15, 2003 memorandum stated that a dose must be administered no later than at the minimum age and at the minimum interval between doses, as recommended by the ACIP. The sentence should have read, **no sooner than** at the minimum age and at the minimum interval between doses, as recommended by the ACIP. *An exception to this rule occurs when administering two (2) live vaccines not given on the same clinic day. For example, MMR and varicella not given on the same clinic day must be separated by at least 28 days; the four day grace period does not apply.***

Attached for your reference is a chart showing the ages at which doses should be administered. However, when in doubt, always refer back to the regulation. If you have any questions regarding these changes, please contact the Immunization Program at (502) 564-4478.

**Enclosure**

cc:   Sharon Stumbo  
            Betty Olinger  
            Stephen Englender  
            Barry Wainscott
### General Information and Recommendations on Immunizations

See AICP Guidelines and current recommendations for schedules for all vaccines.

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>DOSAGE</th>
<th>ROUTE</th>
<th>SITES</th>
<th>PRECAUTIONS/CONTRAINDICATIONS</th>
<th>ADVERSE EVENTS</th>
<th>TREATMENT/OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP</td>
<td>0.5 cc</td>
<td>IM</td>
<td>Anterolateral thigh for infants, deltoid for children and adults</td>
<td>Contraindications: anaphylactic reaction to prior dose of DTaP or components of vaccine, encephalopathy within 7 days after vaccine. Precautions: The other listed adverse events.</td>
<td>Within 48 hours after prior dose: fever ≥ 105° F, collapse or shock-like state, or persistent, inconsolable crying lasting ≥ 3 hours. Within 3 days of prior dose: seizures. Within 7 days of prior dose: encephalopathy.</td>
<td>Use of non-aspirin products for elevated temperature. Cool compress (ice pack) to site for local reactions. Seek medical attention if adverse event(s) occur. If family history of CNS disorders, give patient acetaminophen at time of vaccination and every 4 hours for 24 hours to reduce elevated temperature.</td>
</tr>
<tr>
<td>IPV</td>
<td>0.5 cc</td>
<td>Subcu.</td>
<td>Outer aspect of arm (Anterolateral thigh for infants)</td>
<td>Anaphylactic reaction to neomycin or streptomycin. Patient pregnant.</td>
<td>Anaphylaxis</td>
<td>See protocol for Treating Anaphylactic Shock.</td>
</tr>
<tr>
<td>MMR</td>
<td>1 amp. (0.5 cc)</td>
<td>Subcu.</td>
<td>Outer aspect of arm</td>
<td>Anaphylactic reaction to neomycin or to gelatin ingestion. Immunodeficiency other than HIV-related. Patient pregnant.</td>
<td>Anaphylactic reaction.</td>
<td>See protocol for Treating Anaphylactic Shock. Antibody testing possible if status is necessary. Counsel to avoid pregnancy for 4 weeks after Injection. This vaccine is routinely given for persons born 1957 or later.</td>
</tr>
<tr>
<td>Hib</td>
<td>0.5 cc</td>
<td>IM</td>
<td>Anterolateral thigh for infants or deltoid in older children</td>
<td>Essentially none.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Kentucky Public Health Practice Reference (Jan.03)
## GENERAL INFORMATION AND RECOMMENDATIONS ON IMMUNIZATIONS

SEE AICP GUIDELINES AND CURRENT RECOMMENDATIONS FOR SCHEDULES FOR ALL VACCINES.

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>DOSAGE</th>
<th>ROUTE</th>
<th>SITES</th>
<th>PRECAUTIONS/ CONTRAINDICATIONS</th>
<th>ADVERSE EVENTS</th>
<th>TREATMENT/OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hep B</td>
<td>Varies according to exposure, age, and type of vaccine.</td>
<td>IM</td>
<td>Infants: Anterolateral thigh, deltoid if other injections are being given Adults: Deltoid</td>
<td>Anaphylactic reaction to common bakers’ yeast</td>
<td>Anaphylaxis (Rare)</td>
<td>See protocol for Treating Anaphylactic Shock.</td>
</tr>
<tr>
<td>DTaP/Hib</td>
<td>0.5 cc</td>
<td>IM</td>
<td>Anterolateral thigh for infants, deltoid for older children.</td>
<td>See: DTaP and Hib</td>
<td>See: DTaP and Hib</td>
<td>See: DTaP and Hib</td>
</tr>
<tr>
<td>PCV 7 Pneumococcal Conjugate Vaccine</td>
<td>0.5 cc</td>
<td>IM</td>
<td>Anterolateral thigh for infants, deltoid for older children.</td>
<td>Essentially none.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td>0.5 cc</td>
<td>IM</td>
<td>Anterolateral thigh for infants, deltoid for children and adults</td>
<td>Anaphylactic hypersensitivity to eggs or other vaccine components. Acute febrile illness.</td>
<td>Usually low:</td>
<td>• Use of non-aspirin products for elevated temperature, rest and fluids.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Elevated temperature</td>
<td>• Ice compress for local reactions.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Malaise</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Myalgia</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• A wheal at site of injection</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Neurologic disorders</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Anaphylaxis</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Kentucky Public Health Practice Reference (Jan.03)
<table>
<thead>
<tr>
<th>VACCINE</th>
<th>DOSAGE</th>
<th>ROUTE</th>
<th>SITES</th>
<th>PRECAUTIONS/CONTRAINDICATIONS</th>
<th>ADVERSE EVENTS</th>
<th>TREATMENT/OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPV 23 Valent Pneumococcal Polysaccharide Vaccine</td>
<td>0.5cc</td>
<td>IM or Subcu.</td>
<td>Deltoid or lateral mid-thigh</td>
<td>Anaphylactic reaction to prior dose. Children less than 2 years old. Use caution with pregnant women.</td>
<td>• Local erythema and soreness at injection site. Rarely, rash, urticaria, arthritis, arthralgia, serum sickness and adenitis. • Fever, usually low grade Anaphylaxis</td>
<td>• Use of non-aspirin products for elevated temperature, rest and fluids. • Ice compress for local reactions. • See Protocol for Treating Anaphylactic Shock.</td>
</tr>
<tr>
<td>Varicella</td>
<td>0.5cc</td>
<td>Subcu.</td>
<td>Outer aspect of arm Anterolateral thigh also acceptable.</td>
<td>Hypersensitivity to any vaccine component, including gelating. Anaphylactic reaction to neomycin. Immunodeficiency. Family history of hereditary immunodeficiency. Active untreated tuberculosis. Any active febrile infection. Blood dyscrasia, leukemia, lymphoma or other malignant neoplasms affecting the bone marrow or lymphatic systems. Pregnancy (pregnancy should be avoided for 3 months after vaccine).</td>
<td>• Local pain; redness. Mild chickenpox-like rash. • Fever</td>
<td>• Use of non-aspirin products for elevated temperature, rest and fluids. • Ice compress for local reactions.</td>
</tr>
</tbody>
</table>

Source: Kentucky Public Health Practice Reference (Jan.03)
<table>
<thead>
<tr>
<th>Guideline 1.</th>
<th>Immunization services are readily available.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guideline 2.</td>
<td>There are no barriers or unnecessary prerequisites to the receipt of vaccines.</td>
</tr>
<tr>
<td>Guideline 3.</td>
<td>Immunization services are available free or for a minimal fee.</td>
</tr>
<tr>
<td>Guideline 4.</td>
<td>Providers utilize all clinical encounters to screen and, when indicated, immunize children.</td>
</tr>
<tr>
<td>Guideline 5.</td>
<td>Providers educate parents and guardians about immunization in general terms.</td>
</tr>
<tr>
<td>Guideline 6.</td>
<td>Providers question parents or guardians about contraindication and, before immunizing child, inform them in specific terms about the risks and benefits of the immunizations their child is to receive.</td>
</tr>
<tr>
<td>Guideline 7.</td>
<td>Providers follow only true contraindications.</td>
</tr>
<tr>
<td>Guideline 8.</td>
<td>Providers administer simultaneously all vaccine does for which a child is eligible at the time of each visit.</td>
</tr>
<tr>
<td>Guideline 10.</td>
<td>Providers co-schedule immunization appointments in conjunction with appointments for other child health services.</td>
</tr>
<tr>
<td>Guideline 11.</td>
<td>Providers report adverse events following immunization promptly, accurately and completely.</td>
</tr>
<tr>
<td>Guideline 12.</td>
<td>Providers operate a tracking system.</td>
</tr>
<tr>
<td>Guideline 13.</td>
<td>Providers adhere to appropriate procedures for vaccine management.</td>
</tr>
<tr>
<td>Guideline 14.</td>
<td>Providers conduct semi-annual audits to assess immunization coverage levels and to review immunization records in the patient populations they serve.</td>
</tr>
<tr>
<td>Guideline 15.</td>
<td>Providers maintain up-to-date, easily retrievable medical protocols at all locations where vaccines are administered.</td>
</tr>
<tr>
<td>Guideline 17.</td>
<td>Properly trained individuals administer vaccines.</td>
</tr>
</tbody>
</table>

Source: Kentucky Public Health Practice Reference, Section: Immunizations
PROTOCOL FOR ROUTINE ACTIVE IMMUNIZATION OF INFANTS AND CHILDREN

- Pediatric DT (diphtheria-tetanus) requires the written order of the child’s physician.
- As of August 1, 1998, 3 doses of Hepatitis B are required for school entry at 49 months or older for any child born October 1, 1992 or later.
- Effective August 1, 2001 and through the 2008-2009 school year, all public or private primary schools shall require for sixth grade entry, two (2) doses of hepatitis B vaccine separated by no less than four (4) weeks, and a third dose four (4) to six (6) months after the second dose.
- DTaP or DT may be given between 12 – 15 months if child is off schedule. The fourth dose of DtaP or DT, must be at least 6 months after 3rd dose.
- If the first 2 Hib doses are meningococcal protein conjugate the third dose of the primary series is omitted. A booster dose is still required for children twelve months up to age five.
- IPV is the only polio vaccine available.
- MMR is usually given on same visit with DTaP and polio, but may be given before 4th birthday. As of January 1, 1997, a second dose of measles-containing vaccine was required for school entry, if child is at least 49 months of age. Children who have already entered school with only one MMR will continue to be required to have the second dose of measles-containing vaccine required prior to 6th grade entry.
- Varicella (chickenpox) is not given routinely if person is over 18 years of age. Do not give if there is a reliable history of chickenpox
- Beginning August 1, 2001, all children at least 19 months of age and less than seven (7) years of age who attend day care centers, certified family child care homes, other licensed facilities which care for children, preschool programs, and public or private schools shall have one dose of varicella vaccine, unless a parent, guardian, or physician states that the child has had chickenpox disease.

DT  Diphtheria-tetanus
DTaP  Diphtheria-tetanus-acellular pertussis
Hib  Haemophilus influenzae type b conjugate
MMR  Measles-mumps-rubella
IPV  Inactivated polio virus vaccine
Td  Tetanus and diphtheria toxoids (for use among persons ≥ 7 years of age)
Var  Varicella (Chickenpox)
PCV 7  Pneumococcal Conjugate Vaccine (7 – Valant)
Hep B  Hepatitis B

__________________________________________
M.D. Signature   Date

Source: Kentucky Public Health Practice Reference
This schedule may be used for those who start the series late or who are >1 month behind the immunization schedule.

<table>
<thead>
<tr>
<th>TIMING</th>
<th>VACCINE(S)</th>
<th>COMMENTS</th>
</tr>
</thead>
</table>
| First visit  
(1 month or more beyond recommended age) | DTaP, IPV, Hib, Hepatitis B<sup>6</sup>, Var<sup>5</sup> and MMR (the latter two should be given as soon as child is age 12-15 months) | All vaccines should be administered simultaneously at the appropriate visit. |
| Second visit  
(1 month after first visit) | DTaP, IPV, Hib<sup>1</sup>, Hepatitis B<sup>6</sup> | Beginning August 1, 2001, one (1) dose of varicella, unless a parent, guardian, or physician states that the child has had chickenpox disease<sup>5</sup> |
| Third visit  
(1 month after second visit) | DTaP, IPV, Hib<sup>1</sup> |  |
| Fourth visit  
(6 months or older after third visit) | DTaP, (Polio<sup>4</sup>), Hib<sup>1-2</sup>, Hepatitis B<sup>6</sup> | Before school entry. |
| Additional visits  
(age 4-6 years) | DTaP, IPV, MMR<sup>3</sup> |  |
| Prior to 6<sup>th</sup> grade entry | MMR<sup>3</sup> | Repeat ever 10 years throughout life. |
| Age 14-16 years | Td |  |

If a prior Hib dose has been at 15 months or older, no further Hib is given.
Must be at least 15 months old to receive the DTaP-Hib combination.
Unless 2 doses have been received previously with first dose on or after 12 months of age.
With the accelerated schedule, the 4th dose of polio is to be given between ages 4 to 6 years. If the 3rd polio is given at 4 years of age or older, a 4th dose of polio is not given.
Beginning August 1, 2001, all children at least 19 months of age and less than seven (7) years of age who attend day care centers, certified family child care homes, other licensed facilities which care for children, preschool programs, and public or private schools shall have one dose of varicella vaccine, unless a parent, guardian, or physician states that the child has had chickenpox disease.
Effective August 1, 2001 and through the 2008-2009 school year, all public or private primary schools shall require for sixth grade entry, two (2) doses of hepatitis B vaccine separated by no less than four (4) weeks, and a third dose four (4) to six (6) months after the second dose.

DT  Diphtheria-tetanus
DTP  Diphtheria-tetanus-pertussis
DTaP  Diphtheria-tetanus-acellular pertussis
Hib  Haemophilus influenzae type b conjugate
MMR  Measles-mumps-rubella
IPV  Inactivated polio virus vaccine
Td  Tetanus and diphtheria toxoids (for use among persons ≥ 7 years of age)
Var  Varicella (Chickenpox)
Hep B  Hepatitis B

_________________________  __________________
M.D. Signature                Date
# Protocol for Immunization Schedule for Persons >7 Years of Age Not Vaccinated at the Recommended Time in Early Infancy

<table>
<thead>
<tr>
<th>TIMING</th>
<th>VACCINE(S)</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Visit</td>
<td>Td(^1), IPV, MMR(^2), Hepatitis B(^4), Varicella(^3)</td>
<td>Poliovirus vaccination is not routinely recommended for persons ≥ 18 years of age.</td>
</tr>
<tr>
<td>Second Visit (1 month after first visit)</td>
<td>Td, IPV, MMR(^2), Hepatitis B(^4)</td>
<td></td>
</tr>
<tr>
<td>Third Visit (6 months after second visit)</td>
<td>Td, IPV, Hepatitis B(^4)</td>
<td></td>
</tr>
<tr>
<td>Additional Visit: Prior to 6(^{th}) grade entry or 10 years after last dose</td>
<td>Td</td>
<td>Repeat every 10 years throughout life</td>
</tr>
</tbody>
</table>

See individual ACIP recommendations for details.

1. The DTP and DTaP doses administered to children under 7 years of age who remain incompletely vaccinated at age 7 years of age or older should be counted as prior tetanus and diphtheria toxoid (e.g., a child who previously received two doses of DTaP, DTP, or DT needs only one dose of Td to complete a primary series of tetanus and diphtheria if 6 months between dose 2 and 3).

2. MMR is recommended at first visit with 2\(^{nd}\) dose being given at least 1 month later. In addition, the following persons born in 1957 or later should have documentation of measles immunity (i.e., two doses of measles-containing vaccine at least one of which was MMR, physician-diagnosed measles, or laboratory evidence of measles immunity):
   a. Those entering post-high school educational settings
   b. Those beginning employment in health-care settings who will have direct patient contact
   c. Travelers to areas with endemic measles.

3. Unless there is a reliable history of chickenpox, susceptible children less than 13 years of age receive one dose. Susceptible persons 13 years of age or older, receive two doses separated by 4 to 8 weeks.

4. Effective August 1, 2001 and through the 2008-2009 school year, all public or private primary schools shall require for sixth grade entry, two (2) doses of hepatitis B vaccine separated by no less than four (4) weeks, and a third dose four (4) to six (6) months after the second dose.

---

M.D. Signature

Date

Source: Kentucky Public Health Practice Reference
TETANUS WOUND MANAGEMENT GUIDELINES

<table>
<thead>
<tr>
<th>Vaccination History</th>
<th>Clean, minor wounds</th>
<th>All other wounds*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown or &lt;3 doses</td>
<td>Td**</td>
<td>TIG</td>
</tr>
<tr>
<td>&gt;3 doses</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>No***</td>
<td>No****</td>
</tr>
</tbody>
</table>

* Wounds contaminated with dirt, feces, soil and saliva; puncture wounds; avulsions; and wounds resulting from missiles, crushing, burns, and frostbite.

** Children less than 7 years of age will receive DT or DTaP; children seven years of age or older will receive adult Td.

*** Yes, if >10 years since last dose

**** Yes, if >5 years since last dose

There is virtually no reason to use single antigen tetanus toxoid. Tetanus toxoid should be given in combination with diphtheria toxoid, since periodic boosting is needed for both antigens.

TETANUS AND DIPHTHERIA

In order to be fully immunized, an adult, seven years of age or older, must have received at least three doses of tetanus and diphtheria or its derivatives appropriately given (at least four weeks apart). A child, under seven years of age, must have received at least four doses of DTaP or its derivatives appropriately given (the first three doses four weeks or more apart followed by a fourth dose six months or more later). If more than five years have lapsed since the last dose and the wound is a dirty one, a booster dose must be administered. If four doses of vaccine in a child or at least three doses of vaccine in an adult have not been received, tetanus immune globulin (TIG) must be given for other than clean, minor wounds. In the case of clean minor wounds a dose of vaccine (appropriate for age) should be administered if a dose has not been received within 10 years. It is recommended that vaccine be started, or continued, at the same time that TIG is administered. TIG should be available at all hospital emergency rooms and urgent treatment centers.
## PROTOCOLS FOR SPACING LIVE AND KILLED ANTIGEN ADMINISTRATION

<table>
<thead>
<tr>
<th>Antigen Combination</th>
<th>Recommended Minimum Interval Between Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 or more killed antigens</td>
<td>None. May be given simultaneously or at any interval between doses.*</td>
</tr>
<tr>
<td>Killed and live antigens</td>
<td>None. May be given simultaneously or at any interval between doses.**</td>
</tr>
<tr>
<td>2 or more live antigens</td>
<td>4-week minimum interval, if not administered simultaneously.</td>
</tr>
</tbody>
</table>

*If possible, vaccines associated with local or systemic side effects (e.g., cholera, parenteral typhoid, plague vaccines) should be given on separate occasions to avoid accentuated reactions.

**Cholera vaccine with yellow fever vaccine is the exception. At least 3 weeks should elapse between administration of yellow fever and cholera vaccine.

<table>
<thead>
<tr>
<th>M.D. Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>VACCINE</td>
<td>TIMING</td>
</tr>
<tr>
<td>---------</td>
<td>--------</td>
</tr>
<tr>
<td>Influenza</td>
<td>Annually, usually between mid-October and mid-November. May be started earlier if there are indications of earlier influenza activity. On first administration, children 6 months to 8 years of age need 2 injections at least 1 month apart.</td>
</tr>
<tr>
<td>Pneumococcal Adult PPV 23 Valent (Pneumococcal Valent)</td>
<td>Generally 1 time. A booster may be indicated for extremely high risk individuals.</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>1st dose at elected date. 2nd dose-1 month later. 3rd dose 5 months after 2nd dose. Infant must be six months old.</td>
</tr>
<tr>
<td>Varicella</td>
<td>One dose, if age at least 12 months. Two doses separated by 4 to 8 weeks, if 13 years or older.</td>
</tr>
<tr>
<td>Tetanus-diphtheria (Adult Td)</td>
<td>Booster every 10 years. All wounds – dose of vaccine if &lt;3 prior tetanus toxoid or unknown history or over 10 years since last vaccine. Wounds other than clean and minor-booster if over 5 years since last tetanus toxoid.</td>
</tr>
<tr>
<td>DTaP or its Derivatives (&lt;7 years of age)</td>
<td>Booster every 10 years. All wounds – dose of vaccine if &lt;4 doses or unknown history or over 10 years since last dose. Wounds other than clean minor-booster if over 5 years since last tetanus toxoid.</td>
</tr>
</tbody>
</table>

Source: Kentucky Public Health Practice Reference
### Hepatitis A

Check appropriate dosage (adult vs. pediatric) and schedule for vaccine being used.

1st dose must be given no earlier than 2 yrs. (24 mos.) of age
2nd dose given 6 mos. after 1st dose.

Indicated and paid for by Immunization Program for children 2-17 yrs. of age who have following conditions: traveling to endemic areas, sexually active homosexual and bisexual adolescents, injecting drug users, clotting factor disorders, chronic liver disease, including disease due to hepatitis B or C.

Indicated for others traveling to endemic areas (not paid for with Immunization Program funds.)

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>AGE AT 1ST DOSE</th>
<th>TOTAL NUMBER OF DOSES</th>
<th>DOSING INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCV 7</td>
<td>7-11 months</td>
<td>3</td>
<td>Two doses at least 4 weeks apart; third dose after 12 months of age and at least 2 months after second dose</td>
</tr>
<tr>
<td></td>
<td>12-23 months</td>
<td>2</td>
<td>Two doses at least 2 months apart</td>
</tr>
<tr>
<td>PCV 7</td>
<td>&gt;= 24 months through 5 years</td>
<td>1</td>
<td>One dose</td>
</tr>
</tbody>
</table>

_M.D. Signature ___________________ Date ____________

Source: Kentucky Public Health Practice Reference
**VACCINE ADVERSE EVENT REPORTING SYSTEM**

24 Hour Toll-Free Information 1-800-822-7967
P.O. Box 1100, Rockville, MD 20849-1100

**PATIENT IDENTITY KEPT CONFIDENTIAL**

**For CDC/FDA Use Only**

<table>
<thead>
<tr>
<th>VAERS Number</th>
<th>Date Received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PATIENT NAME:**

Last Name: ____________________________
First Name: ____________________________
M.I.: ______________________
Address: ____________________________________________
________________________________________
City: __________________  State: __________ Zip: __________
Telephone no. (____) ______________________

**Vaccine administered by (Name):** ____________________________________________

Responsible Physician: ____________________________

Facility Name/Address: ____________________________________________
________________________________________
City: __________________  State: __________ Zip: __________
Telephone no. (____) ______________________

**Form completed by (Name):** ____________________________________________

Relation: 
- [ ] Vaccine Provider
- [ ] Patient/Parent
- [ ] Manufacturer
- [ ] Other

Address (if different from patient or provider): ____________________________________________
________________________________________
City: __________________  State: __________ Zip: __________
Telephone no. (____) ______________________

**Date of birth:** mm/dd/yy

**Patient age:** mm/dd/yy

**Sex:**
- [ ] M
- [ ] F

**Date form completed:** mm/dd/yy

**Describe adverse events(s) (symptoms, signs, time course) and treatment, if any:**

**Check all appropriate:**
- [ ] Patient died (date mm/dd/yy)
- [ ] Life threatening illness
- [ ] Required emergency room/doctor visit
- [ ] Required hospitalization (________days)
- [ ] Resulted in prolongation of hospitalization
- [ ] Resulted in permanent disability
- [ ] None of the above

**Date of vaccination:** mm/dd/yy

**Adverse event onset:** mm/dd/yy

**Time:** AM/PM

**Enter all vaccines given on date listed in no. 10**

<table>
<thead>
<tr>
<th>Vaccine (type)</th>
<th>Manufacturer</th>
<th>Lot number</th>
<th>Route/Site</th>
<th>No. Previous Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Any other vaccinations within 4 weeks prior to the date listed in no. 10**

<table>
<thead>
<tr>
<th>Vaccine (type)</th>
<th>Manufacturer</th>
<th>Lot number</th>
<th>Route/Site</th>
<th>No. Previous doses</th>
<th>Date given</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Vaccinated at:**

- [ ] Private doctor's office/hospital
- [ ] Military clinic/hospital
- [ ] Public health clinic/hospital
- [ ] Other/unknown

**Vaccine purchased with:**

- [ ] Private funds
- [ ] Military funds
- [ ] Public funds
- [ ] Other/unknown

**Other medications**

**Illness at time of vaccination (specify)**

**Pre-existing physician-diagnosed allergies, birth defects, medical conditions (specify)**

**Have you reported this adverse event previously?**

- [ ] No
- [ ] To health department
- [ ] To doctor
- [ ] To manufacturer

**Adverse event following prior vaccination (check all applicable, specify)**

<table>
<thead>
<tr>
<th>Adverse Event</th>
<th>Onset Age</th>
<th>Type Vaccine</th>
<th>Dose no. in series</th>
</tr>
</thead>
<tbody>
<tr>
<td>In patient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In brother or sister</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Only for children 5 and under**

<table>
<thead>
<tr>
<th>Birth weight</th>
<th>No. of brothers and sisters</th>
</tr>
</thead>
<tbody>
<tr>
<td>lb.</td>
<td>oz.</td>
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</tbody>
</table>

**Only for reports submitted by manufacturer/immunization project**

<table>
<thead>
<tr>
<th>Mfr./imm. proj. report no.</th>
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</thead>
</table>

<table>
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<tr>
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<td>No</td>
</tr>
<tr>
<td>Initial</td>
<td>Follow-Up</td>
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</table>

---

Health care providers and manufacturers are required by law (42 USC 300aa-25) to report reactions to vaccines listed in the Table of Reportable Events Following Immunization. Reports for reactions to other vaccines are voluntary except when required as a condition of immunization grant awards.
DIRECTIONS FOR COMPLETING FORM

GENERAL

• Use a separate form for each patient. Complete the form to the best of your abilities. Items 3, 4, 7, 8, 10, 11, and 13 are considered essential and should be completed whenever possible. Parents/Guardians may need to consult the facility where the vaccine was administered for some of the information (such as manufacturer, lot number or laboratory data.)

• Refer to the Reportable Events Table (RET) for events mandated for reporting by law. Reporting for other serious events felt to be related but not on the RET is encouraged.

• Health care providers other than the vaccine administrator (VA) treating a patient for a suspected adverse event should notify the VA and provide the information about the adverse event to allow the VA to complete the form to meet the VA's legal responsibility.

• These data will be used to increase understanding of adverse events following vaccination and will become part of CDC Privacy Act System 09-20-0136, "Epidemiologic Studies and Surveillance of Disease Problems". Information identifying the person who received the vaccine or that person's legal representative will not be made available to the public, but may be available to the vaccinee or legal representative.

• Postage will be paid by addressee. Forms may be photocopied (must be front & back on same sheet).

SPECIFIC INSTRUCTIONS

Form Completed By: To be used by parents/guardians, vaccine manufacturers/distributors, vaccine administrators, and/or the person completing the form on behalf of the patient or the health professional who administered the vaccine.

Item 7: Describe the suspected adverse event. Such things as temperature, local and general signs and symptoms, time course, duration of symptoms, diagnosis, treatment and recovery should be noted.

Item 9: Check "YES" if the patient's health condition is the same as it was prior to the vaccine, "NO" if the patient has not returned to the pre-vaccination state of health, or "UNKNOWN" if the patient's condition is not known.

Item 10: Give dates and times as specifically as you can remember. If you do not know the exact time, please and 11: indicate "AM" or "PM" when possible if this information is known. If more than one adverse event, give the onset date and time for the most serious event.

Item 12: Include "negative" or "normal" results of any relevant tests performed as well as abnormal findings.

Item 13: List ONLY those vaccines given on the day listed in Item 10.

Item 14: List any other vaccines that the patient received within 4 weeks prior to the date listed in Item 10.

Item 16: This section refers to how the person who gave the vaccine purchased it, not to the patient's insurance.

Item 17: List any prescription or non-prescription medications the patient was taking when the vaccine(s) was given.

Item 18: List any short term illnesses the patient had on the date the vaccine(s) was given (i.e., cold, flu, ear infection).

Item 19: List any pre-existing physician-diagnosed allergies, birth defects, medical conditions (including developmental and/or neurologic disorders) for the patient.

Item 21: List any suspected adverse events the patient, or the patient's brothers or sisters, may have had to previous vaccinations. If more than one brother or sister, or if the patient has reacted to more than one prior vaccine, use additional pages to explain completely. For the onset age of a patient, provide the age in months if less than two years old.

Item 26: This space is for manufacturers' use only.
INVALID CONTRAINDICATIONS TO VACCINATION

The following are NOT considered appropriate reasons for postponement of vaccine administration:

- Symptoms occurring after a previous dose of DTaP vaccine that involved only soreness, redness, or swelling in the immediate vicinity of the vaccination site or temperature of <105°F (40.5°C).
- Mild acute illness with low-grade fever or mild diarrhea illness in an otherwise well child.
- Current antimicrobial therapy or the convalescent phase of illness.
- Prematurity. The appropriate age for initiating immunizations in the prematurely born infant is the usual chronologic age. (Partial doses of vaccine should never be given.)
- Pregnancy of mother or other household contact.
- Recent exposure to an infectious disease
- Breastfeeding. The only vaccine virus that has been isolated from breast milk is rubella vaccine virus. There is no substantial evidence that breast milk from women immunized against rubella is harmful to infants.
- A history of allergies or relatives with allergies.
- Allergies to penicillin or any other antibiotic, except anaphylactic reaction to neomycin (e.g., MMR or IPV) and/or streptomycin (e.g., IPV). None of the vaccines licensed in the United States contain penicillin.
- Allergies to chickens, feathers, or horses.
- Family history of convulsions in persons considered for pertussis or measles vaccination.
- Family history of sudden infant death syndrome in children considered for DTaP vaccination.
- Family history of an adverse event, unrelated to immunosuppression, following vaccination.

Source: Kentucky Public Health Practice Reference
## Quick Reference Vaccines Chart

(Quickly find information on each vaccine)

### Health Care Professionals version

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Menu of Choices</th>
<th>Vaccine Info. Sheets*</th>
<th>Contraindications</th>
<th>Clinical FAQs</th>
<th>ACIP*</th>
<th>Pink Book**</th>
<th>In the News</th>
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<td>DTaP</td>
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<tr>
<td>Hepatitis A</td>
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<td>✔️</td>
<td>✔️</td>
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<tr>
<td>Hepatitis B</td>
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<td>Hib</td>
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<td>Rabies NEW!</td>
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<td></td>
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<tr>
<td>Varicella</td>
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</tr>
</tbody>
</table>
*ACIP=Advisory Committee on Immunization Practices
**Pink Book=Epidemiology and Prevention of Vaccine-Preventable Diseases Course Textbook

Jump to:

- Current vaccine shortages and delays in distribution (includes temporary changes from routine recommendations)
- General Vaccine Chart

*Accessibility Note: Screen-reader device (text-only) versions of some of the publications above can be found as follows:

- Vaccine Information Sheets
- Pink Book**
REFERENCES CHAPTER 4

(1) KRS 214.034  Immunization of Children


(3) Kentucky Department for Public Health (March, 2003), “Immunization Requirements for School, Daycare and Head Start Memorandum”. Cabinet for Health and Human Services, Frankfort, Kentucky

(4) Center for Disease Control (2004). “Catch-up Schedule for Children and Adolescents Who Start Late or Who Are greater than one (1) Month Behind”. Available (online) @ http://www.cdc.gov/nip/recs/child-schedule.htm

(5) KRS 214.036  Exemptions to Testing or Immunization Requirements


(7) Center for Disease Control “National Immunization Program Home Page” at http://www.cdc.gov/nip/default.htm
CHAPTER 5 - COMMUNICABLE DISEASES

INFECTION CONTROL

Communicable diseases are a leading cause of childhood morbidity and school absences. Students and staff with communicable diseases, which can be transmitted directly or indirectly from one individual to another, require special consideration in the school setting.

The Occupational Safety and Health Administration (OSHA) has implemented “Final Bloodborne Pathogens Standard” which requires all schools receiving public funding to develop a Bloodborne Pathogen Exposure Control Plan. An exposure plan and training is required for each district. It is the responsibility of the local school district to develop the plan and to assure that training is provided. School nurses qualify as providers of the training or the local school district may contract with physicians, hospitals or local health departments for their training.

Written policies for the control of Bloodborne Pathogen Exposure should include the following:

- Preventive measures necessary to protect the health of all students and staff
- Written general infection control/universal precautions procedures and procedures for the immediate care of students or staff who develop a potentially communicable illness
- Address the special needs of children with chronic infectious illness which are determined to be non-contagious under normal conditions
- Exposure Control Plan which is updated at least yearly
- Education/instruction for the general school community
- Training for school staff, students, and community that is appropriate in content and vocabulary to the educational level, literacy and language background of participants
- Provision of all materials necessary to ensure employee/student access to consistent, effective hand washing.
- Continuing education/training for staff responsible for preventing and monitoring programs
- Process for reviewing the infection control program, training, standard operation procedures, management and implementation at least annually

In schools, employees who might be covered by the OSHA standard could include but are not limited to: school nurses, those certified in first aid, custodians, teachers, secretaries, coaches and special education teachers. Any school employee who has involvement with blood or body fluids or designated duties involvement with blood or body fluids or designated duties involving bloodborne pathogens should be including in the training. Training videos are available to purchase about the subject of Universal Precautions and Blood-borne Disease from Learner Managed Designs, Inc.; E-mail: Video Staff Development Resources @ http://www.lmdusa.com, or (800) 467-1644. Another video resource may be found at Coastal Technologies Corp. @ http://www.coastschools.com.
UNIVERSAL PRECAUTIONS

The following information is used with permission from the Texas Public Health Department, The Texas Guide to School Health Programs:

Anticipating Potential Contact
The most important step in preventing exposure to and transmission of infections is the anticipation of potential contact with infectious materials in routine and emergency situations. Universal precautions and infection control techniques should be used in all situations that present the hazard of infection. Diligent and proper hand washing, the use of barriers (e.g., latex or vinyl gloves), appropriate disposal of waste products and needles, and proper care of spills are essential techniques of infection control.

When using universal precautions to prevent the spread of infection, all blood and body fluids are treated as if they contain blood borne pathogens, such as human immunodeficiency virus (HIV) and hepatitis B virus (HBV). HIV and HBV can be found in:

- Blood
- Spinal Fluid
- Synovial Fluid
- Vaginal Secretions
- Semen
- Pericardial Fluid
- Breast Milk
- Peritoneal Fluid
- Amniotic Fluid
- Pleural Fluid

Hepatitis B Virus (HBV)

HBV is also found in saliva and other body fluids such as urine, vomitus, nasal secretions, sputum, and feces. It is impossible to know whether these body fluids contain blood borne pathogens; therefore, all body fluids should be considered potentially infectious. All students and staff when handling or coming into contact with any blood or body fluids should observe universal precautions.

Hand Washing

Diligent and proper hand washing is a key component of infection control. Hands should be washed:

- Immediately before and after physical contact with a student (e.g., diaper changes, assistance with toileting, or assistance with feeding);
- Immediately after contact with blood or body fluids or garments or objects soiled with body fluids or blood;
- After contact with used equipment (e.g., stethoscope, emesis basin, and gloves); and
- After removing protective equipment, such as gloves or clothing.

Procedure:

1. Remove jewelry and store it in a safe place prior to initial hand washing (replace jewelry after final hand washing).
2. Wash hands vigorously with soap under a stream of running water for approximately 10 seconds.
3. Rinse hands well with running water, and thoroughly dry with paper towels.
4. If soap and water are unavailable, bacteriostatic/bactericidal wet towelettes, or alcohol-based
   hand rubs may be used.
5. Alcohol-based hand-rubs significantly reduce the number of microorganisms on the skin, are
   fast acting and cause less skin irritation. When using an alcohol-based hand rub, apply the
   product to the palm of one hand and rub hands together, covering all surfaces of the hands
   and fingers, until hands are dry. The volume needed to reduce the number of bacteria on the
   hands varies by product.

Avoiding Contact with Body Fluids

Gloves

Direct skin contact with body fluids should be avoided as much as possible. Disposable single-use
waterproof, latex, or vinyl gloves should be available in school clinics. Vinyl gloves should be used with
students who have a latex allergy or a high potential for developing a latex allergy, such as students with
spina bifida. The use of gloves reduces the risk of contact with blood and body fluids for the caregiver as
well as to control the spread of infectious agents from student to employee, employee to student, or
employee to employee.

Gloves should be worn when direct care involves contact with any type of body fluids. Incidents when
gloves should be worn include (but are not limited to): caring for nose bleeds, changing a bandage or
sanitary napkin, cleaning up spills or garments soiled with body fluids, disposing of supplies soiled with
blood, or any procedure where blood is visible. Gloves should also be worn when changing a diaper,
catheterizing a student, or providing mouth, nose, or tracheal care. (For children who receive regularly
scheduled health care services, i.e. tracheal care or suctioning, the family should provide the gloves.)

Do Not Reuse Gloves

After each use, gloves should be removed without touching the outside of the glove and disposed of in a
lined waste container. After removing the gloves, the hands should be washed according to the hand
washing procedure.

Protective Clothing

If spattering of body fluids is anticipated, the clothing of the caregiver should be protected with an apron
or gown and the face protected with a facemask and eye goggles or face shield. The apron or gown
should be disposed of after it is used or if it can be reused, it should not be used again until it has been
laundered.

Disposal of Infectious Waste

Contaminated Supplies

All used or contaminated supplies (e.g., gloves and other barriers, sanitary napkins, Band-Aids), except
syringes, needles, and other sharp implements, should be placed into a plastic bag and sealed. This bag
should be thrown into the garbage out of reach of children or animals.
Used Needles, Syringes, and Other Sharp Objects

Needles, syringes, and other sharp objects should be placed in a metal or other puncture-proof container that is leak-proof on the bottom and sides immediately after use. To reduce the risk of a cut or accidental puncture by a needle, NEEDLES SHOULD NOT BE RECAPPED, BENT, OR REMOVED FROM THE SYRINGE BEFORE DISPOSAL. Once the container is full, it should be sealed, bagged, and kept out of the reach of children until it can be disposed of properly. Schools may choose to dispose of sharps in a closed opaque container in the general trash (as diabetics do at home) or arrange for onsite pick-up by a certified provider.

Body Waste

Body waste (e.g., urine, vomitus, and feces) should be disposed of in the toilet. If such body fluids as urine and vomitus are spilled, the body fluids should be covered with an absorbent sanitary material, gently swept up, and discarded in plastic bags.

Clean-Up

Spills of blood and body fluids should be cleaned up immediately with an approved disinfectant cleaner.

Procedure:

1. Wear gloves.
2. Mop up spill with absorbent material.
3. Wash the area well, using the disinfectant cleaner supplied in the clinics or a 1:10 bleach solution (mix 1 part household bleach, sodium hypochlorite, in ten parts of water). Replace solution daily.
4. Dispose of gloves, soiled towels, and other waste in sealed plastic bags and place in garbage, as indicated earlier.
5. Wash hands.

Routine Environmental Clean Up of Facilities

Routine environmental clean up of facilities (e.g., clinic and bathrooms) do not require modification unless contaminated with blood or body fluids. If the area has been contaminated with blood or body fluids, the area should be decontaminated using the procedure outlined above. Regular cleaning of non-contaminated surfaces, such as toilet seats and tabletops, can be done using standard cleaning solutions or the 1:10 bleach solution described above. Regular cleaning of obvious soil is more effective than extraordinary attempts to disinfect or sterilize surfaces.

Cleaning Tools

Brooms and dustpans must be rinsed in disinfectant. Mops must be soaked in disinfectant, washed and thoroughly rinsed. The disinfectant solution should be disposed of promptly down the drain.

Laundry

Whenever possible, disposable gloves and gowns should be used if contamination with blood or body fluids is anticipated. If sheets, towels, or clothing become soiled, they should not be handled more than necessary. Wash contaminated items with hot water and detergent for at least 25 minutes. Presoaking may be required for heavily soiled clothing. The most important factor in laundering clothing contaminated in the school setting is elimination of potentially infectious agents by soap and hot water.
Soiled student clothing should be rinsed using gloves, placed in a plastic bag, and sent home with appropriate washing instructions for the parents.

Accidental Exposure

Accidental exposure to blood, body product, or body fluids places the exposed individual at risk of infection. The risk varies depending on the type of body fluid (e.g., blood vs. respiratory vs. feces), the type of infection (e.g., salmonellae vs. haemophilus influenzae virus vs. HIV), and the integrity of the skin that is contaminated.

Procedure:

1. Always wash the contaminated area immediately with soap and water.
2. If the mucous membranes (i.e., eye or mouth) are contaminated by a splash of potentially infectious material or contamination of broken skin occurs, irrigate or wash area thoroughly.
3. For cuts or needle injuries, wash the skin thoroughly with soap and water.

If broken skin or mucous membranes are contaminated or a needle puncture occurs, the caregiver should document the incident and the student’s parent or guardian notified. The person who was exposed to the infection should contact his/her health care provider for further care as outlined in the recommendations by the Centers for Disease Control and Prevention (CDC).

Pregnant Women

Pregnant women are not at higher risk for infection than other caregivers provided that appropriate precautions are observed. There is, however, the possibility of an utero transmission of viral infections, such as cytomegalovirus (CMV), HIV, Varicella or HBV to unborn children.\(^{(4)}\)
REPORTABLE CONDITIONS

KRS 214.010 \(^5\) and 902 KAR 2:020 \(^6\) require health professionals to report suspected communicable disease conditions to the local health department servicing the jurisdiction in which the person suspected of disease resides or to the Kentucky Department for Public Health (KDPH). Prompt reporting of a suspected communicable disease permits health officials to exercise the appropriate measures to prevent the spread of disease. \(^7\) (Exhibit 5A)
**Kentucky Reportable Disease Form**

**Department for Public Health**

**Division of Epidemiology and Health Planning**

275 East Main St., Mailstop HS1E-C
Frankfort, KY 40621-0001

---

**Mail Form to Local Health Department**

### DEMOGRAPHIC DATA

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<td>Non-His.</td>
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### DISEASE INFORMATION

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<td>/ /</td>
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<th>If yes, # wks</th>
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### LABORATORY INFORMATION

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### ADDITIONAL INFORMATION FOR SEXUALLY TRANSMITTED DISEASES ONLY

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<td>Secondary (symptoms)</td>
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<td>Late Latent</td>
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<th>Dose</th>
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</thead>
</table>

If syphilis, was previous treatment given for this infection? | Yes | No | If yes, give approximate date and place |

---

Disease Name _________________________
902 KAR 2:020 requires health professionals to report the following diseases to the local health departments serving the jurisdiction in which the patient resides or to the Kentucky Department for Public Health (KDPH).

(Copies of 902 KAR 2:020 available upon request)

**REPORT IMMEDIATELY by TELEPHONE** to the Local Health Department or the KY Department for Public Health:
- Unexpected pattern of cases, suspected cases or deaths which may indicate a newly recognized infectious agent
- An outbreak, epidemic, related public health hazard or act of bioterrorism, such as SMALLPOX

<table>
<thead>
<tr>
<th>Kentucky Department for Public Health in Frankfort</th>
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<tbody>
<tr>
<td>Telephone 502-564-3418 or 1-888-9REPORT (973-7678)</td>
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<td>FAX 502-696-3803</td>
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**REPORT WITHIN 24 HOURS**
- Anthrax
- Botulism
- Brucellosis
- Campylobacteriosis
- Cholera
- Cryptosporidiosis
- Diphtheria
- *E. coli* O157:H7
- *E. coli* shiga toxin positive
- Encephalitis, California group
- Encephalitis, Eastern Equine
- Encephalitis, St. Louis
- Encephalitis, Venezuelan Equine
- Encephalitis, Western Equine
- *Haemophilus influenzae*
- Hepatitis A
- Listeriosis
- Measles
- Meningococcal infections
- Pertussis
- Plague
- Poliomyelitis
- Psittacosis
- Q Fever
- Rabies, animal
- Rabies, human
- Rubella
- Rubella syndrome, congenital
- Salmonellosis
- Shigellosis
- Syphilis, primary, secondary, early latent or congenital
- Tetanus
- Tularemia
- Typhoid Fever
- *Vibrio parahaemolyticus*
- *Vibrio vulnificus*
- Yellow Fever

**REPORT WITHIN ONE (1) BUSINESS DAY**
- Foodborne outbreak
- Hepatitis B, acute
- Hepatitis B infection in a pregnant woman or child born in or after 1992
- Mumps
- Streptococcal disease
- Streptococcus pneumoniae, drug-resistant invasive disease
- Toxic Shock Syndrome
- Tuberculosis
- Waterborne outbreak

**REPORT WITHIN FIVE (5) BUSINESS DAYS**
- AIDS
- Chancroid
- *Chlamydia trachomatis* infection
- Ehrlichiosis
- Gonorrhea
- Granuloma inguinale
- Hepatitis C, acute
- Histoplasmosis
- HIV infection
- Lead poisoning
- Legionellosis
- Lyme disease
- Lymphogranuloma venereum
- Malaria
- Rabies, post exposure prophylaxis
- Rocky Mountain spotted fever
- *Streptococcus pneumoniae*, drug-resistant invasive disease
- Syphilis, other than primary, secondary, early latent or congenital
- Toxoplasmosis

Influenza virus isolates are to be reported weekly by laboratories.

902 KAR 02:065 requires long term care facilities to report an outbreak (2 or more cases) of influenza-like illnesses (ILI) within 24 hours to the local health department or the KDPH.

≥ **All cases of HIV infections/AIDS are reportable to a separate surveillance system in accordance with KRS 211.180(1)b. To obtain report forms contact the HIV/AIDS Branch at (502)-564-6539.**

DO NOT REPORT ON THIS FORM.

Note: **Animal bites shall be reported to local health departments within twelve (12) hours in accordance with KRS 258:065.**
SELECTED COMMUNICABLE DISEASES

The following information has been included as resource guidelines for school districts in the development of their policies and procedures of health services.

Bites: Animal and Human

Physical Findings:
- Complaints of pain and bleeding
- The puncture wounds and/or lacerations are usually jagged
- With severe bites, pieces of tissue may be torn away.

Rabies Prophylaxis:
Bites that are unprovoked bites (especially from a dog) raise greater suspicion than if an animal is provoked or teased. The biting animal must be confined and observed 10 days; notify the health department or police of the animal bite. If the animal cannot be apprehended then rabies shots may need to be given.

Common carriers of rabies are dogs, cats, foxes, skunks, bats and raccoons. Bats carry rabies but only bite when handled. Children who touch a dead or sick bat are at small risk, but a doctor and public health department should be notified. Bites on fingers and face are more dangerous.

Prevention of Infection:
1. Open, jagged lacerations may be thoroughly irrigated and have a low infection rate. Usually no prophylactic antibiotics are required.
2. Cat bites are usually deep puncture wounds and have a high infection rate. They often require prophylactic antibiotics.
3. Human bites that break the skin have the greatest potential for infection. Transmission of Hepatitis B to both students should also be considered (consult current AAP Redbook).

Prevention of Tetanus:
Verify immunization status with student’s healthcare provider. If the healthcare provider is unavailable, follow general guidelines.

1. If the student has no previous active immunization with tetanus toxoid, encourage tetanus immune globulin plus begin series of tetanus toxoid.
2. If active immunization is 10 years ago or longer: Booster of tetanus toxoid (adult Td).
3. If active immunization is within the past five years: For mild bite-no booster. For severe bite-adult Td booster.
4. Severe, neglected, bites over 24 hours old or dirty bites-Adult Td, unless person has had one in the previous 12 months.

Management
1. Wash and irrigate with copious amounts of soap and water.
2. Apply loose dressing.
3. Topical antibiotics may be applied if approved.
4. Refer all but most minor bites (skin not broken) to physician. Record date of last tetanus.
5. Notify student’s parents of incident and treatment received.
Common Childhood Diseases Associated with Rash

For a description of common childhood diseases associated with a rash, such as: Rubeola (Measles), Rubella (German Measles), Roseola, Fifth Disease, Scarlet Fever, Scarlatina and Varicella (Chicken Pox), see Exhibit 5B. (1)

Conjunctivitis (Pink Eye)

Definition:

Inflammation and/or infection of the conjunctiva (mucous membrane lining of the eye)

Causes:

- Allergens, irritants (e.g. foreign object, dust, smoke), bacterial (staphylococcal, streptococcal, haemophilus) or viral (usually adenovirus, but also herpes simplex) infections.

Common Physical Findings:

1. Redness of sclera
2. Purulent or watery discharge
3. Itchiness: student rubs eye(s) frequently
4. Eyelids may be redden and/or swollen
5. Crusts in inner corner of eyes, especially after sleep

Physical Findings That Help Differentiate Cause:

1. Allergic: discharge remains watery, occurs bilaterally.
2. Bacterial (the most common cause of “pink eye”): purulent drainage (thick, yellow to green-yellow) and more crusting during sleep; usually begins in one eye and is spread to the other eye by hand (through rubbing), contaminated eye mascara, etc. This is contagious but usually less easily transmitted to others than viral.
3. Viral: usually less severe, watery discharge but may be thick and white to pale yellow; lasts 3-5 days. This is highly contagious but does not require antibiotics. All three types of conjunctivitis may occur with the common cold.

Management:

1. Exclusion from school: School policy should direct personnel to refer ALL cases for medical evaluation. The registered nurse may choose not to exclude those whose conjunctivitis is mild or associated with a cold or allergy. The student’s health care provider may prescribe antibiotic drops or ointment. Students may return to school when treatment has begun.
2. Discourage home treatment with old ointment or steroid drops.
3. For mild allergic or viral conjunctivitis, over-the-counter drops may be used for comfort. The student’s healthcare provider may order topical anti-inflammatory drops for significant allergic conjunctivitis.
4. Apply cool compresses for temporary relief.
5. Check visual acuity; it should unchanged from the student’s usual acuity.
6. Check the student’s fingers and nose for impetigo. Review hand washing and other measures to prevent spread of infection.
7. Refer any case with subconjunctival hemorrhage to the student’s physician.

Follow up:

Educate the student about hand washing, keeping fingers/hands away from eyes, and not to share face washcloths or eye makeup. Unused eye makeup should be discarded. (8)
Fever

Fever is a physiological response to an inflammatory or infectious process. Reasons to reduce a fever are to make the child more comfortable, or to prevent seizures in the very young child.

Description of Fever

Oral or rectal temperature of 100.4 degrees F or higher.

In most mild childhood illnesses, fever is lowest in the morning, rises in afternoon, highest in evening and night. As child begins to recover, morning temperature will be normal with fever occurring later in day.

When Should A Student Return To School After a Mild, Febrile Illness?

1. A student should remain home until they have been afebrile 24 hours after their last temperature was 101 degrees or higher. The student should be kept home one more day, even if no fever that morning.

2. If the student appears to be improving, with the highest fever less than 101 degrees the previous day, student may return if they feel good that morning, and their appetite is good.

3. Students with a fever one day who wake up the following morning normal and with good appetite may return to school. They should be seen by nurse at end of day (unless they feel ill sooner).

4. Other symptoms to consider: cough, nasal congestion, stomachache, vomiting, or diarrhea. If present, to a significant degree, advise remaining at home additional day.

Management:

1. A cool compress applied to the forehead may make the student more comfortable. Remove extra outer clothing. Encourage the student to drink plenty of fluids.

2. Follow Doctor’s instructions. Conservative parents may choose to keep child home an extra day.

3. Follow your school policy regarding OTC medications.

4. First day back at school, student should not participate in strenuous physical activity or athletic competition.

Head Lice (Pediculosis capitis)


Head lice infestation is common in the United States among children 3 to 12 years of age. Head lice are not a health hazard or a sign of uncleanliness and are not responsible for the spread of any disease. Head lice are small parasitic insects that live on the scalp and neck hairs of human hosts. Lice cannot fly or jump and are transmitted by direct head-to-head contact with an infested individual. The most common symptom is itching. Individuals with head lice infestation may scratch the scalp to alleviate itching, and there rarely may be secondary bacterial skin infection. Head lice are the cause of much embarrassment and misunderstanding, and many unnecessary days lost from school and work.

School Control Measures

Screening for nits alone is not an accurate way of predicting which children will become infested, and screening for live lice has not been proven to have a significant effect on the incidence of head lice in a school community over time. Neither has such screening proven to be cost effective. The American Academy of Pediatrics Clinical Report on Head Lice encourages the school nurse or other trained persons to check a student’s head if he or she is demonstrating symptoms, otherwise, classroom or school-wide screening should be strongly discouraged. The report goes on to say that it would be prudent to periodically provide information to families of all children on the diagnosis, treatment, and prevention of head lice. Parents should be encouraged to check their children’s heads for lice if symptomatic; school screenings do not take the place of these more careful checks.
Management on the Day of Diagnosis

Because a child with an active head lice infestation has likely had the infestation for a month or more by the time it is discovered, poses little risk to others, and does not have a resulting health problem, he or she should remain in class but be discouraged from close direct head contact with others. If a child is assessed as having head lice, confidentiality must be maintained so the child is not embarrassed. The child’s parent or guardian should be notified that day by telephone or a note sent home with the child at the end of the school day stating that prompt, proper treatment of this condition is in the best interest of the child and his or her classmates. Common sense should prevail when deciding how “contagious” an individual child may be (a child with hundreds versus a child with 2 live lice). It may be prudent to check other children who were most likely to have had direct head-to-head contact with the index child. (The index child is the one who has been found with active head lice infestation) In an elementary school, often the most efficient way to deal with the problem is to notify the parents or guardians of all children in the index child’s classroom, encouraging that all children be checked at home and treated if appropriate before returning to school the next day.

Treatment Recommendations

Permethrin 1% (Nix) is currently the recommended treatment for head lice, with retreatment in 7-10 days if live lice are seen. Instructions on proper use of products should be carefully relayed. Safety and efficacy should be taken into account when recommending any product for treatment of head lice infestation. None of the currently available pediculicides are 100% ovicidal and resistance has been reported with lindane, pyrethrins, and permethrin. Bed linen should also be laundered. Treatment failure does not equate with resistance, and most instances of such failure represent misdiagnosis/misidentification or noncompliance with the treatment regimen.

It is important to remember that proper education of students, parents, school and healthcare personnel is essential for controlling the spread of head lice.

Hepatitis

Hepatitis is a virus causing inflammation of the liver. The most common types of hepatitis are Hepatitis A (HAV), Hepatitis B (HBV) or Hepatitis C (HCV). See Exhibit 5C for description and treatment of each type of hepatitis.

Impetigo

Definition:
A highly contagious, superficial, bacterial skin infection that may be spread by direct contact or by objects contaminated with drainage.

Cause:
Primarily by strains of Staphylococcus aureus and/or Group A Streptococci. Transmitted through direct contact.

Signs/Symptoms

1. Incubation period is 2 to 5 days. Transmission of disease lasts until the lesions are dry.
2. Lesions progress rapidly from macules to vesicles (approximately 1-2 mm) to pustules.
3. Upon rupture, pustules produce a sticky, honey-colored crust.
4. Most frequently found on fingers and face, but may occur anywhere on body
5. Multiple lesions are usually present
6. Student complains of itching.
7. Impetigo may develop as a secondary infection to insect bites, abrasions, chickenpox, scabies, burns, and any break in the skin.
Management:

1. Good hand washing by teachers and children minimizes the transmission of impetigo from one child to another.
2. Gently wash with soap to remove crusts. (Bacteria live under the crusts)
3. Apply direct pressure to control any bleeding under removed crusts. Follow student’s healthcare providers’ instructions. Apply approved or individually prescribed antibacterial ointment.
4. Oral antibiotics may be prescribed for moderate to severe cases.
5. Cover with loose clean dressing.
6. Exclusion from school depends on student’s age, the ability to practice good personal hygiene, if treatment is ongoing and lesions are lightly covered while in school. Children with multiple or very large impetigo lesions may need to be excluded for at least 24 hours after treatment begins if they are very young or significantly developmentally delayed and unable to keep the area covered or if there is a great deal of skin to skin contact between them and other children.
7. Instruct student to clean fingernails well and to keep fingernails short.

Follow Up:

1. Monitor daily for continued healing process.
2. Refer student for additional treatment if cellulites, boils or fever develop.
3. Chronic infection may be the result of nasal carriage of staphylococcus. Recommend that the student or family member receive a nasal culture for repeated episodes.
4. To reduce the risk of disease or spread of infection, instruct classes on hand washing, including fingernails.

Meningitis

Meningitis is an infection of the membranes covering the spinal cord and the brain. The most common causes of meningitis include a variety of organisms such as viruses, bacteria, fungi, mycoplasma, and parasites. Aseptic or viral meningitis (meningoencephalitis) is an acute inflammation of the meninges that may or may not involve parts of the brain as well. Viral meningitis is milder and occurs more often than bacterial meningitis. Although the most common causative agents are enteroviruses, in the majority of cases no cause is determined. Severity of symptoms is determined by the extent of tissue involvement.

Common signs and symptoms:

1. Fever and chills
2. Headache, severe
3. Nausea and vomiting
4. Stiff neck (in small children, severe neck stiffness ultimately results in a characteristic arched posture)
5. Sensitivity to light (photophobia)
6. Mental status changes
7. Consciousness, decreased
8. Rapid breathing
9. Agitation/irritability
10. Poor feeding

Onset is usually gradual and may be preceded by a nonspecific febrile illness. Stupor and seizures may be noted with high fever. Patients should be hospitalized and treated with antibiotics until a bacterial or other cause is ruled out. Treatment of aseptic meningitis is symptomatic and includes antipyretics and analgesics. Intravenous fluids may be necessary in cases of anorexia or vomiting.
Bacterial meningitis is a true medical emergency and one of the most potentially dangerous infections in children. The most common causative organisms in children 2 months to 12 years of age are S. pneumoniae, N. meningitides, and H. influenza type b. Onset of symptoms is usually gradual and may be preceded by several days of upper respiratory symptoms. Increased lethargy and irritability follow. Diagnosis is made by analysis of CSF. Patients should be hospitalized for intravenous antibiotics and close monitoring of neurological status.

The bacteria causing meningitis are passed between people who are in close contact through coughing, sneezing, nasal discharge, saliva, and touching of infected secretions. It can be spread by sharing eating utensils, drinking cups, water bottles, and kissing. While household contacts are at the highest risk of contracting this illness, others sharing these exposures are at risk as well.

Infection control guidelines:

1. The best way to prevent spread of meningitis is to alert everyone that a case has occurred so that appropriate preventive treatment can begin.
2. Instruct all exposed staff and parents of the exposed student to contact their health care providers immediately.
3. Anyone having close contact with the diagnosed person (e.g., household members and friends sharing eating and drinking utensils, sharing water bottles, or kissing) in the 2 weeks prior to the onset of symptoms should take prophylactic antibiotics, to lower the risk of the spread of the disease. Treatment of all close contacts should be done within the first 2 weeks of diagnosis of the first case, but preferably as soon as possible within the first 24 hours. Deciding who is a close contact can be established by consulting with the school nurse, school physician, and/or local board of health.
4. Inform patients and staff that antibiotics do not provide absolute protection against disease. Therefore, any student or adult who develops symptoms such as fever or headache requires prompt evaluation by a health care provider.
5. Monitor the situation closely for 2 to 3 weeks. Make sure all ill students and staff are seen by their physicians and that the school is notified if another person develops meningitis. Be sure that the parents of any student who is enrolled during this period are informed about the risks so that they may take appropriate precautions.

SARS

Severe acute respiratory syndrome (SARS) is a viral respiratory illness. SARS was first reported in Asia in February 2003. Over the next few months, the illness spread to more than to a dozen countries in North America, South America, Europe and Asia.

Most patients with SARS, in the United States were exposed through foreign travel to countries with community transmission of SARS, with only limited secondary spread to close contacts such as family members and healthcare workers. Casual contact with a SARS patient at schools, other institutions, or public gatherings (e.g. attending the same class or public gathering) has not resulted in documented transmission in the United States. However, management of students exposed (i.e. through foreign travel or close contact) to SARS patients is a concern. See Exhibit 5D for the CDC’s Guidelines and Recommendations to assist schools and local health departments in the management of exposed students.

Scabies

Definition:A highly pruritic, communicable skin infection caused by a very tiny mite (Sarcoptes scabiei) that burrows under the skin. The mite lays eggs which mature in 21 days. Transmitted by direct or indirect contact of infected clothing or linens.
Signs and Symptoms:

1. Typical lesion (burrow) is a tiny, line resembling a pencil mark, which shows the path of the mite. Mite may appear as a tiny black dot at the end of the line.
2. Rash: tiny (1-2mm)
3. Location: back of hands, web of fingers, front of forearms, lower abdomen, chest, axilla, around flexor folds or clothing lines. Less common on lower legs. Rarely seen on face, midback, palms, and soles (a good diagnostic clue).
4. Intense itching, due to an allergic response to the mite.
5. Impetigo may occur as a secondary infection due to scratching.
6. Itching may persist after treatment begins but should decrease as treatment continues.
7. Diagnostic hints: Color suspected burrow and surrounding skin with purple felt marker and wipe off with alcohol. Burrow will be outlined in purple.

Treatment:

1. Objective is to eliminate the infestation. Prescription creams and lotions are applies all over the body (avoid the face).
2. The most common prescription cream is Elimite (permethrin). In severe cases, an oral antibiotic may be prescribed (ivermectin).
3. It may be necessary to treat entire family or persons who have had close contact with the infected student.
4. Instruct parent to wash clothes and bed linen at 120 degrees F or hotter.

Follow-up:

1. Assess each day or two after first treatment.
2. Watch for new lesions. A second treatment may be necessary.
3. Watch for secondary infection and refer accordingly.
4. Check siblings in school.
5. Educate staff about scabies and transmission.
6. Burrows may remain for up to 1 month.

Sore Throat (including Streptococcal Infection)

Cause:

Very common in children between ages 5-10 years old. Most commonly caused by a virus that will not respond to antibiotics. Strep throats are the most common bacterial cause of sore throats. (A toxin produced by these bacteria is responsible for the typical rash illness called Scarlet fever or Scarlatina.) Other causes of a sore throat include irritation from air pollution, allergens or sinus drainage. Laboratory tests are used to distinguish between viral and strep throat

Management of Minor Afebrile Sore Throat

1. Time is the most important healer for sore throat pain. If caused by a virus, it will disappear on its own.
2. Cold liquids and over-the-counter pain medication to treat the pain. (Aspirin should no be given to children under 15 years old for risk of Reye’s syndrome)
3. Warm, salty (1/2 teaspoon to 1 glass water) gargles
4. Warm fluids (broth; honey or lemon tea, or warm lemonade)
5. Over-the-counter lozenges or analgesic sprays (some do not advise lozenges or drops at school for safety reasons).

Physical Findings of Strep Throat
1. Sudden onset of sore throat
2. Fever (greater than 101 degrees Fahrenheit)
3. Headache and stomach pain
4. Marked inflammation of throat and tonsils; white draining patches from the tonsils

Unique Findings of Scarlet Fever:
1. Diffuse redness of cheeks and upper chest on “goose flesh” skin, the sensation of fine sandpaper.
2. The rash spreads and, in 5-10 days, skin peels. Most cases are mild, lasting a few days, but severe cases occur.
3. Two major complications: acute rheumatic fever (joints, heart) occurs in 1% of group A strep cases and acute self-limiting glomerulonephritis kidney disease) can be serious.

Infectiousness:
1. Strep is most contagious a day or two before the rash and 4-5 days after (corresponding to presence of fever).
2. Children without a rash are just as contagious and can develop the same complications.
3. About 10% of persons are healthy carriers of group A strep; they are contagious.
4. For most cases of strep infection, the source or time of exposure is not determined.

Treatment:
1. Refer for diagnosis by rapid strep test and culture.
2. If strep culture positive, monitor for a completed course of antibiotic (usually penicillin) therapy to prevent complications and spread of infection.
3. For undiagnosed cases (milder sore throat, low fever) treat symptomatically.
4. Children may return to school 24 hours after beginning antibiotic therapy.
5. Monitor for complications (high fever, joint pain, blood in the urine) and refer immediately.
6. P.E. return: if uncomplicated, may participate fully with school physical activity upon return.

Tuberculosis
Cause:
Tuberculosis (TB) is a contagious bacterial disease caused by the tubercle bacilli Mycobacterium tuberculosis. It can affect any organ of the body—although most commonly affects the respiratory tract. TB is spread through airborne transmission. Therefore, if a person infected with TB coughs, sneezes, or spits, and releases infected droplets of mucous these may be picked up by a non-infected person who then develops TB. These droplets remain viable and suspended in the air for several hours. Kissing or sharing utensils or other objects, such as books or clothing, does not spread TB. The primary stage of the infection is usually asymptomatic. Two weeks after beginning anti-TB medications, most adults no longer transmit the organism. The disease is characterized by the development of granular tumors in the infected tissues.

Signs/Symptoms:
1. Initially asymptomatic, or limited to minor cough or mild fever
2. Fatigue
3. Weight loss
4. Blood-tinged sputum
5. Fever and night sweats
6. Difficulty breathing
7. Positive PPD and a chest x-ray that is normal or reveals only granulomas or calcifications in the lung or lymph nodes
TB can lay dormant in the body for years before the disease becomes apparent. Adults and children who are more likely to progress from infection to disease include those with recent contact, immunosuppression, HIV infection or immigrants. The most common symptom is a cough, often one that lasts for weeks, and there may be a productive cough that has blood in the mucous.

Interpretation of the results depends on the size of the raised or indurated area at the site of the PPD test, typically the forearm. A reactive PPD develops a red, swollen area (induration) at the approximate area of test administration, and occurs within 48 hours of test administration. A reactive area greater than or equal to 10mm is considered positive for infection. For groups at high risk of infection, an induration greater than or equal to 5mm is considered positive. Diagnosis is confirmed by chest x-ray. Groups at high risk for TB infection and disease include:

1. Foreign-born persons from high-incidence countries;
2. Poor and indigent persons, especially in large cities;
3. Persons known to have or suspected of having HIV infection;
4. Close contacts of a person with infectious TB;
5. Present and former residents of correctional institutions;
6. Homeless persons;
7. Injecting drug users;
8. Health care workers caring for high-risk patients; and
9. Children exposed to high-risk adults

If foreign immunization records indicate the child has received “BCG” vaccines, the PPD is always positive. (Mexico is one of the foreign countries that give their infants BCG)

Treatment

Individuals diagnosed with a TB infection may be treated with oral anti-TB medication to prevent the infection from progressing to disease. Medication is usually taken once daily for approximately 6 months. Hospitalization may be indicated to prevent the spread of disease until the contagious period has resolved on drug therapy. After the contagious period has resolved, normal activity may be resumed.

School Attendance Guidelines

Students or school personnel diagnosed with suspected or confirmed TB disease should not attend or work in schools until they have begun taking prescribed anti-TB medications and their health care provider states, in writing, that they are no longer contagious (usually within two weeks of beginning medication).

Students or school personnel who have a positive TB skin test only (with a normal chest X-ray and no symptoms) do not have TB and are not contagious and should not be restricted in any way.

School Screening for TB

Mass screening of children for tuberculosis is no longer recommended. KRS 214.034 was amended effective July 15, 1998. This revised statute effectively deleted the requirement that children be tested for tuberculosis. The statute also deleted the requirement that each child-entering public school have proof of having been tested for tuberculosis prior to enrollment. This is a new revision of the TB policy. The new recommendation is to screen children for TB with a questionnaire (Exhibit 5E) to determine if they are high risk (one “yes” answer on the questionnaire) and refer children who are screened as high risk to their health care provider or local health department for further evaluation. Children should remain in school while the results of their evaluation are pending. This change reflects the current position and practice of:
Prevention Guidelines

- Develop a policy, in consultation with the local health department, for responding to cases of communicable disease. (Exhibit 5F)
- Every effort should be made to adequately educate the community through a joint effort by the schools, local health department, and the Kentucky Department for Public Health, when a case of TB disease occurs within the school population.
REFERENCES CHAPTER 5


(5) KRS 214.010. Physicians and heads of families to report disease to local board of health

(6) 902 KAR 2:020 Disease surveillance

(7) Kentucky Department of Public Health, Kentucky Reportable Disease Form [Online] Available at: http://www.chs.ky.gov/publichealth


(11) KRS 214.034 Immunization of children

CHAPTER 6 - MEDICATION ADMINISTRATION

KENTUCKY LAW

**KRS 156.502 Health Services in School Setting**

(1) As used in this section:

(a) Health services means the provision of direct health care, including the administration of medication; the operation, maintenance, or health care through the use of medical equipment; or the administration of clinical procedures. Health services does not include first aid or emergency procedures "(Note-first aid and emergency procedures will be discussed in a separate chapter)

(b) “School employee” means an employee of the public schools of this Commonwealth.

(2) Health services shall be provided, within the health care professional’s current scope of practice in a school setting by:

(a) A physician who is licensed under the provisions of [KRS Chapter 311];
(b) An advanced registered nurse practitioner, registered nurse, or licensed practical nurse who is licensed under the provisions of [KRS Chapter 314]; or
(c) A school employee who is delegated responsibility to perform the health service by a physician, advanced registered nurse practitioner, or registered nurse; and:

1. Has been trained by the delegating physician or delegating nurse for the specific health service, if that health service is one that could be delegated by the physician or nurse within his or her scope of practice; and;

2. Has been approved in writing by the delegating physician or delegating nurse. The approval shall state the school employee consents to perform the health service when the employee does not have the administration of health services in his or her contract or job description as a job responsibility possesses sufficient training and skills, and has demonstrated competency to safely and effectively perform the health service. The school employee shall acknowledge receipt of training by signing the approval form. A copy of the approval form shall be maintained in the students record and personnel file of the school employee. A delegation to a school employee under this paragraph shall be valid only for the current school year.

(3) If no school employee has been trained and delegated responsibility to perform a health service, the school district shall make any necessary arrangement for the provision of the health service to the student in order to prevent a loss of health service from affecting the student’s attendance or program participation. The school district shall continue with this arrangement until appropriate school personnel are delegated the responsibility for health care.
(4) A school employee who has been properly delegated responsibility for performing a medical procedure under Section 2 of this Act shall act as an agent of the school and be granted liability protection under the Federal Paul P. Coverdell Teacher Protection Act of 2001, Public Law 107-110, unless the claimant establishes by clear and convincing evidence that harm was proximately caused by an act or omission of the school employee that constitutes negligence, willful or criminal misconduct, or a conscious, flagrant indifference to the rights and safety of the individual harmed.


**DISTRICT RESPONSIBILITIES**

Since many students are not in the school setting for more than eight hours, many school-aged children can receive their prescribed medication at home. However, many children who take medications require that medication sometime during the school day. Medication administration is one of the most common health-related activities performed in schools today. Administering medications within the school setting has historically been the responsibility of the school nurse. However, due to the increasing number of students requiring medication administration, the school nurse must increasingly be required to delegate medication administration to unlicensed assistive personnel (UAP).

Each school district is responsible for adopting their own policy for administering medications to students. Important issues for school districts to consider regarding the administration of medications include, but are not limited to the following:

- Safe administration of the medication
- Adherence to safe nursing practice, state practice acts and the applicable state laws and regulations (Kentucky Statutes and KBN Advisory Opinions may be found in the Appendix)
- Ongoing monitoring of therapeutic benefits, adverse reactions and any side effects associated with the medication
- Appropriate communication with the student, family, school personnel and health care providers
- Proper documentation
- Use of alternative and homeopathic remedies for self-limiting conditions
- Management of both over-the-counter (OTC) medications and prescription medications
- Self-administration of medications by students and monitoring of student’s compliance of self-administration of medication
- Need for delegation and supervision of medication administration to unlicensed assistive personnel (UAP) within the school setting
- Confidentiality


GENERAL RECOMMENDATIONS FOR DISTRIBUTION OF MEDICATION TO STUDENTS

- Any medication to be administered to a student must have a signed written request/authorization from the student’s parent or legal guardian (Exhibit 6A) \(^{(3)}\).
- The written/signed authorization to administer medication must be on file in the student’s cumulative health record before any school personnel may administer medication to the student.
- The authorization to administer medication will be valid only for the current school year or until a treatment change.
- In the event of a treatment change, a new authorization form must be obtained.
- A separate authorization form must be filled out for each medication.
- The Authorization for medication administration shall include:
  1. Name of student
  2. Name, address, and telephone number of physician
  3. Name of medication
  4. Dosage and route of administration
  5. Time of day for dosage
  6. Reason medication is being administered
  7. Specify possible reactions or side effects of the medication
  8. Parents/guardian telephone numbers at home, work, and an emergency contact number
  9. Release from liability

Administration of Prescribed Medication

Prescribed medication must be sent to the school in the original labeled container and the label shall include:

  1. Name and address of the pharmacy
  2. Name of the patient
  3. Name of the prescribing practitioner
  4. Date the prescription was dispensed
  5. Expiration date of the medication
  6. Name of the medication, dosage and strength of medication
  7. Route of administration
  8. Frequency of medication \(^{(5)}\)

Administration of Non-prescribed Medication /over the counter (OTC)

- A completed authorization from the parent/legal guardian must be on file in the student’s cumulative health record (Exhibit 6B) \(^{(4)}\).
- OTC medication can be given no more than three (3) consecutive days without written orders from a health care provider. (Health provider approval is highly recommended for any OTC use.)
- Medication must be provided by the parent/legal guardian in the original container, which should include recommended dosage and directions for administration.
- An OTC medication shall not be administered beyond its expiration date.

Student Self-Medication

- In certain situations, a written physician’s authorization shall allow a student to responsibly carry self-administered medication (i.e. Epi-pen, inhaler, insulin) (KRS 158.834 and 158.836).
- A completed authorization form must be completed by the parent/guardian and physician (Exhibit 6A) and on file in the school. This authorization must be renewed each school year. \(^{(3)}\)
- Documentation from the prescribing health provider should include that:
  1. The student is capable of and has received training on administering the prescribed medication;
  2. The name and purpose of the medication;
  3. The prescribed dosage of the medication;
  4. The times at which or circumstances under which the medication may be given;
  5. The period for which the medication is prescribed
- Students may not share any medication with another student.
- Self-administered medications should be documented (as best practice) on the Student’s Daily Medication Form (Exhibit 6C).
- Notify the parent/guardian if the student uses his/her medication inappropriately or more often than prescribed.
- Advise the student’s teaching team and other appropriate staff on a need to know basis. (6)

**Medication Safety**

- First dose of any new medication should not be given at school.
- All medications should be brought to the school by a parent/guardian when possible
- Medication transported to and from home by the student must be in a sealed envelope with the student’s name on outside and given to the appropriate school personnel (school nurse or designated school personnel).
- Medication may not be administered by school personnel unless it is in its original container, with the prescription label attached (7)
- Medication shall only be administered according to the physician’s instructions on the prescription label.
- Discrepancies that exist between the instruction on the Authorization Form and prescription label shall require one of the following to resolve the difference:
  1. a new Authorization Form completed by the parent/guardian to correlate with the prescription label or
  2. a new prescription label to correspond with the existing Authorization Form
- Medications shall not be given beyond the date specified on the Authorization Form
- Medication with a lapsed expiration date on the label must not be administered (6)

**Changes in Medication**

A new Authorization for Medication Administration Form must be obtained whenever there is a need to change a medication, dosage, time and/or frequency and a new prescription bottle from the pharmacy indicating the prescription change.

**Storage and Disposal of Medication**

- All medications should be kept in an appropriately labeled, secure, locked container or cabinet accessible only to the responsible authorized school personnel. Medications requiring refrigeration shall be kept in a separate refrigerator in a supervised area or locked container that can be stored with food in a supervised area.
- For student’s receiving medication throughout the school year, it is recommended that no more than a month’s supply of medication be stored on school property.
- When a medication is no longer needed, the school should notify the parent/guardian and request that it be picked up by the parent/guardian; or sent home in a sealed envelope with the student.
- For disposal of unused or expired medication not picked up by the parent at the end of the school year: In the presence of another staff person, use the commode for safe disposal. Both parties shall date and sign the student daily medication record form to verify that the medication was destroyed. (6)
- Non-flushable items such as inhaler canisters may be placed in a sharps container. Epi-pen may also be disposed of in a sharps container.

**Documentation of Administration**

- All medication given must be documented on the Student Daily Medication Record Form. (Exhibit 6C)
• Each school district should develop policies governing medication administration and documentation and record keeping. At minimum the records should be specific to each student receiving medication and should include parental consent forms, any authorization from the student’s provider, and daily medication logs. Medication logs should contain at minimum:

1. Dose
2. Date and time of medication administered
3. Beginning and end dates of medication to be administered
4. Reason for omission

• Documentation must be done in unalterable ink and should include any significant reactions by the student to the medication administered.

• The person(s) administering the medication must sign each log. Initials are satisfactory as long as the legal full name exists elsewhere on the page. (8)

• Record omissions, absence, or refusals immediately. Record what child did or said to explain why medication not given. Notify parents/guardian in writing why medication was not given. If a student does not appear for a medication, confirm the child’s presence or absence in school. (5)

• Medication log to be filed with the student’s Cumulative Health Record at the end of the year. According to 704 KAR 4:020 the student’s cumulative health record is to be maintained throughout the child’s attendance in the school.

Medication Error (Incident)

• A medication administration error may occur when school personnel giving medication to students:

1. Gives the wrong medication
2. Gives medication to the wrong student
3. Gives the medication at the wrong time
4. Uses the wrong method of administration
5. Gives the wrong amount of medication

• When a medication administration error occurs, follow these guidelines:

1. Keep the student in the health room. If the student has already returned to class, have the student return accompanied to the health room
2. Observe the student’s status and document
3. Identify the incorrect dose or type of medication taken by the student
4. Notify the principal, supervising school nurse (if medication was given by a non-licensed personnel) and parents of the student and/or health care provider
5. If unable to contact the health care provider, contact the Poison Control Center for instructions.
   • Give the name and dose of the medication taken in error
   • Give the age and approximate weight of the student
   • Give the name(s) dose(s) and time of last dose of other medication being taken by the student if possible
6. Follow instructions from the Poison Control Center, if at all possible. If unable to complete their directions, explain the problems to the Poison Control Center to determine if the student should be transported for emergency medical care.
7. Complete a “Medication Administration Incident Report” form (Exhibit 6D). (9) All reports are to be located in a Master File with the location to be determined by the Principal or designee.

8. Errors in recording medications should be marked “void” and initialed and dated.

9. Errors due to under dosage administration:
   a) Identify student who took the incorrect dosage
   b) Contact parent/legal guardian and Principal or designee
   c) If non-licensed personnel gave medication, contact the supervising school nurse. School nurse will contact the health care provider to determine if the reminder of the dose should be omitted or administered
   d) Complete “Medication Administration Incident Report” form (Exhibit 6D)
   e) All complete reports are to be located in a Master File with the location to be determined by the Principal or designee. (10)

**Refusal to Administer Medication**

When circumstances arise that school personnel are unable to grant the request from a parent/legal guardian to administer medication to a student, a letter will be sent home with the student explaining the circumstances by which the medication was not administered. (Exhibit 6E) (11) Circumstances may include:

1. Medication was sent to school out of the original container
2. Medication is prescribed twice daily and can be administered before school and after school hours
3. Medication is prescribed three times daily and can be given before school, after school and before bedtime
4. Student has an elevated temperature
5. Student has requested medication everyday for several days
6. No written authorization on file
7. Other unusual circumstances:________________________
   (must be followed up with supervising school nurse or health care provider)

**Field Trips and Medication Administration**

If a student is attending a field trip away from school during his/her scheduled medication time, school personnel trained annually in field trip medication administration will be designated to administer the medication while on the field trip.

- The principal’s designee will notify the daily medication administrator designee of a scheduled field trip at least one week in advance.
- The day of the field trip the daily medication administrator designee will prepare the needed medication to be taken on the field trip. Steps of preparation:
  1. Each medication will be placed in a zip-lock bag in the student’s original container which should include the student’s name, name of medication, dosage, time to be given, and route to be administered. If it’s an over-the-counter medication, it should be in the original container in a zip lock bag and should have student’s name written on the container. The dosage, route, and time to administer will be found on the authorization to give medication form.
  2. A copy of the authorization to give prescription and over-the-counter medication form will be made and placed in a zip-lock bag with the medication.

*KDE HSRG pg. 139*
3. Initial the daily medication record (log) and specify PREPARED medication for field trip.

- The employee responsible to administer medication on the field trip will:
  1. Pick up the medication from the daily medication administrator designee before leaving for the field trip.
  2. Keep medication with him/her until time to give to child
  3. Upon returning from the field trip, initial daily medication record (log) and specify ADMINISTERED medication for field trip.

- If the employee does not administer medication for whatever reason, she/he is responsible to fill out and send a medication disposition letter to the child’s parent/guardian that same day and/or contact them by telephone.

**NOTE:** This is an approved time a split/slash box will occur on the medication record (log). (6)

**Medication for overnight field trip guidelines**

- Need to take a copy of each child’s medication log sheet and medication authorization form and/or copies of physician’s authorization form for: asthma, diabetes, seizure, g-tube feeding, or EpiPen. Also, if an asthmatic student is self-administering inhaler(s), you will need to take the health related notes.
- Need to sign and log initials each time child is given medication. There is a one (1) hour window to give medications (1/2 hour before or ½ hour after the time medication is due). (i.e. –med due at 1200 maybe given anytime between 11:30-12:30)
- Medication must be kept and administered by an employee that has completed the annual medication training.
- If a child does not get a medication, document in log and explain why on the log sheet. Parent/guardian should be notified by phone or in writing.
- Medication must be stored in the original prescription bottle or original over-the-counter container.
- Medication label must match the directions on the medication authorization form and log.
- Upon returning from field trip, sign the ORIGINAL medication log sheet kept at school. Each person must initial the ORIGINAL medication log for days and times medication was administered by them. You may not transcribe someone’s initials for him or her.
- If there is an error (i.e. – wrong medication, wrong dosage, allergic reaction), immediately contact the parent, school administrator, supervising school nurse, and call EMS if needed. Upon return to school, the employee must fill out the student’s “Medication Administration Incident Report” form.

**KRS 158.834** allows student(s) to carry their asthma medications if their primary care provider has written that the child has been trained on asthma medication self-administration and is responsible enough to administer himself/herself. The child must have parental and physician’s authorization form filled out for administration of medication. (6)

**ALTERNATIVE MEDICINE USE**

*(The following is excerpted from a Position Statement on Use of Alternative Medicine from the National Association of School Nurses)*
Permission Form for Prescribed Medication

TO BE COMPLETED BY SCHOOL PERSONNEL

School: ___________________________ School Year: ___________________________ Date form received: ___________________________

I/we acknowledge receipt of this Physician’s Statement and Parent Authorization: ____________________________________________

Student Name: ___________________________________________ Student age: ___________________________ Date of Birth: ___________________________

Grade: ___________________________ Homeroom/Classroom: ___________________________

TO BE COMPLETED BY PHYSICIAN OR AUTHORIZED PROVIDER

Name of medication: ___________________________________________

Reason for medication: ___________________________________________

Form of medication/treatment:

[ ] Tablet/capsule  [ ] Liquid  [ ] Inhaler  [ ] Injection  [ ] Nebulizer  [ ] Other

Instructions (Schedule and dose to be given at school):

Start: [ ] Date form received  [ ] Other, as specified:

Stop: [ ] End of school year  [ ] Other date/duration: ___________________________

☐ For episodic/emergency events only

Restrictions and/or important side effects:

☐ No restrictions

☐ Yes. Please describe: ___________________________________________

Special storage requirements:  [ ] None  [ ] Refrigerate

Other: ___________________________________________

Physician’s Signature: ___________________________________________

Physician’s Name: ___________________________________________

Date: ___________________________ Phone: ___________________________

Address: ___________________________________________

FOR SELF-ADMINISTRATION ONLY

Pursuant to KRS 158.832 to KRS 158.836 school permits a student to possess and self-administer asthma or anaphylaxis medication at school and at school-related functions upon completion of the following information by the parent/guardian and the student’s physician and waiver of liability by the parent/guardian.

This student has been instructed on self-administration of this medication: to be completed for asthmatic, diabetic or severe allergic reaction (anaphylaxis) ONLY

☐ No  ☐ Supervision required  ☐ Supervision not required

This student may carry this medication:  ☐ No  ☐ Yes

Please indicate if you have provided additional information:

☐ On the back side of this form  ☐ As an attachment

Signature: ___________________________________________ Date: ___________________________

Physician or Authorized Provider

TO BE COMPLETED BY PARENT / GUARDIAN

I give permission for (name of child) ___________________________________________ is to receive the above stated medication at school according to standard school policy. I release the ________________ School Board and its employees from any claims or liability connected with its reliance on this permission. (Parent/guardians to bring the medication in its original container.)

Date: ___________________________ Signature: ___________________________________________

Relationship: ___________________________________________

Home phone: ___________________________________________ Work phone: ___________________________

Emergency phone: ___________________________________________

Modeled after the American Academy of Pediatrics
Authorization/Parental Consent for Administering Over-the-Counter Medication
(When no nurse is available at school)

Student’s Last Name ___________________________ First Name ___________________________ MI _______
Student Number_________________________ Grade_________________________ Date of Birth ______ / ______ / ______
Allergies________________________________________________________________________

Parental Consent

I am the parent or guardian of __________________________. I give my permission for him/her to take the following over-the-medication (see below) for use when no nurse is available at the school site. I hereby acknowledge that I have read and understood the School Board Recommendations for distribution of medications to students. I hereby release __________________________ School and its employees from any claims or liability connected with its reliance on this permission and agree to indemnify, defend and hold them harmless from any claim or liability connected with such reliance.

X________________________________________________________________________

Parent/Guardian Signature ___________________________________________ Daytime Phone ____________ Date ______

Over the counter medications can be given no more than 3 consecutive days without a physicians order. (09.2241.AP1)

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<th>Student Name: Last</th>
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Reason student receiving medication

Name of medication ___________________________ Dosage ____________ Date to DC ______

Possible reactions

Form of medication

- [ ] Tablet
- [ ] Pill
- [ ] Capsule
- [ ] Liquid
- [ ] Inhalant
- [ ] Other

Feedback required

- [ ] Yes
- [ ] No

How often

MCBE 2 (07-02)
SAMPLE MEDICATION ADMINISTRATION DAILY LOG

School Year: ________________  Name of Student: _____________________________________________________________________________
Date of Birth: _____________________________  Sex: ______  Grade/Homeroom: __________________________________________________
Name of School: _______________________________________________________________________________________________________
Name and Dosage of Medication: __________________________________________________________________________________________
Route ______________________  Frequency: _______________________________  Times in School: ______________________________
Health Care Provider Name/Number: _______________________________________________________________________________________
Emergency Contact Name/Number: ________________________________________________________________________________________

Directions: Initial with time of administration. A complete signature and initials of each person administering medications should be included below.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |

| Initial (of person administering medication) | Signature | Initial (of person administering medication) | Signature |

Codes

(A) Absent
(0) No show
(E) Early Dismissal
(W) Dosage withheld
(F) Field Trip
(X) No school
(N) No medication available
(S) Self-administered

Source: Texas School Health, *The Texas Guide to School Health Programs*
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Madison County Board of Education

Medication Administration Incident Report

Name of school: ___________________________ Date: ________ Time: ________

Name of student: ___________________________ Birth Date: ___________ 

Name of person administering medication: ____________________________

Name of medication and dosage: ____________________________

Describe circumstances leading to error:

______________________________________________________________

______________________________________________________________

Describe actions taken:

______________________________________________________________

______________________________________________________________

Persons notified of error: (include name and title)
School Nurse: (if applicable) ____________________________
Principal: ____________________________
Parent or guardian: ____________________________
Physician: (if applicable) ____________________________
Other: ____________________________

Signature of person completing report: ____________________________

Signature of Reviewer: ____________________________ (School Nurse)

Follow-up information (if applicable) ____________________________

______________________________________________________________
Madison County Board of Education

Refusal to Administer Medication

Date: ____________________

Dear Parent,

You have requested school personnel to administer medication to your child,

________________________________________________________ during school hours.

Name of Child

After reviewing the school medication policy, we cannot give this medication to your child for reason(s) checked below:

1. Medication received without written authorization.
2. Medication was not sent to school in the original container.
3. Medication prescribed twice daily can be administered before and after school hours.
4. Medication prescribed three times a day can be given before school after school and at bedtime.
5. Student has an elevated temperature which is ______ today.
6. Student has had medication every day for ______ days. We cannot continue to administer medication for longer than designated on bottle.
7. Complaints of the student include: ________________________________

8. Other ________________________________

Should your child’s health care provider feel that your child needs this medication during school hours, medication will be given after receiving written request form from the prescribing physician or other authorized health provider.

Providing protection for students as well as our staff is of utmost importance as we endeavor to administer medication at school. You may talk to the nurse by calling the school.

Thank you for your cooperation in this matter.
ALTERNATIVE MEDICINE USE

(The following is excerpted from a Position Statement on Use of Alternative Medicine from the National Association of School Nurses)

Alternative and complementary medicine includes products or practices not currently used, accepted or available in conventional medicine. Alternative medicine is any practice that is available to the public but not integrated into standard medical practice. Complementary medicine implies that the practice could be applied along with conventional medical care. Herbals (also called botanicals, dietary or nutritional supplements) are products that can be purchased without a prescription (over-the-counter). These products have been unregulated by the U.S. Food and Drug Administration (FDA) until recently. Current regulations apply only to product label information.

Currently there are no standardized dosing guidelines, particularly for children's safe use of herbal products. Consumers may believe that a product marketed as "all natural" or "not a drug" is a treatment with no risk of side effects or less costly that a prescription drug. Health care professionals should not administer to children any substance for whose safety is not established. At present, herbal products are not fully regulated and may not be sold unless the FDA can prove there is a danger.

Parents may request that school staff administer herbs and other alternative medicines (with or without a physician's statement): 1) in accordance with the school's policy on over-the-counter medicines, or 2) apart from the policy by suggesting that the product is a food and not subject to any restriction. The National Association of School Nurses recommends that school districts have written policies and procedures that focus on student safety and are consistent with state laws, state nursing practice standards, established safe practices, and scientific information.

Requests to administer or permit a student to carry a substance for relief of a condition or symptom or prevention of a health-related concern should be regarded as a medication request. The position of the National Association of School Nurses is that school policies should not permit students to carry nor permit a school nurse or other staff to administer any product that could be considered a drug, including "natural remedies," herbs, vitamins, dietary supplements, homeopathic medicines, or medications from other countries, without the following:

1. A written order from a health care provider authorized to prescribe that includes the condition for which the product is being used
2. A written request from the parent/legal guardian
3. Verification that the product and requested dosage are safe for the student (considering age, body weight, and condition)
4. Reasonable information about therapeutic and untoward effects and interactions

Policies regarding administration or carrying of any medication or product should be applied consistently with all students. Policies should not prohibit parents/legal guardians from administering the product at school themselves. (123)
GUIDELINES FOR ADMINISTERING MEDICATION

Five “Rights” of Medication Administration:

1. **Right Student**-Properly identify student. (Hint: Rather than asking student “Are you Jane Doe?” before administering the medication, ask the student instead to state their name)
2. **Right Time**-Administer medication at the prescribed time. This can usually be within 30 minutes on either side of the designated time unless otherwise specified by the provider or the pharmacist
3. **Right Medication**-Administer the correct medication. Check 3 times - see procedure for medication administration below
4. **Right Dose**-Administer the right amount of medication
5. **Right Route**-Use the prescribed method of medication administration

Follow School District Policy for Administering Medications to Students. This procedure should be preformed with as little interruption as possible to avoid errors:

1. Wash hands. Administration of medication is a clean (not sterile) procedure.
2. Verify authorization. Check the label. Seek help for questions and dose.
3. Gather necessary items.
4. Prepare and give medications in a well-lit area.
5. Check the label for name, time, medication, dose, and route when picking up the medication bottle.
6. Prepare the correct dosage of medication without touching medication if possible.
7. Check the label for name, time, medication, dose, and route while preparing the correct dose.
8. Check the label for name, time, medication, dose, and route before returning the container to the locked cabinet.
9. Do not leave medication unattended or within reach of the student.
10. Identify the student. Ask the student to say his/her name. Nonverbal students may need third party assistance with identification.
11. If the student questions the right medication, stop, and verify the medication against records or with parents.
12. Ask and observe the student for any unusual behaviors or conditions prior to medication administration. If any noted, do not give the medication. Report the behavior immediately to supervisor or school nurse and record.
13. Explain procedure to student.
14. Position the student properly for medication administration.
15. Provide equipment and supplies as needed.
16. Administer the correct dose of medication to the correct student, at the correct time, by the correct route.
17. Observe student placing medication in his/her mouth, when applicable.
18. Record as soon as possible name, time, medication, dose, route, person administering the medication, and any unusual observations.
19. Clean, return, and/or dispose of equipment as necessary.
20. Wash hands.

*The following information on medication administration is used with permission from the Texas Public Health Department, The Texas School Health Guidelines:*

Procedures for Administering Oral Medications

1. Oral bottled medication:
2. Remove bottle cap and hold the cap in one hand and the bottle in the other hand.
3. Pour the prescribed dose into the cap. Do not touch the pill/tablet/capsule.
4. Transfer medication from cap to a clean medicine cup and give to student.
5. Give with a full glass of water unless otherwise indicated. Follow special label instructions (e.g. take with milk).
6. Recap bottle and return it to locked cabinet.
7. If a student is to receive part (i.e., ½) of a pill as a regular dose, be sure parent or pharmacist cuts the pills if a school nurse is not available to do so.

Oral individually wrapped medications (“blister packs”):
1. Remove or tear off number needed and place package in a medicine cup.
2. Remove and transfer to cup when student takes medication.
3. Follow above steps for oral bottled medication.

Oral liquid or powders:
1. Shake medication per label instructions.
2. Pour liquid from side of bottle opposite the label (hold label in palm of hand) into graduated medicine cup to avoid dripping medicine on label.
3. Pour medication at eye level and directly in front of eyes in order to get the correct dose.
4. Measure the dosage at the bottom of the disc (meniscus).
5. Wipe off any medication on the outside of the container.
6. Be certain that medication does not cling to cup or spoon to ensure that student received proper dosage.
7. Use calibrated medicine dropper or syringe to measure small amounts of liquid.
8. Hold medicine dropper at right angle to cup to measure drops.
9. With dropper or syringe, squirt medicine to back and sides of the student’s mouth in small amounts. Do so slowly, allowing the student to swallow.
10. With nipple: pour medicine into the nipple after it has been measured. Allow the student to suck the medication from the nipple. Follow with a teaspoon of water from the nipple.
11. Pour liquid medications into separate containers unless otherwise ordered.
12. Give cough syrup undiluted and do not follow with water.

Problems with oral medication administration:
1. Refusal of medication:
   a. Record on medication sheet.
   b. Report to school nurse, parent, and/or principal.

2. Vomiting after medication administration:
   a. Record medication and dosage administration time, time of vomiting, and whether or not medication was present in the vomit.
   b. Report to school nurse, parent, and/or principal.

3. Suggestions for students with difficulty swallowing
   a. Position student in an upright position. (Hint: flexing the student’s neck, rounding the shoulders, and positioning the student in a slightly forward or flexed position may achieve relaxed
   b. Give one medication at a time with adequate fluids.
   c. Place medication on back of tongue.
   d. Give medication slowly.
   e. Watch for choking. Placing the student in a relaxed position will lessen the chance of this.
   f. Verify that the student swallowed the medication.
   g. Give medication with other food or crushed if directed by provider or pharmacist.
Procedures for administering skin (topical) medications:

1. Gather necessary equipment, such as tongue blade, gauze, tape, cleansing material, cotton-tipped applicator, or gloves.
2. Note condition of affected area. If unusual, report before applying medication.
3. Cleanse skin gently with soap and water, removing previously applied medication in a thin layer or as ordered.
4. Record any changes seen in skin area treated. Notify school nurse, parent, and/or principal of any change.
5. Cover with gauze or other skin protector as ordered on label of medication.

Procedures for administering eye drops and ointment:

Use only preparations labeled for ophthalmic use.

1. Gather necessary equipment: cotton gauze, tissue, and gloves.
2. Observe affected eye for any unusual condition and report before administering medication.
3. If needed, cleanse eye with gauzy square of cotton, wiping once from inside to outside. Use clean cotton ball for each eye.
4. Position student with head tilted back and eyes looking up, lying down if possible.
5. Open eye to expose conjunctival sac (lower inside lid).
6. Approach eye from outside the field of vision. Avoid touching the dropper tip to anything, including eye, to reduce contamination of the medication.
7. Hold the dropper approximately one inch from the eye. Drop the medication gently into the corner of the eye, not on the eyeball. Wait 1-5 minutes between instillations if more than one drop is ordered.
8. Gently close eye. Ask student to keep eye closed for a few minutes.
9. Blot excess medication with a clean cotton ball or tissue.
10. For ointment: pull lower lid down, apply ointment along edge of lower eyelid from the nose side of the eyelid to the opposite side. Avoid touching tip of medication container to the eye to avoid contamination of the medication.

Procedures for administering eardrops:

1. Gather necessary equipment: cotton balls, tissue, and gloves.
2. Position student:
3. If lying flat on a cot, turn face to opposite side
4. If sitting, tilt head sideways until ear is horizontal
5. Cleanse entry to ear canal with clean cotton ball as needed.
6. Observe affected area for any unusual condition. Report to nurse, parent and/or principal.
7. Straighten the ear canal: pull outer ear gently down and back (ages 3 and under) or up and back (children over 3).
8. Drop the medication inside the ear canal. Avoid the dropper touching anything, including the ear, to reduce risk of contamination of the medication.
9. Instruct the student to maintain the required position for at least one minute.
10. Gently rub the skin in front of the ear to assist the medication to flow to the inside of the ear.
11. If the other ear is to be treated, repeat the procedure after 1 minute.
12. Loosely place a cotton ball in the ear as ordered.
Procedures for administering rectal medications (suppositories):

1. Place student in side-lying or prone position (on stomach).
2. Lubricate suppository with water-soluble gel (i.e., K-Y-Jelly).
3. Using a finger cot or glove, gently insert the suppository into the rectum.
4. Do not insert finger more than ½ inch.
5. Hold buttocks together for 5-10 minutes. This will help to prevent quick expulsion of the medication, enhancing absorption.
6. Maintain privacy at all times for these students especially!

Procedures for administering enzyme replacement therapy:

(Used with student with cystic fibrosis to provide pancreatic enzymes).

1. Enzymes should be given prior to a meal or snack.
2. Microspheres or microtablets should not be crushed or chewed.
3. For infants and small children, the capsules should be broken open and mixed with a lower pH food, such as applesauce, (these enzymes should dissolve in the higher pH environment of the intestines, they are coated with an enteric coating that prevents the enzyme from being dissolved until it reaches the intestine. Crushing or chewing may disrupt the coating, risking improper absorption).

Procedures for administering aerosol/nebulizer therapy:

1. Gather equipment and place on clean surface.
2. Wash your hands.
3. Connect the small tubing to the air outlet and to the nebulizer cup.
4. Put the medications in the medication cup. (Include dosages)
5. Replace top on cup and connect the mask or mouthpiece.
7. Turn machine on.
8. Have child take slow breaths.
9. Observe for side effects.
10. Stop the treatment when mist is no longer seen.
11. Encourage child to cough.
12. Take equipment apart.
13. Clean cups, tops, masks, mouthpieces, syringes, and medication cup with warm, soapy water.
15. Rinse each piece in running tap water.
16. Allow to air dry completely.
17. Put equipment pieces together and place in plastic bag.

Procedures for Use of a Metered Dose Inhaler (MDI) with a Spacer:

(Areochamber, Optichamber)

1. Remove the caps from both the inhaler and spacer. Look inside the Spacer to check that it is empty and clean.
2. Shake the inhaler 4 to 5 times and then place the mouthpiece of the inhaler into the soft rubber ring at the open end of the spacer. (Some inhalers may come with a spacer attached.) Take one breath in and one breath out.
3. Place the spacer mouthpiece between the lips.
4. Press down on the inhaler canister one time to release one puff of the medicine into the spacer. Then breathe in slowly and deeply.
5. Hold your breath while you slowly count to 10.
6. Take the mouthpiece out of your mouth and breathe out slowly.
7. Wait 1 minute between puffs. Repeat steps 2 to 5 for second puff of medicine.

**Procedure for Use of Metered Dose Inhaler (MDI) with a Spacer and Mask**

1. Remove the caps from the inhaler and spacer. Look inside the spacer to make sure it is empty and clean. Shake the inhaler 4 to 5 times.
2. Insert the mouthpiece of the inhaler into the soft rubber ring at the end of the spacer.
3. Place the mask gently over the child’s face so that the mouth and nose are covered. Be certain that there is a good seal. The child may breathe in and out comfortably while the mask is held in place.
4. Press down on the inhaler canister to release one puff of the medicine into the spacer. Keep the mask on the child’s face and watch him/her take 6 breaths in and out.
5. Wait 1 minute between puffs, then shake the spacer and inhaler. Repeat steps 3 and 4 again for second puff of medicine.

**Procedure for Use of The InspirEase (Spacer):**

1. Connect the mouthpiece to the bag by lining up the locking tabs on the mouthpiece with the opening on the bag. Push in gently and twist to lock. Then gently open the bag to its full size.
2. Remove the medicine canister from the plastic cover. Shake the canister 4 to 5 times. Put the canister into the top of the mouthpiece.
3. Put the mouthpiece in mouth and close lips tightly around it. Press down on the canister to release the first puff of medicine into the bag.
4. Breathe in slowly and deeply. If you hear a whistling sound, you are breathing in too quickly and need to slow down. Keep breathing in until the bag collapses all the way. Hold breath while counting to 10 slowly. Then breathe out slowly into the bag. Keep the mouthpiece in mouth and then take another slow, deep breath. Hold breath while counting to 10 slowly.
5. Take the mouthpiece out of the mouth and then breathe out.
6. Wait 1 minute between puffs. Repeat steps 2 to 5 for second puff of medicine.
7. Do not wash/clean the bag. Replace the bags once a month. Clean mouthpiece as per manufacturer’s instructions.

*KDE HSRG pg. 146*
School nurses and other personnel administering medication may need to administer prescribed psychotropic drugs to students in schools. The majority of disorders for which a student may be treated with psychotropic or psychoactive medications are disorders for which behavioral or psychotherapy is an integral part of the treatment.

The most common disorders for which nurses might encounter a prescribed psychotropic medication are: depression, attention deficit-hyperactivity disorder (ADHD), anxiety, bipolar disorder (manic-depression), and phobias. It is vital that school nurses and other personnel be familiar with these disorders and their treatment because, like other medical conditions, treatment of psychiatric and psychological disorders “is essential…so that (students) can be free to develop necessary academic and social skills”.

The following is a brief review of the psychotropic medications that schools and nurses will most likely encounter. The use of these drugs is increasing in children and adolescents. It should be noted, however, that pediatric use of many of these medications is not yet specifically approved by the Food and Drug Administration (FDA). Such approval requires demonstrated safety and efficacy, and studies of long-term use of these medications by children do not yet exist. This means that important clinical information, such as the kinds of side effects most likely to occur, is being extrapolated from studies of adult use. Children and adolescents may experience a medication differently from adults. Nurses and school personnel who administer and monitor these medications should have regular contact with the child’s psychiatrist or prescribing provider in order to be more fully aware of what they should expect (in terms of effect, behavior, etc.). This is especially important since many of these drugs are not “approved” to be used either in children or for the disorder for which they are being prescribed (e.g., antihistamines for ADHD, antidepressants for anxiety, or antipsychotics for aggressive behavior).

Antidepressants (Depression)
The newest class of anti-depressants are called selective serotonin reuptake inhibitors, usually referred to as SSRIs. Commonly prescribed brand names include Prozac (fluoxetine), Paxil (paroxetine), and Zoloft (sertraline). These medications act in the brain on a chemical messenger called serotonin. A decreased amount of this neurotransmitter in the bloodstream is believed to be one cause of depression; these medications regulate its “reuptake” by the brain, allowing for greater amounts in the bloodstream. These medications may not have a noticeable effect on mood for the first six weeks after beginning administration. However, changes in brain chemistry begin after the first dose. Users of SSRI’s sometimes report feeling slightly nauseated or jittery with initial use; these symptoms usually resolve in a few weeks to a few months. Chronic side effects, however, are often an indication that a different drug is in order. A medication change will usually be to a different SSRI, since both the efficacy and the side effects can vary widely among users. Older antidepressants fall into one of two classes-tricyclics (TCAs) (i.e., Elavil) and monoamine oxidase inhibitors (MAOIs) (i.e. Phentelzine). These drugs also act to regulate the availability of neurotransmitters thought to affect mood-the monoamines, serotonin and norepinephrine. While SSRIs work primarily on regulating only serotonin, TCAs and MAOIs act on both serotonin and norepinephrine simultaneously. This dual action can mean a better antidepressant effect for the patient. However, the majority of these medications have dietary restrictions or side effects that make them difficult to tolerate. Users of MAOIs must avoid foods containing tryptophan (turkey, chocolate, warm milk) and tyramine (yeast, cheese, ripe fruit). Side effects can include GI symptoms, palpitations, and drowsiness. TCA side effects include extrapyramidal symptoms risk and a dry mouth.

Antianxiety Medications (Anxiety, Phobias)
Many health care providers prescribe antianxiety medications for anxiety disorders. However, these are specific medications available for anxiety. Anxiolytics, including benzodiazepines (valium, or Zanax), are high-potency, and relieve symptoms quickly and have few side effects other than drowsiness. The biggest risk from this class of drug is developing tolerance, which can lead to dependence or a need for progressively higher dosages. Because of this, they tend to be used for short periods of time. In the case of panic disorder they can be prescribed for six to twelve months. Withdrawal symptoms can occur after any length of usage. Other anxiolytics include azipirones (Buspar), which do not have the tolerance problems of the benzodiazepines, but can take several weeks to take effect. Side effects include dizziness, headaches, and nausea.

Beta-blockers (such as propanodol) have also been used to treat anxiety, particularly social phobia. They may be used only if they are needed in particularly feared situations (such as public speaking) in order to prevent
symptoms of nervousness (palpitations, shaking hands, etc).

Mood Stabilizers (Bipolar Disorder)

Lithium carbonate is a naturally occurring salt that has been used successfully for decades to calm mania and prevent mood cycling. It is most commonly prescribed for a student with bipolar disorder. Most adults with bipolar disorder do very well, but this medication is not as useful with children. The most common side effect is a dry mouth and increased thirst, due to its salt properties.

Anticonvulsants

Depakote (devalproex sodium, valproic acid) is prescribed for children whose disorder includes rapid mood cycling. Tegretol (carbamazepine) has anti-aggressive properties and is therefore useful in treating frequent rage attacks. Side effects to these drugs can include drowsiness/sedation, weight gain, and GI symptoms. New anticonvulsants being used with children include: Neurontin (gabapentin), Lamictal (lamotrigine), Topamax (topiramate), and Gabitril (tiagabine). Of these, Gabitril is the only one the FDA approval specifically for adolescents and is also being used frequently in children.

Stimulants (ADHD)

Cerebral stimulants, used for children with attention deficit hyperactivity disorder (ADHD), are usually considered quite safe. These drugs include Ritalin (methylphenidate), Cylert (pemoline), and Dexdrine (dextroamphetamine). These medications seldom make children “high” or jittery, nor are the sedatives. Instead, stimulants help children control their hyperactivity, inattention, and other behaviors. Side effects include nervousness, insomnia, palpitations, and anorexia.

Different providers use the medications in slightly different ways. Cylert is a long acting medication with a duration of 5 – 10 hours. Ritalin and Dexedrine are short-term medications with a duration of 3 – 4 hours, although longer-term preparations are available that can last through the school day. The short-term dose is often more practical for children who need medication only during the school day or for special situations, like attending church or a prom or studying for an important exam. The sustained-release dosage frees the child from the inconvenience or embarrassment of going to the office or school nurse every day for a pill. The health care provider can help decide which preparation to use and whether a child needs to take the medicine during school hours only or also on evening and weekends.

Nine out of ten children improve on one of the three stimulant drugs. So if one does not produce the desired effect, then others should be tried. Usually a medication is used on a trial basis for at least a week before the decision to continue or change to another drug is made. Sometimes, changing the dosage of the medication is enough to produce the desired effects.

Other types of medication may be used to treat ADHD if the stimulants are ineffective or the side effects are too uncomfortable for the child or parent. Children with ADHD may exhibit a comorbidity disorder, often depression or anxiety. Some medications may treat both disorders or it may be necessary to give a medication specific to each disorder. Antidepressants and other medications may be used to help control accompanying depression and anxiety. In some cases, antihistamines may be tried. Clonidine, a medication frequently used to treat hypertension in adults, may be effective in children with both ADHD and Tourette’s Syndrome. Although stimulants tend to be more effective, Clonidine may be tried when stimulants are ineffective or cause too many side effects. Clonidine can be administered either by pill or by skin patch; possible side effects include drowsiness/sedation, dry mouth, and/or constipation.

As with any medication used in schools, psychotropic drugs should be administered only with written parental request and only from the original and properly labeled container. Changes made to the student’s treatment should be discussed with the school nurse.

Antipsychotic Medication

Antipsychotic medications can be helpful in controlling psychotic symptoms (delusions, hallucinations) or disorganized thinking. These medications may also help muscle twitches (‘tics”) or verbal outbursts as seen in Touret’s Syndrome. They are occasionally used to treat severe anxiety and may help reduce very aggressive
behavior. Examples of traditional antipsychotic medications include: Chlorpromazine (Thorazine), Thioridazine (Mellaril), Fluphenazine (Prolixin), Trifluoperazine (Stelazine), Thiothixene (Navane) and Haloperidol (Haldol). Newer antipsychotic medications include: Clozapine (Clozaril), Risperidone (Risperdal), Quetiapine (Seroquel), Olanzapine (Zyprexa), and Ziprasidone (Zeldox)
EMERGENCY MEDICATIONS

The Kentucky Board of Nursing in Advisory Statement: AOS #87-15 Supervision and Delegation, p.4 footnote 2 states: “For intervention in life-threatening situation, a registered nurse may teach and delegate to non-nurse school employees the preparation and administration of injectable glucagons, epinephrine hydrochloride (using an administration system such as “Epi-Pen”) and diazepam suppository. The medications should be given according to written established policies and procedures of the school system.”

Students and faculty/staff in Kentucky schools may have or may develop life-threatening allergies when exposed to allergens, so schools and districts must be prepared to administer emergency medications to prevent the development of anaphylaxis (a severe allergic reaction). Allergic reactions may range from mild to severe (anaphylaxis). Anaphylaxis refers to signs and symptoms that occur as a severe reaction to allergies. These symptoms may include: difficulty breathing and/or swallowing and a tightening or closing of the throat.

The most common allergies are related to: honey bee, wasp, yellow jacket, and hornet stings; legumes (i.e. beans, peas or peanuts); and latex or chemical irritants. Students with Spinal Bifida should be considered at high risk of having latex allergy. Children with asthma or other chronic respiratory disorders are at a higher risk of developing anaphylaxis. Anaphylaxis requires prompt medical intervention with an injection of epinephrine (Epi-pen), followed by transport to the nearest emergency room.

Emergency Injectable Epinephrine (Epi Pens)

- Identify students at risk for anaphylaxis and allergic reaction. Once a student with potential life-threatening allergies is identified, school personnel must obtain a Physician’s Authorization Form on file. This form is only valid for the current school year and must be renewed annually. Each school is responsible to develop and implement an emergency procedures plan. Chapter 8 of this manual, Emergency Health Services, will discuss emergency health services in more detail. The following is a guideline in developing a school policy/procedure for the use of injectable epinephrine in the school setting.
- Have emergency epinephrine (EpiPens) available. Kits should be available on school grounds and in designated areas, including field trips, in order to increase access by staff to the medication in an emergency situation. All school personnel should be aware of their location and trained in how to use them. Note: Some students may be authorized by their healthcare provider to carry and self-administer epinephrine, but school personnel should be aware that the nature of the severe allergic reaction may incapacitate the affected student. Therefore, staff must be prepared to administer the epinephrine. See KRS 158.832 to KRS 158.836 for 2004 changes in self-administration laws for students at risk for anaphylaxis.
- Expiration dates on emergency epinephrine kits should be checked regularly. Epinephrine is available by prescription only.
- Administer emergency epinephrine (EpiPen) according to product insert instructions (Exhibit 6F)
- Call 911 (or local emergency response team) immediately. ** Paramedics should always be called if EpiPen is given ** The effect of an EpiPen injection only lasts 20-30 minutes.
- Contact parents or emergency contact person.
- Transport affected and treated student to emergency services as soon as possible. A Registered Nurse or EMS personnel experienced and/or trained in how to handle allergic or anaphylactic emergencies should accompany the student to emergency services, as additional treatment with epinephrine is occasionally necessary.

Glucagon

Glucagon is used to raise the blood sugar when a child is unable to take liquid or food by mouth because of severe sleepiness, unconsciousness, or seizure activity due to low blood sugar levels. Glucagon must be injected with a syringe into the skin, like insulin.

Use of glucagons should be part of a child’s emergency action health care plan and be supplied (glucagons kit) to the school by the family with accompanying physician order. Glucagon may be stored at room temperature (under
90 degrees) and stored in an area where all school personnel will be able to locate and access it.

The glucagon syringe is marked with only 2 dosages 0.5 mg and 1.0 mg. The recommended dose of glucagons to inject is:

- 0.5 mg for a child 50 pounds or under
- mg for a child over 50 pounds

Directions for preparation of Glucagon may be found in Exhibit 6G.

**Diastat Administration**

Diastat is a formulation of diazepam specifically designed for rectal administration to control prolonged seizures and bouts of increased seizure activity (clusters). The medication is available by prescription only and requires a physician’s authorization for administration. Guidelines for Diastat Administration may be found on Exhibit 6H.
HOW TO USE EPIPEN ® AND EPIPEN JR. ®

1. Pull of gray activations cap.

2. Hold black tip near outer thigh (always apply to thigh).

3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen ® unit should then be removed and discarded. Massage the injection area for 10 seconds.
Diabetes Emergency Response

Administration

CALL 911

Glucagon Injection

- Use only when child is unconscious or having a seizure.
- Keep in a convenient, known place. Store in refrigerator during hot weather. Protect from freezing.
- Keep a 3cc syringe available or use the fluid filled syringe in the Lilly Emergency Kit.
- If you have the emergency kit, skip steps 1 and 2 below.

Insert 1/2 cc of air into fluid bottle (1cc won't fit).

Draw out 1 cc of fluid from bottle.

Inject the 1cc of fluid into bottle with tablet. Mix.

Remove cap from syringe.

Grasp cleansed area of arm between thumb and forefinger with your nondominant hand, but do not squeeze skin/tissue.

Hold syringe between thumb and forefinger.

- Inject either deep into muscle (in front of leg or upper, outer arm) or into the subcutaneous fat (just as you would an insulin shot).
- Give sips of juice, sugar pop, or sugar in water initially as soon as he/she awakens. Honey may help to raise the blood sugar. After 10 minutes, encourage solid food (crackers and peanut butter or cheese sandwich, etc.)
- Notify diabetes care team of severe reaction prior to next insulin injection (so dose can be changed if needed). Complete recovery may take 1-2 hours.

Source: Madison County Board of Education, Kentucky
GLUCAGON TRAINING PROGRAM

Instructor:_________________________________________________________

1. Written materials provided
2. Written materials discussed
3. Procedure demonstration
4. Return demonstration given
5. Opportunity for questions and answers

I attended the GLUCAGON training program on and the above items were included in that program.

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Source: Madison County School Health Program
HOW TO USE EPIPEN ® AND EPIPEN JR. ®

1. Pull of gray activations cap.

2. Hold black tip near outer thigh (always apply to thigh).

3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen unit should then be removed and discarded. Massage the injection area for 10 seconds.
Glucagon Injection

- Use only when child is unconscious or having a seizure.
- Keep in a convenient, known place. Store in refrigerator during hot weather. Protect from freezing.
- Keep a 3cc syringe available or use the fluid filled syringe in the Lilly Emergency Kit.
- If you have the emergency kit, skip steps 1 and 2 below.

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Draw out 1 cc of fluid from bottle.

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- Notify diabetes care team of severe reaction prior to next insulin injection (so dose can be changed if needed). Complete recovery may take 1-2 hours.

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GLUCAGON TRAINING PROGRAM

Instructor: ________________________________________________

1. Written materials provided
2. Written materials discussed
3. Procedure demonstration
4. Return demonstration given
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Source: Madison County School Health Program
How to Administer

1. Put person on their side where they can’t fall

2. Get medicine

3. Get syringe

4. Push up with thumb and pull to remove protective cover from syringe

5. Lubricate rectal tip with lubricating jelly

6. Turn person on side facing you

7. Bend upper leg forward to expose rectum

8. Separate buttocks to expose rectum

9. Gently insert syringe tip into rectum

Note: Rim should be snug against rectal opening.

10. Slowly count to 3 while gently pushing plunger in until it stops

11. Slowly count to 3 before removing syringe from rectum

12. Slowly count to 3 while holding buttocks together to prevent leakage

13. Keep person on side facing you, note time given and continue to observe

ONCE DIASTAT® IS GIVEN

CALL FOR HELP IF ANY OF THE FOLLOWING OCCUR

- Seizure(s) continues 15 minutes after giving DIASTAT or per the doctor’s instructions:

- Seizure behavior is different from other episodes.

- You are alarmed by the frequency or severity of the seizure(s).

- You are alarmed by the color or breathing of the person.

- The person is having unusual or serious problems.

Local Emergency Number: ____________________________
Doctor’s Number: ____________________________

(please be sure to note if your area has 911)

Information for Emergency Squad: Time DIASTAT given: _____ Dose: _______

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Note: For a more in-depth review of diabetes, its management and possible complication, please refer to Chapter 7, Special Health Care Needs.

Diabetes is a disorder that affects the production of insulin by the pancreas. Insulin is necessary for the breakdown of sugars and carbohydrates in the bloodstream. School personnel must have an understanding of diabetes and its management in order to assist the student in maintaining appropriate blood glucose levels and decreasing the risks for diabetic complications.

Type I Diabetes, previously called juvenile or insulin-dependent diabetes, is diagnosed in about 1 in every 400 to 500 school-aged children each year. The child with Type I Diabetes will require daily insulin administration either by injection or insulin pump. Sometimes the child will require additional insulin injections at school depending on the blood glucose levels. Type II Diabetes, formerly know as adult-onset or non-insulin dependent diabetes, is more commonly found in adults, however, there are instances when a school-age child has been diagnosed with Type II Diabetes. The child with Type II Diabetes will usually be managed with diet, exercise and oral medications.

Administration of Insulin

According to KRS 156.502, Section 2, school health services should be provided within the registered nurse or licensed practical nurse current scope or practice and who is licensed under the provisions of KRS Chapter 314. KRS Chapter 314 authorizes the Kentucky Board of Nursing (KBN) to regulate nurses, and nursing education and practice, to promulgate administrative regulations, and issue advisory opinions on nursing practice in order to assure safe and effective nursing care is provided by nurses to the public.

KBN Advisory Opinion Statement AOS #87-15, Supervision and Delegation, p.4, 5(b) states that unless for the intervention in a life-threatening situation, the administration of medication via any injectable route should not be delegated to unlicensed personnel.

Types of Insulin

There are several types of insulin. Each type of insulin will vary in the onset and duration of action. Most students will have a schedule that includes both short and intermediate-acting insulin, taken approximately 30 minutes before breakfast and the evening meal. If the blood glucose level is high four hours after the morning injection, the student may require and addition dose of short-acting insulin (regular insulin) while attending school. (A student with an insulin pump may require a bolus of insulin if the blood glucose level is high.) Student responsibility for insulin self-injection should occur when the child’s developmental level indicates that this is an appropriate goal, and agreed upon by the parent’s, the child, and the health care provider.

Insulin Administration Guidelines:

- Always inspect the insulin, checking the expiration date on label. Humalog and Regular insulins are clear, others are cloudy. Long-and intermediate-acting insulins must be gently mixed by rolling the vial between the palms. Do not use insulin that appears “clumpy” or that is not uniform in consistency.
- Injection sites may include: abdomen, thighs, buttocks, or arms. Sites should be rotated in order to avoid tissue damage, which results in the poor absorption of insulin.
- Keep insulin refrigerated. Un-refrigerated insulin should be kept as cool as possible. Date the insulin when it is first opened and discard 30 days after opening.
- Do not let insulin freeze. If it becomes frozen, discard immediately.
- Insulin may be carried in a fanny pack or backpack with an ice pack, as long as it is positioned so it does not freeze or get too warm.
- Pre-filled insulin pens should be stored in a refrigerator. Insulin pens with cartridges are not refrigerated, although the unused cartridges are refrigerated. The time period of use for an insulin
pen may vary from manufacturer to manufacturer and needs to be noted by the school nurse/employee.

- Students who wear an insulin pump should keep an extra set of tubing and extra batteries in the nurse or principal’s office.
- Syringes and needles should be kept in a locked cupboard.
- Disposal of syringes and needles should be in compliance with Occupational Safety and Health Administration (OSHA) guidelines.

Insulin Pumps

Insulin pumps are computerized devices, about the size of a beeper or pager, which can be worn on the belt or in the pocket. The pump delivers a steady, measured dose of insulin through a flexible plastic tube (cannula) with a small needle that is inserted through the skin at the infusion site (abdomen, thigh, arm or buttocks). The infusion set is kept in place for two or three days and then changed to a new location (usually done at home before coming to school). Insulin pumps may be worn during most athletic activities.

The insulin pump delivers the insulin in precise amounts at pre-programmed times. Pumps deliver insulin in two ways:

1.0 Basal: small, hourly dose that is pre programmed
2.0 Bolus: given to cover food or cover high blood sugar

The pump allows for more flexibility in food choices and meal timing. The user must still monitor blood sugars. The user must be willing to learn how to make adjustments in insulin, food and exercise in response to the blood sugar results. A plan to address troubleshooting the insulin pump for high or low blood sugars must be developed by the parents, the healthcare provider and the school. When symptoms of high or low blood sugar develop it is important to test the blood glucose level and report as outlined in the student’s Individual Health Plan.
Guidelines on Medication Procedures
A Summary

The National Education Association, the American Federation of Teachers, the Council for Exceptional Children, and the National Association of School Nurses jointly published a document entitled *Guidelines for the Delineation of Roles and Responsibilities for the Safe Delivery of Health in the Educational Setting* in 1990. This same chart was brought forward into the 1997 publication cited at the bottom of the page. While these guidelines cover a wide range of activities and school employees, the general policy regarding medication may be summarized as follows:

School employees other than a registered nurse or a health assistant are prohibited from administering medication except in emergencies that require a single dose injection of epinephrine or medication inhalation for a life threatening condition. Even in these emergencies, other school employees may administer medication only if they have been properly trained and if a registered nurse or health assistant is unavailable.

The guidelines define “emergency” as “a serious situation that arises suddenly and threatens the life or welfare of a person; a crisis.”

### Guidelines for the Delineation of Roles and Responsibilities
For the Safe Delivery of Specialized Health Care In The Educational Setting*

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Prescriber Order Required</th>
<th>Registered Nurse (RN)</th>
<th>Licensed Practical Nurse (LPN)</th>
<th>Certified Teaching Personnel</th>
<th>Related Services Personnel</th>
<th>Para-professionals 1</th>
<th>Others 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.0 Medications</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral</td>
<td>*</td>
<td>A/O</td>
<td>S/O</td>
<td>X</td>
<td>X</td>
<td>S/HA</td>
<td>X</td>
</tr>
<tr>
<td>4.2 Injection</td>
<td>*</td>
<td>A/O</td>
<td>S/O</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4.3 Epi-Pen Allergy Kit</td>
<td>*</td>
<td>A/O</td>
<td>S/O</td>
<td>EM</td>
<td>EM</td>
<td>EM</td>
<td>EM</td>
</tr>
<tr>
<td>4.4 Inhalation</td>
<td>*</td>
<td>A/O</td>
<td>S/O</td>
<td>EM</td>
<td>EM</td>
<td>EM/HA</td>
<td>EM</td>
</tr>
<tr>
<td>4.5 Rectal</td>
<td>*</td>
<td>A/O</td>
<td>S/O</td>
<td>X</td>
<td>X</td>
<td>EM/HA</td>
<td>X</td>
</tr>
<tr>
<td>4.6 Bladder Installation</td>
<td>*</td>
<td>A/O</td>
<td>S/O</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4.7 Eye/Ear Drops</td>
<td>*</td>
<td>A/O</td>
<td>S/O</td>
<td>X</td>
<td>X</td>
<td>S/HA</td>
<td>X</td>
</tr>
</tbody>
</table>

**Definitions of Symbols**

A Qualified to perform task, not in conflict with professional standards  
S Qualified to perform task with RN supervision and in-service education  
EM In emergencies, if properly trained, and if designated professional is not available

1. Paraprofessionals include teacher aides, health aides (HA), non-certified teaching personnel.  
2. Others include secretaries, bus drivers, cafeteria workers, custodians

*DELINEATION OF RESPONSIBILITIES MUST ADHERE TO EACH STATE NURSING PRACTICE ACT.*


MEDICATION ADMINISTRATION TRAINING
FOR SCHOOL PERSONNEL

Training Guidelines:
School personnel giving medication shall receive formal training and monitoring. Training will be provided by personnel such as, but not limited to registered nurses, physicians, pharmacists and/or dentist. Medical personnel should adhere to the practice act standards for their profession as governed by the appropriate licensing authority.

Purpose: to assist each student with medication administration in order to maintain optimal health and to enhance the educational experience.

Objectives: Upon completion of the medication administration training, the participant(s) will demonstrate and/or verbalize the following competencies:

1. Safely administer medication under the law KRS 156.501 and JCPS requirements
2. Know the five rights (5 R’s) of medication administration
3. Proper authorization process for medication(s) to be given at school
4. Read medication label
5. Follow directions on medication label correctly
6. Proper storage of prescription and over-the-counter medication
7. Appropriate and correct record keeping regarding medication and/or self-administered medication
8. Correct and accurate notations on the record if medications are not taken/given either by refusal, omission, etc.
9. Proper action to be taken if medication is not taken/given either by refusal, omission, etc.
10. Use of resources correctly-i.e. nurse, physician, poison control, emergency services when appropriate

Evaluation process
Objectives will be evaluated through either post-test or return demonstration(s), post-training monitoring, and annual training

Source: Jefferson County Public Schools
**DELEGATION OF HEALTH SERVICE(S) TO SCHOOL PERSONNEL**

<table>
<thead>
<tr>
<th>Employee Initials</th>
<th>Health Services Nurse’s Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Administration of medications on daily basis and field trips</td>
</tr>
<tr>
<td></td>
<td>Administration of medication on field trips only</td>
</tr>
<tr>
<td></td>
<td>Asthma and Mini-nebulizer treatments</td>
</tr>
<tr>
<td></td>
<td>Diabetes and blood glucose monitoring</td>
</tr>
<tr>
<td></td>
<td>Epi-pen</td>
</tr>
<tr>
<td></td>
<td>G-tube feedings</td>
</tr>
<tr>
<td></td>
<td>G-tube medication administration</td>
</tr>
<tr>
<td></td>
<td>Seizure and Diastat</td>
</tr>
<tr>
<td></td>
<td>Trachs and suctioning</td>
</tr>
</tbody>
</table>

I have been instructed on my school district’s guidelines for:

I understand that I am to follow district guidelines as delegated by the School Nurse. Upon signing this, I consent to perform the health service(s) initialed above by the delegating School Nurse and myself, possess the training and skills, and have demonstrated competency to safely and effectively perform the health service(s).

Employee Signature  

Date

I have provided training to this individual on the health service(s) initialed above by the employee and myself in accordance with school district guidelines. She/he has demonstrated knowledge and understanding of this/these health service(s).

School Nurse Stamp/Signature  

Date

Source: Jefferson County Public Schools
<table>
<thead>
<tr>
<th>Explanation/Return Demonstration</th>
<th>Performs Independently</th>
<th>Perform with minimum verbal clues</th>
<th>Unable to perform</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oral Medication:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes &amp; follows five (5) rights</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to read prescription label</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check’s Medication Authorization with prescription label</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observes student taking (swallowing) medication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Replace cap tightly or securely on medication bottle &amp; locks up medication appropriately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documents on medication log sheet appropriately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calls student to office (if appropriate) in allotted time (30 minutes before or 30 minutes after)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Topical (ointment) Medication:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes &amp; follows five (5) rights</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to read prescription label</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check’s Medication Authorization with prescription label</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washes hands and puts on gloves</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applies medication to appropriate area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Replaces cap tightly and locks up medication appropriately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Removes gloves &amp; washes hands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documents on medication log sheet appropriately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calls student to office (if appropriate) in allotted time (30 minutes before or 30 minutes after)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
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Employee Printed Name: ________________________________________________________________

Employee Signature: __________________________________________________________________________

Employee School: ___________________________ Date: ________________________________________

School Nurse Stamp/Signature: ______________________________________________________________________

Source: Jefferson County Public Schools
<table>
<thead>
<tr>
<th><strong>Eye drops or ointment</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbalizes &amp; follows five (5) rights</td>
</tr>
<tr>
<td>Able to read prescription label</td>
</tr>
<tr>
<td>Checks Medication Authorization with prescription label</td>
</tr>
<tr>
<td>Washes hands &amp; puts on gloves</td>
</tr>
<tr>
<td>Stabilizes head by having head tilted back or by lying down</td>
</tr>
<tr>
<td>Gently pulls lower lid away from eye to form &quot;pocket&quot;</td>
</tr>
<tr>
<td>Places drop(s) into pocket area, allows drop to fall (doesn't touch bottle tip to eye or eyelid)</td>
</tr>
<tr>
<td>Applies thin strip of ointment into &quot;pocket&quot; without touching eye or eyelid</td>
</tr>
<tr>
<td>Has student close eye a few moments</td>
</tr>
<tr>
<td>Wipes tip of bottle/tube with clean tissue</td>
</tr>
<tr>
<td>Places drop(s) into pocket area, allows drop to fall (doesn't touch bottle tip to eye or eyelid)</td>
</tr>
<tr>
<td>Applies thin strip of ointment into &quot;pocket&quot; without touching eye or eyelid</td>
</tr>
<tr>
<td>Has student close eye a few moments</td>
</tr>
<tr>
<td>Wipes tip of bottle/tube with clean tissue</td>
</tr>
<tr>
<td>Replace cap tightly or securely on medication bottle &amp; locks up medication appropriately</td>
</tr>
<tr>
<td>Removes gloves and washes hands</td>
</tr>
<tr>
<td>Documents on medication log sheet appropriately</td>
</tr>
<tr>
<td>Calls student to office (if appropriate) in allotted time (30 minutes before or 30 minutes after)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Ear drops:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbalizes &amp; follows five (5) rights</td>
</tr>
<tr>
<td>Able to read prescription label</td>
</tr>
<tr>
<td>Checks Medication Authorization with prescription label</td>
</tr>
<tr>
<td>Washes hands and puts on gloves</td>
</tr>
<tr>
<td>Loosens lid on medication, squeezes rubber pump to fill dropper</td>
</tr>
<tr>
<td>Stabilizes head by tilting head back or by lying down</td>
</tr>
<tr>
<td>Gently pulls ear appropriately</td>
</tr>
<tr>
<td>Holds dropper without touching ear or inserting to far</td>
</tr>
<tr>
<td>Has student lie still a few moments &amp; and if applicable inserts moist cotton ball into ear</td>
</tr>
<tr>
<td>Replaces cap tightly and locks up medication appropriately</td>
</tr>
<tr>
<td>Removes gloves &amp; washes hands</td>
</tr>
<tr>
<td>Documents on medication log sheet appropriately</td>
</tr>
<tr>
<td>Calls student to office (if appropriate) in allotted time (30 minutes before or 30 minutes after)</td>
</tr>
</tbody>
</table>

Employee Printed Name: ________________________________________________________________
Employee Signature: _________________________________________________________________
Employee School: __________________________________________ Date:______________________
School Nurse Stamp/Signature: _______________________________________________________

Source: Jefferson County Public Schools
### ASTHMA RETURN DEMONSTRATION CHECKLIST

<table>
<thead>
<tr>
<th>Explanation/Return Demonstration</th>
<th>Performs Independently</th>
<th>Performs with minimum verbal clues</th>
<th>Unable to perform</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inhaler</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes &amp; follows five (5) rights</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to read prescription label</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check's primary care provider Asthma authorization for completion (especially primary care provider's signature) with prescription label</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washes hands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checks that canister is firmly positioned in plastic holder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attaches spacer and uses it appropriately (if prescribed)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shakes inhaler thoroughly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Has student take a deep breath in and out</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* On next deep breath in observes student taking puff from inhaler</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Observes student hold breath for 5-10 seconds after inhaler used</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Observes student exhale slowly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Has student wait a few minutes before taking second puff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observes student follow above steps (*) with second puff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Places medication back in medication box &amp; locks up medication appropriately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washes hands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documents on medication log sheet appropriately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(***) Calls student to office (if appropriate) in allotted time (30 minutes before or 30 minutes after)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Peak Flow Meter</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check's primary care provider Asthma authorization for completion (especially peak flow meter ranges/instructions and primary care providers signature)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washes hands &amp; puts on gloves</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(*) Places pointer at base of number scale (0)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(*) Have student hold meter, take a deep breath, place meter in mouth &amp; close lips around mouth piece, blow out hard and fast</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have student repeat step (*) two more times</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record highest of three readings and follow primary care provides instructions based on reading (i.e. administer medication)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remove gloves and wash hands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calls student to office (as above (**))</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Employee Printed Name: ________________________________

Employee Signature: ________________________________

Employee School: ________________________________ Date: ________________________________

School Nurse Stamp/Signature: ________________________________

Source: Jefferson County Public Schools
# ASTHMA RETURN DEMONSTRATION CHECKLIST

<table>
<thead>
<tr>
<th>Explanation/Return Demonstration</th>
<th>Performs Independently</th>
<th>Performs with minimum verbal clues</th>
<th>Unable to perform</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nebulizer</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes &amp; follows five (5) rights</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to read prescription label</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check’s primary care provider (especially primary care provider’s signature) with prescription label</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washes hands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gathers equipment (machine, tubing, nebulizer cup, mouthpiece or mask, medication, saline)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Places nebulizer on firm, flat surface &amp; plug it into electrical outlet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attaches the end of tubing to nebulizer air outlet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unscrews the top from the nebulizer cup, places medication &amp; diluent into cup as prescribed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reattaches nebulizer cap tightly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attaches the connecting tubing to nebulizer cup outlet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has student sit in comfortable position</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turn on power, observe for mist from mouthpiece or mask</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Give student mouthpiece to place between teeth &amp; seal lips around it or place mask over nose &amp; mouth, then observe student during treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When mist has stopped, tap side of cup, if no further mist, treatment complete</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turn of machine &amp; remove mouthpiece or mask</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unplug machine, &amp; take apart equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rinse out &amp; dry nebulizer cup, put equipment away</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Places medication back in medication box &amp; locks up medication appropriately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washes hands</td>
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<td></td>
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Employee Printed Name: ____________________________________________________________

Employee Signature: ________________________________________________________________

Employee School: ____________________________________________________________ Date:_____________________________________________________________

School Nurse Stamp/Signature: ____________________________________________________

Source: Jefferson County Public Schools
## ASTHMA RETURN DEMONSTRATION CHECKLIST

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<tr>
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<td>(**)Places pointer at base of number scale (0)</td>
<td></td>
<td></td>
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<td>(**) Have student hold meter, take a deep breath, place meter in mouth &amp; close lips around mouth piece, blow out hard and fast</td>
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<tr>
<td>Have student repeat step (**) two more times</td>
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<tr>
<td>Remove gloves and wash hands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
</tbody>
</table>

Employee Printed Name: 

Employee Signature: 

Employee School: Date: 

School Nurse Stamp/Signature: 

Source: Jefferson County Public Schools
## DIABETES BLOOD GLUCOSE TESTING RETURN DEMONSTRATION CHECKLIST

<table>
<thead>
<tr>
<th>Explanation/Return Demonstration</th>
<th>Performs Independently</th>
<th>Performs with minimum verbal clues</th>
<th>Unable to perform</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Diabetes knowledge</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check's primary care provider Diabetes authorization for completion (especially primary care provider's signature)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes when glucose monitoring should be performed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes signs/symptoms of hypoglycemia &amp; hyperglycemia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Verbalizes Universal Precautions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Blood glucose testing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gathers equipment (glucose testing meter, lancet device, strips, record sheet/book, gloves)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washes hands &amp; puts on gloves</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has student wash his/her own hands &amp; dries them</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inserts lancet into lancing device according to manufacturer's instruction, or observes student inserting lancet appropriately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inserts glucose strip into meter according to manufacturer's instructions, or observes student insert testing strip appropriately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warms fingers by rubbing, or have student warm fingers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Puncture side of finger with lancing device, or observe student perform procedure appropriately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gently squeeze finger in downward motion to obtain an appropriate size drop of blood or observe student perform appropriately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place drop of blood on testing strip, or observe student perform step appropriately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apply band aid or have student hold pressure to puncture site briefly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes appropriate steps based on glucose testing results and primary care provider authorization (i.e. nothing needed, give glucose tablets, allow sugar-free drink &amp; bathroom privileges)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Removes test strip, turns of machine, disposes of lancet and strip appropriately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleans test area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remove gloves &amp; wash hands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document result on record sheet/book</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Employee Printed Name: _____________________________________________________________________________________________________

Employee Signature: ________________________________________________________________________________________________________

Employee School: _____________________________________ Date:_______________________________________________________________

School Nurse Stamp/Signature: _____________________________________________________________________________________________

Source: Jefferson County Public Schools
# Diabetes Urine Ketone Testing Return Demonstration Checklist

<table>
<thead>
<tr>
<th>Explanation/Return Demonstration</th>
<th>Performs Independently</th>
<th>Performs with minimum verbal clues</th>
<th>Unable to perform</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urine Ketone Testing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check's primary care provider Diabetes authorization for completion (especially primary care provider's signature)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes when ketone testing should be performed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes Universal Precautions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gathers equipment (ketone strips, cup for urine, timing device record sheet/book, gloves)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washes hands &amp; puts on gloves</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has student hold ketone strip in urine flow or student urinates in cup then dip ketone strip into urine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wait allotted time as directed on ketone test strip bottle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compare color of ketone test strip to chart on bottle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reads results &amp; follows directions based on primary care provider’s diabetes authorization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disposes of testing strip &amp; urine appropriately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remove gloves &amp; wash hands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documents results</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Employee Printed Name: ____________________________________________________________

Employee Signature: ____________________________________________________________

Employee School: ___________________________ Date: ____________________________

School Nurse Stamp/Signature: ____________________________________________________

Source: Jefferson County Public Schools
A school employee who is delegated responsibility to perform the health service by a physician, advanced registered nurse practitioner, or registered nurse; and

1.0 Has been trained by the delegating physician or delegating nurse for the specific health service, if that health service is one that could be delegated by the physician or nurse within his or her scope of practice; and

2.0 Has been approved in writing by the delegating physician or delegating nurse. The approval shall state that the school employee consents to perform the health service when the employee does not have the administration of health services in his or her contract or job description as a job responsibility possesses sufficient training and skills, and has demonstrated competency to safely and effectively perform the health service. The school employee shall acknowledge receipt of training by signing the approval form. A copy of the approval form shall be maintained in the student’s cumulative health record and the personnel file of the school employee. A delegation to the school employee under this paragraph shall be valid only for the current school year.

Training of district personnel and monitoring of their performance in implementing health care procedures must be provided by a licensed health care professional (as allowed within their scope of practice) or districts may contract for the training through a home health agency, hospital or other health care facility. (14)

A Summary Guideline on Medication Procedures and Delineation of Roles and Responsibilities is included. (Exhibit 6I)

School district specific policies and procedures on orientation and training of non-nursing staff should include the following guidelines:

- General Recommendations for Distribution of Medication to Students
- Administration of Prescribed Medication
- Administration of Non-Prescribed Medication (over-the-counter)
- Student Self-Medication
- Medication Safety
- Changes in Medication
- Storage of Medication
- Documentation of Administration of Medication
- Medication Error Reporting
- Refusal to Administer Medication
- Guidelines for Field Trip Medication Administration
- Procedures for Administering Medication
- Principles of Medication Administration for Non-Nursing Staff
REFERENCES CHAPTER 6

(1) KRS 156.502 Health services in school setting
(2) National Association of School Nurses (NASN) “Position Statement: Medication Administration In The School Setting” (online) available @ http://www.nasn.org/positions/medication.htm
(3) Madison County Department of Health (8/02) “Permission Form for Prescribed Medication”
(4) Texas Department of Health (2001), The Texas Guide to School Health Programs, Chapter 5, “Medication Administration
(5) Madison County Department of Health (7/02) “Authorization/Parental Consent For Administering Over-The-Counter Medication”
(7) KRS 218A.210 Controlled substances
(9) Madison County Department of Health, “Medication Administration Incident Report”
(10) Maryland Department of Health and Mental Hygiene “Guidelines for Inservicing Non-Medical Personnel on Medication Procedures” (online) available @: http://www.dhmh.state.md.us
(11) Madison County Department of Health “Refusal to Administer Medication” Form
(14) Kentucky Board of Nursing, Advisory Opinion Statement #AOS 87-15: Roles of Nurses in Supervision and Delegation of Nursing Acts to Unlicensed Personnel
(16) Madison County Department of Health “Emerging Action Plans”
THE LAW

Individuals with Disabilities Education Act (IDEA)
IDEA defines children with disabilities as those who need specially designed instruction because of conditions that negatively impact their ability to learn. Services must be:

- provided by the child’s school district
- at no cost to the parent
- meet the unique needs of the child and
- include instruction in the least restrictive environment (this could mean home hospital or other settings)

If these students require “related services” in order to benefit from the educational opportunity, then those services must also be provided. “Related Services” may include (but not limited to):

- physical therapy
- occupational therapy
- speech therapy
- health care services (for example, clean intermittent catherization)
- social work services

Section 504 of the Rehabilitation Act of 1973 upholds the rights of students to receive the related services they need to attend school safely and successfully even if they do not qualify for special education under IDEA. Under Section 504 children can obtain health and related services for special health needs that do not affect their cognitive abilities, such as severe asthma or diabetes. See Exhibit 7A, an illustration for determining whether a student would best benefit from IDEA or a 504 plan and glossary of terms. (2)

IDEA defines a child with a disability as a child evaluated in accordance with federal regulations as having:

- Mental retardation
- Developmental delay (3-8 years old)
- Hearing impairment including deafness
- Speech or language impairment
- Visual impairment including blindness,
- Serious emotional disturbance (referred to as an emotional disturbance)
- Orthopedic impairment
- Autism
- Traumatic brain injury
- Other health impairment (one example might be severe seizures)
- A specific learning disability
- Deaf-blindness
- Multiple disabilities

And who, by reason thereof, needs special education and related services. Related services may be defined as anything that may be required to assist the child with a disability to benefit from special education. Related services may include, but not limited to: transportation, medical and/or counseling service, developmental, corrective and other supportive services including physical and occupational therapy, speech language pathology and audiology, psychological services and social services.

Part B of the IDEA makes federal funds available to states providing educational services for children with disabilities who are eligible under the IDEA. As a condition for funding, states must have policies, procedures, and programs that are consistent with the federal program requirements. And in turn, each public school district in the state to be eligible for funding under Part B must have local special education policies, procedures, and programs that meet the federal program requirements under the IDEA. State and federal regulations refer to the school district as the local education agency (LEA).
In order to decide if a child qualifies for services under IDEA or Section 504, qualified professionals conduct a full initial evaluation of the child. Ideally, the parent/guardian of a child with special health care needs will notify appropriate school officials that their child needs special education and/or special health care services. Although anyone may request a referral, the parents/guardian or teacher are usually the ones to make a referral requesting an evaluation. To qualify under IDEA a child must be found to need “special education.” Under IDEA regulations, a child will not be eligible for IDEA services unless the child (1) has a disability and (2) needs special education because of the disability.

The Individual Education Plan (IEP) process and the evaluation requirements are designed to ensure that each eligible child under Part B receives only those related services that are necessary to assist the child to benefit from special education. Therefore, if a child with a disability does not need special education there can be no related services covered under the IDEA.

For further information:

IDEA regulations:

Kentucky Revised Statutes for special education:
http://www.lrc.state.ky.us/KRS/157-00/CHAPTER.HTM

Kentucky Administrative Regulations for special education:
http://www.lrc.state.ky.us/kar/TITLE707.HTM

Section 504 of the Rehabilitation Act of 1973 (Section 504)
While the IDEA is administered by each state’s education agency, the U.S. Department, Office of Civil Rights, administers Section 504. Section 504 covers more children with disabilities than the IDEA since not all children with disabilities need special education. Under Section 504, a child with a disability may require and receive related services, including special health care services, even if the child does not need specially designed instruction. Although there are no federal funds available under Section 504, the law applies to any recipient of federal financial assistance.

Section 504 uses the term “handicapped” persons and defines a student with a disability as a “handicapped person” who

(a) has a physical or mental impairment that substantially limits one or more major life activities
(b) has a record of such an impairment, or is regarded as having such an impairment

Section 504 defines a major life activity to include a wide variety of daily activities such as the following: caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Under section 504, physical or mental impairment means:

1. any physiological disorder or condition
2. cosmetic disfigurement, or
3. anatomical loss affecting one or more of the following body systems:
   a. neurological
   b. musculoskeletal
   c. special sense organs
   d. respiratory (including speech organs)
   e. cardiovascular
   f. reproductive, digestive, genito-urinary
   g. hemic (blood) and lymphatic
   h. skin
   i. endocrine
4. any mental or psychological disorder such as:
   a. mental retardation
   b. organic brain syndrome
   c. emotional or mental illness
   d. specific learning disabilities

Diabetes, seizure disorders, asthma or chronic allergies are just a few examples of physiological disorders that can place the student at risk for severe health problems and/or emergencies. Fluctuations in blood sugar, asthma or allergy attacks, and seizures may be events that could impact “major life activities” as described earlier.

If a student with a disability needs special health care services to achieve their educational goals, an Admission and Release Committee (ARC) describes the special services the district will provide for the student in the student’s Individual Educational Program (IEP) or 504 Plan. Health care or medical personnel should be included in the ARC or 504 committee’s evaluation, program design, and placement process as necessary to develop appropriate services. See Exhibit 7B for criteria for selection of health problems that may be included in the health component (IHP) of the IEP and Exhibit 7C for guidelines in developing an individual healthcare plan (IHP) for students with special health care needs. All school personnel involved in the education of a student with a chronic illness or disability that will require related services to meet the student’s educational goals will be trained about the student’s needs. See Exhibit 7D for guidelines in developing IEP objectives for students with special health care needs. A sample copy of a Section 504 Plan for a child with diabetes may be found and downloaded at [online] http://www.dredf.org/section504.html (Exhibit 7E).

The local education agency (LEA) may provide each of the services directly, through its own staff resources; indirectly, by contracting with another public or private agency; or through other arrangements. No matter how the services are arranged, the local LEA remains responsible for ensuring that the IEP services or 504 Plan services are provided in a manner that appropriately meets the student’s health and educational needs and specified in the IEP or 504 Plan.
**Glossary of IDEA terms**

**“Free appropriate public education or FAPE”** means special education and related services that (a) are provided at public expense, under public supervision and direction, and without charge; (b) meet the standards of the SEA, including the requirements of this part; (c) include preschool, elementary school, or secondary school education in the State; and (d) are provided in conformity with an individualized education program (IEP) that meets requirements in the federal regulations.

**“Least restrictive environment”** is a concept that requires each public agency to ensure (1) That to the maximum extent appropriate. Children with disabilities, including children who are nondisabled; and (2) That special classes, separate schooling or other removal of children with disabilities from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. Each public agency must ensure that a continuum of alternative placements is available to meet the needs of children with disabilities for special education and related services. The continuum required must (1) include the alternative placements listed in the definition of special education including instruction in hospitals and institutions; and (2) make provision for supplementary services (such as resource room or itinerant instruction) to be provided in conjunction with regular class placement (Source: 34 CFR 300.550-551)

**Related services** is defined in IDEA as transportation and such developmental, corrective and other supportive services as are required to assist a child with a disability to benefit from special education, and includes speech-language pathology and audiology services, psychological services, physical and occupational therapy, recreation, including early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services in schools, and parent counseling and training.

- **Audiology** includes (i) Identification of children with hearing loss; (ii) Determination of the range, nature, and degree of hearing loss, including referral for medical or other professional attention for the habilitation of hearing; (iii) Provision of habilitative activities, such as language habilitation, auditory training, speech reading (lip reading), hearing evaluation, and speech conservation; (iv) Creation and administration of programs for prevention of hearing loss; (v) Counseling and guidance of children, parents, and teachers regarding hearing loss, and (vi) Determination of children’s needs for group and individual amplification, selecting and fitting an appropriate aid, and evaluating the effectiveness of amplification.

- **Rehabilitation counseling services** means services provided by qualified personnel in individual or group sessions that focus specifically on career development, employment preparation, achieving independence, and integration in the workplace and community of a student with a disability. The term also includes vocational rehabilitation services provided to a student with disabilities by vocation rehabilitation programs funded under the Rehabilitation Act of 1973, as amended.
• **School health services** means the provision of direct health care, including the administration of medication, the operation, maintenance of health care through the use of medical equipment; or the administration of clinical procedures provided by a health care professional. Health care services does not include first aid or emergency procedures. Health services shall be provided within the health care professionals current scope of practice.

• **Social work services in schools** includes (i) Preparing a social or developmental history on a child with a disability; (ii) Group or individual counseling with the child and family; (iii) Working in partnership with parents and others on those problems in a child’s living situation (home, school and community) that affect the child’s adjustment in school; (iv) Mobilizing school and community resources program; and (v) Assisting in developing positive behavioral intervention strategies.

• **Speech-language pathology services** includes (i) Identification of children with speech or language impairments; (ii) Diagnosis and appraisal or specific speech or language impairments; (iii) Referral for medical or other impairments; (iv) Provision of speech and language services for the habilitation or prevention of communicative impairments; and (v) Counseling and guidance of parents, children, and teachers regarding speech and language impairments.

• **Transportation** includes (i) Travel to and from school and between schools; (ii) Travel in and around school buildings; and (iii) Specialized equipment (such as special or adapted buses, lifts, and ramps) if required to provide special transportation for a child with a disability. (Source CRF 300.24)

**Glossary of Section 504 terms**

“**Major life activities**” means functions such as caring for one’s self, performing manual tasks such as walking, seeing, hearing, speaking, breathing, learning, and working.

“**Has a record of such an impairment**” means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

“**Is regarded as having an impairment**” means (A) has a physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as constituting such a limitation; (B) has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others toward such impairment; or (C) has none of the impairments defined in this section but is treated by a recipient of federal funds as having such an impairment. (Source CRF 84.3)

**Glossary of Kentucky Terms**

These terms may be found in KRS 157.200 at the following web site: [http://www.lrc.state.ky.us/krs/157-00/200.pdf](http://www.lrc.state.ky.us/krs/157-00/200.pdf)
CRITERIA FOR SELECTION OF HEALTH PROBLEMS TO BE INCLUDED IN THE HEALTH COMPONENT OF THE INDIVIDUAL EDUCATIONAL PLAN

Does the child have a health condition which will:

- Require teacher training and supervision for the performance of specialized treatments and procedures?
- Require special counseling for school adjustment, not only personally but also for classmates?
- Require change outside of the classroom, e.g. removal of architectural barriers?
- Require changes inside the classroom, e.g. special lighting, new desks?
- Require special safety precautions (on buses, playground, gym, etc.)?
- Result in limited energy stores or pain or discomfort, thereby giving diminishing productivity?
- Require a special diet, or supplemental feeding?
- Require special assistance with activities of daily living (e.g. dressing, toileting, feeding)?
- Require administration and storage of medications at school?
- Require regular contact between the school and the physician?
- Require adaptation of school health program?
- Require the maintenance of special equipment, records, etc.?

Source: Zaiger, D.S. NASN School Nursing Practice, An Orientation Manual, Ch. IX
GUIDELINES FOR HEALTH CARE PLAN FOR STUDENTS WITH SPECIAL HEALTH CARE NEEDS

I. Purpose
Enrollment of students with special health care needs in the school setting presents a challenge to students, families, and school staff. Development of a health care plan provides for effective and efficient delivery of services that promotes school success for the student and reduces the liability of the school district.

II. Responsibilities
A. Parent/Guardian
The parent/guardian has the most information regarding the unique needs of the child and should play a major role in the development of the health care plan. This role includes:
1. Being an advocate for their child.
2. Providing access to health care providers for information and orders for the medications and treatments necessary.
3. Participating in the identification and training of providers in the school setting for child-specific procedures.
4. Approval of the health care and emergency plans.
5. Notifying the school nurse of changes in the student’s condition, health care providers, or health care needs.

B. Administrator
1. Reviews the appropriate health and education assessments to determine the needs of the student in the school setting.
2. Provides adequate staffing to address the student’s educational, transportation, and health needs.
3. Provides time and support for training of registered nurses and other staff as deemed necessary.
4. Informs the Director of Transportation of the student’s needs for health care.
   Provides a copy of the Emergency Action Plan and arranges needed in-service training.
5. Manages potential environmental concerns such as:
   a) informing all personnel (e.g., lunchroom, playground staff) of potential situations
   b) special equipment needs (e.g., wheelchair ramp, bathroom adaptations, etc.)
   c) extermination of insects to safeguard students from possible insect bites and stings
   d) emergency power supply for life sustaining equipment
   e) appropriate outlets for health care equipment, etc.
6. Knows the potential for available emergency medical services:
   a) local emergency unit–level of training
   b) what medications available, trained to give
   c) how long does it take to get there
   d) cost of transportation
   e) flight rescue availability–cost, time from hospital
7. Communicates with parent:
   a) developed plan and potential concerns
   b) expected costs and who will be responsible

c) ensures that parents have supplied necessary emergency information

C. School Nurse
1. Reviews emergency and/or health information and determines which students will require a written health care plan.
2. Obtains significant health data on identified students.
3. Completes a nursing assessment and summarizes data on Significant Health Information sheet (see sample form). This data base should include:
   a) age of student at onset of condition
   b) description of condition/course of illness
   c) summary of treatment
   d) other significant illnesses, allergies
   e) date last seen by primary health care provider for noted condition
   f) name, address, and phone numbers for care provider
   g) significant emergency information (see sample form)
   h) preferred hospital
   i) what constitutes a medical emergency for this student
   j) orders, supplies, or medications needed for medical emergency
   k) health care procedures, including administration of medication, and equipment and who will be responsible for obtaining
4. Secures permission for release of confidential information for all sources of significant medical information.
5. Develops and implements the health care plan to be carried out at school (see sample form). This plan should include situations that might arise while student is on bus, on field trips, during safety drills, and in the event of a disaster. The plan should include the following components:
   a) student identification data and date of plan
   b) description of the health condition and possible effects on this student. If multiple health conditions exist, each should be listed as a separate problem
      1) general guidelines for determining action
      2) procedures
         (i) medication and equipment needs and storage requirements
         (ii) possible adverse effects of medications or procedures
         (iii) signed orders if applicable
         (iv) parent authorizations
         (v) names and phone numbers of important personnel
         (vi) documentation of training personnel
   c) identifies school personnel to be trained in child-specific procedures and problem management
   d) ensures that plan is typed and signed by parent, nurse, and administrator. Obtains health care provider’s signature if prescribed health care is to be provided at school.
6. Files health care plan in student’s record and notes on emergency card that a health care plan is on file; makes IHP available to substitute staff.
7. Ensures that a child-specific emergency plan is developed in collaboration with school administration, community emergency personnel, and family; and is available to those who might need it.
8. Sees that the medication and/or treatment procedures are performed and documented.

9. Provides general staff training to give an overview of the student’s condition and health care needs. This overview should be done in collaboration with the parents and the child’s health care providers. Personnel who should attend this general training might include teachers, administrator and/or special education director, community emergency personnel, and other staff who will be in contact with the student, such as the bus driver, lunchroom and playground staff, occupational and physical therapists. Topics that should be covered include:
   a) overview of student’s condition and special health care needs
   b) detailed review of student’s health care plan
   c) overview of anatomy and physiology when appropriate
   d) roles and responsibilities of school personnel in the daily and emergency care of the student at school
   e) transportation issues and personnel involved
   f) emergency plan and procedures

10. Communicates with parents.

D. Staff members should be encouraged to ask questions during training sessions and be assured that they will be updated with any changes in the student’s condition or placement.

E. Health Care Provider
   1. Serves as a team member in developing a health care plan which is functional in this school setting.
   2. Identifies health information and services which must be provided in the school setting (cannot be provided outside school hours).
   3. Writes prescription for parent to obtain medication and/or equipment needed.

<table>
<thead>
<tr>
<th>Medications</th>
<th>Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>dosage</td>
<td>purpose</td>
</tr>
<tr>
<td>route of administration</td>
<td>directions for use</td>
</tr>
<tr>
<td>Site of injection</td>
<td>precautions</td>
</tr>
<tr>
<td>Side effects to note</td>
<td>other</td>
</tr>
<tr>
<td>other</td>
<td></td>
</tr>
</tbody>
</table>

4. Provides orders for medications and procedures that must be provided in school.

Guidelines for Development of Individualized Health Care Plan (IHP)

Personal Data
Name
Sex
Age or date of birth
Grade or teacher’s name
Medical diagnosis
Physician’s name and phone
Parent/guardian’s name and phone

Nursing Process

Assessment
Health History—general health, medical care, development, relevant family history, conditions, or life styles.
Present Health Status—subjective and objective data related to functional health patterns.
Note patterns of health perception/health management, nutrition, elimination, activity, cognition, self-perception, role-relationships, sexuality, coping/stress tolerance, and values/beliefs.
(It is helpful to use a standardized form to gather the history and information about current status.)

Nursing Diagnosis or Problem Statement
The etiological factors, signs and symptoms, and other information collected in the assessment phase need to be organized and summarized into a statement of the student’s problem or need.

Plan of Care
Goals
Usually broad statements of the overall desired outcome.
May be written in terms of goals of the student or may be written as goals of nursing intervention.

Nursing Interventions
Describe actions of the nurse to provide appropriate nursing services to the student in the school setting based on the diagnosis derived from the assessment.
May include screening and referral, treatment or medications, health maintenance activities, and client, family, or staff education.

Expected Client Outcomes
Outcomes describing how the student’s problem or need will be different (hopefully healthier) as a result of the nursing interventions.
Client (student) outcomes may be long or short term. The expected outcomes provide the “evaluation” of the nursing process.


<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Age:</th>
<th>Medical Diagnosis:</th>
</tr>
</thead>
</table>

Health History: | Current Information and Assessment: |

<table>
<thead>
<tr>
<th>Prepared by:</th>
<th>Date:</th>
<th>Reviewed by:</th>
<th>Date:</th>
<th>Reviewed by:</th>
<th>Date:</th>
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</thead>
</table>

Goals:

<table>
<thead>
<tr>
<th>Nursing Diagnosis and/or Student Problem</th>
<th>Interventions</th>
<th>Outcome/Evaluation</th>
</tr>
</thead>
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</table>
Individual Educational Plan (IEP)

Content of the Individualized Education Program

The individualized education program, as mandated by IDEA, for each child must include:

1. A statement of the child’s present levels of educational performance.
2. A statement of annual goals.
4. A statement of specific education and related services to be provided to the child.
5. A description of the extent to which the child will participate in regular educational programs and a description of the program to be provided.
6. The projected dates for initiation of services and the anticipated duration of services.
7. Objective criteria, evaluation procedures, and a schedule for determining, on at least an annual basis, achievement of the short-term instructional objectives.

IEP Development

The annual goals and short-term instructional objectives components of the IEP document are discussed in the following sections. Health concerns to be addressed within the student’s special education program are included in the short-term objectives section.

Annual Goals

A goal is a broad, general statement representing the anticipated achievement of a student within one school year.

Example:

Given consistent and continuous guidance from the health service provider, James will assume responsibility for taking his own medication.

Short-Term Objectives

These are specific, concise statements that reflect the intermediate steps required to accomplish the goal. The objectives must be measurable and say what the student will be able to do.

The components of a behavioral objective are:

- Who is to perform it?
- What is the specific observable behavior (or act) that the student is to perform?
- What is the product, performance, or result of the student’s behavior?
- What are the relevant conditions under which the behavior is to be performed?
- What is the standard for evaluation, the minimum level of acceptable performance?

Examples:

James will accurately state the time(s) of day his medication is to be taken by November 30.

James will list six side effects of his medication with 100 percent accuracy by March 1.

When writing the behavioral objectives, there are some major points to remember:

- Pinpoint exact skill levels,
- Translate skill level into objectives,
- Determine intermediate steps from least complex to most complex,
- Determine sequences of skills to make sure each learning step is small enough to ensure success,
- Modify as necessary,
- Establish a behavior modification program to reward the student for achievements, no matter how small they are.

DEVELOPING APPROPRIATE INDIVIDUAL EDUCATION PROGRAMS FOR STUDENTS WITH SPECIAL HEALTH CARE NEEDS

Historically, Individual Education Programs, (IEP’s) for students with complex health care needs have often contained objectives that indicated what would be done to the student and not what the student will learn. For example, the IEP may have contained Inappropriate or noninstructional objectives such as:

“The student will be fed three times a day with a gastro-intestinal feeding tube” or “The student will be positioned in 5 different positions throughout the school day.”

Objectives such as these can be referred to as “staff directives” as opposed to student objectives. The content of “objectives” such as these refers to related services the students require during the school day. As with other related services, such as physical therapy, procedures requiring support from school health services are included in the student’s IEP. The IEP also contains information about how often the related service will be provided. With related services such as physical therapy, the skills the physical therapist wants included in the IEP will be written on the ARC Summary. However, when the related service is a school health service, the process is somewhat different in that the health procedures are not in and of themselves skills the student will learn.

Thus, it is suggested that teachers include information about health care procedures on a separate page of the IEP. Information that is provided on this page includes (a) a description of the required procedures, (b) the person who is primarily responsible for carrying out the procedures, (c) the back-up person(s) who will carry out the procedures in the absence of the primary person, and (d) when the procedures will be initiated, reviewed and end. An example of how this might look is shown below:

<table>
<thead>
<tr>
<th>Required Procedure</th>
<th>Responsible Person(s)</th>
<th>Date Begin</th>
<th>Date End</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student will receive medication three times per day each day he/she is at school.</td>
<td>Teacher (Primary) Teacher Assistant (back-up)</td>
<td>08/03</td>
<td>06/04</td>
</tr>
</tbody>
</table>

Once the procedure has been included in the IEP, a program plan is developed for each procedure. The plan includes the student’s name, name and description of procedure, the primary and back-up person(s) responsible for carrying out the required to perform the procedure as outlined by a qualified medical personnel (e.g. physician, nurse), materials needed to perform the procedure and documentation required.
The teacher will also write instructional objectives related to instruction that will occur during the health care routine. Health care procedures are routines that are required on a daily basis. They are not skills for the student to learn. However, health care routines may take a significant portion of the student’s day, and are viewed as opportunities for instruction as would be any other activity. Health care routines can be utilized for instruction by embedding instruction in basic skills (e.g. communication, motor, sensory) into these routines. An objective which includes the health care procedure of gastro-intestinal feeding might look like this:

When involved in an activity (described below) and given a verbal cue to “reach for _____” and when the item is placed 2-4” in front of the student, he will extend his right forearm from the elbow to make contact with the item within 15 seconds, 4 of 5 opportunities (for 3 consecutive days).

Examples of activities in which the student will practice reaching are:
1. reaching for switch to operate appliance during snack
2. reaching for switch to operate video game during leisure time
3. reaching for coat hook to hang up coat during arrival time
4. reaching for switch to operate electric can opener to open can of formula for G-tube feeding
5. reaching for the supplies during G-tube feeding to assist with feeding during lunch

The health care routine can then be added to the activity matrix as an activity occurring during the student’s daily schedule.

Although, usually health care procedures are not in and of themselves instructional objectives for the child, there may be one exception. For certain procedures, it is possible, that some students might eventually perform them independently. Self-catheterization is one example. Students with adequate cognitive and physical abilities can be taught to catheterize themselves, and are encouraged to do so. With procedures such as these, instructional objectives are written to reflect independence as the criterion. An example is shown below:

“When given the materials needed for self-catheterization and given the verbal command to do so, the student will catheterize himself by independently performing 100% of the steps of catheterization 2 of 2 times per day of the school year.”

Self-catheterization falls within the independent living domain and certainly would be considered a functional skill to teach. For programming planning purposes, the teacher develops a task analysis of the steps required to perform catheterization and identifies an appropriate instructional strategy for teaching the procedure. Making both of these decisions requires input from the student’s physician or school nurse.

As with other related services, health care procedures need to be addressed on the IEP. Teachers and other members of the Admissions and Release Committee (ARC) should remember the following when including these procedures:

1. If the procedure has to be performed by an adult, it should not be included as an instructional objective for the child.
2. Administering health care procedures is considered a related service and is included on the IEP, but not written as an instructional objective.

3. Health care procedures are considered routines in which instruction can occur. Basic skills taught within these routines are included on the IEP noting that the routine provides an additional context for instruction of these skills.

4. Some students may be able to independently perform certain health care procedures themselves. Systematic instruction is planned with input from appropriate medical personnel.\textsuperscript{(ref #11)}
SAMPLE SECTION 504 PLAN AND HEALTH CARE PLAN FOR A STUDENT WITH DIABETES

Attached is a sample Section 504 Plan and Health Care Plan detailing typical medical and academic needs of a child with diabetes at school. The Plan outlines the responsibilities of the student, parents/guardians, and the school. The Health Care Plan sets out the student’s specific medical needs as determined by his/her health care team. Ideally, these documents are developed as a result of a cooperative effort involving the family, the child’s health care team, and the school/school district.

The terms "Section 504 Plan" or simply "504 Plan" refer to a plan developed to meet the requirements of a federal law that prohibits discrimination against people with disabilities, Section 504 of the Rehabilitation Act of 1973, commonly referred to as "Section 504." Section 504 applies to all public schools and to private schools that receive federal funds. This sample plan would also be appropriate under another law that protects students with disabilities, the Americans with Disabilities Act. The Americans with Disabilities Act covers all public schools and all private schools except those run by religious entities. Although such plans are typically referred to as "Section 504 Plans," your school may use a different name.

If your child has qualified for services under the Individuals with Disabilities in Education Act, also known as "IDEA," your child’s school plan may be called an "Individualized Education Plan" or "IEP." Typically, an IEP is more specific than a 504 Plan with regard to the student’s academic needs.

It is important to keep in mind that the attached 504 Plan is only a sample plan listing those things typically needed by children with diabetes in schools. The sample plan must be adapted to the individual needs, abilities, and medical condition of your child. Not all of the accommodations listed are needed for every child with diabetes. You should include those items in the sample that are needed for your child. Talk to your medical team about what plan makes sense for your child.

The attached 504 Plan envisions a child with type 1 diabetes who takes insulin by injection. Therefore, the plan would have to be modified for a child with type 2 diabetes, especially a child who does not take insulin, or for a child who is on an insulin pump. In addition, your state or school district may have its own standards for training those staff members who provide diabetes care to students. As the parent/guardian, you should feel comfortable with the training given, so it is important for you to find out what the standards for training are, if any. You might want to attend or participate in the training or seek verification that the training took place.

Source: http://dredf.org/504/intro504.html
Disability Rights Education & Defense Fund
SAMPLE HEALTH CARE PLAN

The attached sample School Health Care Plan was developed by the American Diabetes Association (ADA) and the Disability Rights Education and Defense Fund, Inc. (DREDF). For further information, see the ADA Position Statement, "Care of Children with Diabetes in the School and Day Care Setting." (Diabetes Care, Volume 25, Supplement 1, January 2002).

Health Care Plan for ________________

School: ________________________

Effective Dates:__________________

To be completed by parents and the student’s health care team. This document should be reviewed with necessary school staff and kept with the student’s school records and where easily accessible by staff in emergencies.

Student’s Name: _______________________

Date of Birth: _______________________

Grade: ___________ Homeroom Teacher: ____________________________

CONTACT INFORMATION:

Parent/guardian #1:

Name: _____________________________

Address: __________________________________________________________

Telephone: Home: ____________  Work: ____________  Cell: ____________

Parent/guardian # 2:

Name: _____________________________

Address: __________________________________________________________

Telephone: Home: ____________  Work: ____________  Cell: ____________

Source: http://dredf.org/504/intro504.html
Disability Rights Education & Defense Fund
Student’s Doctor/Health Care Providers:

Doctor: ____________________________

Address: _________________________________________________________

_________________________________________________________________

Telephone number: ________________________________________________

Other Emergency Contacts:

Name: ___________________________________

Relationship: ______________________________

Telephone: Home: ____________ Work: ____________ Cell: ____________

Notify parent/guardian or emergency contact in the following situations:

________________________________________________________________________

________________________________________________________________________

**BLOOD GLUCOSE MONITORING**

Target range for blood glucose is _______________ mg/dl to ________________ mg/dl.

Usual times to test blood glucose: ________________ ________________

________________________________________________________________________

Times to do extra blood glucose tests (check all that apply)

_____ Before Exercise

_____ After Exercise

_____ When student exhibits symptoms of hyperglycemia

_____ When student exhibits symptoms of hypoglycemia

_____ Other (explain): ________________________________________________

________________________________________________________________________

Can student perform own blood glucose tests? Yes No

Exceptions: _______________________________________________________

Type of blood glucose meter student uses: ________________________________
School personnel trained to monitor blood glucose level and dates of training:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

**INSULIN**

Types, times, and dosages of insulin injections to be given during school:

<table>
<thead>
<tr>
<th>Time</th>
<th>Type(s)</th>
<th>Dosage</th>
</tr>
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<tbody>
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</table>

School personnel trained to assist with insulin injection and dates of training:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Can student give own injections? Yes No
Can student determine correct amount of insulin? Yes No
Can student draw correct dose of insulin? Yes No

**FOR STUDENTS WITH INSULIN PUMPS**

Type of pump: _______________________ Basal rates: __________________________
Insulin/carbohydrate ratio: ______________ Correction factor: ____________________
Is student competent regarding pump? Yes No
Can student effectively troubleshoot problems (e.g., ketosis, pump malfunction)? Yes No
Comments: ______________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Source: [http://dredf.org/504/intro504.html](http://dredf.org/504/intro504.html)
Disability Rights Education & Defense Fund
MEALS AND SNACKS EATEN AT SCHOOL

The carbohydrate content of the food is important in maintaining a stable blood glucose level.

<table>
<thead>
<tr>
<th>Meal/Snack</th>
<th>Time</th>
<th>Food content/amount</th>
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<tbody>
<tr>
<td>Breakfast</td>
<td>_____</td>
<td>____________________</td>
</tr>
<tr>
<td>Mid-morning snack</td>
<td>_____</td>
<td>____________________</td>
</tr>
<tr>
<td>Lunch</td>
<td>_____</td>
<td>____________________</td>
</tr>
<tr>
<td>Mid-afternoon snack</td>
<td>_____</td>
<td>____________________</td>
</tr>
<tr>
<td>Dinner</td>
<td>_____</td>
<td>____________________</td>
</tr>
<tr>
<td>Snack before exercise?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Snack after exercise?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other times to give snacks and content/amount:</td>
<td>____________________</td>
<td></td>
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</tbody>
</table>

A source of glucose such as _________________________________________________ should be readily available at all times.

Preferred snack foods: _________________________________________________

Foods to avoid, if any: _________________________________________________

Instructions for when food is provided to the class, e.g., as part of a class party or food sampling: _________________________________________________

EXERCISE AND SPORTS

A snack such as _________________________________________________ should be available at the site of exercise or sports.

Restrictions on activity, if any: _________________________________________________

Student should not exercise if her blood glucose level is below _______ mg/dl or above _____________ mg/dl.

Source: [http://dredf.org/504/intro504.html](http://dredf.org/504/intro504.html)
Disability Rights Education & Defense Fund
HYPOGLYCEMIA (Low Blood Sugar)

Usual symptoms of hypoglycemia: ____________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Treatment of hypoglycemia: ________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

School personnel trained to administer glucagon: ______________________________
________________________________________________________________________

Glucagon should be given if the student is unconscious, having a seizure (convulsion), or unable to swallow. If glucagon is required, it should be administered promptly. Then, 911 (or other emergency assistance) and the parents should be called.

HYPERGLYCEMIA (High Blood Sugar)

Usual symptoms of hyperglycemia: __________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Treatment of hyperglycemia: ________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Circumstances when urine ketones should be tested: ___________________________
________________________________________________________________________

Treatment for ketones: _____________________________________________________
________________________________________________________________________

School personnel trained to test for ketones: _________________________________
________________________________________________________________________
SUPPLIES AND PERSONNEL

Where are supplies for testing blood glucose levels kept? _________________________
________________________________________________________________________

Where are supplies for administering insulin kept? _______________________________
________________________________________________________________________

Where are supplies for testing ketones kept? ____________________________________
________________________________________________________________________

Where is glucagon kept? ___________________________________________________
________________________________________________________________________

Where are supplies of snack foods kept? _______________________________________
________________________________________________________________________

School personnel trained in the symptoms and treatment of high and low blood sugar and
dates of training:                                                                 
________________________________________________________________________
________________________________________________________________________

SIGNATURES

This Health Plan has been reviewed by:

_______________________________________              ______________________
Student’s Health Care Provider           Date

Acknowledged and received by:

_______________________________________  ________________________
Student’s Parent(s) or Guardian(s)    Date

Acknowledged and received by:

________________________________________  _______________________
School Representative      Date
THE ROLE OF THE SCHOOL

Because of the challenge that special health care needs present to the student, their family, and the school, school districts should be aware of how many children are enrolled in their schools who will need special health care services. The student’s parents should contact the school before the school year begins or upon diagnosis of an illness whenever special health care services will be required. Additionally, the school district may choose to conduct a special health care needs assessment of the school population to determine the number and type of health care service required for the school year.
ROLE OF THE SCHOOL NURSE: THE INDIVIDUALIZED HEALTH CARE PLAN (IHP)

Once the school district has identified (or been notified) of the specific health care needs of the student, the school nurse should develop (as best practice) an Individual Health Care Plan (IHP). The IHP is an individualized plan of care that describes what nursing services are appropriate to meet the student’s health care needs. The nurse may also identify other related services or program modifications to be recommended in the Individual Education Program or 504 Plan.

The implementation of the IHP as part of an IEP or 504 Plan should be a collaborative process between the student, student’s parents or legal guardian, the student’s physician, and all school personnel involved with the student’s education process. School districts may have to provide training to school personnel regarding specific health conditions.

For reference information in the development of an individualized health care plan (IHP) for a child with special health care needs, The National Association of School Nurses has published Quality Nursing Interventions in the School Setting, Procedures, Models and Guidelines. “The Nursing Practice Management: Compendium of Individualized Healthcare Plans” is a culmination of individualized healthcare plans that has been published in The Journal of School Nursing. “The Nursing Practice Management Section” of The Journal of School Nursing also has published Individual Healthcare Plans with case studies to assist the school nurse in designing an appropriate plan of care for the student. Another resource would be any recent edition of Fundamentals of Nursing textbook, or Child Health Nursing textbook

Some children with special health care needs may have special dietary needs and require a meal modification. Please refer to the Eating and Feeding Evaluation: Children with Special Needs and Medical Statement for Children Requiring Special Needs Forms found in the USDA Food and Nutritional Services Manual: Accommodating Children with Special Dietary Needs in the School Nutrition Programs, (Exhibit 7H). Consult with your school district food service as to the appropriate form used by your district. The form should be updated each school year.
## EATING AND FEEDING EVALUATION: CHILDREN WITH SPECIAL NEEDS

### PART A

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Age</th>
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<tbody>
<tr>
<td>Name of School</td>
<td>Grade Level</td>
</tr>
<tr>
<td>Does the child have a disability? If Yes, describe the major life activities affected by the disability.</td>
<td>Yes</td>
</tr>
<tr>
<td>Does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a licensed physician.</td>
<td>Yes</td>
</tr>
<tr>
<td>If the child is not disabled, does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a recognized medical authority.</td>
<td>Yes</td>
</tr>
<tr>
<td>If the child does not require special meals, the parent can sign at the bottom and return the form to the school food service.</td>
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</tbody>
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### PART B

| List any dietary restrictions or special diet. |
| List any allergies or food intolerances to avoid. |
| List foods to be substituted. |
| List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate “All.” |
| Cut up or chopped into bite size pieces: |
| Finely ground: |
| Pureed: |
| List any special equipment or utensils that are needed. |
| Indicate any other comments about the child’s eating or feeding patterns. |

<table>
<thead>
<tr>
<th>Parent’s Signature</th>
<th>Date:</th>
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<tr>
<td>Physician or Medical Authority’s Signature</td>
<td>Date:</td>
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## INFORMATION CARD

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Teacher’s Name</th>
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### Special Diet or Dietary Restrictions

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### Food Allergies or Intolerances

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### Food Substitutions

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### Foods Requiring Texture Modifications:

- **Chopped:**

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- **Finely Ground:**

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- **Pureed or Blended:**

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### Other Diet Modifications:

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### Feeding Techniques

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### Supplemental Feedings

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### Physician or Medical Authority:

- **Name**

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- **Telephone**

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- **Fax**

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### Additional Contact:

- **Name**

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- **Telephone**

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### School Food Service Representative/Person Completing Form:

- **Title**

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- **Signature**

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# Medical Statement for Children Requiring Special Meals

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<tr>
<th>Name of Student:</th>
<th>School District:</th>
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<tbody>
<tr>
<td>Birth Date:</td>
<td>Grade:</td>
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<tr>
<td>Parent Name:</td>
<td>School Attended:</td>
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**For Physician’s Use**

Identify and describe disability or medical condition, including allergies, that requires the student to have a special diet. Describe the major life activities affected by the student’s disability (see back of form).

---

**Diet Prescription** (check all that apply):

- [ ] Diabetic (include calorie level, carbohydrate count, and/or attach meal plan): __________
- [ ] Modified Texture and/or Liquids
- [ ] Food Allergy (list): __________________________
- [ ] Reduced Calorie: __________
- [ ] Increased Calorie: __________________________
- [ ] Other (describe e.g. PKU, Ketogenic, Tube Feeding): __________________________

**Food Omitted and Substitutions:**

Use space to list specific food(s) to be omitted and food(s) that may be substituted. You may attach an additional sheet if necessary. Describe in detail allergies e.g. milk allergy - does that include pudding, cheese, yogurt, etc.

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<tr>
<th>OMITTED FOODS</th>
<th>SUBSTITUTIONS</th>
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**Indicate Texture** (see attached sheet for additional information):

- [ ] Regular
- [ ] Chopped
- [ ] Ground
- [ ] Pureed

**Indicate thickness of liquids:**

- [ ] Regular
- [ ] Nectar
- [ ] Honey
- [ ] Pudding

**Special Feeding Equipment**

- Additional comments: __________________________

---

I certify that the above named student needs special school meals as described above, due to the student’s disability or chronic medical condition.

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<th>Physician’s Signature</th>
<th>Telephone Number</th>
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Signature of Preparer or Other Contact

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<th>Telephone Number</th>
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I hereby give my permission for the school staff to follow the above stated nutrition plan.

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<th>Parent/Guardian</th>
<th>Date</th>
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SPECIAL HEALTH CARE GUIDELINES

The purpose of this section is to provide school personnel guidance in planning special health care services and training for personnel involved in the provision of special health care services. The information provided is of a general nature and is not a substitute for medical evaluation and procedure; appropriate training of personnel; or scope-of-practice for state credentialed health service personnel who work in the public schools. Authorization for Administration of Special Health Care Services will have to be received from the physician and parents/guardian and on file with the school each school year. (Exhibit 7F and 7G) 

Documentation of training of all delegated school personnel will also be kept in student’s file.

Children with special health care needs may require health care services or treatments performed during the school day. These services should only be given by a person who has been delegated and trained in performing the health care service by a licensed health care professional. The delegated non-licensed school personnel will always perform these services under the supervision of a licensed registered nurse as stated in the Kentucky Board of Nursing Advisory Opinion Statement # 87-15, “Roles of Nurses in the Supervision and Delegation of Nursing Acts to Unlicensed Personnel”, and KRS 156.502 Health Service in School Setting – Designated provider – Liability Protection.
AUTHORIZATION FOR ADMINISTRATION OF SPECIALIZED PHYSICAL HEALTH CARE SERVICES

Student Name: __________________________________________ Date of Birth: _______________________

Student Address: ______________________________ City: _____________________ Zip: ___________

Physical/Health condition for which procedure is to be performed _______________________________________
________________________________________________________________________________________

Name of treatment or procedure _______________________________________________________________
________________________________________________________________________________________

Check one:
_____ I have reviewed and approved the attached standardized procedures as written.
_____ I have reviewed and approved the attached standardized procedures with my modifications noted.
_____ I have attached my recommendations for standardized procedures.

Precautions, possible untoward reactions, and recommended intervention(s)
____________________________________________________________________________________
____________________________________________________________________________________

Time schedule and/or indication for the procedure _______________________________________________
_____________________________________________________________________________________

The above treatment cannot be scheduled before or after school hours. ______________________________

Treatment to be continued as above until ______________________________ (date)

Date of Authorization of Treatment ______________________________ (date)

Health Care Provider Signature: __________________________________ Telephone: __________________

Address: ________________________________________________________________________________

City: __________________________________________________________ Zip: __________________

_____________________________________________________________________________________

FOR SCHOOL USE ONLY

School nurse’s signature: ____________________________ Date: ________________

HEALTH PROCEDURES DAILY LOG

Student _______________________________ Procedure Name ________________________________

School Name ___________________________________________________ School Year _________

Authorized directions for procedure:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Time Procedure to be done: ___________________________________________________________

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<th>Date</th>
<th>Procedure Done?</th>
<th>Comments/Notes</th>
<th>Signature</th>
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Date  Procedure Done?  Comments/Notes  Signature
Yes
No
Parent/Guardian Request for Specialized Physical Health Care Services

Student Name: _____________________________________ Date of Birth: ________________

I request that the following specialized physical health care service(s) be administered to my child:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

(name of procedure)

This procedure(s) is necessary for my child to attend school and cannot be provided before or after school hours.

I request that the treatment be administered in accordance with the Authorization for Specialized Physical Health Care. I will notify the school if the health status of my child changes, we change health care providers, or the procedure is changed or cancelled.

I agree to bring the necessary equipment and supplies, properly labeled, with directions for use in school.

The school is authorized to secure emergency medical services for my child whenever the need for such services is deemed necessary by the principal, school nurse, teacher, or other school personnel.

In consideration of this authorization, made at my request, I agree to indemnify and hold harmless the Board of Trustees and school personnel administering the treatment from any claim, liability, or damages caused or claimed as a result of the requested treatment.

I hereby give my permission for exchange of confidential information contained in the record of my child between

_______________________________________ and ___________________________________
(Licensed Health Care Provider Name) (School Nurse)

_________________________________________ ______________________________
(Parent/Guardian Signature) (Date)

_________________________________________ ______________________________
(Address) (Home Telephone)

_________________________________________ ______________________________
(City/State) (Work Telephone)

COMMON SPECIAL HEALTH CARE CONDITIONS AND THEIR TREATMENT IN SCHOOL SETTINGS

The following section deals with some of the specific health care conditions most typically seen in school settings. It provides a description of each condition, issues of concern in school settings, and cites additional resources for finding out more about each condition. It is not meant to be an exhaustive list, but attempts to provide information about common conditions and how they may impact student functioning and implications for services and treatment in school settings.

Allergic Reactions (Anaphylaxis)
Anaphylaxis is a sudden, severe, potentially fatal, systemic allergic reaction that can involve various areas of the body (i.e. skin, respiratory tract, gastrointestinal tract, and cardiovascular system). Symptoms may occur within minutes to two hours after contact with the allergy-causing substance, but in rare instances may occur up to four hours later. Anaphylactic reactions can be mild to life threatening. The annual incidence of anaphylactic reactions is about 300 per 100,000 persons, and individuals with asthma, eczema or hay fever are at great relative risk for experiencing anaphylaxis.

Common causes of anaphylaxis include:
- Food Allergies (peanuts, tree nuts (i.e. walnuts, cashews) shellfish, milk and eggs)
- Medication Allergies
- Allergies to insect stings (honeybees, bumblebees, wasps, yellow jackets, hornets, fire ants and harvester ants)
- Latex Allergies (anyone exposed to latex frequently including: health care workers, children with spinal bifida or other congenital disease requiring multiple surgeries)

Physical Findings: Most allergic reactions are not severe enough to cause anaphylaxis. An anaphylactic reaction may begin with:
- A tingling sensation
- Itching
- Metallic taste in mouth

Other symptoms can include:
- Hives
- A sensation of warmth
- Asthma symptoms
- Swelling of the mouth and throat area
- Difficulty breathing (wheezing) or difficulty swallowing
- Vomiting
- Diarrhea
- Cramping
- A drop in blood pressure, sweaty or clammy skin
- Loss of consciousness

Laryngospasm (closure of the vocal cords blocking air intake) can occur as part of anaphylaxis or by itself. It requires immediate establishment of an airway; call 9-1-1.

Students with known allergies should have a written emergency plan on file with the school’s nurse. This emergency plan would include a Physician’s Authorization and Parent Consent Form for Emergency Healthcare Procedures. School districts must establish procedures for possible emergencies and all appropriate personnel including but not limited to teachers, bus drivers/monitors, food services, paraeducators, instructional assistants and on-site/after-school care personnel must be trained in the emergency action procedures.
3 R’s for treating anaphylaxis:
- Recognize symptoms
- React quickly
- Review what happened and be sure to prevent reoccurrence

Medical Treatment for an Anaphylaxis Reaction: Epinephrine is the drug of choice for treating an anaphylactic reaction. It is a prescribed medication that works to reverse the symptoms of an anaphylactic reaction and helps prevent its progression. It is available via a health care provider’s order and comes in an Auto-Injector form. The student must have a Physician’s Authorization Form signed by both the parents and the Primary Care Physician. It is important to administer epinephrine as soon as symptoms of anaphylaxis are detected. See KRS 158.832 to KRS 158.836 for 2004 changes in self-administration laws for students at risk for anaphylaxis.

Additional information on managing students with food allergies may be found in “School Guidelines for Managing Students with Food Allergies” [Online] http://www.foodallergy.org/school.html

For training guidelines for School Personnel for the Use of EpiPens, see Exhibit 7I

The following information on Asthma is used with permission from the Jefferson County Public Schools Health Services

**Asthma**

Asthma is one of the most common chronic diseases in children, and the leading cause of school absences (approximately three times the average of children without asthma). Approximately 5 million children have been diagnosed with asthma in the U.S. Asthma is a chronic lung disease characterized by episodes or attacks of coughing, wheezing, chest tightness, and/or shortness of breath. Students diagnosed with asthma should be under the care of a health care provider, and most will be managed with a prescription medication, however, asthma in the acute stages can be life threatening.

Triggers On occasion, certain factors may result in a child’s displaying symptoms such as wheezing or a dry hacking cough or even severe difficulty breathing. Asthma is characterized by excessive sensitivity of the lungs to various stimuli (or triggers).

Many students will have identified triggers and may need environmental modifications at school in order to avoid them. Each child reacts differently to the factors that may trigger asthma. Some of the triggers may include the following:

- Respiratory infections, colds
- Allergic reactions to pollen, mold, animal dander, feathers, dust, food
- Vigorous exercise
- Exposure to cold air or sudden temperature changes
- Air pollen, fumes, or strong odors
- Excitement, stress
- Cigarette smoke

**Potential Concerns**

- Difficult or ineffective breathing pattern that leads to oxygen deprivation/respiratory distress
- Need for school personnel to be trained in recognizing signs of respiratory distress
- Psychosocial concerns related to chronic illness: peer acceptance, fear secondary to acute attack

Outcome Identification/Goals The student will be able to participate in school programs at the highest level of functioning with a minimum number of absentee days as a result of asthmatic episodes.
Planning/Implementation Depending on the severity of the asthma, the child may need to be evaluated for special health care services.

- Arrange a conference with the parent, child, teachers and Health Services nurse. Discuss the child’s asthma-related needs and management of his/her condition at school. Obtain emergency contact names and telephone numbers.
- Obtain Physician’s Authorization: Asthma Form (Exhibit 7J). A copy of this information is to be shared with all appropriate school staff.
- The Authorization to Give Medication Form must be completed if medication is to be given during the school day.
- All non-professional school personnel involved with the student will be properly trained on the use of inhalers, nebulizers and peak-flow monitors.

First Aid for Asthma If a child is observed to have wheezing, coughing, shortness of breath; complains of chest tightness and/or has difficulty breathing; or is so tired or weak that he/she can’t finish normal activities:
- Have the child sit down; speak to him/her in a reassuring manner
- Assess rate of breathing, for chest muscle retractions, cough, wheezing, nail bed and lip cyanosis (bluing)
- Obtain, if available, a peak-flow reading and compare it to the child’s baseline reading if staff is trained to interpret a peak-flow meter.

The Five Signs
Having any one of these signs means medical care is needed:

1. Wheezing or coughing increases after medicine has had time to work (5 to 10 minutes for bronchodilators through an inhaler/nebulizer).
2. Child has difficulty breathing as evidenced by:
   - chest and neck being pulled in with breathing
   - hunching over
   - struggling to breathe
3. Child has trouble walking or talking, or child stops playing and cannot start again
4. Fingernails are blue (especially in this case, child should go to their health care provider or emergency room right away)

What to do immediately:
- Stay calm; don’t panic
- Make the child stop all activities
- Notify the parent or emergency contact about what has happened
- Give the child medication that has been prescribed by the child’s doctor
- After 15 to 20 minutes have passed, if the child isn’t any better seek medical help immediately
- Call the child’s physician or Emergency Medical Services (EMS) 9-1-1
- Call the child’s parent again and notify him/her about the status of the child. Encourage pick-up if incident has not resolved completely

See Exhibit 7J for training guidelines for Asthma Training for School Personnel.

The following documents, both publications of the National Heart, Lung and Blood Institute (of the National Institutes of Health), are comprehensive reviews of asthma physiology and management. Both are available online, as well as in hardcopy through the NIH.

Bethesda: National Heart, Lung and Blood Institute.
http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm

Additional information can also be found through the American Academy of Allergy, Asthma and Immunology, and includes a section specifically for schools: Pediatric Asthma: School Nurse Tool Kit. Available online at: http://www.aaaai.org/professionals.stm

The following information on diabetes is used with permission from the Jefferson County Public Schools Health Services:

Diabetes

Diabetes mellitus is a disorder that affects the production of insulin by the pancreas. Insulin is necessary for the breakdown of sugars and carbohydrates in the bloodstream. When insulin is not available, high levels of glucose (sugar) build up in the bloodstream and cause damage to systems throughout the body. Individuals who have diabetes may require insulin by injection to replace what their body cannot manufacture. They are “insulin dependent.” Many students have this disorder and require blood-glucose monitoring and periodic insulin injections to maintain proper blood levels of both glucose and insulin. Children are usually taught how to manage their condition independently. Occasionally, the school is involved. School personnel require a general awareness of the signs and symptoms of an altered blood glucose to avert potential crisis situations for the diabetic student.

Potential Concerns

Students with diabetes may have concerns that include the following:

- Recognition of signs and symptoms of high/low blood sugar
- Knowledge of managing signs and symptoms of high and low blood sugar
- Psychosocial concerns related to diabetes
- Self-care deficit during stressful maturational periods of development

Outcome Identification/Goals The diabetic student will be able to participate fully in educational programs and be free of social isolation related to self-care needs for glucose monitoring/insulin replacement.

Planning /Implementation

- Arrange a conference with parents, student, teachers/other appropriate personnel and the school nurse. Discuss the child’s diabetic needs during the school day. Self-management vs. need for school personnel to provide glucose monitoring and/or insulin injections. Obtain emergency notification information. (names and telephone numbers)
- According to KRS 156.502, Section 2, school health services shall be provided within the registered nurse or licensed practical nurse current scope or practice and who is licensed under the provision of KRS Chapter 314, KRS 314 authorizes the Kentucky Board of Nursing to regulate nurses and nursing education and issue. Advisory Opinions on nursing practice in order to assume safe and effective nursing care is provided by nurses to the Public.
- According to KBN Advisory Opinion Statement AOS #87-15, Supervision and Delegation p.4, 5(b) “the administration of medications via any injectable route should not be delegated to unlicensed personnel unless for the intervention in a life threatening situation”.
- The parent must present a current Physician’s Authorization: Diabetes Form that includes information on blood-glucose monitoring needs, insulin requirements during the school day, snack schedule, exercise and activity guidelines, and dietary restrictions.
- The parent must present a current Modified Meals Form from food services.
- Principal will designate three (3) or more staff within the school to be responsible for providing assistance with diabetics needs.
- Clarify with parents and student the location within the school for blood-glucose testing and disposal of sharps used during the procedure. Note: A heavy plastic bottle, emptied, rinsed-labeled with a biohazard label is a suitable container.
- The student’s supplies must be kept in a supervised, locked area within school, with immediate access when needed.
- Contact Health Services for training of staff in blood-glucose monitoring and recognition of signs and symptoms of low and high blood sugar.
Low Blood Sugar Symptom Recognition

It is more likely that a student in crisis has low blood sugar rather than high. If the student is observed to have any of the following symptoms: Shaking, Hunger, Fatigue, Trembling, Headache, Sweating, Dizziness, Weakness Complains of “feeling low”.

Action needed: he/she should be given a quick-acting carbohydrate such as:

- Hard candy (e.g., two or three Life Savers, 15 Skittles) or glucose tablets
- ½ cup orange juice or non-diet soft drink

Following this, test the blood sugar and follow the physician’s recommendations on the Physician’s Authorization: Diabetes Form, based upon the results of the test.

Symptom Recognition of High Blood Sugar:
If the student is observed to have any of the following symptoms:

- Extreme thirst
- Hunger
- Frequent urination
- Blurred vision
- Drowsiness
- Dry skin
- Nausea

Action needed: Test Blood sugar and follow the recommendations on the Physician’s Authorization: Diabetes Form, for high blood sugar.

See Exhibit 7K for training guidelines on Diabetes Training for School Personnel.

Children with diabetes attending schools in Kentucky should have (as best practice) a written Individual Health Plan (IHP), which also includes an emergency action plan. The school health services team, including the student, parents/guardian should collaborate on how the child’s diabetes will be managed and what if any medical accommodations, educational aids, and services may be needed for the student. This information may be included in a Section 504 Plan, an IEP, or other education plan.

Several agencies and state organizations have published guidelines on the management of children with diabetes in the schools. These resources also include examples of 504 Plans, emergency action plans as well as authorization forms and may be downloaded free. These documents include:


Seizure Disorder (Epilepsy)

Twenty-five million Americans (1 in 10) have had, or will have at least one seizure at some time in their lives. The word “epilepsy” comes from the Greek word for “seizure”. Epilepsy is a controllable condition caused by abnormal electrical activity in the brain resulting in temporary seizures. Epilepsy is actually an umbrella term covering about twenty different types of seizure disorders.
Seizures may include muscle spasms, mental confusion, and a loss of consciousness and/or uncontrolled or aimless body movements. There are two main types of seizures:

- **Generalized-begin with a discharge of neurons throughout the brain. They include:**
  - Tonic-Clonic seizures or “grand mal” (loss of consciousness, stiffening of body, jerking of limbs)
  - Absence seizures or ‘petit mal” (blank spells, staring, slight twitching)
- **Partial-begin with a discharge of neurons in just one part of the brain. They include:**
  - Simple Partial seizures (uncontrolled body movements, brief changes in sensory perceptions)
  - Complex Partial seizures (confusion, loss of awareness, aimless movements)
  - Infantile Spasms (babies have sudden, jerking seizures)

There are many less common types of seizures. Seizures may be frequent or rare. They may last a second or several minutes. They may be severe or mild. A person may have more than one type of seizure, and the pattern of seizures may change with time.

In about 70 percent of cases there is no known cause. But recurring seizures can be related to:

- Brain tumor or stroke
- Head trauma: especially from automobile accidents, falls and blows, gunshot wounds or sports accidents. The more severe the injury, the greater the risk of developing epilepsy.
- Infection: meningitis, viral encephalitis, and less frequently mumps, measles, diphtheria and others
- Poisoning: such as lead or alcohol poisoning
- Maternal injury: infection or systemic illness affecting the developing brain of the fetus during pregnancy

Common seizure triggers may include:

- Missed doses of antiepilepsy medication (too little medication)
- Antiepilepsy medication toxicity (too much medication)
- Lack of sleep
- Abuse of alcohol or other drugs
- Fever, colds, infections or other illness
- Blinking or flashing lights, geometric patterns (photosensitivity)
- Menstrual cycle
- Hormonal changes or imbalances, for instance, at puberty and during menopause
- Low blood sugar (hypoglycemia)
- Deficiency of vitamin B6, sodium, calcium or magnesium
- Sudden stress, such as being startled, which may cause hyperventilation

Potential Concerns:

Students with seizure disorders may have concerns that include the following:

- Impaired school performance secondary to recurrent seizure activity
- Presence of unidentified seizure activity that prevents the student from receiving maximum benefit from educational programs
- Risk of bodily injury during seizure activity
- Need for emergency plan of action for students known to have prolonged seizure activity
- Psychosocial issues related to chronic health condition and potential social isolation

Treatment: Many students with a seizure disorder will be managed by either one or a combination of antiepileptic medications. Since the student may need to take the prescribed medication as often as four times a day, the student will likely need to take the medication during school hours. Medication Authorization Forms as well as an Emergency Action Plan will need the authorization of the child’s physician and parent/guardian. In the event there is not a school nurse present in the school, designated school staff will need training about seizure recognition and monitoring.
The goal of all epilepsy treatment is to prevent further seizures, avoid side effects and promote as much normalcy to the student’s life as possible. Most epilepsy medications may be taken orally in the form of tablets, capsules, sprinkles, or syrup. A rectal gel form of diazepam (Diastat) may be prescribed for a student in an emergency situation. The Kentucky Board of Nursing Advisory Opinion Statement # 8715, p. 4 states “For the intervention in life-threatening situation, a registered nurse may teach and delegate to non-nurse school employees the preparation and administration of injectable glucagons, epinephrine hydrochloride (EpiPen), and diazepam suppository. The medications would be given according to written established policies and procedures of the school system.”

- First Aid for Seizures (Generalized Tonic/Clonic or Grand Mal)
  - Ease the student to the floor (unless harnessed securely in wheelchair and breathing is not restricted). Stay clam and reassure others. Loosen any tight clothing at the neck
  - Remove hazards in the area, such as sharp or hard objects
  - Turn the student onto his/her side to allow saliva to drain and prevent the tongue from blocking the airway. Never force anything between the teeth or put anything in the mouth
  - Place something soft under the student’s head to cushion
  - If the child is known to have a seizure disorder, follow the parent’s instructions on whom to notify. Follow the student’s IHP/Emergency Action Plan. If there is no history of seizure, call 9-1-1 and notify parents. If any seizure lasts longer than five minutes or if another starts right after the first, call 9-1-1 for emergency assistance
  - After the seizure has run its course, allow for rest in a quiet, supervised area if he/she desires. The need for rest will vary with the individual
  - Notify parents immediately. Document the seizure activity in the student’s health record

Further information on epilepsy may be found in “School Alert” which is a program designed to respond to the special needs of children with epilepsy, their teachers and their classmates. This is a comprehensive public and professional health education package on epilepsy designed to eliminate fear and misconceptions about epilepsy. More information may be found online at: http://www.eaes.org/schoolalert.htm

See Exhibit 7L for training guidelines on Seizures and Diastat for School Personnel

Catheterization

Definition and Purpose The purpose of catheterization is to drain urine from the bladder via insertion of a catheter (flexible tube). Catheterization may be necessary for reasons such as injury to the bladder, paralysis of the bladder function, and an acquired disease. Types of catheter systems include indwelling catheters with external collection bag and clean intermittent catheterization.

Indwelling Catheters Indwelling catheters are the type used frequently in the hospital for patients receiving surgery. The catheter is inserted into the bladder and the urine drains into a collection bag. Indwelling catheters are usually used as a temporary solution for bladder control since their prolonged used increases the chances of infection.

The following training guidelines are adapted from the Jefferson County Public Schools Health Services and Madison County Public Health Department.

Clean Intermittent Catheterization

Intermittent urinary catheterization is a non-sterile procedure whereby a student’s bladder is periodically emptied of urine through introduction of a silicone or latex catheter. Numerous students require clean intermittent catheterization (CIC) as a result of an underlying spinal disorder, such as spinal bifida or neurological trauma. Frequency of catheterization is determined by the doctor and may be required once or twice during the school day.

Potential Concerns

Students requiring catheterization may have concerns that include the following:

- Impaired physical ability secondary to the underlying disorder, i.e., may need transfer assistance
- Functional incontinence (the state in which an individual experiences involuntary unpredictable
passage of urine or feces) leading to impaired skin integrity
• Psychosocial concerns related to self-esteem and privacy

Outcome Identification/Goals The student will receive catheterization services at prescribed intervals, which will promote maximum participation in the educational program. The student’s privacy and self-esteem will be carefully guarded during this procedure.

Planning and Implementation
• Principal will designate an appropriate area within the school building for the performance of clean intermittent urinary catheterization (CIC), which must include adequate space, cot or bed, relative proximity to soiled and hand-washing facilities, and most of all privacy for the student.
• Health Services will be notified regarding the need for CIC prior to the student’s attendance at the school and will arrange for services and training
• The parent will provide current Physician’s Authorization: Catheterization Form for the performance of the procedure during the school day. Parents are responsible for providing all supplies
• All Catheterizations should take place in a private area. Students who can stand over or sit unassisted on a toilet may learn to catheterize themselves and do this in the regular restroom. Other students will require a room or private area to provide optimal privacy for the student. A high degree of sensitivity is demonstrated by the person performing the procedure due to the possibility of embarrassment to the student. Ideally, the room should contain a sink so that hand-washing facilities are available. Always have supplies organized prior to performing the procedure
• Training to perform the procedure will be from a qualified licensed health care professional working directly with the student during training sessions
• Know the signs and symptoms or urinary tract infections and problems (e.g. unusual color or odor of urine, presence of blood in the urine, fever, pain or burning in students without paralysis)
• Encourage adequate intake of fluids and monitor fluid intake and implement recommendations as specified by physician

Documentation
• Document treatment as specified by physician with parental consent, noting any procedural difficulties. Parents and Health Services will be notified by phone and in writing if any procedural difficulties are encountered
• Document the color, odor, amount and characteristics of the student’s urine
• Document times of catheterization
• Follow appropriate procedures for the disposal of body fluids (urine), as outlined in school district’s policy on Universal Precautions
• School personnel will be responsible for the care of a child who incurs a bowel or bladder accident. Parents should be asked to send a change of clothes to keep on hand for this purpose. Soiled garments should be double bagged and sent home for laundering. Note: Universal precautions must be used and school personnel must be aware of any latex allergies, (Many students with spinal bifida are allergic to latex and require the use of vinyl gloves during catheterization or any other procedure where they are required. Consult the physician regarding the type of gloves to use.)
• Toileting routines should be followed if specified by the parents

Evaluation School personnel will determine the student’s response to the procedure and will contact the school nurse or person delegating this procedure if modifications to the arrangements are indicated.

See Exhibit 7M for Guidelines for Intermittent Straight Catheterization: Female for School Personnel.

Field Trips for Students Requiring Catheterization When an off-site field trip is scheduled, special consideration may be necessary in order to accommodate students requiring catheterization services. Plans for the off-site field trip should be discussed by all the involved school personnel at least one-week in advance. Special arrangements may need to be made to provide for the adjustment in the time of catheterization. Parents should be kept informed in proposed changes in planned services for their child.

Gastrostomy Tube Feeding
Definition

Gastrostomy tube feedings are used to provide supplemental or total nutrition via a tube surgically placed into the stomach and called a gastrostomy tube (G-tube). The tube remains in place at all times and is closed between feedings to prevent leakage of stomach contents. G-tubes cause no discomfort.

The G-tube may be used to administer food and fluids directly into the stomach. This method is used to bypass the usual route of feeding by mouth when:

- There is an obstruction of the esophagus (i.e. food pipe)
- Swallowing is impaired, and the student is at risk for choking/aspiration
- The student has difficulty taking enough food by mouth to maintain adequate nutrition

The student may receive a G-tube feeding by either the bolus, continuous (slow drip) method or by infusion pump. A bolus is a specific amount of feeding given at one time (over 20-30 minutes). A slow drip is a feeding that is given slowly over a number of hours, running continuously or may be attached to an infusion pump to deliver an exact amount of feeding over a specific period of time.

Potential Concerns

Students with a gastrostomy tube may have concerns that include the following:

- Altered nutritional status, growth and development
- Potential aspiration (choking)
- Altered bowel/bladder elimination
- Psychosocial concerns related to self-esteem

Outcome Identification/Goals

The student will maintain nutritional status.

Planning/Implementation

- The principal must designate personnel within the school setting to be responsible for providing G-tube feeding to the student (Three or more persons must be identified for training)
- Health Services will be notified regarding the need for staff training prior to the student’s attendance at school. Ongoing needs for training in this procedure can be met through Health Services
- Physician’s Authorization Form shall be obtained to perform the procedure in the school (see Exhibit 7N), parent’s signature also required. Parents will be involved in the planning and training on an individual basis
- Staff must receive training from nursing personnel through Health Services. Staff will provide the tube feedings on a daily basis as per physician orders utilizing Health Services nursing personnel as a resource

Evaluation Staff

will:

- Observe the student’s response to the procedure
- Provide ongoing documentation of the procedure and any problems on the Health Procedures Daily Log (provided by Health Services nurse at the time of training)
- Report any problems(s) to parents and Health Services by telephone and in writing
<table>
<thead>
<tr>
<th>Observable Signs</th>
<th>Possible Causes</th>
<th>Recommended Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea, Vomiting, Cramping, Diarrhea</td>
<td>Too rapid feeding or formula too cold</td>
<td>If problem continues with temperature formula and 30 minute feeding time contact parents/guardian</td>
</tr>
<tr>
<td>Blocked Tube</td>
<td>Inadequate flushing or fluid too thick</td>
<td>Rolling tube with fingers, moving slowly down toward the student’s stomach or raise the tube or raise a tube filled with water very high. If blockage continues, contact parents/guardians.</td>
</tr>
<tr>
<td>Bloody Drainage</td>
<td>Leakage of gastric contents on surrounding skin may cause irritation and begin breakdown, which may result in bleeding. Bleeding from</td>
<td>Contact parents/guardians</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health Services may also provide assistance</td>
</tr>
</tbody>
</table>

This is the inhaling of formula into the lungs following burping or vomiting. Action:
- STOP FEEDING IMMEDIATELY
- Assess airway, breathing, circulation (ABC’s)
- Notify parent/doctor, health services immediately
- Document

Upset Stomach If student complains of nausea, do not force the feeding. Wait an hour or so before continuing. Notify parent. Excessive gas build up may cause nausea. Try decompressing (releasing) gas by opening cap of tube or button for several minutes.

Blockages of Tubes or Buttons Most blockages can be avoided by following the procedure of flushing the tubing before or after feeding with water. If reflux is visible and flushing the tubing does not work, attach the 60cc syringe to the tubing or extension set and try to aspirate gently. “Milking” the tubing may assist to release blockages. Inspect the tubing for kinks. Keep feeding extension sets clean by washing with hot soapy water after use. Notify parents if equipment is faulty or damaged.

What if the skin around the tube or button is red or looks infected? Document the condition and notify the parent. During school hours keep the site cleansed if necessary by GENTLY cleansing the skin around the site with soap and water. Use a circular motion. Allow skin to dry well, exposing to air. Any redness, pain or soreness, swelling, unusual drainage or leakage should be reported to the parent in writing.

What if the tube or button is pulled out? DO NOT PANIC! Cover the area with clean gauze if available. Notify the parent or emergency contact on the emergency action plan form. The parent will want to replace the button or tube, or transport the child to their health care provider to have this done. Most stomas (surgical opening) will begin to shrink if the tube or button (appliance) is out longer than one hour. If bleeding occurs, apply gentle pressure using Blood-borne precautions.

What if there is leakage of formula or stomach contents around the appliance? Leakage may occur because the stomach needs decompressing. If the student’s abdomen appears full, attempt decompression by venting the tube or button. Leakage may also occur if the appliance is aging and the
stoma has stretched. Notify parents of your observations in writing.

Medications Note: According to the Kentucky Board of Nursing, medication administration through a
gastrostomy tube may be delegated to unlicensed personnel (AOS# 87-15 revised 4/2004).

If prescribed medications are ordered to be given through the tube or button it likely will be in liquid
form. If it is in tablet or capsule form, dissolve the prescribed amount in 30-50 cc (per physician’s
order) of warm water in a small medication cup. Draw up the medication into a syringe provided by the
parent and inject into the extension tubing. Flush with water if ordered by the doctor. DO NOT MIX
MEDICATIONS INTO FEEDINGS UNLESS DIRECTED BY THE PHYSICIAN IN WRITING!

What if the feeding tube becomes disconnected? Estimate the amount of formula lost, reattach the tube
and continue feeding, adding the estimated amount of formula lost.

What if the syringe repeatedly slips out of the extension set or portal? This sometimes happens as a result
of fatty substances from the feeding building up in this area. Keep the equipment well washed in warm
soapy water; if this is not adequate, cleanse the syringe tip and portal with alcohol wipe taking care not to
introduce any alcohol into the stomach.

Any questions regarding this procedure, contact the school nurse. See Exhibit 7N for Guidelines for
Gastrostomy Tube Feeding by School Personnel.

Ileostomy and Colostomy Care
Description An ileostomy or colostomy are methods by which feces (stool) is eliminated when a person has
an obstruction in the intestines which prevents normal flow of fecal matter. A colostomy results in some portion
of the large intestine being brought through the abdominal wall. Fecal matter is irrigated through a stoma or opening
in the abdomen. A portion of the small intestine is brought through the abdominal wall when the ileostomy is
performed. A pouch is worn on the outside of the abdomen to collect the fecal matter. A colostomy will have more
formed stool, while the ileostomy will have more liquid type stool. The student may have a 1 or 2 piece collection
system.

Potential Concerns
Students requiring ileostomy or colostomy care may have concerns that include the following:

- Blockage of the intestine that may result in cramping, vomiting, etc.
- Dehydration from persistent diarrhea
- Bleeding from the stoma (opening)
- Skin breakdown around the stoma

Planning and Implementation
- Unlicensed school personnel must be trained by a qualified licensed health care professional to
  perform ostomy care.
- The parent will provide current Physician’s Authorization: Ostomy Care Form for the performance of
  the procedure during the school day. Parents are responsible to provide all supplies.
- Provide private area and assist student to undress to extent needed for procedure.
- Empty contents of used bag into toilet. Follow Universal Precaution guidelines as written in school
  policy, including hand washing and use of deodorant sprays when changing collection bag. Wear vinyl
  or latex gloves when performing ileostomy/colostomy care or coming in contact with the stoma.
• Consult with parent to design a plan for emergencies that may result from ileostomy/colostomy care. These may include:
  • blockage of the intestine that may result in cramping, vomiting, etc.
  • dehydration from persistent diarrhea
  • bleeding from the stoma
  • skin breakdown around the stoma

Documentation
• Document treatment as specified by physician with parental consent, noting any procedural difficulties. Parents and Heath Services will be notified by phone and in writing if any procedural difficulties are encountered.
• Document color, consistency of fecal matter
• Time and date of elimination(s)
• Variations in diet for the day. In cases where the student has an excessive amount of gas, special diet considerations may be required
• Skin irritations observed
• Medications applied to skin irritations (if ordered by physician)
• Note if collection bag had to be replaced and why. An adequate supply of collection pouches and other materials should be kept on hand in case of leakage

Evaluation
School personnel will determine the student’s response to the procedure and will provide modifications to the arrangements as indicated.

See Exhibit 7O for Training Guidelines for Ostomy Care

Tracheostomy Care and Suctioning (Including Oral Suctioning)

Description A tracheostomy is a surgical opening (stoma) made into the trachea (wind pipe, airway) to permit air movement in and out of the lungs. This may be needed for various reasons such as to bypass an area of obstruction, to relieve acute or chronic respiratory distress. A plastic or metal tracheostomy tube is secured in place by cotton ties (string) around the neck. The student breathes through the tube instead of the mouth or nose. Suctioning is a procedure used to remove mucus from the tracheostomy tube or from the mouth and back of the throat (oral suctioning). For oral suctioning, some students require this on a routine or regular basis during the day. Other students may require oral suctioning only in extreme emergencies (e.g. excessive vomiting after a seizure).

Potential Concerns
Students requiring suctioning may show signs and symptoms of:

• Restlessness and inability to be calmed
• Difficulty breathing and/or faster breathing
• A frightened expression
• Flaring of the student’s nostrils
• Pale or bluish color around the student’s mouth, and/or
• Bubbles of mucus that are seen or heard at the open of the tracheostomy tube
• Other concerns would be skin breakdown around the stoma

Planning and Implementation

1. The parent will provide current Physician’s Authorization: Tracheostomy Suctioning/Replacement Form for the performance of the procedure during the school day. Parents are responsible to provide all supplies.
2. Unlicensed school personnel must be trained by a qualified licensed health care professional to perform tracheostomy or oral suctioning (including equipment).
3. School personnel may require training in several or all of the following:
   a. Removal of secretions from the trachea (suctioning) or removal of secretions from the mouth and back of the throat (oral suctioning)
b. Cleaning of the inner portion of the tracheostomy (called inner cannula) (cleaning may be needed during school hours since the inner cannula should be cleaned at least 2 or 3 times per day or more often if needed)
c. Cleaning and care of the skin around the stoma
d. Changing tracheostomy ties (also required to be done daily, but may become soiled and need changing at school)
e. Reinserting and/or changing tracheostomy tube (to be changed weekly and usually done at home however, school personnel need to know as well in case of an emergency)

4. Some students may require suctioning prior to eating/feeding
5. Some students may require special positioning for tracheostomy or oral suctioning (this should be documented on the physician’s authorization)
6. Students may require more frequent suctioning if he or she has a cold or other respiratory condition or when the respiratory rate is increased due to physical exertion or respiratory distress/problems
7. Consult with parents to design emergency plan
8. Know signs and symptoms of respiratory distress including:
   a. bluish or grayish color of fingernails or toenails
   b. nasal flaring
   c. retraction around ribs
   d. facial color changes
   e. anxious look on face
   f. restlessness
   g. sounds of mucus in airway
   h. increased respiratory and/or heart rate
   i. excessive choking, vomiting or aspiration (oral suctioning)

Documentation
- Document treatment as specified by physician with parental consent, noting any procedural difficulties. Parent and Health Services will be notified by phone and in writing if any procedural difficulties are encountered.
- Document color, odor, consistency (thick or thin, etc.) and quantity of secretions. Notify parents and Health Services of any changes from child’s usual pattern
- Time and date of suctioning
- Skin irritations observed

Evaluation School personnel will determine the student’s response to the procedure and will provide modifications to the arrangements as indicated.

See Exhibit 7P for Training Guidelines for Tracheostomy Suctioning for School Personnel

Oxygen or Ventilator Dependent

Description Occasionally, certain health conditions may require the use of supplemental oxygen and/or the use of a ventilator for assisted breathing. When a student is identified as being oxygen-or ventilator-dependent, an Admissions and Release Committee (ARC) meeting should be held to address the total approach to appropriate education.

Children are considered “ventilator dependent” if they require mechanical ventilation to sustain life. The student receives assistance with breathing through the ventilator via a tracheostomy tube. Reasons for why a child may be ventilator dependent include: cardiovascular disorders, disorders of the nervous system including brain injuries and tumors, pulmonary disorders, metabolic disorders, and others include asthma, smoke inhalation and shock. The amount or time a person must remain on the ventilator each day varies from person to person.

Outcome Identification/Goals Providing a safe school environment to assist in educational goals.
Potential Concerns

Students requiring ventilator support may have concerns that include the following:

- Power outages (Back-up power sources should be identified. Power companies and fire departments should be notified there is a student on life sustaining equipment at the school so they can be prepared in the event of a power outage)
- How to protect/cover the tracheostomy when the child taken outside
- What to do in the event the tracheostomy site is obstructed
- What to do in the event that the tracheostomy tube becomes displaced
- Recognize signs of respiratory distress including dyspnea, orthopnea, retractions, nasal flaring, tachypnea, and cyanosis (report to parents and Health Services)
- What to do in the event of respiratory infections and recognize the symptoms of such infections
- What to do in the event that bleeding occurs

Planning/Implementation

1. When a student is identified as being oxygen or ventilator-dependent, an Admission and Release Committee (ARC) meeting must be held to address the total approach to appropriate education. Contact the school nurse and Special Education Coordinator immediately
2. The Physician’s Authorization for Supplemental Oxygen and Ventilator Form as well as other appropriated authorization forms identified by the Health Services office must be completed and signed by the physician and parent/guardian
3. Principal will designate school personnel to assist with the student’s needs
4. All school personnel working with a student who is ventilator dependent will require training by qualified health care personnel on:
   - Supplemental Oxygen and/or Ventilator operation
   - Tracheotomy care and suctioning
   - Use of humidification
   - CPR from mouth to tracheotomy stoma
   - Positioning
   - Postural drainage
   - Feeding techniques
   - Special communication techniques and devices
   - Manual ventilation with a resuscitation bag
   - Specific instructions for particular types of equipment
5. Principal will make accommodations for both the equipment and its storage
6. Consult with parent to design an emergency action plan
7. A system should be developed for the child, whenever possible, to signal when in distress. In the event the child is unable to signal when in distress, the caregiver will know the signs and symptoms of respiratory distress

Documentation

- Document procedures as specified by physician with parental consent (Exhibit 7Q)
- Record feedings and any procedural difficulties. Notify parents by phone and in writing of any procedural difficulties encountered
- Record length of time mechanical ventilator is activated (if student does not need continuous ventilation)
- Document any emergencies that occur including tracheostomy obstruction or displacement, power outage, respiratory difficulties, or blood in mucus and action taken

Evaluation School personnel will determine the student’s response to the procedure and will provide modifications to arrangements as indicated.
Recommendations for Dealing with Other Health Care Concerns

Information related to other health care concerns that were included in the Kentucky Systems Change Appendix B have been included in the HSRG Appendix (Appendix D):

- Bone and Joint Deformities
- Bowel Care
- Cast Care
- Congenital Heart Disease
- Feeding Disorders
- Orthotic Care
- Prosthetic Care
- Shunt Monitoring
- Skin Care
EPIPEN TRAINING FOR SCHOOL PERSONNEL

Training Guidelines:

School personnel dealing with students who require assistance with EpiPen during the school day shall receive formal training. Training will be provided by personnel such as, but not limited to registered nurses, physicians, pharmacists and/or dentist. Medical personnel should adhere to the practice act standards for their profession as governed by the appropriate licensing authority.

Purpose: to assist student at the time of a life-threatening emergency

Objectives: Upon completion of the EpiPen training, the participant(s) will demonstrate and/or verbalize the following competencies:

1. What authorization forms required to be completed for students with EpiPen under JCPS requirements and under KY law when a student can carry/self-administer own medication
2. Know the five rights (5 R’s) of medication administration
3. Read medication label and how to correctly follow directions on medication label
4. Proper storage of prescription medication
5. Have a basic understanding of Anaphylaxis and its signs and symptoms
6. How to appropriately administer and EpiPen
7. Steps to follow after administering EpiPen
8. How to call EMS (9-911)

Evaluation process

Objectives will be evaluated through either post-test or return demonstration(s), post-training monitoring, and annual training

Source: Jefferson County Public Schools Health Services
Primary Care Provider Authorization: Epipen (Side One)

Student Name: ________________________ Date of Birth: ____________________

School: ____________________________ School Year: ____________________

Allergy to: _________________________

Asthma: □ Yes □ No

Signs of an allergic reaction include:

<table>
<thead>
<tr>
<th>Systems</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mouth</td>
<td>itching and swelling of the lips, tongue, or mouth</td>
</tr>
<tr>
<td>Throat *</td>
<td>itching and/or a sense of tightness in the throat, hoarseness, hacking cough</td>
</tr>
<tr>
<td>Skin</td>
<td>hives, itchy rash, and/or swelling about the face or extremities</td>
</tr>
<tr>
<td>Stomach</td>
<td>nausea, abdominal cramps, vomiting, and/or diarrhea</td>
</tr>
<tr>
<td>Lung*</td>
<td>shortness of breath, repetitive coughing, and/or wheezing</td>
</tr>
<tr>
<td>Heart *</td>
<td>“thread” pulse, “passing out”</td>
</tr>
</tbody>
</table>

*The severity of symptoms can quickly change. All above symptoms can potentially progress to a life-threatening situation!

EpiPen should be: □ kept with child □ kept in classroom with teacher □ kept in front office

Emergency action for an allergic reaction:
1. Administer emergency medication*
   - Medication: ______________________________________
   - Dose: _________________________________
   - Route: _________________________________

2. Call EMS (9-911)
3. Call Parent/ guardian or emergency contacts immediately:

   Emergency Contact _______________________ Telephone No. _______________________ Relationship ___________________

4. Call Primary Care Provider _______________________ Telephone No. _______________________

**Do not hesitate to administer medication or call for emergency assistance (EMS)

Printed Name of MD, ARNP, or PA _______________________ Address _______________________

Signature of MD, ARNP, or PA _______________________ Telephone No. _______________________ Date _______________________ 

*Note to parent/guardian: Signing this form shall release the __________________ Public School District and staff from liability of any nature that might result from this plan of action. I hereby give permission for the above information to be verified with the above health care provider.

Signature of Parent/Guardian _______________________ Telephone No. _______________________ Date _______________________ 

Source: Jefferson County Public Schools Health Services
Primary Care Provider Authorization: Epipen (Side Two)

Student Name: ________________________   Date of Birth: __________________

School: ______________________________      School Year: _____________________

---

Primary Care Provider’s Statement of Need

As primary care provider of the above-name student, I do hereby acknowledge the necessity of specific emergency health procedures of this patient in the event he/she experiences the following health concern during the school day: (Identify health concern/diagnosis).

This patient’s condition is such of a serious nature that there would not be sufficient time to remove him/her from school premises or to await the arrival of medical help. Therefore, prompt treatment should be given by trained school personnel who have been instructed in the use of: (Specify emergency procedure and/or device required).

---

Printed Name of MD, ARNP, or PA

Address

Signature of MD, ARNP, or PA

Telephone No.  Date

---

Parent/Legal Guardian’s Authorization and Consent

I am fully aware and have been informed by the above named primary care provider that my child’s condition is of such a serious nature that, if it occurs, there would not be sufficient time to remove him/her from the school premises or to await the arrival of medical help. I hereby give my authorization and consent to trained school personnel to give prompt treatment, as specified above, to my child.

*Note to parent/guardian: Signing this form shall release _____________ Public School District and staff from liability of any nature that might result from this plan of action. I hereby give my permission for the above information to be verified with the above health care provider.

Signature of Parent/Guardian

Telephone No.  Date

Emergency Contact

Telephone No.  Relationship

Please complete both sides of this form

---

Source: Jefferson County Public Schools Health Services
### EPIPEN RETURN DEMONSTRATION CHECKLIST

<table>
<thead>
<tr>
<th>Explanation/Return Demonstration</th>
<th>Performs Independently</th>
<th>Performs with minimum verbal clues</th>
<th>Unable to perform</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbalizes when to administer EpiPen (signs/symptoms of anaphylactic reaction)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes emergency procedure (get EpiPen, call 9-911, initiate CPR by certified staff when necessary)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes &amp; follows five (5) rights</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checks EpiPen for completion (especially health care provider signature)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Authorization with prescription label &amp; compare to prescription label</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checks to make sure EpiPen has not expired</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates how to properly remove EpiPen from container</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates how to properly administer with demo EpiPen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes and demonstrates how to dispose of EpiPen properly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes what to do on fieldtrip(s) and how to maintain EpiPen when at school</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Employee Printed Name: ____________________________________________________________

Employee Signature: ____________________________________________________________

School: __________________________________ Date: __________________________

School Nurse Stamp/ Signature: ____________________________________________
HOW TO USE EPIPEN® AND EPIPEN JR.®

1. Pull of gray activations cap.

2. Hold black tip near outer thigh (always apply to thigh).

3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen® unit should then be removed and discarded. Massage the injection area for 10 seconds.
ASTHMA TRAINING FOR SCHOOL PERSONNEL

Training Guidelines

School personnel dealing with students who require assistance with inhalers and/or nebulizer treatments during the school day shall receive formal training. Training will be provided by personnel such as, but not limited to registered nurses, physicians, pharmacists and/or dentist. Medical personnel should adhere to the practice act standards for their profession as governed by the appropriate licensing authority.

Purpose: to assist each student with inhaler and/or nebulizer treatment in order to maintain optimal health and to enhance the educational experience.

Objectives: Upon completion of the Asthma training, the participant(s) will demonstrate and/or verbalize the following competencies:

1. What authorization forms required to be completed for students with Asthma under JCPS requirements and under KY law when a student can carry/self-administer own medication
2. Know the five rights (5 R’s) of medication administration
3. Read medication label and how to correctly follow directions on medication label
4. Proper storage of prescription medication and equipment
5. Have a basic understanding of Asthma and its signs and symptoms
6. How to appropriately manage Asthma during the school day
7. What may trigger an Asthma attack
8. How to use an inhaler properly
9. Be familiar with the basic equipment/supplies used with a nebulizer machine
10. How to safely administer nebulizer treatment
11. Proper documentation of medication administered (inhaler)
12. Proper documentation for nebulizer treatment
13. Proper action to be taken when medication/procedure not taken/given
14. Use of resources correctly-i.e. nurse, physician, poison control, emergency services when appropriate

Evaluation process

Objectives will be evaluated through either post-test or return demonstration(s), post-training monitoring, and annual training

Source: Jefferson County School Health Services
Primary Care Provider Authorization: Asthma (Side One)

Student: ___________________________ Date of Birth: _________________
School: ________________________________ School Year: __________________

**Triggers** (Check all that apply to this child)

- [ ] Exercise
- [ ] Animals
- [ ] Fumes
- [ ] Carpet
- [ ] Strong Odors
- [ ] Pollen
- [ ] Molds
- [ ] Respiratory Infection
- [ ] Chalk Dust
- [ ] Change in Temperature
- [ ] Trees/Grass/Shrubbery
- [ ] Foods (Specify): ________________________________________
- [ ] Other (Specify): _________________________________________

**Signs and Symptoms** student will likely exhibit (Check all that apply)

*Note: Parent/Guardian will be contacted if symptoms persist

- [ ] Coughing
- [ ] Wheezing
- [ ] Labored/Difficulty Breathing
- [ ] Other (Specify): _________________________________________

**Recommended Preventative/Interventive Measures** (Check all that apply)

- [ ] Encourage student to assume position of comfort
- [ ] Offer warm liquid to drink
- [ ] Nebulizer (see back of form)
- [ ] Encourage slow, even breaths
- [ ] Inhaler name and dosage: _______________________________________
- [ ] Other (Specify): _______________________________________________

**Emergency Plan of Action**

* If color becomes pale, cyanotic (bluish), or ashen: Call EMS (9-911)
* If breathing stops: CPR certified staff should initiate rescue breathing (and CPR if necessary)
* Contact parent/guardian or emergency contact immediately
* Other (Specify): ___________________________________________________

**Inhalers**

This student has been trained to use his/her inhaler and should be allowed to carry and use their prescribed inhaler on his/her own.  □ Yes* □ No

*It yes, please note: Student will be expected to carry and use his/her inhaler responsibly.

Comments: __________________________________________________________________________

Please complete both sides if this form

Source: Jefferson County School Health Services
Primary Care Provider Authorization: Asthma (Side Two)

Student: ___________________________ Date of Birth: _________________
School: ________________________________ School Year: _______________

Nebulizer Inhalation Therapy

Medication via the nebulizer will be given at school as follows:
☐ On a daily basis  ☑ As needed

Medication No. 1 (Name and Dosage): _____________________________________________
Medication No. 2 (Name and Dosage): _____________________________________________
Time of day to administer: ______________________________________________________
Reaction or Side effects: __________________________________________________________
Comments: ______________________________________________________________________

Printed Name of MD, ARNP, or PA ___________________________________ Address ________________
Signature of MD, ARNP, or PA ___________________ Telephone No. ______________ Date ___________

*Note to parent/guardian: Signing this form shall release ______________Public School District
and staff from liability of any nature that might result from this plan of action. I hereby give
permission for the above information to be verified with the above health care provider.

Signature of Parent/Guardian ___________________ Telephone No. ______________ Date ___________

Emergency Contact ___________________ Telephone No. ______________ Relationship _____________

Please complete both sides of this form
# ASTHMA RETURN DEMONSTRATION CHECKLIST

<table>
<thead>
<tr>
<th>Explanation/Return Demonstration</th>
<th>Performs Independently</th>
<th>Performs with minimum verbal clues</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GENERAL GUIDELINES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes &amp; follows five (5) rights</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes and/or check’s primary care provider (PCP) Asthma authorization for completion (especially PCP’s signature) with prescription label</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes to or washes hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documents on medication log sheet appropriately</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes to call student to office (if appropriate) in allotted time (30 minutes before or 30 minutes after)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>INHALER:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checks that canister is firmly positioned in plastic holder and attach spacer if required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes to watch child administer med correctly (shakes inhaler thoroughly, deep breath in &amp; out, on next deep breath take puff, hold breath 5-10 seconds after, and then wait &gt;1 minute before next puff)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes &amp;/or observes student follow above steps with second puff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes &amp;/or places medication back in medication box &amp; locks up medication appropriately</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PEAK FLOW METER:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Places pointer at base of number scale</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes/has student hold meter, take a deep breath, place meter in mouth &amp; close lips around mouth piece, blow out hard &amp; fast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes/has student repeat step two more times</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes &amp;/or record highest of 3 readings and follow primary care provides instructions based on reading (i.e. administer medication)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NEBULIZER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes/shows all equipment and medication to gather</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes or sets up nebulizer correctly including placing medication &amp; saline in canister</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turn on power and observe for mist from mouthpiece or mask</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes that student is to place mouthpiece in mouth with tight seal OR place mask over nose &amp; mouth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes &amp;/or observes student for 5-10 minutes until treatment complete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes/show to rinse out and dry nebulizer canister AND put equipment away correctly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes &amp;/or stores and locks up medication appropriately</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Employee Printed Name: _____________________________________________________________
Employee Signature: ________________________________________________________________________________________________________
Employee School: ___________________________ Date: _____________________________________________________________________________
School Nurse Stamp/Signature: ________________________________________________________________________________________________________

Source: Jefferson County School Health Services
DIABETES TRAINING FOR SCHOOL PERSONNEL

Training Guidelines:

School personnel dealing with students who require assistance with their Diabetes during the school day shall receive formal training. Training will be provided by personnel such as, but not limited to registered nurses, physicians, pharmacists and/or dentist. Medical personnel should adhere to the practice act standards for their profession as governed by the appropriate licensing authority.

Purpose: to assist each student with their Diabetes in order to maintain optimal health and to enhance the educational experience.

Objectives: Upon completion of the Diabetes training, the participant(s) will demonstrate and/or verbalize the following competencies:

1. What authorization forms are required to be completed for students with Diabetes under JCPS requirements and under KY law when a student can carry/self-administer own medication
2. Have a basic understanding of Diabetes
3. Know signs and symptoms of Hypoglycemia and Hyperglycemia
4. How to appropriately manage Diabetes during the school day based upon Primary Care Providers Diabetes authorization instructions.
5. Be familiar with the basic equipment/supplies used with glucose monitoring equipment
6. Proper steps to perform/assist with glucose monitoring
7. Proper documentation of glucose monitoring results
8. Importance of establishing a communication system for glucose monitoring results to parent/guardian
9. Proper storage of glucose monitoring equipment/supplies
10. Use of resources correctly-i.e. nurse, physician, poison control, emergency services when appropriate

Evaluation process

Objectives will be evaluated through either post-test or return demonstration(s), post-training monitoring, and annual training

Source: Jefferson County Public Schools Health Services
# Diabetes Blood Glucose Testing Return Demonstration Checklist

<table>
<thead>
<tr>
<th>Explanation/Return Demonstration</th>
<th>Performs Independently</th>
<th>Performs with minimum verbal clues</th>
<th>Unable to perform</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Diabetes knowledge</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check’s primary care provider Diabetes authorization for completion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(especially primary care provider’s signature)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes when glucose monitoring should be performed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes signs/symptoms of hypoglycemia &amp; hyperglycemia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Verbalizes Universal Precautions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Blood glucose testing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gathers equipment (glucose testing meter, lancet device, strips, record sheet/book, gloves)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washes hands &amp; puts on gloves</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has student wash his/her own hands &amp; dries them</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inserts lancet into lancing device according to manufacturer’s</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>instruction, or observes student inserting lancet appropriately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inserts glucose strip into meter according to manufacturer’s</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>instructions, or observes student insert testing strip appropriately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warms fingers by rubbing, or have student warm fingers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Puncture side of finger with lancing device, or observe student perform procedure appropriately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gently squeeze finger in downward motion to obtain an appropriate size drop of blood or observe student perform appropriately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place drop of blood on testing strip, or observe student perform step appropriately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apply band aid or have student hold pressure to puncture site briefly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes appropriate steps based on glucose testing results and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>primary care provider authorization (i.e. nothing needed, give glucose tablets, allow sugar-free drink &amp; bathroom privileges)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Removes test strip, turns off machine, disposes of lancet and strip</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>appropriately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleans test area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remove gloves &amp; wash hands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document result on record sheet/book</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Employee Printed Name: ___________________________  Employee Signature: ___________________________

Employee School: ___________________________  Date: ___________________________

School Nurse Stamp/Signature: ___________________________
# Diabetes Urine Ketone Testing Return Demonstration Checklist

<table>
<thead>
<tr>
<th>Explanation/Return Demonstration</th>
<th>Performs Independently</th>
<th>Performs with minimum verbal clues</th>
<th>Unable to perform</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Urine Ketone Testing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check’s primary care provider Diabetes authorization for completion (especially primary care provider’s signature)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes when ketone testing should be performed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes Universal Precautions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gathers equipment (ketone strips, cup for urine, timing device record sheet/book, gloves)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washes hands &amp; puts on gloves</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has student hold ketone strip in urine flow or student urinates in cup then dip ketone strip into urine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wait allotted time as directed on ketone test strip bottle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compare color of ketone test strip to chart on bottle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reads results &amp; follows directions based on primary care provider’s diabetes authorization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disposes of testing strip &amp; urine appropriately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remove gloves &amp; wash hands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documents results</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Employee Printed Name: ___________________________________________  Employee Signature: ___________________________________________
Employee School: _______________________________________________  Date: _________________________________________________________
School Nurse Stamp/Signature: ____________________________________

Source: Jefferson County Public Schools Health Services
**HYPOGLYCEMIA**  
(Low Blood Sugar)

**CAUSES:**  
Too little food, too much insulin or diabetes medicine, or extra exercise.

**ONSET:**  
Sudden, may progress to insulin shock.

**BLOOD SUGAR:**  
Below 70 mg/dL.  
Normal range: 70-115 mg/dL.

---

**SYMPTOMS**

- **SHAKING**
- **FAST HEARTBEAT**
- **SWEATING**
- **ANXIOUS**
- **DIZZINESS**
- **HUNGER**
- **IMPAIRED VISION**
- **WEAKNESS, FATIGUE**
- **HEADACHE**
- **IRRITABLE**

---

**WHAT CAN YOU DO?**

- **Drink a half a cup of orange juice or milk, or eat several hard candies.**
- **TEST BLOOD SUGAR**  
If symptoms don’t stop, call your doctor.
- **Within 30 minutes after symptoms go away, eat a light snack (half a peanut butter or meat sandwich and a half glass of milk).**
HYPERGLYCEMIA
(High Blood Sugar)

CAUSES: Too much food, too little insulin, illness or stress.

ONSET: Gradual, may progress to diabetic coma.

BLOOD SUGAR: Above 200 mg/dL. Acceptable range: 115-200 mg/dL.

SYMPTOMS

EXTREME THIRST

FREQUENT URINATION

DREK SKIN

HUNGER

BLURRED VISION

DROWSINESS

NAUSEA

WHAT CAN YOU DO?

TEST BLOOD SUGAR

If over 250 mg/dL for several tests CALL YOUR DOCTOR

Concept developed by Rhoda Rogers, R.N. B.S.N. CDE, Sunrise Community Health Center and Northern Colorado Medical Center
© Novo Nordisk Pharmaceuticals Inc 000-114 1994 Printed in U.S.A.
LOW Blood Glucose Treatment for School

This action plan will be used with students who have diabetes and with an order from his/her physician.

SYMPTOMS:

(Mild)
- Hungry
- Shaky
- Dizzy
- Sweaty/Pale
- Crying
- Drowsy
- Irritability
- Weakness, tiredness
- Inability to concentrate
- Personality change

(Moderate)
- Headache
- Behavior changes
- Poor coordination
- Confusion
- Blurry vision
- Sleepiness
- Slurred speech

(Severe)
- Coma
- Unable to swallow
- Loss of consciousness
- Seizure

ASSESS:
- Airway
- Breathing
- Circulation

CALL 911 and Parent

CALL 911

POSITION ON SIDE IF POSSIBLE
- Don't attempt to give anything by mouth (child may vomit)
- ACTIVATE EMERGENCY RESPONSE TEAM

GIVE GLUCAGON

STUDENT TREATS SELF:
- Quick source of sugar:
  1. 34 glucose tabs
  2. 46 ounces of juice
  3. Tube of glucose gel
  4. 12 cans reg. Soda
  5. 8-10 lifesavers
  6. 8 oz. milk

WAIT 15 MINUTES
- Check blood sugar (if possible)
- IF LESS THAN 70
  - REPEAT treatment
  - If greater than 70
  - 2 peanut butter crackers
  - Observe child
  - NO FURTHER TREATMENT
  - BACK TO CLASS or Home as needed

ASSIST STUDENT AND HELP THEM SWALLOW QUICK SUGAR

CONTINUE TO MONITOR AIRWAY, BREATHING, CIRCULATION
- When regains consciousness

GIVE GLUCAGON
HIGH Blood Glucose Treatment for School

This action plan will be used with students who have diabetes and with an order from his/her physician.

**CAUSES**
- Too much food
- Too little food
- Decreased activity
- Illness
- Infection
- Stress

**SYMPTOMS:**
- (Mild)
  - Thirst / Dry mouth
  - Frequent Urination
  - Fatigue / Sleepiness
  - Increased hunger
  - Blurred Vision
  - Lack of concentration

**IF STUDENT FEELS OK**
- Provide water if thirsty
- May resume classroom activity.

**IF STUDENT IS NOT FEELING WELL**
- Call parents to pick up student
- Provide water if thirsty
- Check Ketones if over.

**CALL 911 and Parent**

**CHECK BLOOD SUGAR**
- Position on side if possible.
- Don't attempt to give anything by mouth (child may vomit)
- Activate Emergency Response Team.

**CHECK BLOOD SUGAR**
- (Moderate)
  - Sweaty breath
  - Weight loss
  - Fatigue
  - Dry skin
  - Nausea
  - Stomach pain
  - Vomiting
  - Weakness
  - Confusion
  - Rapid breathing

**CHECK BLOOD SUGAR**
- (Severe)
  - Vomiting
  - Lethargic Breathing
  - Confusion
SEIZURE AND DIASTAT TRAINING FOR SCHOOL PERSONNEL

Training Guidelines:

School personnel dealing with students who require assistance with Seizure and Diastat during the school day shall receive formal training. Training will be provided by personnel such as, but not limited to registered nurses, physicians, pharmacists and/or dentist. Medical personnel should adhere to the practice act standards for their profession as governed by the appropriate licensing authority.

Purpose: to assist each student at the time of a seizure and when/if Diastat is needed.

Objectives: Upon completion of the Seizure and Diastat training, the participant(s) will demonstrate and/or verbalize the following competencies:

1. What authorization forms are required to be completed for students with Seizure and Diastat under school district requirements
2. Have a basic understanding of seizures and the different types and characteristics of each
3. How to manage seizures during the school day based upon Primary Care Providers seizure authorization.
4. Know the five rights (5 R’s) of medication administration
5. Read medication label and how to correctly follow directions on medication label.
6. Proper storage of prescription medication
7. How to appropriately administer Diastat
8. Steps to follow after administering Diastat
9. How to call EMS (9-911)

Evaluation process

Objectives will be evaluated through either post-test or return demonstration(s), post-training monitoring, and annual training

Source: Jefferson County Public Schools Health Services
Primary Care Provider Authorization: Seizure Monitoring (Side One)

Student: ___________________________      Date of Birth: ________________________________
School: ___________________________      School Year: ________________________________
Type of Seizure: □ Grand Mal (Tonic-clonic) □ Petit Mal (Absence) □ Other (Specify): ___________________________

Please specify likely characteristics.

<table>
<thead>
<tr>
<th>Duration Specify seconds, minutes, etc.</th>
<th>Recommended Interventions</th>
<th>Comments</th>
</tr>
</thead>
</table>

Aura

Is there an Aura? □ Yes □ No
Conditions or behaviors that usually precede the seizures:

Extremities

<table>
<thead>
<tr>
<th>Limp</th>
<th>Flexed</th>
<th>Extended</th>
<th>Jerking</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Eyes

<table>
<thead>
<tr>
<th>Rolled back</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td></td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Staring Straight Ahead</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Twitching Back and Forth</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Looking to Right</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Looking to Left</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Mouth

<table>
<thead>
<tr>
<th>Drawn to Right</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Drawn to Left</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Bites Tongue/Cheek</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Teeth Clenched | Yes | No |
|               |     |    |

Breathing

<table>
<thead>
<tr>
<th>Noisy Breathing</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Heavy Breathing</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Shallow Breathing</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Other

<table>
<thead>
<tr>
<th>Change in skin color</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drooling</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Incontinent-Urine</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Incontinent-Stool</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vomiting</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

If symptoms persist after primary care provider recommendations have been followed:
* Notify parent/guardian
* Call EMS (9-911) and refer to Enrollment/Emergency Information Form
* CPR certified school personnel should initiate rescue breathing (and CPR if necessary)
* Notify parent/guardian

If breathing stops:
* Call EMS (9-911) and refer to Enrollment/Emergency Information Form

Please complete both sides of this form

Source: Jefferson County Public Schools Health Services
Primary Care Provider Authorization: Seizure Monitoring (Side Two)

Student: ___________________________      Date of Birth: ________________________________

School: ___________________________      School Year: ________________________________

Type of Seizure:  
- Grand Mal (Tonic-clonic)  
- Petit Mal (Absence)  
- Other (Specify): ________________________________

In the event of generalized seizure activity, the following observations and monitoring procedures will be followed by school staff:

* Ease student to the floor (unless harnessed securely in wheelchair and breathing is not restricted).
* Remove hazards in the area, such as, sharp or hard objects, to prevent further injury.
* Loosen tight clothing at the neck.
* Turn student onto his/her side to allow saliva to drain and to keep airway open.
* Cushion the student’s head with something soft.
* Monitor student while the seizure runs its course and speak to him/her in calming tones.
* Following the seizure, allow the student to rest as needed in a quiet supervised area.
* Following each occurrence, report activity to parent/guardian in writing and by telephone.

Signals of an emergency situation:

* If any seizure last longer than five (5) minutes, or
* If there is any continued, progressive respiratory distress, or
* If another seizure starts right after the first, then do the following:

Emergency action:

* Call EMS (9-911) and refer to Enrollment/Emergency Information Form.
* If breathing stops, CPR certified school personnel should initiate rescue breathing (and CPR started if needed) while awaiting medical assistance.
* Notify parent/guardian

Primary Care Provider comments (i.e. medication, other measure- attach additional sheet if necessary):

______________________________
Printed MD, ARNP, or PA

______________________________ ______________________
Signature of MD, ARNP, or PA Telephone No. Date

* Note to parent/guardian: Signing this form shall release the Public School District and staff from liability of any nature that might result from this plan of action. I hereby give permission for the above information to be verified with the above health care provider.

____________________________________    ________________________ ____________________
Signature of Parent/Guardian  Telephone No.                      Date

Emergency Contact    Telephone No.                 Relationship

Please complete both sides of this form

Source: Jefferson County Public Schools Health Services
How to Administer

1. Put person on their side where they can’t fall
2. Get medicine
3. Get syringe
4. Push up with thumb and pull to remove protective cover from syringe
5. Lubricate rectal tip with lubricating jelly
6. Turn person on side facing you
7. Bend upper leg forward to expose rectum
8. Separate buttocks to expose rectum
9. Gently insert syringe tip into rectum

Note: Rim should be snug against rectal opening.

SLOWLY COUNT OUT LOUD TO THREE...1...2...3

10. Slowly count to 3 while gently pushing plunger in until it stops
11. Slowly count to 3 before removing syringe from rectum
12. Slowly count to 3 while holding buttocks together to prevent leakage

ONCE DIASTAT® IS GIVEN

13. Keep person on side facing you, note time given and continue to observe

CALL FOR HELP IF ANY OF THE FOLLOWING OCCUR

- Seizure(s) continues 15 minutes after giving DIASTAT or per the doctor’s instructions:
  ___________________________________________________________________________________________
- Seizure behavior is different from other episodes.
- You are alarmed by the frequency or severity of the seizure(s).
- You are alarmed by the color or breathing of the person.
- The person is having unusual or serious problems.

Local Emergency Number: ____________________________
Doctor’s Number: ____________________________
(please be sure to note if your area has 911)

Information for Emergency Squad: Time DIASTAT given: _____ Dose: _____

© 1997 Xcel Pharmaceuticals, Inc.
<table>
<thead>
<tr>
<th>Explanation/Return Demonstration</th>
<th>Performs Independently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbalizes when to administer Diastat</td>
<td></td>
</tr>
<tr>
<td>Verbalizes steps to secure student’s safety during a seizure</td>
<td></td>
</tr>
<tr>
<td>Verbalizes emergency procedure (get Diastat, call 9-911, initiate CPR by certified staff in necessary)</td>
<td></td>
</tr>
<tr>
<td>Verbalizes &amp; follows five (5) rights</td>
<td></td>
</tr>
<tr>
<td>Checks Seizure Primary Care Authorization form for completion (especially health care provider signature) &amp; compare to prescription label</td>
<td></td>
</tr>
<tr>
<td>Checks to make sure Diastat has not expired</td>
<td></td>
</tr>
<tr>
<td>Verbalizes/demonstrates how to properly position student for Diastat administration</td>
<td></td>
</tr>
<tr>
<td>Demonstrates how to properly administer with demo Diastat</td>
<td></td>
</tr>
<tr>
<td>Verbalizes and demonstrates how to dispose of Diastat syringe properly</td>
<td></td>
</tr>
<tr>
<td>Verbalizes what to do on fieldtrip(s) and how to maintain Diastat when at school</td>
<td></td>
</tr>
</tbody>
</table>

Employee Printed Name: ____________________________________________________________
Employee Signature: _______________________________________________________________
School: ___________________________ Date: __________________________
School Nurse Stamp/ Signature: ____________________________________________________

Source: Jefferson County Public Schools Health Services
Primary Care Provider Authorization: Catheterization

Student: ___________________________ Date of Birth: _________________
School: ________________________________ School Year: __________________

Times(s) for procedure: __________________________________________________________________
Recommended position: __________________________________________________________________

Health Care provider’s comments: __________________________________________________________

<table>
<thead>
<tr>
<th>Urine</th>
<th>Primary Care Provider: Describe typical characteristics</th>
<th>Parent/Guardian: Describe typical characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>*Clear/Cloudy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Color/Blood</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Odor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Amount</td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Temperature</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Comfort</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Fluid intake</td>
<td></td>
</tr>
</tbody>
</table>

Other health care provider’s comments: ______________________________________________________

*Please note: When any changes in the student’s typical characteristics (listed above) are observed, the parent/guardian must be notified immediately.

**Latex Allergy:  □ Yes □ No

Printed MD, ARNP, or PA Address

Signature of MD, ARNP, or PA Telephone No. Date

* Note to parent/guardian: Signing this form shall release the ____________ Public School District and staff from liability of any nature that might result from this plan of action. I hereby give permission for the above information to be verified with the above health care provider.

Signature of Parent/Guardian Telephone No. Date

Emergency Contact Telephone No. Relationship

Source: Jefferson County Public Schools Health Services
SPECIAL HEALTH CARE SERVICES TRAINING FORM

Student ___________________________ Birth Date ___________________________ Social Security ___________________________

School/Class ___________________________ School Personnel Trained to Perform Procedure ___________________________

Consider this a prescription for the above named student’s **Intermittent Straight Catheterization: Female**

Perform the procedure as outlined in this checklist.

M.D. ___________________________

### Dates of Training/Monitoring (T=Training, M=Monitoring)

<table>
<thead>
<tr>
<th>Date</th>
<th>Information &amp; Procedure Steps</th>
<th>Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Catheter (size_____________)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Basin or container for urine collection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Good lighting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Water soluble lubricant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Soap &amp; warm water—towels</td>
<td></td>
</tr>
</tbody>
</table>

**Procedure**

<table>
<thead>
<tr>
<th>Wash the hands thoroughly</th>
<th>Assemble the equipment within easy reach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separate the labia to wash the genitalia with soap and water; use downward strokes from front to back; rinse and dry.</td>
<td></td>
</tr>
<tr>
<td>Lie or sit down with the knees flexed, or stand with one foot on the edge of the commode; place a towel or a waterproof pad underneath the buttocks if the patient is lying or sitting down.</td>
<td></td>
</tr>
<tr>
<td>Use identify the labia, clitoris, urethral meatus, and vagina</td>
<td></td>
</tr>
<tr>
<td>Lubricate the tip of the catheter</td>
<td></td>
</tr>
<tr>
<td>With your nondominant hand, hold the labia apart with your index and ring finger</td>
<td></td>
</tr>
<tr>
<td>With your dominant hand, insert the tip of the catheter into the urethral meatus, until urine flows (approximately 2 to 3 inches)</td>
<td></td>
</tr>
</tbody>
</table>

Source: Madison County Health Department
**Date**

Release the labia, with your dominant hand, gently and slowly withdraw the catheter, keeping the tip held up to prevent the dribbling of urine

Dispose of the urine

Clean the catheters with soap and water then boil them for 20 minutes. Air dry the catheters in a plastic bag for future use

Replace torn, hardened, or cracked catheters

Clean and replace your equipment. Discard disposable items in a plastic trash bag, and secure

**Considerations**

Intermittent self-catheterization should be done at least 4 times a day and at bedtime.

Instruct the patient/caregiver that to prevent infections the bladder should not hold more than 1 1/2 cups of urine at a time.

**Documentation Guidelines**

Document on the Special Health Care Services Record (MCHD 123)

The procedure and patient toleration

Color, odor, amount, and characteristics of the patient’s urine

Catheter size

Urine collected for laboratory analysis and designated laboratory for delivery as appropriate

Other pertinent findings

**Code each step “+” or “-”**

Signs and Symptoms of Problems: Fever, Strong smelling urine, abdominal pain, (Other)

Instructor ___________________________ Date ____________ Date ____________

Parent Signature ___________________________ Date ____________
G-TUBE FEEDING AND/OR G-TUBE MEDICATION ADMINISTRATION TRAINING FOR SCHOOL PERSONNEL

Training Guidelines:

School personnel dealing with students who require g-tube feeding and/or g-tube medication administration during the school day shall receive formal training. Training will be provided by personnel such as, but not limited to registered nurses, physicians, pharmacists and/or dentists. Medical personnel should adhere to the practice act standards for their profession as governed by the appropriate licensing authority.

Purpose: to provide student with g-tube feeding and/or g-tube medication administration in order to maintain optimal health and to enhance the educational experience.

Objectives: Upon completion of the g-tube feeding and/or g-tube medication administration training, the participant(s) will demonstrate and/or verbalize the following competencies:

1. What authorization form(s) is required to be completed for students with g-tube feeding and/or g-tube medication administration under JCPS requirements
2. Know the five rights (5 R’s) of medication administration
3. Read medication label and how to correctly follow directions on medication label
4. Proper storage of prescription medication and equipment
5. Have a basic understanding of what a g-tube is, the purpose, and the different types of g-tubes
6. How to appropriately manage a g-tube during the school day based upon the Primary Care Providers G-tube authorization and Medication Authorization
7. Be familiar with the basic equipment/supplies needed for g-tube feeding and g-tube medication administration
8. How to safely administer g-tube feeding and g-tube medication
9. Proper documentation of g-tube feeding
10. Proper documentation for g-tube medication administration
11. Proper action to be taken when g-tube feeding not able to be administered
12. Proper action to be taken when g-tube medication is not administered
13. What to do if g-tube comes out
14. Use of resources correctly—i.e. nurse, physician, poison control, emergency services when appropriate

Evaluation process

Objectives will be evaluated through either post-test or return demonstration(s), post-training monitoring, and annual training

Source: Jefferson County Public Schools Health Services
G-TUBE FEEDING AND/OR G-TUBE MEDICATION ADMINISTRATION TRAINING FOR SCHOOL PERSONNEL

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5. Have a basic understanding of what a g-tube is, the purpose, and the different types of g-tubes
6. How to appropriately manage a g-tube during the school day based upon the Primary Care Providers G-tube authorization and Medication Authorization
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9. Proper documentation of g-tube feeding
10. Proper documentation for g-tube medication administration
11. Proper action to be taken when g-tube feeding not able to be administered
12. Proper action to be taken when g-tube medication is not administered
13. What to do if g-tube comes out
14. Use of resources correctly-i.e. nurse, physician, poison control, emergency services when appropriate

Evaluation process

Objectives will be evaluated through either post-test or return demonstration(s), post-training monitoring, and annual training

Source: Jefferson County Public Schools Health Services
Primary Care Provider Authorization: G-Tube Feeding

Student: ________________________  Date of Birth: ________________________
School: __________________________  School Year: ________________________

<table>
<thead>
<tr>
<th>Type of G-tube</th>
<th>Pump to be used:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Button</td>
<td>Yes</td>
</tr>
<tr>
<td>Catheter</td>
<td>No</td>
</tr>
<tr>
<td>Other (Specify):</td>
<td>Flow rate _______cc/hour</td>
</tr>
</tbody>
</table>

Name of formula: ________________________________________________________
Type of Pump: __________________________________________________________
Gravity:  □ Yes  □ No
Volume to be given: _______cc over _______ minutes
Volume of water to follow feeding: _______ cc
Feeding time(s): _______        ________          ________          ________
Positions:  During feeding: ______________________________________
            After feeding:  _______________________________________

Note to Health Care Provider/Parent/Guardian:
- The parent/guardian will be notified if a tube becomes clogged or dislodged.
- School personnel cannot forcefully flush or replace a tube into the stomach.
- Feeding formula must be sent to school in the original unopened container.

Additional health care provider’s comments: __________________________________________________________
______________________________________________________________________________________________

Printed Name of MD, ARNP, or PA              Address
______________________________         _________________          ______________
Signature MD, ARNP or PA                 Telephone No.                     Date

*Note to parent/guardian: Signing this form shall release the Jefferson County Public School District and staff
from liability of any nature that might result from this plan of action. I hereby give permission for the above
information to be verified with the above health care provider.

Signature of Parent/Guardian             Telephone No.                     Date

Emergency Contact                          Relationship              Telephone No.
# G-TUBE FEEDING RETURN DEMONSTRATION CHECKLIST

<table>
<thead>
<tr>
<th>Explanation/Return Demonstration</th>
<th>Performs Independently</th>
<th>Performs with minimum verbal clues</th>
<th>Unable to perform</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bolus/Gravity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check’s G-tube authorization for completion (especially MD signature)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gathers equipment (feeding, syringe or gravity bag, water (if prescribed), gloves)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washes hands &amp; puts on gloves</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positions student comfortably as prescribed on authorization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remove g-tube cap and insert syringe, unclamp tubing (if applicable), pour feeding into syringe and allow to flow, or if button- insert extension tube, turn to lock into place, insert syringe, unclamp, &amp; pour feeding into syringe allow to flow</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue to pour feeding into syringe until feeding completed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raise or lower syringe to adjust flow as needed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When feeding complete, pour in prescribed amount of water (if applicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clamp tubing, remove syringe, &amp; reclamp g-tube, if button clamp extension, turn to unlock, remove syringe and extension, replace clamp</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Make sure g-tube is tucked into clothing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remove gloves &amp; wash hands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wash out syringe, allow to dry, &amp; put with other equipment for next feeding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documents feeding preformed &amp; tolerated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Continuous/Pump</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check’s G-tube authorization for completion (especially MD signature)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gathers equipment (feeding, gravity bag, pump, water (if prescribed), gloves)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washes hands &amp; puts on gloves</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positions student comfortably as prescribed on authorization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pour feeding into gravity bag, prime pump as directed (if applicable) remove g-tube cap, &amp; insert tubing end into g-tube, set flow rate, unclip tubing and turn pump to run, or if button- connect feeding bag end into extension tube &amp; prime if appropriate, turn to lock extension into place, unclip tubing, turn pump to run</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When feeding complete, pour in prescribed amount of water (if applicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clamp tubing, turn off pump, disconnect, &amp; reclamp g-tube, if button- clamp extension, turn off pump, turn to unlock, remove extension, replace clamp</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Make sure g-tube is tucked into clothing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remove gloves &amp; wash hands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documents feeding preformed &amp; tolerated</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Employee Printed Name: ____________________________  Employee Signature: ____________________________
Employee School: ____________________________  Date: ____________________________
School Nurse Stamp/Signature: ____________________________  Date: ____________________________

Source: Jefferson County Public Schools Health Services
## Primary Care Provider: Ostomy Care

**Student:** ___________________________  **Date of Birth:** ___________________________

**School:** ___________________________  **School:** ___________________________

**Diagnosis:** __________________________________________________________________________

**Type of ostomy:**  
- ☐ Colostomy  
- ☐ Ileostomy  
- ☐ Urostomy

**Brand name of appliance:** ________________________________________________________________

**Primary Care Provider:** please specify all guidelines required for student during school day below  
(Please provide step-by-step procedure on ostomy skin care, etc.):

1. _______________________________________________________________________________
   _______________________________________________________________________________

2. _______________________________________________________________________________
   _______________________________________________________________________________

3. _______________________________________________________________________________
   _______________________________________________________________________________

4. _______________________________________________________________________________
   _______________________________________________________________________________

5. _______________________________________________________________________________
   _______________________________________________________________________________

**Other health care provider’s comments:** ______________________________________________________

______________________________________________________________________________________

**Printed Name of MD, ARNP, or PA**  
**Address**

**Signature of MD, ARNP, or PA**  
**Telephone No.**  
**Date**

**Signature of Parent/Guardian**  
**Telephone No.**  
**Date**

**Emergency Contact**  
**Telephone No.**  
**Relationship**

---

*Note to parent/guardian: Signing this form shall release the ____________________ School District and staff from liability of any nature that might result from this plan of action. I hereby give permission for the above information to be verified with the above health care provider.*

---

Source: Jefferson County School Health Services
TRAINING FOR DESIGNATED STAFF

Student ___________________________ Birth Date ___________________ Social Security __________________________

School/Class ______________________ School Personnel Trained to Perform Procedure ___________________

Consider this a prescription for the above named student’s Changing COLOSTOMY/ILEOSTOMY
Perform the procedure as outlined in this checklist. COLLECTION BAG M.D. __________________________

Dates of Training/Monitoring (T=Training, M=Monitoring)

<table>
<thead>
<tr>
<th>Date</th>
<th>Information &amp; Procedure Steps</th>
<th>Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Assemble the equipment within easy reach</td>
<td>Soap and water, soft cloth or gauze</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Skin preparation, Adhesive tape</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clean bag and belt, if needed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>gloves, scissors (if needed to cut skin barrier)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wash the hands thoroughly and apply gloves.</td>
</tr>
<tr>
<td>Provide private area and assist student to undress to extent needed for procedure</td>
</tr>
<tr>
<td>Empty contents of used bag into toilet.</td>
</tr>
<tr>
<td>Carefully remove the used bag and skin barrier by pushing the skin away from the bag, instead of pulling the bag off the skin.</td>
</tr>
<tr>
<td>If a skin barrier is used that requires fitting, measure stoma.</td>
</tr>
<tr>
<td>Clean stoma.</td>
</tr>
<tr>
<td>Inspect the skin and state reasons you would notify the school nurse or parent.</td>
</tr>
<tr>
<td>Apply skin barrier to skin around stoma</td>
</tr>
<tr>
<td>Remove backing from adhesive and place over the stoma.</td>
</tr>
<tr>
<td>Remove gloves and wash hands</td>
</tr>
<tr>
<td>Record procedure on flow sheet</td>
</tr>
<tr>
<td>Report to parent by the end of day any change in stool pattern</td>
</tr>
<tr>
<td>Staff will report the following problems:</td>
</tr>
<tr>
<td>Collection bag requires frequent changes.</td>
</tr>
</tbody>
</table>
### Dates of Training/Monitoring (T=Training, M=Monitoring)

<table>
<thead>
<tr>
<th>Date</th>
<th>Any change in stool pattern.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Red irritated skin around stoma.</td>
</tr>
<tr>
<td></td>
<td>Drops of blood: pat gently with soft cloth gauze.</td>
</tr>
<tr>
<td></td>
<td>Moderate bleeding: apply gently pressure using soft cloth / gauze.</td>
</tr>
<tr>
<td></td>
<td>Heavy / continued bleeding: apply firm pressure using soft gauze. Delegate call to EMS / 911.</td>
</tr>
</tbody>
</table>

_________________________  _______________________
Instructor                  Date

_________________________  _______________________
Parent Signature            Date

Source: Madison County Health Dept
DELEGATION OF HEALTH SERVICE(S) TO SCHOOL PERSONNEL

I have been instructed on my school district’s guidelines for:

<table>
<thead>
<tr>
<th>Employee Initials</th>
<th>Health Services Nurse’s Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Administration of medications on daily basis and field trips</td>
</tr>
<tr>
<td></td>
<td>Administration of medication on field trips only</td>
</tr>
<tr>
<td></td>
<td>Asthma and Mini-nebulizer treatments</td>
</tr>
<tr>
<td></td>
<td>Diabetes and blood glucose monitoring</td>
</tr>
<tr>
<td></td>
<td>Epi-pen</td>
</tr>
<tr>
<td></td>
<td>G-tube feedings</td>
</tr>
<tr>
<td></td>
<td>G-tube medication administration</td>
</tr>
<tr>
<td></td>
<td>Seizure and diastat</td>
</tr>
<tr>
<td></td>
<td>Trachs and suctioning</td>
</tr>
</tbody>
</table>

I understand that I am to follow district guidelines as delegated by the School Nurse. Upon signing this, I consent to perform the health service(s) initialed above by the delegating School Nurse and myself, possess the training and skills, and have demonstrated competency to safely and effectively perform the health service(s).

Employee Signature ___________________________________________ Date ___________

I have provided training to this individual on the health service(s) initialed above by the employee and myself in accordance with school district guidelines. She/he has demonstrated knowledge and understanding of this/these health service(s).

School Nurse Stamp/Signature ___________________________________________ Date ___________

Adapted from: Jefferson County Public School Health Services
Primary Care Provider Authorization: Tracheostomy Suctioning/Replacement

Student: ___________________________ Date of Birth: ________________

School: ___________________________ School Year: ________________

Diagnosis: _______________________________________________________________________

Type and Size of trachea tube: ________________________________________________________

Suctioning frequency (Check one and fill in):

☐ Every _______ minutes  ☐ Every ______________ hours

☐ As needed based upon signs and symptoms as follows:
  ☐ Choking  ☐ Continuous coughing
  ☐ Gurgling  ☐ Upon student’s request
  ☐ Other (Specify): ______________________________________________________________

In the event the trach tube becomes dislodged during the school day, may trained school personnel replace it?

☐ Yes  ☐ No

** Latex Allergy:  ☐ Yes  ☐ No

Suctioning instructions:

☐ Saline installation needed

☐ Depth to insert catheter: _______________________________________________________

☐ Other (Explain): ______________________________________________________________

Additional health care provider’s comments/instructions: ________________________________________
____________________________________________________________________________________

____________________________________________________________________________________

Printed Name of MD, ARNP, or PA ___________________________ Address ___________________________

Signature of MD, ARNP, or PA ___________________________ Telephone No. ___________________________ Date ___________________________

*Note to parent/ guardian: signing this form shall release the ____________________________ School District and staff from liability of any nature that might result from this plan of action. I hereby give permission for the above information to be verified with the above health care provider.

Signature of Parent/Guardian ___________________________ Telephone No. ___________________________ Date ___________________________

Emergency Contact ___________________________ Telephone No. ___________________________ Relationship ___________________________

Adapted from: Jefferson County Public School Health Services
# TRACHEOTOMY SUCTIONING / REPLACEMENT RETURN DEMONSTRATION CHECKLIST

<table>
<thead>
<tr>
<th>Explanation/Return Demonstration</th>
<th>Performs Independently</th>
<th>Performs with minimum verbal clues</th>
<th>Unable to perform</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tracheotomy Suctioning</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check’s tracheotomy suctioning/replacement authorization for completion (especially primary care provider’s signature)</td>
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<tr>
<td>Gathers equipment (suction machine, suction catheter, saline (if applicable), gloves)</td>
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<tr>
<td>Positions student comfortably as prescribed on authorization</td>
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<tr>
<td>Opens suction catheter kit, attach end of suction catheter to suction machine</td>
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<td></td>
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<tr>
<td>Washes hands &amp; puts on gloves</td>
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<tr>
<td>Turns on suction machine, test suction equipment with glass of water, if working properly proceeds with suctioning student’s tracheotomy</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(*) Inserts suction catheter into tracheotomy prescribed depth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(*) Applies suction and removes suction catheter while rolling suction catheter in fingers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rinses suction catheter by inserting into glass of water</td>
<td></td>
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<tr>
<td>Waits a few minutes to see if suction needs to be repeated</td>
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<tr>
<td>If necessary repeats above steps for suctioning (*)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Rinses suction catheter by inserting into glass of water</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Remove gloves &amp; wash hands</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Documents feeding preformed &amp; tolerated</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Tracheotomy replacement</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check’s tracheotomy suctioning/replacement authorization for completion (especially if tracheotomy tube may be replaced and primary care provider’s signature)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gathers extra tracheotomy tube and open</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washes hands and puts on gloves</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inserts new tracheotomy tube</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Call 9-911 and parent/guardian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document procedure done</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Employee Printed Name: ___________________________________________  Employee Signature: ___________________________________________
Employee School: ____________________________________________  Date: _______________________________________________________
School Nurse Stamp/Signature: _____________________________________________________________________________________________
Primary Care Provider Authorization: Ventilator

Student Name: ________________________         Date of Birth: ____________________
School: ______________________________         School Year: _____________________
Diagnosis:  ____________________________________________________________________________________
Equipment Company: ___________________________________________________________________________
Type of Ventilator: _______________________________________________________________________________
Ventilator Settings: _______________________________________________________________________________
Specific primary care provider’s instructions for ventilator (i.e., signs and symptoms to look for when taking
nap/sleeping, etc.): _______________________________________________________________________________

Student needs nurse (Check all that is appropriate):
☐ Transportation/Bus  ☐ In Classroom  ☐ On Fieldtrip
☐ Available on school premises/in building for emergency assistance
Additional health care provider’s comments: ___________________________________________________________

Printed Name of MD, ARNP, or PA ___________________________ Address

Signature of MD, ARNP or PA ___________________________ Telephone No. Date

*Note to parent/guardian: Signing this form shall release the _______________________ School District and
staff from liability of any nature that might result from this plan of action. I hereby give permission for the
above information to be verified with the above health care provider.

Signature of Parent/Guardian ___________________________ Telephone No. Date

Source: Jefferson County Public Schools Health Services
HOME HOSPITAL INSTRUCTION

There may be circumstances when a child’s condition prevents or renders attendance at school inadvisable. 704 KAR 7:120 Home/hospital instruction addresses eligibility for Home/Hospital Instruction (see Appendix).

Home Instruction is typically a short-term instructional arrangement in a home or other designated site for a student who is temporarily unable to attend school. Home instruction is not designed to take the place of a more appropriate school placement. Students with special health care needs may have temporary or chronic conditions which warrant home instruction on a temporary or extended basis. For students with more serious conditions, it is likely that their Individual Education Program (IEP) will guide these students’ services. The Admissions and Release Committee (ARC) has the responsibility of documenting if services in the home setting constitute the Least Restrictive Environment (LRE). Current technologies allow many students with special health care needs to remain in school settings and be provided supports sufficient to allow continued school attendance.

Although home/hospital instruction as described in 704 KAR 7:120 provides for two (2) one (1) hour visits, a student with an IEP who is determined to need services in a home setting is not limited to these hours of service. When an ARC determines a student’s IEP needs to be implemented in a home setting, it is the responsibility of the ARC to also determine how many hours of service per week are needed to fulfill that IEP. The ARC also needs to verify that the person selected to implement an IEP in a home setting meets the necessary qualifications and competencies for instruction and delivery of the IEP. An IEP decision is guided by both state and federal laws that are different from state requirements governing home instruction for students with or without disabilities. If an ARC determines a student with disabilities needs to have their IEP implemented a home setting, it is important for the ARC to communicate this decision to the Home/Hospital Review Committee to facilitate their determination of whether or not this IEP service is also subject to reimbursement under the home instruction program eligibility (704 KAR 7:120).

For more information on Home Hospital Instruction, you may contact Preston Lewis, Department of Special Instruction Services, Office of Exceptional Children Services at: (502) 564-4970.
REFERENCES CHAPTER 7


(2) LD Online Newsletter, (2001). Section 504, the ADA and Public Schools, What Educators Need to Know available (online) @ http://www.ldonline.org/ld_indepth/legal_legislative/section_504_ada_and_public_schools.html


(7) Epilepsy Association of Eastern Shores. Epilepsy Facts and FAQs Available (online) @ http://www.eaes.org

(8) Kentucky Board of Nursing. Advisory Opinion Statement #AOS 87-15: Roles of Nurses in Supervision and Delegation of Nursing Acts to Unlicensed Personnel

(9) Madison County Health Department

(10) Kentucky Board of Nursing, Advisory Opinion Statement #87-16, Roles of Nurses in the Administration of Medication Via Various Routes

Chapter 8: Emergency Health Services
CHAPTER 8 - EMERGENCY HEALTH SERVICES

FIRST AID

KRS 156.502 describes “health services” to be the provision of direct health care that includes the administration of medication, the operation of medical equipment or the administration of a clinical procedure. The statue goes on to state that health care services may be provided within the health care professional’s scope of practice by a physician, advanced registered nurse (ARNP), registered nurse (RN), licensed practical nurse (LPN) or a school employee who has been delegated and trained by a physician, advanced registered nurse practitioner, or a registered nurse to perform the health services. KRS 156.502 goes on to state that: “Health Services” does not include first aid or emergency services.

Schools are required to have emergency care policies and procedures for medical emergencies that occur at school. 704 KAR 4:020 (15) states:

A school shall have emergency care procedures. The emergency care procedures shall include:

a) First aid facilities, including provisions for designated areas for the child to recline
b) A requirement that whenever children are present during school hours, there shall be at least one (1) adult present in the schools who is certified in a standard first aid course which includes CPR for infants and children
c) Parents’ telephone number, or a number at which parents can be reached
d) Name of family physician
e) Means of transportation

First aid is defined as “the immediate and temporary care given the victim of an accident or sudden illness until the services of a physician can be obtained”. Some examples of first aid include the treatment of abrasions, insect stings, fractures, frostbite, nosebleeds, playground/gym injury or the cessation of breathing. Each school shall develop policies and procedures for handling sudden injury or illness in accordance to 704 KAR 4:020 (15) as stated above. Emergency care information and authorization for treatment for every student should be updated yearly and kept on file in the designated first aid room or the principles’ office. (Exhibit 8A)

Some useful resources in the development of school district policies and procedures are:

Kentucky School Board Association Policy: 09.224, Emergency Medical Treatment
Kentucky School Board Association Procedure: 09.224AP.1, Emergency Medical Care Procedures.


A true medical emergency exists with a school incident exceeds the need for basic first aid. True medical emergencies are conditions that may cause death or serious disability if treatment is not started within the first few minutes, such as:

- Cardiac arrest
- Acute airway obstruction
- Massive internal or external hemorrhage
- Neck or back injury
- Chemical burns, especially to eye or face
- Unremitting seizures
• Pneumothorax
• Respiratory arrest
• Near drowning
• Anaphylaxis
• Internal or external poisoning
• Heat stroke
• Penetrating/crushing chest wounds

Students with specific chronic diseases and health impairments may need to be addressed individually through specific care procedures developed for that student. Refer to the student’s Emergency Action Plan in their Individualized Health Plan (IHP) or Section 504 Plan or IEP.

The following is Medical Emergency Guidelines is used with permission from the Jefferson County Public Schools:
Dear Parent/Guardian:

In order to serve your child in case of accident or sudden illness either at school, on a field trip, or any school sponsored activity, it is necessary that we have this release form signed. Please complete the information requested on the back of this form, review the statement below, then sign and return this form to your child’s homeroom teacher on the next school day.

_________________________________     _____________________________  ____________  
Student's Last Name First Name  Middle Initial

I the undersigned, do hereby authorize officials of ___________________________ Public Schools to contact the persons named on the reverse side of this form and do authorize the named physician or EMS personnel to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the even the parent/guardian, physician or other persons named on the reverse side of this form cannot be contacted, officials of ___________________________ Public Schools are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of said child.

I will not hold the school district financially responsible for the emergency care and/or transportation of said child.

Signing this form shall release _________________________ Public Schools and staff members from any liability of any nature in assisting said child during a medical emergency.

__________________________________   _____________  
Signature of Parent/Guardian       Date

Important:

1. If an accident or illness occurs, a copy of this form will be provided to the emergency care provider (physician, hospital, EMS).
2. If any of this information changes during the year, please call the school office.
3. Please complete, sign and return this form to your child’s homeroom teacher on the next school day.
4. Please complete all of the information requested.
EMERGENCY INFORMATION FORM

Date: ______________________ School: ________________________________

Full Name of Student: __________________________________________________________________

Last First Middle

Teacher: ________________________________ Grade: ____ Date of Birth: ______________________

Student’s Address: _____________________________________________________________________

City/State: ________________________________ Zip Code: __________ Telephone: ______________

Parent(s) or Guardian(s): ________________________________________________________________

Place of Employment (Father/Guardian) ___________________________________________________

Where do we contact you in case of an emergency?

(If no home phone, provide the name or a relative or neighbor and their phone)

Home Phone: ___________________ Cell/Pager: _______________ Work: ___________________

Place of Employment (Mother/Guardian) ________________________________________________

Where do we contact you in case of an emergency?

(If no home phone, provide the name or a relative or neighbor and their phone)

Home Phone: ___________________ Cell/Pager: _______________ Work: ___________________

Who do we contact if you cannot be reached?

Name: __________________________ Relationship: __________________ Phone: ______________

Name: __________________________ Relationship: __________________ Phone: ______________

Please complete this section to allow your child to be taken for treatment in case of emergency, when neither you nor the persons listed above can be contacted: “I give permission for my child to be taken by school personnel or ambulance for treatment to _____________________________ Hospital emergency for treatment. I will be responsible for all related fees.”

Physician’s Name: __________________________ Patient’s File Name: __________________

Address: __________________________ Phone: __________________________

Health Insurance Company ______________________________________________________________

Name of Policy Holder: __________________________ Policy Number: _____________________

Preferred Ambulance Service, if other than EMS __________________________ Phone: ______________

Use space below to list any health condition(s), routine medication(s), or substances that cause your child to have a severe allergic reaction requiring immediate emergency treatment:

<table>
<thead>
<tr>
<th>Health Condition</th>
<th>Medication</th>
<th>Allergen/Emergency-Care Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

If student has medical equipment or supplies, please list company or supplier:

Supplier: __________________________ Phone: __________________________

Source: Jefferson County Public School Health Services
GUIDELINES FOR HANDLING A MEDICAL EMERGENCY

1. First-aid priorities are the following:
   a) Effect a prompt rescue
   b) Check for breathing
   c) Control severe bleeding
   d) Check for poisoning or ingestion of chemicals
   e) Refer to Emergency Information and Treatment Form to determine if student has special health concerns that require specific care (e.g. epilepsy/seizures, diabetes/insulin shock, allergy/anaphylaxis, and asthma)
   f) If further medical care is indicated, dial 9-1-1 to notify EMS
   g) Notify parent/guardian as soon as possible if follow-up medical care is needed
   h) Inform parent/guardian of any illness or first aid provided by school personnel
   i) Stay with the student until dismissed to parent/guardian, designated school authority; or returned to classroom
   j) Do not give medication by mouth unless specifically ordered by his/her own physician, and without appropriately signed, notarized authorization given by parent/guardian

2. If it is necessary to transport the student to a doctor/hospital and the parents/guardians are unable to provide such transportation, then:
   a) Call an ambulance selected by the parent/guardian
   b) Call 9-1-1 to notify EMS. The parent/guardian of the student shall be responsible for the cost of private/EMS ambulance service
   c) School employees may transport but must stay with the student until a parent/guardian or other appropriate party has assumed responsibility

3. The Student Accident Report Form (Exhibit 8B) shall be completed in duplicate, and one copy shall be sent to Safety and Environmental Services within 72 hours of the accident.

Recording Emergency Care

All emergency care shall be documented on the Student Accident Report Form and kept on file. Emergency care should also be recorded on the Pupil’s Cumulative Health Record. The following documentation should be included:

- Causative factors requiring emergency care
- The time and place that the accident or illness occurred
- Any treatment given and the name of the person who gave the treatment or emergency care
- Disposition of the student after receiving emergency care

Person(s) who witnessed the accident and the person who administered first aid shall complete the Student Accident Report Form.
# Jefferson County Public Schools

## Standard Student Accident Report Form

### Part A. Information on ALL Accidents

1. **Name**
   - Last
   - First
   - Home Address

2. **School**
   - Sex: M □ F □
   - Age
   - Grade or classification

3. **Time accident occurred**
   - Hour A.M. P.M.
   - Date

4. **Place of Accident**
   - School Building ☐
   - School Grounds ☐
   - To or from School ☐
   - Home ☐
   - Elsewhere ☐

### Description of Accident

- How did accident happen? What was student doing? Where was student?
- List specifically unsafe acts and unsafe conditions existing. Specify any tool, machine, or equipment involved.

<table>
<thead>
<tr>
<th>Nature of Injury</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abrasion</td>
<td></td>
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<tr>
<td>Amputation</td>
<td></td>
</tr>
<tr>
<td>Bruise</td>
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<tr>
<td>Burn</td>
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<tr>
<td>Concussion</td>
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<tr>
<td>Cut</td>
<td></td>
</tr>
<tr>
<td>Sprains</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Part of Body Hurt</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ankle</td>
<td></td>
</tr>
<tr>
<td>Arm</td>
<td></td>
</tr>
<tr>
<td>Back</td>
<td></td>
</tr>
<tr>
<td>Elbow</td>
<td></td>
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<tr>
<td>Eye</td>
<td></td>
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<tr>
<td>Face</td>
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<tr>
<td>Finger</td>
<td></td>
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<tr>
<td>Foot</td>
<td></td>
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<tr>
<td>Wrist</td>
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</tbody>
</table>

5. **Name of Doctor or Hospital**

6. **Degree of injury**: 
   - Death ☐
   - Permanent Impairment ☐
   - Serious but not permanent ☐
   - Minor ☐

7. **Number of days lost from school**

---

## Part B. Additional Information on School Jurisdiction Accidents

9. **Teacher in charge when accident occurred**
   - Enter name.

10. **Immediate Action Taken**
    - First-aid treatment By (Name)
    - Sent home By (Name)
    - Sent to physician By (Name)
    - Name of physician
    - Sent to hospital By (Name)
    - Name of hospital

11. **Parent or other individual notified?**
    - No ☐ Yes ☐
    - When
    - Name of individual notified
    - By whom? (Enter name.)

12. **Specify Activity**

<table>
<thead>
<tr>
<th>Location</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athletic field</td>
<td></td>
</tr>
<tr>
<td>Auditorium</td>
<td></td>
</tr>
<tr>
<td>Classroom</td>
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<tr>
<td>Corridor</td>
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<tr>
<td>Dining room</td>
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<tr>
<td>Gymnasium</td>
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<tr>
<td>Home Econ.</td>
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<tr>
<td>Laboratories</td>
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<tr>
<td>Sch. Grounds</td>
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<tr>
<td>Shop</td>
<td></td>
</tr>
<tr>
<td>Showers</td>
<td></td>
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<tr>
<td>Stairs</td>
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<tr>
<td>Other</td>
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</tr>
</tbody>
</table>

**Remarks**

- What recommendations do you have for preventing other accidents of this type?

**Teacher**
FIRST AID FOR DENTAL EMERGENCIES

Some dental problems are fairly common in school children. Listed below are first-aid steps that may be taken when a dental emergency at school occurs. These measures are only to provide temporary relief. When a dental emergency occurs, the parents should be notified so that follow-up with the child’s dentist can be arranged as soon as possible.

Suggestions for first aid supplies for dental emergencies include: sterile gauze, cotton rolls, dental floss, wax and ice packs.

<table>
<thead>
<tr>
<th>PROBLEM</th>
<th>ACTION NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toothache</td>
<td>Rinse mouth with warm water to clean out any food or Use dental floss to remove food caught between teeth. If area is swollen, place cold compress on outside of cheek. Do not use hot compress or place an aspirin next to the aching tooth. Contact child’s parent and recommend they contact their dentist.</td>
</tr>
<tr>
<td>Bitten Tongue or Lip</td>
<td>Apply pressure to the bleeding area, using a sterile gauze square or clean clothe. If area is swollen, apply cold compress. If bleeding continues after 15 to 30 minutes, contact the parent to call their dentist or transport to the emergency room.</td>
</tr>
<tr>
<td>Broken Tooth</td>
<td>Gently clean area with gauze and warm water to remove blood, dirt and debris. Apply cold compress on face next to tooth to minimize swelling. Rinse tooth gently and place in a cup of milk or cool water. Contact parent to arrange follow-up with dentist immediately.</td>
</tr>
<tr>
<td>Knocked-out Tooth</td>
<td>Rinse tooth gently, but do not wipe or scrub it. Place it in a cup of milk or cool water. Contact aren’t to take child to their dentist immediately.</td>
</tr>
<tr>
<td>Prolonged Bleeding</td>
<td>Have child bite on sterile gauze or cotton roll at extraction site, replacing gauze when it becomes soaked. If bleeding has not slowed or stopped within two hours, contact parents to follow-up with dentist.</td>
</tr>
<tr>
<td>Orthodontic Problems</td>
<td>Cover any wire causing an irritation with wax or gauze until dentist can repair it. If wire is imbedded in mouth tissue, do not attempt to remove it; let the child’s orthodontist do so. If appliance breaks or becomes loose, notify parents to contact orthodontist.</td>
</tr>
<tr>
<td>Objects Between Teeth</td>
<td>Try to remove the object with dental floss, being careful not to cut gum tissue. Do not use sharp or pointed instruments to remove object.</td>
</tr>
<tr>
<td>Possible Broken Jaw</td>
<td>Try to immobilize jaw by placing a scarf, handkerchief, towel, or necktie under the chin and tying the ends on top of the head. Apply cold compresses for swelling Call parents to contact the child’s dentist or to take to an emergency room for care.</td>
</tr>
</tbody>
</table>
AUTOMATIC EXTERNAL DEFIBRILLATORS IN THE SCHOOL SETTING

Sudden cardiac arrest (SCA) can strike a seemingly healthy person without warning. Automated external defibrillators are devices that shock the heart to restore a normal heartbeat after a life-threatening irregular rhythm.

Respiratory arrest, not cardiac arrest, is the leading cause of death in children. With any sudden cardiac arrest, assess the ABC’s and initiate CPR. According to the American Heart Association Statement, July 01/2003, “there is no specific data, but pediatric cardiac arrests occur much less often than adult cardiac arrests. But in those cases where it’s necessary, AEDs can save a young person’s life.”

KRS 311.667 Requirements for person or entity acquiring an automated external defibrillator states:

In order to ensure public health and safety:

1. A person or entity who acquires an AED shall ensure that:
   a. Expected AED users receive American Heart Association or American Red Cross training in CPR and AED use, or an equivalent nationally recognized course in CPR and AED use;
   b. The AED is maintained and tested according to the manufacturer’s operational guidelines;
   c. There is medical oversight of the AED program by a physician licensed in Kentucky to ensure compliance with requirements for training, maintenance, notification, and communication with the local emergency medical services system. The physician providing oversight shall also work with the AED site to establish protocols for AED deployment and conduct a review of each use of an AED; and
   d. Any person who renders emergency care or treatment on a person in cardiac arrest by using an AED activates the local emergency medical services as soon as possible and, if an entity with an AED program, reports any clinical use of the AED to the licensed physician.

2. Any person or entity who acquires an AED shall notify an agent of the local emergency medical services system and the local emergency communications or vehicle dispatch center of the existence, location, and type of AED acquired.

For further information:

The following documents are good resources of information of the use of AED’s in the school setting:


REFERENCES CHAPTER 8

(1) 704 KAR 4:020 School health services
(7) KRS. 311.667 Requirements For Person Or Entity Acquiring An Automated External Defibrillator
REFERENCES FOR KENTUCKY REVISED STATUTES (KRS), KENTUCKY ADMINISTRATIVE REGULATIONS (KAR), KENTUCKY BOARD OF NURSING ADVISORY OPINION STATEMENTS (KBN AOS), AND KENTUCKY SCHOOL BOARD ASSOCIATION (KSBA) POLICIES

CHAPTER 1

KRS 156.501 Student health services -- Responsibilities of Department of Education and Department for Public Health -- Filling of position -- Funding

KAR None

CHAPTER 2

KRS 156.501 Student health services -- Responsibilities of Department of Education and Department for Public Health -- Filling of position -- Funding
KRS 156.502 Health services in school setting -- Designated provider – Liability protection
KRS 156.160 Promulgation of administrative regulations by Kentucky Board of Education

KRS 314.011 Definition of registered nurse, practical nurse
KRS 314.021 Registered nurse, practical nurse policy
KRS 314.031 Unlawful acts related to nursing

704 KAR 4:020 School health services
16 KAR 2:060 School nurse
201 KAR 20:400 Delegation of nursing tasks

KBN AOS
# 87-15 Roles of Nurses in Supervision and Delegation of Nursing Acts to Unlicensed Personnel
# 93-30 School Nursing Practice

CHAPTER 3

KRS 158.032 Documents required upon enrollment or transfer
KRS 214.034 Immunization of children
KRS 214.036 Exceptions to immunization requirement
KRS 156.160 (10) (g) Vision examination requirement
KRS 156.070 Athletic activity or sports physical requirement

704 KAR 4:020 School health services

CHAPTER 4

KRS 214.034 Immunization of children
KRS 214.036 Exceptions to immunization requirement

KAR None
CHAPTER 5

KRS 214.010  Physicians and heads of families to report diseases to local health departments
KRS 214.034  Immunization of children

902 KAR 2:020  Disease surveillance

CHAPTER 6

KRS 156.502  Health services in school setting -- Designated provider – Liability protection
KRS 314  Registered nurse-practical nurse
KRS 158.834  Self-medication administration by students with asthma
KRS 158.836  Possess and use of asthma medication

KAR  None

CHAPTER 7

KRS 156.502  Health services in school setting -- Designated provider – Liability protection
KRS 157.200  Special education programs

704 KAR 7:120  Home/Hospital instruction
707 KAR  Exceptional and Handicapped Programs

KBN AOS  # 87-16  Roles of Nurses in the Administration of Medication via Various Routes

CHAPTER 8

KRS 311.667  Requirements for persons or entity acquiring an automated external defibrillator
KSBA 09.224  Emergency Medical Treatment

09.224AP1  Emergency Medical Care Procedures
KSBA POLICIES/PROCEDURES
CORRELATED TO 8-COMPONENT COORDINATED SCHOOL HEALTH

Your District-level policies/procedures can easily be correlated to the 8-component Coordinated School Health Program. Check the “Correlated Board Policy/Procedure column in the following tables. If your District subscribes to the KSBA Policy Service, a list of possible policies and procedures that your District may have adopted has been correlated. Please understand that your District may not have all policies listed. Also, if your District does not subscribe to the KSBA Procedures Service, then the correlated procedures (indicated with an AP extension) will not apply.

Should you need sample policies or procedures in these areas or if you have questions about any of your policies or procedures, please contact your KSBA assigned Policy & Procedures Consultant.

Component I—Health Instruction

<table>
<thead>
<tr>
<th>Policy/Procedure/Strategy Topic</th>
<th>Correlated Board Policy/Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Instruction Program (incorporating health and physical education instruction)</td>
<td>08.113, Graduation Requirements</td>
</tr>
<tr>
<td>Health Education</td>
<td></td>
</tr>
<tr>
<td>Teaching about Drugs, Alcohol, and Tobacco</td>
<td>09.423, Use of Alcohol, Drugs, and Other Controlled Substances</td>
</tr>
<tr>
<td>Family Life/Sex Education</td>
<td>08.13531, Sex Education</td>
</tr>
<tr>
<td>HIV/AIDS Education</td>
<td>09.213, Contagious Diseases and Parasites</td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td></td>
</tr>
<tr>
<td>Character Education</td>
<td>08.1, Curriculum</td>
</tr>
<tr>
<td>Driver Education</td>
<td></td>
</tr>
<tr>
<td>Nutrition Education</td>
<td></td>
</tr>
<tr>
<td>First Aid/CPR</td>
<td></td>
</tr>
<tr>
<td>Grade Level/Graduation Requirements</td>
<td>08.113, Graduation Requirements</td>
</tr>
<tr>
<td>Selection/Approval of Health Education Instructional Resources and Materials</td>
<td></td>
</tr>
<tr>
<td>Selection/Approval of Special Interest Materials</td>
<td></td>
</tr>
<tr>
<td>Community Resource Persons/Speakers</td>
<td>08.213, Guest Speakers</td>
</tr>
<tr>
<td>Teaching about Controversial/Sensitive Issues</td>
<td>08.1353, Controversial Issues</td>
</tr>
<tr>
<td>Exemptions from Required Instruction (Opt-Out and Opt-In Procedures)</td>
<td>08.1346, Physical Education</td>
</tr>
<tr>
<td>Staff Qualifications</td>
<td>03.11, Hiring</td>
</tr>
<tr>
<td>Professional Development of Teaching Staff</td>
<td>03.19, Professional Development; 03.19 AP.1 – AP.21</td>
</tr>
<tr>
<td>Tutoring Programs</td>
<td>08.133, Extended School/Supplemental Educational Services</td>
</tr>
<tr>
<td>Service Learning/Community Service</td>
<td>08.4, Adult/Community Education</td>
</tr>
</tbody>
</table>

Source: KSBA Policies/Procedures Correlated to 8-Component Coordinated School Health
### Component II—Health Services

<table>
<thead>
<tr>
<th>Policy/Procedure/Strategy Topic</th>
<th>Correlated Board Policy/Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Examination of Students</td>
<td>09.211, Health Care Examinations</td>
</tr>
<tr>
<td>Health Screenings of Students</td>
<td>09.21, Health Requirements and Services</td>
</tr>
<tr>
<td>Student Physicals for School Athletics</td>
<td>09.311, Safety (Athletics)</td>
</tr>
<tr>
<td>Immunizations of Students</td>
<td>09.211, Health Care Examinations</td>
</tr>
<tr>
<td>Communicable/Infectious Diseases (Students with HIV/AIDS)</td>
<td>09.213, Contagious Diseases and Parasites</td>
</tr>
<tr>
<td>Administering Medicines to Students</td>
<td>09.2241, Dispensing Medication; 09.2241 AP.1 – AP.23</td>
</tr>
<tr>
<td>First Aid and Emergency Medical Care</td>
<td>09.224, Emergency Medical Treatment; 09.224 AP.1 – AP.22</td>
</tr>
<tr>
<td>Health Services Staff/School Nurses</td>
<td></td>
</tr>
<tr>
<td>Professional Development of Health Services Staff</td>
<td>03.19, Professional Development; 03.19 AP.1 – AP.21</td>
</tr>
<tr>
<td></td>
<td>03.29, Staff Development; 03.29 AP.1 – AP.2</td>
</tr>
<tr>
<td>School-Based/School-Linked Health Services</td>
<td></td>
</tr>
<tr>
<td>Condom Availability Program</td>
<td></td>
</tr>
<tr>
<td>Student Health Fairs</td>
<td></td>
</tr>
<tr>
<td>Student Health Records (confidentiality of student health records)</td>
<td>09.14, Student Records; 09.14 AP.1 – AP.251</td>
</tr>
<tr>
<td></td>
<td>09.213, Contagious Diseases and Parasites; 09.213 AP.1 – AP.12</td>
</tr>
<tr>
<td>Student Insurance Program</td>
<td>09.23, Student Insurance; 09.312, Insurance (Athletics)</td>
</tr>
<tr>
<td>Blood Donations</td>
<td></td>
</tr>
</tbody>
</table>

Source: KSBA Policies/Procedures Correlated to 8-Component Coordinated School Health
## Component III—Healthy and Safe School Environment (Physical Environment)

<table>
<thead>
<tr>
<th>Policy/Procedure/Strategy Topic</th>
<th>Correlated Board Policy/Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilities Planning, Development, Renovations, Improvements</td>
<td>05.1, Construction; 05.1 AP.1 05.11, Alterations to Buildings and Grounds; 05.11 AP.1 – AP.11</td>
</tr>
<tr>
<td>Buildings and Grounds Inspections</td>
<td>05.21, Principal's Responsibility for School Property; 05.21 AP.2</td>
</tr>
<tr>
<td>Reporting Hazards/Warning Systems</td>
<td>03.14/03.24, Health and Safety; 05.4, Safety (Facilities)</td>
</tr>
<tr>
<td>Hazardous Materials</td>
<td>03.14/03.24, Health and Safety</td>
</tr>
<tr>
<td>Injury Prevention and Safety Procedures</td>
<td>09.224, Emergency Medical Treatment; 09.224 AP.1 – AP.21, 09.31 AP.2</td>
</tr>
<tr>
<td>Prevention of Disease/Infection Transmission</td>
<td>03.14/03.24, Health and Safety; 03.14 AP.1</td>
</tr>
<tr>
<td>Injury Reports</td>
<td>09.224 AP.22</td>
</tr>
<tr>
<td>Emergencies</td>
<td>05.4, Safety (Facilities); 05.45, Crowd Control; 05.47, Earthquakes</td>
</tr>
<tr>
<td>Disaster Plans</td>
<td>05.4, Safety (Facilities); 05.41, Fire Drills; 05.41 AP.2</td>
</tr>
<tr>
<td>Safety Drills</td>
<td>05.41, Fire Drills; 05.41 AP.1 – AP.2; 05.42, Tornado Drills; 05.42 AP.1; 05.47, Earthquakes; 05.47 AP.1</td>
</tr>
<tr>
<td>Bomb Threats</td>
<td>05.43, Bomb Threats; 05.43 AP.1 – AP.2</td>
</tr>
<tr>
<td>Weather-Related Emergencies</td>
<td>05.42, Tornado Drills; 05.42 AP.1; 06.21, Inclement Weather; 06.21 AP.1</td>
</tr>
<tr>
<td>Buildings/Grounds Security</td>
<td></td>
</tr>
<tr>
<td>Community Resource Persons/Speakers</td>
<td>08.213, Guest Speakers</td>
</tr>
<tr>
<td>Teaching about Controversial/Sensitive Issues</td>
<td>08.1353, Controversial Issues</td>
</tr>
<tr>
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</tr>
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<td>03.11, Hiring</td>
</tr>
<tr>
<td>Professional Development of Teaching Staff</td>
<td>03.19, Professional Development; 03.19 AP.1 – AP.21</td>
</tr>
<tr>
<td>Tutoring Programs</td>
<td>08.133, Extended School/Supplemental Educational Services</td>
</tr>
<tr>
<td>Service Learning/Community Service</td>
<td>08.4, Adult/Community Education</td>
</tr>
</tbody>
</table>

Source: KSBA Policies/Procedures Correlated to 8-Component Coordinated School Health

*KDE HSRG pg. 276*
### Component III—Healthy and Safe School Environment (Psycho-Social Environment)

<table>
<thead>
<tr>
<th>Policy/Procedure/Strategy Topic</th>
<th>Correlated Board Policy/Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nondiscrimination</td>
<td>03.113/03.212, Equal Employment Opportunity 09.13, Equal Educational Opportunities; 09.13 AP.21</td>
</tr>
<tr>
<td>School Climate Where Diversity Is Respected</td>
<td></td>
</tr>
<tr>
<td>Drug-Free Schools</td>
<td>03.13251/03.23251, Drug-Free/Alcohol-Free Schools; 03.12351 AP.1 09.423, Use of Alcohol, Drugs, and Other Controlled Substances; 09.423 AP.1 – AP.2</td>
</tr>
<tr>
<td>Tobacco-Free Schools</td>
<td>03.1327/03.2321, Use of Tobacco 09.4232, Tobacco; 09.4232 AP.21</td>
</tr>
<tr>
<td>Safe Schools Plan</td>
<td>05.4, Safety (Facilities); 05.4 AP.21 – AP.22</td>
</tr>
<tr>
<td>Student Rights and Responsibilities</td>
<td>09.438, Student Discipline Code</td>
</tr>
<tr>
<td>Weapons on School Property</td>
<td>05.48, Weapons</td>
</tr>
<tr>
<td>School Uniforms</td>
<td>09.427, Dress and Appearance (Students)</td>
</tr>
<tr>
<td>Student Discipline</td>
<td>09.43, Student Disciplinary Processes; 09.43 AP.1 – AP.22</td>
</tr>
<tr>
<td>Corporal Punishment</td>
<td>09.433, Corporal Punishment; 09.433 AP.2</td>
</tr>
<tr>
<td>Alternative Learning Environment</td>
<td>09.4341, Alternative Education; 09.4341 AP.1</td>
</tr>
<tr>
<td>Zero Tolerance</td>
<td></td>
</tr>
<tr>
<td>Sexual (and Other) Harassment</td>
<td>03.162/03.262, Harassment and Discrimination; 03.162 AP.1 – AP.22 09.42811, Harassment and Discrimination; 09.42811 AP.1 – AP.22</td>
</tr>
<tr>
<td>Anti-Slur</td>
<td>(Same as Sexual and Other Harassment)</td>
</tr>
<tr>
<td>School Clubs</td>
<td>09.321, Clubs</td>
</tr>
<tr>
<td>Extracurricular Activities</td>
<td>09.3, Student Activities</td>
</tr>
<tr>
<td>Extended-Day Learning Opportunities</td>
<td>08.133, Extended School/Supplemental Educational Services; 08.133 AP.1 – AP.2</td>
</tr>
<tr>
<td>Awards and Recognition</td>
<td>08.113, Graduation Requirements; 08.2211, Academic Honors Program</td>
</tr>
</tbody>
</table>

Source: KSBA Policies/Procedures Correlated to 8-Component Coordinated School Health
### Component IV—Worksite Health Promotion

<table>
<thead>
<tr>
<th>Policy/Procedure/Strategy Topic</th>
<th>Correlated Board Policy/Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Assistance/Wellness Program</td>
<td></td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td></td>
</tr>
<tr>
<td>First Aid/CPR Training</td>
<td>03.14/03.24, Health and Safety; 03.14 AP.1</td>
</tr>
<tr>
<td>Life-Threatening Illness</td>
<td>03.111/03.211, Medical Examination; 03.1234/03.2234, Extended Disability Leave</td>
</tr>
<tr>
<td>Staff with HIV/AIDS</td>
<td>03.111/03.211, Medical Examination</td>
</tr>
<tr>
<td>Sick Leave/Disability Leave</td>
<td>03.1232/03.2232, Sick Leave; 03.132 AP.2 or 03.1232 AP.2; 03.1234/03.2234, Extended Disability Leave</td>
</tr>
<tr>
<td>Family and Medical Leave</td>
<td>03.12322/03.22322, Family and Medical Leave; 03.12322 AP.21</td>
</tr>
<tr>
<td>Use of School-Owned Vehicles by Staff (use of seat belts)</td>
<td>03.1321/03.2321, Use of School Property; state law</td>
</tr>
</tbody>
</table>

### Component V—Counseling, Psychological, and Social Services

<table>
<thead>
<tr>
<th>Policy/Procedure/Strategy Topic</th>
<th>Correlated Board Policy/Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Counselors’, Psychologists’, Social Workers’ Qualifications and Staffing</td>
<td>03.11, Hiring</td>
</tr>
<tr>
<td>Professional Development of Student Services Staff</td>
<td>03.19, Professional Development; 03.19 AP.1 – AP.21</td>
</tr>
<tr>
<td>Confidentiality of Student Communications</td>
<td>09.14, Student Records; 09.14 AP.1 – AP.251</td>
</tr>
<tr>
<td>Referral of Students to Other Agencies</td>
<td>09.21, Health Requirements and Services; 09.21 AP.2</td>
</tr>
<tr>
<td>Screening/Testing of Students</td>
<td>09.21, Health Requirements and Services; 09.21 AP.2</td>
</tr>
<tr>
<td>Self-Esteem Promotion/At-Risk Student Behaviors</td>
<td>08.141, At-Risk Students</td>
</tr>
<tr>
<td>Identification, Intervention, and Post-Intervention Procedures for Student Problems</td>
<td>08.14, Guidance; 08.141, At-Risk Students</td>
</tr>
<tr>
<td>Suicide Prevention</td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Counseling</td>
<td>09.423, Use of Alcohol, Drugs, and Other Controlled Substances; 09.423 AP.1 – AP.2</td>
</tr>
<tr>
<td>Child Abuse/Neglect Counseling and Reporting</td>
<td>09.227, Child Abuse; 09.227 AP.1</td>
</tr>
<tr>
<td>Peer Counseling</td>
<td></td>
</tr>
<tr>
<td>Gay and Lesbian Student Support Services</td>
<td></td>
</tr>
<tr>
<td>Mentor Teacher/Caring Adult Program</td>
<td></td>
</tr>
<tr>
<td>Home Visits</td>
<td>08.1312, Home/Hospital Instruction; 08.1312 AP.1 – AP.23</td>
</tr>
<tr>
<td>Pregnant and Parenting Students</td>
<td>09.41,</td>
</tr>
</tbody>
</table>

Source: KSBA Policies/Procedures Correlated to 8-Component Coordinated School Health
### Component VI—Family and Community Involvement

<table>
<thead>
<tr>
<th>Policy/Procedure/Strategy Topic</th>
<th>Correlated Board Policy/Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>School-Community-Home Relations Goals/Priority Objectives</td>
<td>08.13451, Parental Involvement Policy</td>
</tr>
<tr>
<td>Parent Rights and Responsibilities</td>
<td>08.13451, Parental Involvement Policy; 09.43, Student Disciplinary Processes</td>
</tr>
<tr>
<td>Communications with Families</td>
<td>08.13451, Parental Involvement Policy</td>
</tr>
<tr>
<td>Crisis Management/Communication</td>
<td>05.4, Safety (Facilities); 10.1, Public Information Program</td>
</tr>
<tr>
<td>Public Conduct on School Property</td>
<td>10.21, Civility; 10.21 AP.21; 10.5, Visitors to the Schools; 10.5 AP.1</td>
</tr>
<tr>
<td>Relationships with Community Organizations</td>
<td>10.3, Relationships with Community Organizations</td>
</tr>
<tr>
<td>Mentoring Programs</td>
<td></td>
</tr>
<tr>
<td>Advisory Committees</td>
<td>10.2, Citizen Suggestions and Complaints; 10.2 AP.2</td>
</tr>
<tr>
<td>Media Relations</td>
<td>10.1, Public Information Program; 10.1 AP.1</td>
</tr>
</tbody>
</table>

### Component VII—Physical Education

<table>
<thead>
<tr>
<th>Policy/Procedure/Strategy Topic</th>
<th>Correlated Board Policy/Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Education Instructional Program Objectives</td>
<td></td>
</tr>
<tr>
<td>Grade Level/Graduation Requirements</td>
<td>08.113, Graduation Requirements</td>
</tr>
<tr>
<td>Qualifications and Professional Development of Staff</td>
<td>03.19, Professional Development; 03.19 AP.1 – AP.21</td>
</tr>
<tr>
<td>Physical Education Resources and Materials</td>
<td></td>
</tr>
<tr>
<td>Student Athletics</td>
<td>09.313, Eligibility (Athletics); 09.311 AP.2</td>
</tr>
<tr>
<td>Intramural Program</td>
<td></td>
</tr>
<tr>
<td>Use of Community Facilities</td>
<td>05.3, Community Use of School Facilities; 05.3 AP.1</td>
</tr>
<tr>
<td></td>
<td>05.31, Rental Application and Contract; 05.31 AP.21 – AP.22</td>
</tr>
</tbody>
</table>

### Component VIII—Nutrition Services

<table>
<thead>
<tr>
<th>Policy/Procedure/Strategy Topic</th>
<th>Correlated Board Policy/Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Service Goals</td>
<td>SFS Handbook</td>
</tr>
<tr>
<td>Qualifications and Professional Development of Staff</td>
<td>03.21, Hiring</td>
</tr>
<tr>
<td></td>
<td>03.29, Staff Development; 03.29 AP.1 – AP.2</td>
</tr>
<tr>
<td></td>
<td>07.16, Food Service Employees</td>
</tr>
<tr>
<td>Free and Reduced-Price Food Services</td>
<td>07.1, Food Services; 07.11, Free and Reduced-Price Meals</td>
</tr>
<tr>
<td>Food Services for Special Needs Students</td>
<td>07.1, Food Services; 07.11, Free and Reduced-Price Meals</td>
</tr>
<tr>
<td>Competitive Food Sales/Vending Machines</td>
<td>07.111, Competitive Foods</td>
</tr>
<tr>
<td></td>
<td>07.12, Vending Machines; 07.12 AP.1</td>
</tr>
<tr>
<td>Open/Closed Campus</td>
<td>09.221, Supervision of Students</td>
</tr>
<tr>
<td>Lunch Periods</td>
<td></td>
</tr>
<tr>
<td>Student Conduct in Cafeteria</td>
<td>07.1, Food Services; 09.42, Student Conduct</td>
</tr>
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<td>Series No.</td>
<td>Record Title and Description</td>
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<tr>
<td>L2370</td>
<td>Student Transfer Document (This record series is used to certify a student's attendance in the school system along with grades and credits earned in course work to date. In effect, this is a transcript of grades. This document is used to transfer a student's school record to another school district. All original information is in the student's cumulative folder and remains in the transferring school district). Closed Date: 7/13/90 (C) 20 USC Section 1232g et seq. &amp; KRS 160.700 et seq.</td>
</tr>
<tr>
<td>L2372</td>
<td>Student Cumulative Health Record (May contain the student medical record, immunization record, dental record, religious--medical exemption and related documents. These records ensure that the student has met state mandated health requirements to attend school. They verify immunizations and health history. Used to qualify student to attend public school and as the basis to protect the health of the general school population. These may be found in other agencies such as local health departments and private doctor's offices. May contain the medical examination form signed by physician, immunization history, request and consent for immunization, pupil health appraisal. Religious/Medical Exemption Form may replace the medical, immunization, and dental form). (C) 20 USC Section 1232g et seq. &amp; KRS 160.700 et seq.</td>
</tr>
<tr>
<td>L2376</td>
<td>Counseling Referral Form (This record is used by school district personnel, including teachers in referring students to the guidance counselor or school psychologist for counseling and evaluation. (C) 20 USC Section 1232g et seq. &amp; KRS 160.700 et seq.</td>
</tr>
</tbody>
</table>
OTHER HEALTH CARE CONCERNS

The purpose of this section is to provide school district personnel guidance in planning health care services and needed training for working with students with special health care needs. The information provided is general in nature and should not be viewed as a substitute for appropriate training. These specific health care procedures are acts generally considered nursing care activities which are provided by a nurse or provided only by a designated trained person(s) for an individual student as delegated by, and under the supervision of a nurse.

Other licensed health care providers such as physicians, physical therapist, occupational therapist, or speech/language therapist may provide, delegate, teach, and supervise others in the performance of procedures, when the procedures are within the scope of practice of the given licensee.

Bone and Joint Deformities

Description

Bone and joint deformities may result from restriction of movement of the muscles surrounding the bones and joints. Muscles surrounding joints, that do not maintain adequate range of motion, eventually shorten so that full range of motion is not possible. Permanent shortening of these muscles results in contractures of the joints. Inability to participate in normal movement activities can also lead to bone deformities due to the fact that bones become softer and less dense as a result of lack of movement. Lack of movement may also adversely affect other systems of the body including the respiratory system, urinary tract, the gastrointestinal system and the condition of the skin.

Recommendations

- The parents will provide documentation from the child’s physician as well as recommendation from a physical or occupational therapist about the types of therapeutic management techniques needed to prevent bone and joint deformities. These recommendations may include:
  1. joint range of motion exercises
  2. joint range of motion techniques to integrate throughout the day
  3. variety of positions to place student in for educational activities
  4. handling techniques including specialized physical assistance, and adaptive equipment.
- All personnel working with a student with bone and joint deformities will be trained by a qualified physical or occupational therapist.
- Visual reminders (pictures) of appropriate handling and positioning techniques are obtained from the therapist(s) for school personnel to refer to at all times.
- Know signs and symptoms of complications that might arise (e.g. pressure sores, bone fractures and/or swelling or inflammation of the joints)
- Consult with parents and therapist(s) and write an action plan for these complications.
  1. Pressure sores
  2. Bone fractures
  3. Swelling or inflammation of joints

Documentation

- Document treatment as specified by the physician and/or physical or occupational therapist with parental consent
- Document emergency procedures as planned in conjunction with parents
• Document ongoing communication between physical therapist and school personnel who perform positioning and physical management techniques
• Document training of delegated school personnel by qualified licensed health care personnel (e.g. physical or occupation therapist)
• Weekly treatment record should include:
  1. Frequency of range of motion exercises
  2. Frequency of positioning changes as well as variations
  3. Presence of redness, blanching, swelling or bruising
  4. Any recommended changes in therapeutic management procedures by physical or occupational therapist

Precautions
• Obtain training from a physical therapist in the use of proper body mechanics when lifting, handling, or carrying students with physical disabilities.
• Range of motion exercises, handling techniques and positioning are not, in and of themselves, educational goals for students with physical or motor disabilities. They are physical management techniques and should be included in all instructional activities in which the student participates.
• Equipment should be maintained for safety and proper fit for each individual student.
• Fractures and joint dislocations can occur during range of motion exercises. School personnel should be aware of the signs of this occurring.
• Signs of joint contractures should be reported to the physical or occupational therapist.

Recommended Readings


Bowel Care
Description
Children with certain medical conditions and/or motor disabilities may have problems with bowel regularity and elimination which require medical intervention.
**Recommendations**

- Consult with student’s parent/guardian to obtain history of child’s regular bowel habits
- Know signs and symptoms of bowel problems (e.g. constipation, diarrhea, dehydration, hemorrhoids)
- Implement nutritional and fluid intake recommendations, and the use of laxatives, stool softeners, suppositories, or enemas as specified by physician and with parental consent. Parents will provide all supplies
- Promote practices that prevent bowel problems including ample fluid intake and adequate fiber in diet
- Determine if the child requires special positioning devices for toileting or the use of relaxation techniques to promote elimination. Consult with physical and/or occupational therapists for recommendations and/or training of school personnel if needed

**Documentation**

- Document treatments and recommendations as specified by the physician with parental consent
- Document any allergies to latex gloves, children with spinal bifida are particularly prone to this
- Document training of school personnel by licensed health care professional
- Document on daily treatment record:
  1. supplements given (if prescribed)
  2. amount and frequency of fluid intake
  3. laxatives given (if prescribed)
  4. date and time of bowel movement
  5. Notify parents and Health Services with any procedural problems that may occur by phone and in writing.

**Precautions**

- Use gloves when toileting children
- Student with motor disabilities may have impaired bowels, which require medical intervention

**Recommended Readings**


**Cast Care**

**Description**

Casts support and protect injured bones and soft tissue. Casts may be made of plaster or fiberglass. Students usually wear casts to immobilize a broken or fractured bone.

Splints or “half casts” may be used when less support is needed. Students with physical disabilities may wear cast or splints due to joint dislocations or to prevent or correct body deformities.
Recommendations

- Consult with parents and physician about type of cast and complete description including:
  1. Type of cast
  2. How long the student will have to wear the cast
  3. Reason for wearing the cast (surgery or fracture)
  4. How long the child has had the cast
  5. Special positions needed due to cast (i.e. leg elevation)

- Know the signs and symptoms of complications following cast application and know whom to contact if any of these occur:
  1. Increased pain, which may be caused by swelling, and the feeling that the cast or splint is too tight.
  2. Numbness and tingling in the foot or hand,
  3. Burning and stinging
  4. Excessive swelling below the cast
  5. Loss of active movement of toes or fingers

- Consult with parent to develop an action plan for emergencies or conditions that may result from wearing the cast. These may include:
  1. Indentations in a new cast
  2. Skin breakdown around or under the cast
  3. Conditions that indicate that the cast is too tight or rubbing (redness)

Documentation

- Document emergency procedures as planned with parents
- Document treatment recommendations as specified by the physician with parental consent.
- Physical and occupational therapists can also provide assistance in interpreting and implementing cast care recommendations. These may include:
  1. Cleaning the cast
  2. Assisting the student with a cast in toileting activities
  3. Checking the condition of the skin around and underneath the cast
  4. Checking for the continued correct positioning of the cast.
  5. Documented training by qualified licensed health care professional for school personnel who perform cast care (e.g. nurse, physical or occupational therapist).

- Maintain daily treatment record (sent to parents) for the duration that the cast is applied, particularly during the first two or three weeks that includes:
  1. Documentation that cast was checked for pressure sores or skin breakdown during the day
  2. Record of any skin irritation that was discovered and treatment method,
  3. Time of elimination, if relevant to type of cast
  4. Documentation of any sign of poor circulation
  5. Use schools’ special procedures form for documentation

Precautions

- Care should be given to protect the cast from the following:
  1. Indentations (especially when cast is new)
  2. Soiling from food, drink, urine or feces
  3. Dropping small objects or pieces of food down in the cast.
Prevention of pressure sores and skin breakdown can be reduced by repositioning the student at regular intervals, per physician or therapist’s recommendations.

Closely observe the student’s skin condition and circulation during the time the student is wearing the cast. Repeated complaints of discomfort by the student should be reported to the child’s parents and the school nurse or other licensed health care provider, and/or the child’s physician.

**Recommended Reading**


**Congenital Heart Disease**

**Description**

Children with disabilities may have one or two types of heart disease. The first type occurs before birth and is called **congenital heart disease**. A congenital heart defect generally occurs prior to the eighth week of gestation. Factors that may result in an infant acquiring a congenital heart defect include improper prenatal care, German Measles, and genetic anomalies. Children with Down’s Syndrome are especially at risk for congenital heart defects. **Acquired heart disease** is less common in children. A child most likely to develop an acquired heart disease as a result of Rheumatic Fever which may cause permanent heart damage. Hypertension (high blood pressure) is another acquired heart disease, but it is generally not seen in children. Children may also have heart murmurs which may or may not be the result of some type of heart disease.

**Recommendations**

- Consult with the student’s parents and physician about the type of heart disease and note the following:
  1. what caused the heart disease (congenital or acquired)
  2. safety precautions for working with the child
  3. diagnostic measures that were taken to determine the existence of the heart disease
  4. surgery the child may have had to correct the heart defect
  5. medications the child has to take for the heart disease
  6. length of hospital for surgery (may impact development)
  7. any restrictions on physical or strenuous activities
  8. medication required during school hours
- Know signs and symptoms of complications that may result from the heart defect (these will be different for each type of heart disease) but in general they include: shortness of breath, chest pain, faintness, cyanosis, very rapid heartbeat and unusual fatigue
- All personnel working with a student with any type of heart disease should be trained to perform any type of special care (e.g. positioning) that may be needed if symptoms of distress occur at school. Training should be done by qualified health care professional. In addition, all school personnel who work with the student should be trained in CPR specific to the child’s age.
- Consult with the parents to design a plan for associated problems or emergencies that occur. These may include:
  1. “hypoxic spells” caused by lack of oxygen which are “characterized by hyperventilation, increasing cyanosis and fainting” (Baum, 1982, p. 318)
2. any other sign of heart distress

Documentation

- Document treatment recommendations as specified by the student’s physician and with parental consent.
- With parents and physician input, develop emergency action plan
- Document training by qualified personnel for school personnel who perform any type of specialized treatment including CPR
- Maintain incident reports (as needed) and notify parents and school nurse by phone and in writing of any type of behavior indicative of distress and any action taken
- Document prescribed medication administration

Precautions

- Teachers should be aware of any physical restrictions which may prohibit a student from competing in certain athletic events and obtaining strenuous jobs

Recommended Readings


Feeding Disorders

Description

Some students with motor disabilities (e.g. cerebral palsy) and many students with severe/profound mental disabilities have significant feeding problems. These may include poor lip closure, tongue thrust, tonic bite reflex, poor chewing, a passive swallow, insufficient gag reflex, poor dental health, and others.

Recommendations

- Proper positioning is a key factor in minimizing feeding problems as well as facilitating digestion. Overall body positioning includes positioning the students body in alignment and facilitating symmetry in both sides of the body. Use supports when needed to maintain the student’s trunk and head upright and midline (not leaning to the side or forward). The student’s arms and hands are placed in a midline position (together and to the center of the body) and are supported by a lap tray or table surface. The student’s feet are well supported on the wheelchair footrests, on the floor, or by placing a bolster or box under the student’s feet. Consult with occupational and physical therapists for specific recommendations about positioning and related equipment for individual students.
• Special feeding techniques or utensils may be required for some students. These may include techniques such as oral stimulation activities, jaw control, placement of food and liquids in the mouth, special cups and utensils, and others. Work closely with occupational therapists and speech therapists who have special training in prespeech and feeding techniques to learn and use appropriate feeding techniques for individual students.

• Obtain input from occupational therapists and speech therapists who have special training in prespeech and feeding techniques to vary and broaden students’ abilities to consume foods of various temperatures and textures. Students who continue to eat pureed foods without consideration of systematically increasing food textures will not learn to handle (eat/drink) a variety of types of foods.

• Students with poor chewing or swallowing abilities may need foods blended in a food processor. Blend each food individually so that students are exposed to different tastes, smells, and textures. Do not blend all the student’s food together.

• General feeding guidelines include proper positioning of the head/neck, provision of a small amount of food on the spoon and/or cut food in small bites, and provision of liquids in small sips, making sure that the student receives adequate fluid intake throughout the day.

• Know signs and symptoms of distress while feeding:
  1. change in facial expressions (e.g. look of anxiety or stress on student’s face, facial color changes, perspiration on face)
  2. excessive increase in muscle tone or stiffening of the student’s limbs or whole body (spastic)
  3. excessive movements of arms and legs
  4. nasal flaring or increased rate of respiration
  5. frequent coughing and/or choking while eating
  6. turning head away from food offered
  7. excessive fatigue

• Feeding problems require a team approach for assessment and instructional programming. In addition to parents/guardians, team members may include occupational therapist, speech therapist, nutritionist, physician, nurse, educator, and physical therapist. School psychologist and behavior specialists may be needed for some students.

• To evaluate the possibility of feeding disorders, refer parents to the student’s physician. A medically prescribed test called videofluoroscopy can be conducted to determine the presence or absence of a swallowing disorder.

• Obtain information regarding food types and textures, solids vs. liquids, amount of food and liquids for mealtimes and snacks during the school day, rate or eating/drinking, and foods to avoid due to allergies or risk of choking.

• Obtain training in first aid for choking and CPR from a certified instructor.

• Obtain training from qualified therapists to perform special oral motor and feeding techniques.

Documentation

• Obtain a written description of correct positioning for feeding (from physical or occupational therapists) and all special oral motor and feeding techniques and/or special equipment used during feeding (from an occupational therapist or speech therapist who has had training in feeding).

• Document recommendations from the student’s physician and parents regarding nutritional requirements, amount and rate of feeding, and foods to avoid.

• Document student’s response to feeding/eating. Notify parents and school nurse by phone and written note of any procedural problems encountered.
Precautions

- Avoid foods such as hard candy, nuts, and other foods that break up into small pieces and may be hard to handle and cause choking (whole kernel corn, raw vegetables such as carrots, popcorn, hard cookies, etc.)
- When cutting foods, dice or cut lengthwise i.e. hot dogs or wiener.
- Obtain training and first aid for choking and CPR in case of emergency.
- Wash hands before and after feeding students.
- Use disposable napkins for clean ups or use one washcloth for each student.
- Student’s known to have Hepatitis B should eat from disposable utensils and trays.
- Wear vinyl or latex gloves when feeding student(s) or cleaning up after eating. Be aware if feeding student, note if student has allergy to latex gloves.

Recommended Readings & Resources


Orthotic Care

Description

Orthoses, commonly referred to as braces or splints, are devices used to prevent joint contractures and bone deformities and also to facilitate proper joint alignment to assist in weight bearing and walking. Braces are made of either metal or plastic that is molded to fit the child. There is a wide variety of braces from those that support the child from the chest to the feet (e.g. reciprocating gait orthoses) to those that support only the ankle and foot (e.g. ankle-foot orthoses). Braces may also be used to prevent joint contractures in the upper extremities (arms and hands).

Recommendations

- Consult with the student’s physician, physical therapist or occupational therapist (hand splints), and parents about the type of orthotic device and a complete description of the following:
  1. why the orthotic device is needed
  2. how to place the brace on the child
  3. how long each day the child is to wear the brace
  4. activity restrictions while the brace is being worn
  5. movement patterns that are being promoted while the brace is worn
  6. other treatment techniques used to prevent the orthopedic problem

- Obtain training from a qualified physical therapist to put the braces on the child. All school personnel working with the student should be trained

- Know signs and symptoms of complications that might arise and make plans in advance to deal with these
Consult parents to design a plan for complications that may arise as a result of wearing orthotic devices. These may include:
   1. metal, plastic or strapping that maintains contact with skin
   2. any skin irritation resulting from new or improperly fitting braces

Documentation

- Document treatment recommendations as specified by the physician and/or physical therapist with parental consent
- Document procedures for dealing with complications as planned in conjunction with the parents
- Document training by qualified personnel (e.g. physical therapist) for school personnel who monitor the fit and function of orthotic devices.
- Document that periodic checks have been made to assure that the orthotic device fits properly (by physical therapist)
- Document on daily treatment log:
   1. length of time orthotic device worn each day
   2. movement patterns that are being encouraged during time orthotic device is being worn
   3. signs of skin irritation
   4. recommendations by physical therapist to have braces changed for more appropriate fit

Precautions

- Improperly placing an orthotic device on a student can cause orthopedic problems including bone fractures.
- Pressure points (red marks) that do not disappear in 20 minutes are reported to parents and physical or occupational therapist (hand/arm splints). This condition can lead to pressure sores
- Students should not wear orthotic devices for extended periods of time upon initial receipt of the device. Likewise, the length of time the student wears the device should be reduced following extended periods of time when the device was not worn (i.e. vacation).
- Training should not exclude other tasks involved in the use of orthotic devices including ambulation and movement transitions.

Recommended Reading


Prosthetic Care

Description

A prosthesis replaces a missing body part. The information contained in this section refers to artificial limbs, which replace the function of missing arms and/or legs. Prostheses are custom molded for the individual and are held on with straps or a harness.
Recommendations

- Consult with the student’s physician, prosthettist, physical or occupational therapist, and parents to obtain a complete description of the following:
  1. type of prosthesis and how it operates
  2. type of training the child needs to become functional with the prosthesis and who will do the training
  3. abilities of the student with prosthesis
  4. potential dangers to other students that could be caused by the prosthesis
  5. the schedule for wearing the prosthesis
  6. indications that the prosthesis is not functioning properly
  7. activities that should be avoided while the child is wearing the prosthesis
  8. assistance the child needs while wearing the prosthesis
  9. how to apply the prosthesis

- Know the signs and symptoms that indicate that the prosthesis does not fit properly
- Design a plan for explaining to other children in the classroom about the prosthesis

Documentation

Record as needed any signs of skin irritation including bruising, rashes, or abrasions that result from wearing the prosthesis and report these by phone and in writing to the parent and appropriate ancillary personnel (occupational therapist for upper extremities or physical therapist for lower extremities).

Precautions

- Poor hygiene can cause skin irritation. Teachers should be aware of such situations and alert parents if they notice this
- Be sensitive to the emotional needs of the student wearing the prosthesis. Avoid teasing by other students by explaining or having the child explain the device
- Consider the physical education needs of the student. Students wearing artificial limbs are encouraged to participate in physical education as much as possible, but may require adapted physical education and/or consultation from an adapted physical educator
- Consideration should be given to the fact that the child with absent limbs may perspire more than a typical child. Therefore, their underclothing may need to be changed more frequently. Also, children with absent limbs may run extremely high temperatures during minor infections such as a cold.

Recommended Readings


Shunt Monitoring

Description

A shunt is a plastic tube placed into the ventricle of the brain to drain excess cerebrospinal fluid. Children with an excess of cerebrospinal fluid are said to be hydrocephalic (enlarged head due to excess fluid). The shunt leads from the brain to a particular cavity of the body where the excess fluid is received and processed or eliminated from the body. The shunt may drain the cerebrospinal fluid into either the heart chamber or the abdominal cavity (most common, ventricular peritoneal).

Recommendations

- Consult with the student’s physician and parents about the type of shunt and complete description including:
  1. child’s typical behavior and how it may differ if the shunt is malfunctioning
  2. knowledge of signs and symptoms of malfunctioning shunt
  3. when the shunt was inserted and any warning signs that may result during the first weeks of insertion
- Know signs and symptoms of complications that might arise and make plans in advance to deal with these
- Consult with parents to design a plan for emergencies that may result from the shunt. These may include:
  1. behavioral symptoms including irritability, restlessness, personality change, lethargy, drowsiness, inability to follow simple commands, and decreased orientation to time and place
  2. physical symptoms including headache, nausea, vomiting, double or blurred vision, seizures, soft spot becomes full and changes in reaction to light

Documentation

- Document emergency procedures as planned in conjunction with parents. Notify parents and school nurse by phone and in writing of emergency procedures required/used.
- Document observations weekly (copy sent to parents) that include:
  1. any changes in behavior or physical symptoms as described above
  2. level of activity
  3. response to and awareness of environment
- Document occurrence of seizures and any other emergencies that require medical attention at school.

Precautions

- Physical and behavioral symptoms of shunt malfunction should be reported immediately to the parents. Any rapid increase in pressure in the brain can result in serious complications and death.
- If school health care workers are not available, the Emergency Medical Team (EMT) should be notified in the event of an emergency situation. The student’s parents should also be notified immediately if the student is showing signs of shunt malfunction.
**Recommended Readings**


**Skin Care**

**Description**

Children who have limited movement or mobility may require special skin care to prevent the development of skin breakdown and pressure sores.

**Recommendations**

- Know signs and symptoms of developing skin problems including:
  1. pressure points (red marks) that do not disappear in 20 minutes can lead to pressure sores and are reported to the parents and school nurse
  2. signs of skin irritation including swelling, redness, tenderness, bruising, rashes, abrasion, or other signs of problems
- Apply topical treatments or dressing changes as specified by physician. Unlicensed school personnel may be trained to change simple non-sterile dressings by licensed health professionals. Complex dressings requiring a sterile technique should be performed by a qualified licensed health care professional.
- Promote practices that prevent skin problems including keeping the skin clean and dry, proper nutrition and fluid intake, frequent position changes, and activities to promote circulation

**Documentation**

- Document treatment and recommendations as specified by the signed Physician Authorization Form and also signed by the parents
- Document topical medications and treatment applications on the Medication Administration Log or Procedure Treatment Log
- Record any signs of skin irritation including swelling, redness, tenderness, bruising, rashes, abrasion, or other signs of problems and report these by phone and in writing to the parents and school nurse.

**Precautions**

Wear vinyl or latex gloves if applying topical treatments, changing dressings, or dealing with open sores or injuries. **Be aware of any latex allergies.** (Children with Spinal Bifida are especially sensitive to latex.)

**Recommended Reading**