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Chapter 1

Role of the School Nurse

The school nurse is the resident health expert on the school campus. School nurses enhance health within the school and community by providing health appraisals, nursing assessments, nutrition assessments, preventive dental services, periodic health screenings, health counseling, referral and follow-up of suspected or confirmed health problems, emergency health services, and promoting activities to reduce risk-taking behaviors. School nurses work with school personnel to assure that all students meet the mandated requirement for immunization and physical examination documentation. Health education is conducted by the school nurse in both formal classroom presentations and informal small group or one-on-one sessions. School nurses collaborate with parents, teachers, school social workers, school counselors, school psychologists, and other health care providers to develop care plans, identify available health resources, and identify the need for health referrals to address specific health problems discovered through mandated health screenings and assessments. School nurses serve as a health resource and provide in-service education and wellness consultation for school staff. See Appendix K for a sample *Timeline of School Nurse Activities* arranged in a calendar format.

Delegation to Unlicensed Assistive Personnel (UAP)

Delegation of nursing services in the school setting is a role that can be performed only by a professional registered nurse. The National Association of School Nurses position statement summarizes their recommendations regarding delegation as follows: *The health, safety, and welfare of the student must be the primary consideration in any decision to delegate. The National Association of School Nurses (NASN) supports appropriate delegation of nursing services in the school setting based on the nursing definition of delegation, requirements provided by state nurse practice acts and their regulations, guidelines provided by professional nursing organizations and the nursing assessment of the unique needs of the individual student.* This document is available from NASN (see Appendix A for the Internet link).

A statewide workgroup consisting of state level nurse consultants as well as nurses from local school districts and county health departments examined the role of the school nurse considering positive and negative factors associated with the use of an UAP. A review of state and national model practices, local interpretation and implementation of statutes found, in some instances, local hiring practices and staffing patterns that could increase liability to the nurses through errors of health room staff working under their nursing license. Florida professional school nurses recognize that healthy students are successful learners that deserve an educational environment that enables and motivates them to achieve learning success. However, meeting student's individual health needs within the educational system is particularly challenging. This is due to the increased number and complexity of health conditions, high student-to-nurse ratios, shortages of professional nurses, and the challenges of working within the dual missions of education and health. As the health-related needs of students intensify,

many local school health programs are adopting staffing models that include the delegation of health care duties to the UAP. Student safety is the primary concern in determining whether or how the UAP should be used to help the professional school nurse deliver increasingly complex health services to students. The professional school nurse is the only member of the education team who is legally qualified to delegate nursing activities to UAPs. The resulting document, *“Technical Assistance Guideline for the Role of the Professional School Nurse in the Delegation of Care in Florida Schools”* (2006), is available through the Department of Health, School Health website (see Appendix A for the Internet link).

Chapter 2 Health Assessment

Nursing assessments are performed by the RN and are an integral part of the school health continuum of care in schools. In accordance with the Nurse Practice Act ([s. 464.003, F.S.](#)), the performance of health assessments requires specialized knowledge, judgment and nursing skill. School health programs utilize population-based mass screenings to assure students are appropriately screened to identify health conditions. These screenings, as well as individual student health encounters (planned or unplanned) provide opportunities for the RN to assess student's health status and issues in the school setting.

Nursing assessments are provided for students with actual, potential, or suspected health problems. A nursing assessment is the identification of health needs and resources of individuals, families, and groups. This is an ongoing process that includes: health history, observations, monitoring student and family reactions, determining social and emotional stability, and assessing resources. The nursing assessment serves as the basis for a nursing diagnosis and plan of care. Counseling may be offered relevant to the student's need. Particular attention is given to the prevention, early detection, and management of health problems that may inhibit learning.

Physical Assessment

Students present a range of complaints, from potentially life-threatening situations to more common problems. Students also seek advice and support from school health staff for myriads of issues. Students may go to the health room or informal encounters may occur in any number of locations in the school. Students, teachers, and other school staff may interact with the school nurse in the hallway or cafeteria, for example.

School nurses are frequently assigned to more than one school, and consequently, they are not always readily accessible when problems occur. Because unlicensed assistive personnel or other school staff may be the initial person in contact with the student, it is important that they understand the need to communicate medical concerns about a student to the school nurse. Making a health assessment remains the responsibility of the school nurse or other fully qualified and licensed health care professional.

The following steps provide a framework for the nursing assessment.

- Collection of subjective and objective data, including the history of the complaint
- Analysis of the data to determine issues and resources needed
- Communication with parent/guardian to determine needed assistance
- Provision of information regarding appropriate community resources
- Follow-up to assure compliance with recommendations
- Continued monitoring and case management as indicated

Health History

The health history provides additional subjective data as part of the assessment

process. The school nurse should ask open-ended questions that encourage a student to describe their problem. It is important to encourage discussion around different areas of the student's life (e.g., home, work, and school), especially if the problem seems to be chronic. The school nurse should be sensitive to the different cultural, ethnic, or socioeconomic background of students and become aware of appropriate community resources to deal with those different factors.

For both physical complaints or psychosocial issues, asking the following questions can provide needed insight and information.

- "Tell me about it."
- "When did it start?"
- "Has it ever happened before?"
- "What did you do?"
- "Did you tell your parents?"
- "What did they do?"
- "Are you taking any medication?"
- "Are you having problems in your classes?"

Chapter 3 Health Screening

To address the educational and health needs of students, it is necessary to first assess their physical health and well-being. Health screening techniques allow for early identification of suspected abnormalities. Subsequently, parents and educators can utilize all available health information to plan educational programs and related activities most suited to each student's needs and abilities.

Screening is a traditional part of school health services. It centers on vision and hearing since impairment of these senses can interfere with learning, occurs with significant frequency in students, and can be detected with acceptable accuracy by good screening techniques. When referrals from such screening programs result in appropriate examination and corrective measures (which may include classroom placement as well as medical/surgical measures), their value is unquestionable. However, without well organized plans for referral and follow-up, even the best screening activities fail to help those found to have impairments.

In addition to vision and hearing, [s. 381.0056, F.S.](#) requires provisions for growth and development screening, health appraisal, health counseling, nursing assessment, nutrition assessment, preventive dental program, and scoliosis screening. Each element will be considered with information covering rationale for screening, target groups, screening techniques, record keeping, criteria for referrals (including expected levels), timely follow-ups, and program evaluations.

- Noninvasive screening means any screening procedure in which the skin or any body orifice is not penetrated.
- Invasive screening means any screening procedure in which the skin or any body orifice is penetrated. However, simple procedures commonly used during the evaluation of the health status of a student, such as: an oral temperature measurement; the use of a tongue depressor to examine the throat, tympanometric screening, or the use of an otoscope to visualize the middle ear are not considered invasive and may be performed by an appropriately trained health care provider without the expressed written consent of the parent or legal guardian.

Essential health information is obtained through periodic inquiries of students and parents, continuous observation by school personnel, periodic screening, and by regular examinations by physicians and dentists. Continuity of health information is important because it allows comparison with the student's previous health status. It also aids early recognition of change (favorable or unfavorable) and knowledge of the outcome of referral for any previously detected problem. Such continuity requires an adequate system of record keeping and regularly scheduled record review and analysis by trained personnel.

A plan for follow-up is an essential component of the screening program. This may consist of a referral slip sent to parents after re-screening, notifying them a problem is

suspected. Parents are requested to return a detachable portion of the referral slip indicating that the student has received attention and stating the diagnosis and any recommended treatment. If this is not returned, school health services staff will make all attempts to ensure a satisfactory conclusion. If requested by parents, assistance to access an appropriate healthcare provider should also be provided.

To ensure adequacy of all aspects of the screening program, data must be collected and submitted to the Florida Department of Health on a periodic basis as determined in the *School Health Services Plan* and/or contractual agreements. Data is normally submitted to the CHD for entry into the DOH Health Management System on a monthly basis.

Populations targeted for mandated screenings are specified in [Chapter 64F-6.003, Florida Administrative Code](#) (F.A.C.).

- Hearing screening shall be provided, at a minimum, to students in grades kindergarten (K), 1 and 6; to students entering Florida schools for the first time in grades K through 5; and optionally to students in grade 3.
- Vision screening shall be provided, at a minimum, to students in grades K, 1, 3, 6, and students entering Florida schools for the first time in grades K through 5.
- Growth and development screening shall be provided, at a minimum, to students in grades 1, 3 and 6, and optionally to students in grade 9.
- Scoliosis screening shall be provided, at a minimum, to students in grade 6.

Note: Consideration for vision and hearing screening should be made for teacher/parent referral of a suspected problem and for students being evaluated for special education placement.

Recording Health Screening Results

- Results should be recorded on or filed in each student's Cumulative Health Record (DH Form 3041).
- Locally designed forms to record screening data can be placed in or stapled to the DH Form 3041.

Hearing Screening (see Appendix H for hearing screening procedures).

The purpose of the hearing screening program is to administer a standardized hearing test to identify those students who may have hearing impairments and refer those who fail the screening to appropriate resources for follow up and care.

The National Association of School Nurse publication "The Ear and Hearing" is an excellent resource for school nurses and gives detailed procedural information.

Hearing is tested by individual pure tone audiometry performed in the school by speech/language pathologists, nurses, teachers, special hearing screening personnel,

or by volunteers who have been trained, periodically retrained, and supervised by a professional.

Vision Screening (See Appendix H for vision screening procedures)

The purpose of the vision screening program is to administer a standardized vision test to identify those students who may have a vision problem and refer those who fail the screening for a complete, professional eye examination.

Central vision is the term used to define visual functions that enable us to see form, shape, and clarity of the image. Visual acuity is the term used to describe how well central vision is functioning. Visual impairment usually is due to refractive error, although a small percentage is related to injury, disease, and muscle imbalance. Studies show that about four percent of entering students will have errors of refraction. However, the frequency increases with age so that by twelfth grade nearly 50 percent of students may have evidence of refractive error. Students with eye muscle imbalance (strabismus) or anisometropia or lazy eye (different visual acuity in each eye) may originally have adequate vision in each eye but suppress the vision of one eye with resulting loss of vision in that eye. These conditions occur in one to five percent of students. Early detection and correction can prevent suppressions and the resultant loss of vision. The vision screening program has an important educational aspect. When a student cannot see the board or follow the teacher's demonstration because of defective vision, education suffers. Since the student has no way to recognize that vision is defective, vision screening in schools plays an important role in recognition of this impairment.

Visual acuity can be measured using a variety of equipment: simple wall mounted charts, illuminated machines such as the Snellen and Instaline screeners, telebinocular machines, and the more recently developed autorefractors such as the Welch Allyn Suresight. The selection of equipment used to assess visual acuity is determined by availability, budget, accessibility, age and development level of the students being screened, and the visual functions being assessed. Use of specialized equipment, such as the Suresight autorefractor will produce results that are different than the standard eye chart and interpretation of those results will require the use of reference materials from the manufacturer.

Recommended criteria for referral comes from the American Academy of Pediatrics (AAP) Section on Ophthalmology.

The National Association of School Nurses document "To See or Not To See: Screening the Vision of Children in School" (2005) is an excellent resource for school nurses and their recommended criteria for referral mirror those of the AAP.

Referral Resources for Vision Failure

Resources available for students who fail vision screening and need financial assistance vary by county and community. Typical referral criteria include documented failure of

the vision screening and family income that falls within the guidelines of the federal free or reduced lunch program. Examples of some available resources include:

- Jeppesen Vision Quest
- Local Lions Clubs
- Local Sertoma Clubs or other service organizations

The Vision Screener, in many instances, will be a trained health aide or volunteer. Training for these individuals may be provided by a vision screening technician or school nurse. It is recommended that professional eye care practitioners not be used to conduct vision screening since testing by such persons can be misinterpreted as an eye examination. Professional eye care practitioners should be used in an advisory capacity and for referrals. The screener should be able to:

- demonstrate correct screening procedures
- relate the referral criteria for each age group
- refer problems/failures to the school nurse
- work well with students

Vision Screening Special Situations:

- Students with physical or mental impairments may require alternative techniques to assess visual acuity. In addition to external assessment of the eye, the following methods can contribute to these evaluations.
 - Responsiveness to placement of objects
 - Tracking a toy or other small object
 - Informal observation of student activities
- Very young students
 - It is helpful to have the school nurse or teacher review the symbols on the chart with the class, prior to the mass screening.
 - “E” symbol charts, hand symbol chart, lighthouse chart or cards (apple, house, umbrella) may be preferable
- Observation of the following conditions may indicate need for referral regardless of screening results.
 - Behavior
 - Rubbing eyes excessively
 - Shuts or covers one eye, squints, tilts head
 - Difficulty in reading or other close work
 - Blinking frequently or eye irritability when doing close work
 - Holding books close to eyes
 - Inability to see distant things clearly
- Appearance
 - Crossed eyes
 - Red-rimmed, crusted, or swollen eyelids
 - Inflamed or watery eyes
 - Abnormal size of the globes
 - Clouding of the cornea
 - Abnormal coloring of sclera (yellow staining or bluish tone)

- Complaints
- Eyes itching, burning, or feeling scratchy
- Dizziness, headaches, or nausea following close work
- Blurred or double vision, or inability to see well

Additional Visual Assessments:

- **Color Discrimination:** With the increasing use of color-coded educational materials in the primary grades, it is important to identify defects in this function as early in the school career as possible. It is therefore recommended that a test for color discrimination be included in the vision screening program. A color vision test needs to be given only once in a student's school career. Reliability of the testing should be verified by a re-screening with a second type of test, and results discussed with the parent, student, and teacher.
- **Muscle Balance:** The corneal light reflex test grossly screens for abnormalities in muscle balance. Other methods which are available include slides in various stereoscopic testing machines and the cover/uncover tests. It is recommended that a test for muscle balance be a component of the vision screening program.
- **Usher Syndrome Vision Screening**
- Usher syndrome is an inherited condition that causes a serious hearing loss that is usually present at birth or shortly thereafter and is accompanied by progressive vision loss caused by retinitis pigmentosa (RP). RP is a group of inherited diseases that cause night-blindness and peripheral vision loss through the progressive degeneration of the retina, the light-sensitive tissue at the back of the eye that is crucial for vision.

[Chapter 6A-6.03013, F.A.C.](#), Special Programs for Students who are Deaf or Hard-of-Hearing, states that a screening for Usher Syndrome shall be administered to each student who is deaf or hard-of-hearing at least once during grades 6-12. Usher Screening involves dark adaptation and visual field screening.

Growth and Development Screening (See Appendix H for growth and development screening procedures).

The purpose of accurate height and weight measurements is to provide insight into the student's physical growth and development. If taken at regular intervals and recorded on charts or grids, this information will allow for comparison with past measurements and standards for age and weight for height. Comparison of these measurements to accepted norms is the baseline for nutritional assessment. Currently, growth and development screening is required for students in grades 1, 3, 6, and optionally 9.

In addition to measuring students' height and weight, Body Mass Index (BMI) calculation is required. This calculation indicates if a child is in the normal range for height and weight, or is outside the norm and has increased potential to develop certain chronic diseases during childhood or adulthood. BMI is the recommended screening

method for children and adolescents. It is based upon a child's age and gender, calculated using a child's weight and height, and compared to standardized growth charts.

If districts choose to do growth and development measurement for 9th grade or other post-pubescent grades, keep in mind that some student athletes may have what appears to be a high BMI measurement, when in actuality their body fat is quite low. Use professional judgment in making referrals on these students.

A student's weight and BMI measurement may be an extremely sensitive area for parents to deal with. Many parents have preconceived notions about "baby fat" and growth patterns, and may be overweight themselves. Referrals need to be made with sensitivity and understanding.

Scoliosis Screening (See Appendix H for scoliosis screening procedures)

The purpose of spinal screening is to identify scoliosis, which initially is a symptom-free lateral curvature of the spine and tends to appear shortly before and during adolescence, more commonly in girls than in boys. Some cases (difficult to predict except when another family member has scoliosis) become progressively worse, especially in girls. In the early stages correction is usually possible without extensive and costly surgery. Early detection and adequate treatment can prevent severe deformity.

Currently, there is a great deal of discussion regarding the appropriateness and value of scoliosis screening in school. This dialogue revolves around the incidence of scoliosis, as well as the timing of screenings and the responsibility of physicians to check for scoliosis during routine office visits. At this time, screening is required for students in grade 6.

Scoliosis screening can be done with students fully clothed, as long as clothing isn't bulky and doesn't prevent the screener from seeing the student's back clearly. Counties may choose to continue to screen with students' shirts removed. Both methods are considered appropriate by the medical community and the Scoliosis Association.

For detailed information about the forward bend test, scoliometer use, and screening guidelines, refer to the NASN publication "Postural Screening Guidelines for School Nurses" (2004) or the National Scoliosis Foundation (see Appendix A for the Internet link).

Chapter 4 Medication Administration

Purpose

Administration of medication is sometimes necessary during the school day to comply with the physician's prescription. Authorization is granted for school district personnel to administer medication in [s. 1006.062, F.S.](#)

Responsibilities

Training procedures must be included in each county's *School Health Services Plan* ([s. 1006.062, F.S.](#)). This statute further specifies that the principal has the responsibility to designate staff to be trained for medication administration. Training for school personnel designated by the school principal to assist students in the administration of prescribed medicine must be conducted by an appropriately licensed medical professional, who can legally delegate that task. **The school nurse (RN) can refuse to delegate any medical task**, if the designated personnel are not competent to perform the task. The RN and principal should work cooperatively to assure appropriate, competent personnel are designated to perform the delegated tasks.

It is the responsibility of the designated personnel to assure that prescribed medications are administered. If a student who normally receives medication at school fails to come to the health room at the scheduled time, the person responsible for medication administration should make every effort to locate the student within a reasonable time frame (generally regarded to be 1 hour). School district medication administration policies should address documentation and notification procedures for medication that is not administered as prescribed. If the student is absent from school, this should be documented on the student medication record.

School District Policies

Each district school board is to adopt policies and procedures governing the administration of medication by designated personnel, including but not limited to the following:

- Written parental permission explaining the necessity for the medication to be administered during the school day, including instances when the student is away from school property on official school business. Parents should include information about expected side effects or known student-specific side effects to the medication.
- Each prescribed medication shall be received, counted, and stored in its original container. The container must be stored in a secure fashion under lock and key.
- The prescription label should include the following information:
 - Student's name
 - Name of the medication
 - Dosage directions
 - Time of day to be administered
 - Physician's name

- Date of prescription (within a calendar year)

Emergency Medications

- [Section 1002.20\(3\)\(h\), F.S.](#) clearly states that students must be allowed to carry metered dose inhalers on their person while in school, with written parental and physician authorization.
- [Section 1002.20\(3\)\(i\), F.S.](#) specifies that students may carry and self-administer an epinephrine auto-injector while in school, during school-sponsored activities, or in transit to school or school-sponsored activities, with written parental and physician authorization. This statute also addresses safety provisions and liability indemnification.
- Although diabetic supplies for testing blood sugar and administration of insulin/glucagon are not specifically addressed in Florida Statutes, it is recommended that policies be locally developed to allow students to carry needed diabetic supplies on their person and to allow glucagon and insulin to be stored in a secured, locked medication cabinet or refrigerator, as appropriate.

Delegation to Unlicensed Assistive Personnel

Unlicensed assistive personnel (UAP) are permitted by [s. 1006.062, F.S.](#) to administer prescribed medication at school, provided appropriate training has taken place.

Training should include, at a minimum, the following learning objectives:

- Skills checklist
- Return demonstration
- Periodic assessment of competency

Non-prescription or Over-the-Counter Medications

Florida Statute regarding administration of medication in schools applies only to prescribed medication. The policy concerning nonprescription or over-the-counter medications should be made by each district school board. Since some of these medications have the potential for serious side-effects and complications, it is recommended that policies and procedures for the administration of non-prescription medication be the same as or similar to those for prescribed medications.

- **Sunscreens**
Sunscreens are best applied at home by the parent/guardian, before the student comes to school. If a sunscreen is to be administered by school district personnel, it must be provided by the parent. It is recommended that it be treated as any other non-prescription medication, including the need for written physician's authorization. However, [s. 1001.43, F.S.](#) allows for students to wear sunglasses, hats, or other sun-protective wear while outdoors during school hours.
- **Herbal Products**
FDA regulated, non-prescription herbal or natural products should be treated the same as other non-prescription medications.

Since the ingredients of non-regulated herbal or “natural” substances are often not clearly delineated, it is recommended that school districts refuse to allow school personnel to administer such substances during the school day. Parents may be permitted to come to school and administer such substances to their children.

Field Trips, Before and After School Activities

If medication is to be administered on field trips, or at before/after school activities, the same regulations apply. Therefore, the original container must be transferred to the trained person who will be administering the medication, and administration must be appropriately documented on the approved form. It is not permissible to transfer medication to an envelope or other container for later administration. However, parents may request that the pharmacy provide them with a properly labeled duplicate prescription container for field trips.

Medication Errors

Violation of any one of the “six rights” of medication administration constitutes a medication error. Those six rights are: right student, right medication, right dosage, right time, right route, and right documentation.

In case of medication error, the following procedures are recommended:

- Notify the school administrator
- Call the poison control non-emergency number (1-800-282-3171) for toxicity or expected side effects, if the error involved the wrong student, medication, dosage, time, or route
- Notify the parent
- Notify the school nurse/supervisor
- Notify the prescribing physician
- Complete the appropriate documentation / incident report
- File the original with the district level administrator and destroy any copies
- Medication errors can be used to determine needed training for school staff

Storage and Disposal of Medications

- All medications must be stored in a locked cabinet (see emergency exception below)
- Emergency injectable medications, such as Epi-Pen, Glucagon, etc. must be accessible immediately in case of an emergency. It is permissible to keep such medications in a secure location, but in an unlocked cabinet during the school day. If they are stored in that manner, there should be a sign on the outside of the medication cabinet indicating the location of emergency medications, and they should be locked in a secure cabinet after school hours.
- Medications requiring refrigeration must be stored in a locked refrigerator or in a locked container in a secure refrigerator, maintained at 35 – 45 degrees F.
- Parents should be contacted to come to school and pick up any expired medications or those remaining at the end of the school year. Medications that

are not picked up by parents should be properly disposed of according to local requirements.

- Medication disposal should be witnessed by a second person and documented by both people involved.
 - Flushing tablets/capsules down the toilet through the municipal sewerage system is the most common disposal method, although this practice has environmental concerns and is not endorsed by the Florida Department of Environmental Protection (DEP). DEP recommends the following procedure:
 - Keep the medicines in the original container.
 - Mark out the name and prescription number for safety.
 - For pills: add some water or soda to start dissolving them
 - For liquids: add something inedible like cat litter, dirt or cayenne pepper.
 - Close the lid and secure with duct or packing tape.
 - Place the bottle(s) inside an opaque (non see-through) container like a coffee can or plastic laundry bottle.
 - Tape that container closed.
 - Hide the container in the trash. Do not put in the recycle bin.
 - Additional information can be found on the DEP web page, *How to Dispose of Unwanted Medications* (see Appendix A).
 - Metered dose inhalers should be emptied outdoors by pumping the container into the air, as if being administered.
 - Injectables can be emptied into the toilet or sink, with the empty containers being placed in the sharps disposal container.

Reasons for Contacting Parent Regarding Medications:

- Any questions regarding instructions
- Failure of the student to receive the medication for any reason (i.e. vomiting, refusal, forgot, out of medicine, spilled last dose, etc.)
- Any error in administration (see medication error above)
- Any change in student's behavior or physical status that may be attributed to the medication
- Changes in appearance of medication or expiration of medication

Reasons for Contacting Physician/Pharmacist Regarding Medications:

- Parent is not available to answer urgent questions
- Clarification of medication orders, dosage, or administration
- Medication errors

Suggested Steps for Administration of Medicine Dosage Missed by Parent at Home:

- If a student was to receive medication in the morning, before coming to school, and he/she does not receive that dose, the parent should be urged to come to school to administer it.

- If parent administration is impossible, the parent must communicate with the person who will administer the medication, to authorize administration of the missed dose.
- The label of the prescription bottle at school must include the time of the morning dose normally administered at home, if it is to be administered at school.
- It should be given on a one time only emergency basis, if school board medication policy so allows.
- This might necessitate adjustment of subsequent dosage times, and the school nurse should be consulted.

Medication Administration Documentation:

- Appropriate documentation of medication administration must be done immediately after each dose is administered.
- An individual student medication record form must be maintained for each student receiving medication at school.
- If a student is receiving more than one medication at school, separate student medication records must be maintained for each medication. Logs listing several students on one form may be maintained for tracking and organization of health room duties, but cannot be used for documentation of student medication administration.
- The Florida Records Retention Schedule require that such forms must be kept for 7 years (see Appendix E)

Chapter 5

Students with Special Health Care Needs / Chronic Conditions

Due to advances in health care research and technology, more children with special health care requirements are participating in the same activities as their healthy peers, therefore, there are more children entering schools with special health needs. Students with special health care needs may require specific care related to their condition. Providing education and health services for these students requires cooperation and support among administrators, teachers, paraprofessionals, and school health professionals. In addition, frequent communication and close collaboration of school personnel with community medical providers and other health professionals involved in the student's care outside of the school is often necessary.

Pre-enrollment Planning for Children with Special Health Care Needs

It is necessary to plan for the enrollment of students who have special health needs. If such students simply appear on campus with the intent of attending class, the situation may be unsafe and certainly less than optimal for both the student and the school staff. Whenever possible, physician orders and needed supplies should be obtained prior to student enrollment. Classroom placement should be made by the school administrator with sensitivity to the student's situation. A nursing care plan should be developed with cooperation from the parent/guardian prior to student enrollment.

Considerations for School Enrollment

Florida Statute assures that all students are provided with a free and appropriate public education. When special health needs are involved, a parent meeting should take place (with the school nurse present) prior to enrollment, in order to assure an optimal experience for the student and his/her family.

It is most expedient for school staff if that meeting can take place on the school campus. However, a home visit may be necessary, and in fact, may provide additional insight into the student's health needs and how they are dealt with outside of school. A school nurse interview form or check list is helpful in assuring that all areas of possible concern are addressed during the meeting or home visit.

Delegation of Specific Procedures

Authorization is given in [s. 1006.062, F.S.](#) for unlicensed assistive personnel to perform health-related services upon successful completion of child-specific training by a registered nurse, advanced registered nurse practitioner, medical physician, osteopathic physician, or physician assistant. Such procedures shall be monitored periodically by the licensed professional. Procedures specifically cited in the statute include intermittent clean catheterization, gastrostomy tube feeding, monitoring blood glucose, and administering emergency injectable medication. For all other invasive medical services not listed, the licensed professional shall determine appropriateness of allowing unlicensed assistive personnel to perform such service.

Furthermore, [s. 1006.062, F.S.](#) specifies that non medical school personnel shall NOT be allowed to perform invasive medical services that require special medical knowledge, nursing judgment, and nursing assessment. Procedures specifically cited in the statute include sterile catheterization, nasogastric tube feeding, cleaning and maintaining a tracheostomy and deep suctioning of a tracheostomy. For other invasive procedures, the R.N. shall determine the appropriateness of allowing unlicensed assistive personnel to perform such service.

For technical assistance guidelines regarding delegation of care, please see the Florida Department of Health publication: *The Role of the Professional School Nurse in the Delegation of Care in Florida Schools – Technical Assistance Guidelines (2006)*.

Exceptional Student Education

The *Individuals with Disabilities Education Improvement Act* (or [IDEA 2004](#); 20 U.S.C.S. §§ 1400 et seq.), is the 2004 reauthorization of the IDEA, which aligns *IDEA* closely to the *No Child Left Behind Act (NCLB)*, helping to ensure equity, accountability and excellence in education for children with disabilities.

States and local educational agencies (school districts) are required to provide special education and related services to children with disabilities, ages 3 through 21. Part B of the Individuals with Disabilities Education Act (IDEA) sets forth the requirements and emphasizes the importance of including parents in decisions regarding the education of their children. Before a school district proposes or refuses to take action regarding the educational program of a child with a disability, the district must provide a “prior written notice” to the parents. The district must also, at specified times, provide parents with a “procedural safeguards notice” which explains their rights under Part B of the IDEA. Further, parents and school personnel must work together to develop an individualized education program (IEP) for each child which sets forth the services that the student will receive to meet his or her unique needs.

In IDEA, Congress required the U.S. Department of Education to publish and widely disseminate “model forms,” that are “consistent with the requirements of [Part B of the IDEA]” and “sufficient to meet those requirements.” Specifically, the reauthorization required the Department to develop forms for the: (1) IEP; (2) notice of procedural safeguards; and (3) prior written parental notice. Details and additional information about IDEA 2004 can be found at the United States Department of Education web site (see Appendix A for the Internet link).

Individualized Education Program

The IEP is a written document that is developed for each eligible child with a disability. The Part B regulations specify, at 34 CFR §§300.320 - .328, the procedures that school districts must follow to develop, review, and revise the IEP for each child.

The Health Component of the IEP and the Role of School Health Staff

Health conditions requiring nursing services during the school day should be included in the Health Component of the IEP. The school nurse should be included in the development of the IEP if health care services are being addressed. Relevant health information shall be made available by the school nurse for staffing and educational planning.

Identification of Potential Exceptional Student Education (ESE) Students

The local education agency has the responsibility for the evaluation and provision of services for all ESE students. Funding for students in exceptional students programs is based on the complexity of needed services from educators as well as ESE health staff. Students suspected of being eligible for exceptional student education under IDEA shall be referred for professional evaluation. This evaluation includes the multidisciplinary student services team: school psychologist, school social worker, school nurse, and school guidance counselor. The responsibility for providing services to ESE students varies by county in Florida. Service delivery may be the responsibility of county health department (CHD) nurses or school district staff. In the case of CHD nurses providing services beyond basic school health services, a written agreement would be needed between the CHD and the district.

Terms & Definitions

Common terms and abbreviations used in Exceptional Student Education programs:

DD – Developmental Delay

DHH – Deaf / Hard of Hearing

EBD – Emotional/Behavior Disorder

Gifted

HH – Hospital Homebound

ID – Intellectually Disabled

LI – Language Impaired

OHI – Other Health Impaired

OT – Occupational Therapy

PI – Physically Impaired

PT – Physical Therapy

SLD – Specific Learning Disabilities

SLI – Speech Impaired

TBI – Traumatic Brain Injury

VE – Varying Exceptionalities (multi-categorical classroom placement)

VI – Visually Impaired

Section 504 of the Rehabilitation Act of 1973

[Section 504](#) is part of a federal civil rights law known as the Rehabilitation Act of 1973. This law specifically prohibits discrimination against students with disabilities and guarantees them a free and appropriate public education (FAPE). Under Section 504, school districts have the responsibility to identify, evaluate, and afford access to appropriate educational services and procedural safeguards for these individuals. Section 504 is NOT an aspect of Exceptional Student Education. Students whose disabilities are not covered by Individuals with Disabilities Education Improvement Act (IDEA 2004) may be eligible for accommodations under Section 504.

Section 504 regulation defines a disabled individual as a person who (1) has a physical or mental impairment that substantially limits one or more major life activities, (2) has a record of such impairment, or (3) is regarded as having such impairment. The definition does not set forth a list of specific diseases and conditions. The key factor is whether the physical or mental impairment results in a substantial limitation of one or more major life activities. Major life activities include functions such as learning, walking, seeing, caring for oneself, breathing, talking. Examples of disabilities which may be covered by Section 504 include: attention-deficit/hyperactivity disorder, acquired immunodeficiency syndrome, chronic illness, physical disabilities, asthma, or diabetes.

Schools shall make reasonable accommodations to the known physical or mental limitations of an otherwise qualified student that would enable the student to participate successfully in the regular school program. According to the U.S. Department of Education website the purpose of this part is to effectuate Section 504 of the Rehabilitation Act of 1973, which is designed to eliminate discrimination on the basis of handicap in any program or activity receiving federal financial assistance (see Appendix A for the Internet link).

Identification of Potential 504 Students

Students requiring special accommodations under Section 504 of the Rehabilitation Act of 1973 may be referred by parents or educators. The decision regarding accommodations must be based upon information drawn from a variety of sources and is made by a group of persons knowledgeable about the students. See Appendix A for the Internet link to *A Parent and Teacher Guide to Section 504: Frequently Asked Questions*

Chapter 6

Individual Health Care Plan / Health Management Plan

The registered nurse practicing in the school setting is ultimately responsible and accountable for creating an individualized health care plan (IHCP) and for the outcomes of the plan, even if certain nursing care tasks described in the IHCP are delegated to UAP (unlicensed assistive personnel). Individualized health care planning is a nursing function that cannot be delegated. The IHCP is a plan of action for management of actual and potential health care needs during the school day, on field trips, and at school-sponsored activities. The IHCP provides a format to record each step in the nursing process, where the school nurse summarizes the assessment findings, synthesizes problem statements in the form of nursing diagnoses, formulates goals, formulates plans of action, and documents interventions and the evaluation of outcomes (Arnold & Silkwood, 1999, p. 2).

According to *School Nursing: Scope and Standards of Practice (2005)*, to complete the IHCP process, the school nurse develops the plan collaboratively with the student, parents, health care providers, school community and others as appropriate and individualizes the plan to a specific student's needs to provide for continuity of care (NASN & ANA, 2005). The standard for practice dictates that the IHCP is evidence-based, provides direction to the school team, complies with current applicable laws and standards of practice, considers economic impact, and uses standardized nursing language (NASN & ANA, 2005). The professional registered school nurse manages the activities of the plan.

Individualized Student Emergency Plans

Whenever there is a known risk of an emergency, as there is in the management of students with the most common chronic health conditions in schools (asthma, diabetes, allergies), the school nurse creates an Emergency Care Plan (ECP). The ECP is a component of the IHCP and is listed in the IHCP as such. It is a clearly written step-by-step set of instructions for what to do in a particular emergency situation. It is written in language that a layperson can understand because it is created to be used by non-nursing school personnel who may respond to an emergency. Unlike the IHCP, the ECP is distributed to appropriate staff, and the school nurse trains those staff to respond to emergencies that may arise with individual students (Arnold & Silkwood, 1999).

The overall medical management goal for daily care of a student with a chronic health condition is maintenance of function and integrity of body systems to prevent early onset of serious complications and to prolong life. The IHCP and ECP both contribute to achievement of the overall medical management goal, and school nurses are responsible and accountable for the continuous improvement of the systems that support the IHCP and for integrating the IHCP into the overall plan of care (NASN & ANA, 2005).

Essential Elements of the Individual Health Care Plan

The individual health care plan (IHCP) must contain certain elements to be effective. It includes the nursing diagnosis, desired health outcome goal, and the specific interventions for managing the identified nursing diagnosis or potential complication. Parental consent is required to allow sharing of the IHCP.

Medical Management Plan Signed by Physician

Medical management plans, which are essentially physicians orders written on a specifically designed form for use in school, are not IHCPs. Information from the student's physician is essential in development of the IHCP, but cannot be considered a substitute for the IHCP. The medical management plan is a valuable tool in managing the care of students with diabetes. An example is contained in the Florida Department of Health *Nursing Guidelines for the Delegation of Care for Students with Diabetes in Florida Schools (2003)*.

Brief Alert / Health Alert Form for School Staff

Since most school staff members are not medically trained, in order to assure student safety and a level of comfort for the staff, it is necessary to acquaint them with some basic information about students' medical conditions. Although student confidentiality is important, it is appropriate to share this information with school staff who have a need to know in the school setting. Key school staff who typically need this alert include the following:

- Administrator
- Health room personnel
- Classroom teacher
- Physical education
- Music teacher
- Art teacher
- Guidance counselor
- School office staff may also need this information, depending on the logistics and layout of the particular school campus.

The school nurse decides who needs this information. Some school districts use a standardized format and refer to it as a Health Alert or a Brief Alert form.

The form typically includes the following information:

- Student name and student I.D. number
- The health problem and a brief description or definition
- Signs and symptoms the student may experience
- Medication the student takes at school or needs in case of an emergency
- Interventions that should be utilized in case of an emergency
- When to call 911
- Emergency contacts and their phone numbers
- Any special precautions

An example of a Student Asthma Action Card can be found in the Florida Department of Health *Nursing Guidelines for the Delegation of Care for Students with Asthma in Florida Schools (2005)*. A copy of this card is included in Appendix F.

Resources for Health Care Plan Development

Resources for development of Individual Health Care Plans and Emergency Health Care Plans can be found through the National Association of School Nurses.

Publications available from NASN include:

NANDA Nursing Diagnoses: Definitions and Classification (2005-2006)

Quality Nursing Interventions in the School Setting: Procedures, Models, and Guidelines (1996).

The American School Health Association (ASHA) has the following publication available to purchase:

Individualized Healthcare Plans for the School Nurse: Concepts, Framework, Issues, and Applications for School Nursing Practice (Book and Software Package) (2005)

Chapter 7 Emergency Care

School Emergency Planning

Each school district has the responsibility for the safety and well being of students while they attend school or school-sponsored activities. Emergency health care plans must include identification of first aid providers, prevention of further injury, and a means to secure needed medical care. When an emergency episode occurs, it must be reported immediately to the school principal or designee. Each incident should also be documented in writing.

Legal Basis

Services to meet emergency health needs in the schools are delineated in section [s. 381.0056, F.S.](#), also known as the "School Health Services Act". Emergency health needs are defined as "onsite management and aid for illness or injury pending the student's return to the classroom or release to a parent, guardian, designated friend, or designated health care provider." Meeting emergency health needs is a required component of each district/local health services plan.

Emergency Action Plan

School Health Administrative Rule 64F-6.004 requires that written policies, procedures and protocols for health emergencies be kept on file at the local school district, each school, and at the county health department. Additionally an emergency information form for each student is to be prepared, and updated on an annual basis. Written policies and procedures are essential when providing emergency services. See Appendix A for the Internet link to Emergency Medical Services and the online version of *Emergency Guidelines for Schools*.

Most emergency situations encountered in schools are not life threatening, but the possibility of life threatening circumstances always exists. School policies and procedures should address the worst possible scenario through plans for immediate treatment and mobilization of appropriate emergency medical services for the event that may occur.

Emergency First Aid for Anaphylaxis

An emergency situation may occur anytime a hypersensitive student is exposed to an insect sting, food or other substance to which that student is allergic. Allergic anaphylaxis can be fatal within minutes. Hypersensitive students identified to the school authorities by their parents/guardians and physicians require the availability of emergency medication as well as policies and instructions for its use. The school nurse should communicate with the student and family assuring their knowledge of the symptoms of allergic reaction and how to avoid or manage such reaction.

The 2005 Florida Legislature amended [s. 1002.20, F.S.](#) to create the Kelsey Ryan Act, which gives students the right to carry and self-administer epinephrine on school grounds. Provisions are made in this statute to protect the safety of all students. All

school staff should be educated in symptoms of anaphylaxis and management of an anaphylactic emergency.

Initial symptoms of anaphylaxis may represent a potentially fatal outcome and should be treated as a medical emergency, whether the symptoms appear gradually or suddenly. Even mild symptoms may intensify rapidly, triggering severe and possible fatal shock. Usually, symptoms occur immediately following exposure to the allergen; death may occur within minutes. Symptoms, which often vary according to individual response, include:

- itching around the eyes
- dry hacking cough
- widespread hives
- feeling of constriction in the throat or chest
- wheezing
- nausea
- dizziness
- abdominal pain
- vomiting
- difficulty breathing
- hoarseness and/or thickened speech
- difficulty swallowing
- confusion
- feeling of impending disaster

These symptoms may escalate swiftly to anaphylactic shock characterized by cyanosis, reduced blood pressure, collapse, incontinence, and unconsciousness.

Immediate injection of epinephrine is the commonly prescribed treatment for anaphylaxis accompanied by calling emergency response, 911. The delivery system and dosage is prescribed by the student's physician and the medication is to be provided by the parent/guardian. A physician's medical order must be obtained prior to administration of epinephrine, and the order should be kept on file in the health room, with notation made on the student's Emergency Information Card. As with all medication administered at school, a parental consent form authorizing school personnel to administer the medication in an emergency must be on file as well.

Epinephrine is effective for approximately 20 minutes, and a repeat dose may be necessary before the emergency response vehicle arrives. Provide continuous monitoring of the student until the emergency vehicle and further medical assistance arrive. Possible side effects of epinephrine administration include nervousness, tremor of hands, temporary increase in heart rate or blood pressure.

If the student can perform a self-injection, this is preferable, as a trained designee may not be immediately available. As noted earlier, [s. 1006.062, F.S.](#) authorizes administration of emergency injectable medication by unlicensed assistive personnel, upon successful completion of child-specific training by appropriate licensed personnel.

To assure availability of emergency intervention, training should be given to as many school staff as possible having daily or regular contact with known hypersensitive students. The Florida Department of Education, in collaboration with the Florida Department of Health and public and private partners, developed a technical assistance paper (TAP) to assist schools with implementation of policies and procedures for the care of students with life-threatening allergies. See Appendix B for the TAP, *Implementing the Kelsey Ryan Act*.

First Aid / CPR / Automated External Defibrillators

[Chapter 64F-6.004, F.A.C.](#) also requires that persons staffing the school health room and 2 additional school staff members be currently certified in first aid and cardiopulmonary resuscitation by a nationally recognized certifying agency (i.e. American Red Cross or American Heart Association). A list of persons currently certified to provide first aid and cardiopulmonary resuscitation is to be posted in the health room, school office, cafeteria, gymnasium, home economics classrooms, industrial arts classrooms, and any other areas that pose an increased risk potential for injuries.

[Section 1006.165, F.S.](#), requires that each public school that is a member of the Florida High School Athletic Association must have an operational automated external defibrillator (AED) on the school grounds. This statute addresses funding for purchase, necessity of appropriate training for employees or volunteers who are reasonably expected to use the AED (including a course in CPR or basic first aid course including CPR), and registration of the location of each AED with the local emergency medical services medical director. As AEDs become more widely used in the public and private sector, it is expected that more schools will obtain them, whether or not they are members of the Florida High School Athletic Association.

Placement of AEDs in state-owned or leased facilities is addressed in [Chapter 64E-2.039, F.A.C.](#), but it does not specifically address county-owned school buildings. The following may provide guidance useful in developing school district AED procedures:

- A prescription from a licensed physician is needed to obtain an AED
- Physician oversight and consultation is important
- Optimal response time is 3 minutes or less
- All persons using an AED must receive appropriate training
- Proper placement of AEDs is dependent upon the school campus layout (additional detailed recommendations are contained in this rule)
- AEDs should be stored with additional necessary rescue items, be easily accessible, well-marked, near a telephone
- Protocol for AED use must be developed

Emergency Medical Supplies & Equipment

[Chapter 64F-6.004, F.A.C.](#) provides requirements for the provision and maintenance of supplies and equipment. The school principal or his/her designee shall be responsible for assuring that first aid supplies, and emergency equipment and facilities are

maintained (and available). The school nurse shall monitor the adequacy and expiration date of first aid supplies, emergency equipment, and emergency facilities, as well as the training needs of emergency health care personnel.

First aid supplies should be kept in the health room and in specified locations throughout the school campus. Recommended first aid supplies include: disposable gloves, bandaging materials, adhesive tape, antiseptic cleansing solution, hand sanitizer, cotton balls and gauze squares, triangular bandages and splints, scissors, tweezers, ring cutters, penlight, safety glasses, and red plastic bags for disposal of bio-hazardous waste. Non-latex supplies (such as gloves, bandages, etc.) should be provided to protect latex sensitive students. It is helpful to have a small, portable first aid kit with essential supplies to be taken to the scene of an emergency when needed.

Trauma bags with more extensive bandaging materials should be available for a mass casualty situation. In addition to the first aid supplies mentioned above, the addition of large absorbent bandages, an ambu-bag with mask, airways, a tourniquet, Kelly clamp, rescue blanket, sphygmomanometer and stethoscope are advisable.

Crisis Disaster Plan

Each school district has the responsibility to develop crisis disaster plans, to conduct drills to assure appropriateness of the plans, and continually update the plans as situations change. Emergency plans must be posted in each classroom, so that all staff members and students have an immediate resource available. Included in the school crisis plan must be procedures to deal with mass casualties and disaster management.

When planning for crisis and emergency response, school districts must be sensitive to the use of their school campuses for programs that include pre-kindergarten students, child care centers, before and after school programs, and any other programs that utilize school campuses outside of the typical school day. Such programs may require training of additional staff, purchase of equipment specific for the population served, and access to emergency equipment and supplies after regular school hours.

Hurricane Shelters

Schools are designated as hurricane shelters by the legislature in Florida due to the availability of resources on a school campus such as: communication devices, food service capability, building structure, and location. School administrators typically are in charge of the campus and present whenever the shelter is open. Each county's Emergency Operations Center develops plans for staffing hurricane shelters. The American Red Cross provides equipment and volunteers to work in the shelters. County health department nurses are required to assist in staffing shelters designated as serving medically needy citizens. It is recommended that the county health department nursing director work collaboratively with the district school health coordinator to request that school district RNs, LPNs, or health paraprofessionals be allowed and are encouraged to volunteer during mandatory evacuations to assist in shelter staffing.

Pandemic Planning

Scientists predict that the world is due for an influenza pandemic—a global outbreak from a new strain of influenza. The U.S. Department of Education is collaborating with the health experts and agencies across the federal government to ensure that, in the case of pandemic flu, the operations and the services provided will continue. State and local preparedness will be crucial in preventing the spread of disease. Because schools are centers of community life, educators and administrators are urged to work with local officials to make planning for pandemic flu a priority. Planning for a pandemic emergency requires the cooperation of the local health department and local school district. Depending upon the presenting emergency, personnel will need to be reassigned to assist with this effort. Resources are available to assist with pandemic flu planning through the U.S. Department of Health and Human Services (see Appendix A for the Internet link).

Bomb Threats

Bomb threats on a school campus are the responsibility of the administrator and local law enforcement. The decision as to whether or not the building is to be evacuated rests with them. If building evacuation is ordered, it must be done in a rapid, organized manner. Drills for bomb threat evacuation are the responsibility of the school administrator.

Student Emergency Issues

Evacuation of special needs children will require assistance of any available adults on campus. Since the evacuation may be in effect for several hours, it is important to remember to take along student emergency forms as well as any medications or equipment that might be needed. Provision of a shady place to evacuate to, as well as an adequate water supply should be considered in Florida's warm climate.

General Guidelines for Accidents and Injuries, Reporting and Follow-up

In case of accidents and injuries beyond the usual clinic first aid visit, it is important to immediately notify the school administrator and have a trained first responder report to the scene. First aid should be administered according to standard procedures adopted by the local school district, including when to call 911 and who should make the call.

Parents should be notified as soon as possible, and should be updated on student's condition and where emergency medical workers intend to transport him/her if 911 has been called. If parents cannot be reached, other "emergency contacts" listed on the student's emergency information form should be called. If no one on the form can be reached and the student is being transported to the hospital, the school nurse, school health paraprofessional, administrator, or other appropriate school representative should accompany the student. A copy of the student's emergency information form should be sent with the student.

For emergency situations related to chronic health problems, refer to details given on student's emergency information form and follow instructions prescribed by the

student's physician on the student's individual health care plan (IHCP). Document the event immediately according to local school district policy.

Do Not Resuscitate (DNR) / Advance Directive

The *Do Not Resuscitate* statute is not applicable in the school setting. A DNR is not a prescription. It is an instrument, completed on a specific yellow form, authorized by law that both a patient and the patient's physician must sign. Properly executed, a DNR is only applicable under certain specified circumstances. The purpose of a DNR is for paraprofessional emergency personnel, emergency medical technicians, paramedics, and health care institutions to lawfully provide only palliative services to a terminally ill patient, and not to administer cardiopulmonary resuscitation.

An *Advance Directive* can only be executed by a competent adult, in which his/her desires are expressed concerning any aspect of his/her health care, including, but not limited to, the designation of a health care surrogate, a living will, or an anatomical gift ([s. 765.101, F.S.](#)). Advance directives do not apply to minor children and are not intended to be implemented by schools ([s. 765.109, F.S.](#)).

If a student exhibits a medical emergency at school, school officials should call 911 and provide first aid, whether or not that student has a properly executed DNR or Advance Directive.

Chapter 8

Communicable Disease Control

The control and eradication of communicable diseases is one of the primary missions of the Florida Department of Health (DOH). The DOH is charged with detecting diseases, treating cases, and preventing the spread of disease to new contacts. The communicable disease program relies heavily upon immunization for preventable diseases and the epidemiological process for detection and control of disease. The epidemiological process includes monitoring and surveillance activities, investigation of cases, determination of causative factors and possible modes of transmission, identification of contacts, and the institution of measures to prevent the spread of infection. The DOH coordinates this process in all cases of a public health hazard, including the activities of other agencies involved in some aspect of public health.

Because of the widespread availability of immunizations, antibiotics, and medical care, communicable diseases are seldom the serious threat to the school-age child that they were in previous years. However, early identification and referral for needed care are important. School health personnel should keep administrators and faculty informed about prevalent infectious diseases and appropriate control measures.

Nursing Role

School nurses are often relied upon to assess a variety of symptoms that present in the school setting. Although unlicensed assistive personnel, including health room staff, teachers, and other school staff members are not authorized to perform a medical assessment, they are often the first to become aware of symptoms that may be indicative of a communicable disease.

School nurses are instrumental in providing staff education about communicable diseases and when to make a referral to the school nurse. In the absence of the school nurse, other school staff may request that parents pick students up from school and seek the advice of their physician.

School nurses are also on the front line for teaching prevention of communicable diseases in the classroom. Health education programs stressing hand washing, covering coughs and sneezes, proper disposal of soiled tissues, general good health habits, and other disease prevention strategies are instrumental in improving the health of school-aged children.

Coordination and Partnership

Whether the school nurse is an employee of the county health department (CHD) or school district, a partnership with the CHD Epidemiology/Disease Control section is essential. Students with symptoms suggestive of a reportable communicable disease will likely be first seen by school personnel or the school will be informed about the illness by a parent. A system must be in place in each county to communicate that suspicion to the CHD, who will then work with local health providers and medical centers to track that case. The recommended protocol would be for the school nurse to

report to his/her supervisor, who will then make contact with the CHD Epidemiology/Disease Control section. That office would then be responsible to communicate any updates back to the supervisor, who would in turn communicate with the school nurse initiating the call.

Case Finding and Tracking

Licensed medical practitioners and licensed laboratories are required by statute to report certain communicable diseases to the county health department. Information on the incidence of communicable diseases has historically been reported by the attending physician and forwarded to successively higher levels for analysis.

The classroom teacher has the unique opportunity for early detection of the child suspected of having a communicable disease. The teacher does not have the medical training to make a diagnosis of a specific disease, but his/her judgment, based upon daily observations of the child, enable him/her to detect deviations from normal health and should refer the suspected student to the school nurse or the student's parent/guardian.

Reportable Diseases

A list of diseases considered reportable in Florida is available at the "Reporting diseases and conditions" page on the Department of Health website (see Appendix A for the Internet link) or through the county health department office. Since the list changes periodically, those diseases will not be listed here.

Reporting Outbreaks

Medical professionals having knowledge of any outbreak or unusual prevalence of any communicable disease are requested to report the fact within 48 hours to the county health department medical director/administrator. This is the first step in the epidemiological process.

An outbreak is defined as the occurrence in persons in a community, region, or other defined area of a group of cases of an illness of similar nature clearly in excess of normal expectancy.

If a large number of cases of a common communicable disease such as Fifth Disease, Hand, Foot, and Mouth Disease, or other non-reportable diseases are seen in a confined group such as a classroom, consultation with the Department of Health regarding parent notification would be appropriate.

Head Lice

Although pediculosis is a prevalent nuisance among school-aged youth, it is not considered a serious communicable disease, due to its low morbidity. School districts and health departments will need to adopt local policies and procedures that are appropriate for the population they serve.

Completely nit free schools are impossible, because that claim would require daily checks of all students in attendance to insure that there are no cases of head lice, old or new, on a particular campus. Staffing ratios make that an impossible task. Schools are advised to utilize school nurses and health paraprofessionals as consultants to families, giving needed education and information about lice if a child is identified. Parents should be encouraged to check their own children at home as part of their routine hygiene habits. School-wide screening has not been shown to be worth the effort expended, except in unusual situations. When students are identified as having an active case of head lice, parents should be given the short list of effective tasks: manually remove the lice and manually remove the eggs/nits.

Methicillin-Resistant *Staphylococcus Aureus* (MRSA)

Methicillin-resistant *Staphylococcus Aureus* (MRSA) is a type of staph that is resistant to certain antibiotics. These antibiotics include methicillin and other more common antibiotics such as oxacillin, penicillin and amoxicillin. Staph infections, including MRSA, occur most frequently among persons in hospitals and healthcare facilities (such as nursing homes and dialysis centers) who have weakened immune systems.

MRSA infections that are acquired by persons who have not been recently (within the past year) hospitalized or had a medical procedure (such as dialysis, surgery, catheters) are known as CA-MRSA (community associated) infections. Staph or MRSA infections in the community are usually manifested as skin infections, such as pimples and boils, and occur in otherwise healthy people. MRSA often appears as a purplish or deep red swollen area on the skin, with or without drainage.

Risk factors associated with the spread of CA-MRSA include direct skin-to-skin contact with infected persons (non-intact skin serves as a point of entry for the bacteria), sharing contaminated personal items (e.g., body towels, razors, soap, clothing), poor personal hygiene, direct contact with contaminated environmental surfaces, and living in crowded settings. Athletes who shave body areas to increase competitiveness will experience an increased risk of MRSA due to inevitable razor nicks.

School wrestling teams or other groups participating in contact sports are at an increased risk. It is important for coaches to be aware that a skin lesion may be MRSA, to clean all equipment with a disinfectant solution, and to report suspected skin lesions to the parent or school nurse. Athletes with active MRSA infections should be exempt from team play until treatment clears the infection.

Treatment for MRSA will include taking an antibiotic, and may include having a doctor drain the lesion. Students with MRSA may attend school when the prescribing physician recommends re-admittance, typically 24 - 48 hours after initiation of antibiotic therapy. Any draining lesions must be covered completely during school hours.

Bloodborne Pathogens, Universal Precautions

Any exposure to blood or body fluids through needle stick injuries or penetration by other sharp objects, exposure of mucous membrane or non-intact skin, may result in an

emergency situation. Significant unprotected exposures to blood can cause bloodborne infections to occur. The risk of acquiring bloodborne infections in a school setting is extremely low. Nevertheless, the following information is provided to school personnel for prevention of bloodborne infections.

Universal precautions apply to blood and other body fluids. Under universal precautions, blood and certain body fluids of all persons are considered potentially infectious for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and other bloodborne pathogens. Blood is the single most important source of HIV, HBV, and other bloodborne pathogens in the school setting. Universal precautions also apply to semen and vaginal secretions. Transmission of bloodborne pathogens is less likely to occur with exposure to feces, nasal secretions, sputum, sweat, tears, urine, and vomitus unless they contain visible blood, although universal precautions should still be followed.

Recommendations:

- Universal blood and body fluid precautions should be taught to and practiced by all personnel who have exposure to blood or body fluids as part of their job responsibilities.
- Personnel should wash, immediately and thoroughly, hands and other skin surfaces that are contaminated with blood, body fluids containing visible blood, or other body fluids to which universal precautions apply.
- Personnel should wash their hands immediately and thoroughly after removing latex or non-latex gloves.
- After a significant exposure, a school employee should seek the advice of the employer's worker's compensation provider. Procedures may include baseline blood tests for bloodborne pathogens with appropriately timed follow-up tests to determine if infection has resulted. A prescription for appropriate medication may also be provided.

Sexually Transmitted Diseases (STD), Sexually Transmitted Infections (STI)

Operation of STD diagnostic and treatment clinics is the responsibility of each county health department. Each county health department establishes and maintains clinics for the diagnosis and treatment of STDs. Follow up on diagnosed STD cases and contacts is also the responsibility of the county health department. Parental consent for treatment to minors is not required. Medical services sufficient for the diagnosis of STDs are provided by the county health department. Special care medical services that are unavailable at the county health department are referred to a competent medical authority.

Health services related to STDs include screening and referral, diagnosis, treatment, and counseling/education. The scope of services provided relates to STD prevalence and epidemiologic concerns in both the school age population and the community in general, and to the requirements of [s. 384, F.S.](#)

Concentrated efforts are designated to reach teenagers and young adults, 12-24 years of age, who are at the greatest risk of contracting an STD. Grades 7-12 are targeted for

public awareness and education programs. Health education is addressed in a later section of these guidelines.

The classroom teacher and other school staff have a responsibility to refer students with any complaints that may indicate STDs or other disease processes to the school nurse.

The role of the school health nurse in screening for STDs is primarily the assessment of subjective complaints, observations, and student histories. If an STD is suspected, referral should be made to the county health department or private physician. The school nurse may also be contacted by county health department STD investigators to find a student who is remiss in follow up or has no accurate contact information and request that they ask the student to call the investigator. Since this information is super confidential, the health department investigator may not divulge the reason for needing to contact the student.

HIV, AIDS, District AIDS Policy

HIV is a viral infection that causes malfunctioning of the immune system. AIDS refers to the disease resulting from HIV infection, characterized by symptomatic opportunistic infections. Known modes of transmission of HIV infection include direct exposure to HIV infected blood, semen, vaginal fluids, and breast milk. In the school setting, due to limited direct exposure to these body fluids, HIV transmission is virtually nonexistent.

As federal law specifies in IDEA (discussed in Chapter 5), students with disabilities of any kind, which would include HIV or AIDS infection are allowed to attend school and participate in school activities. School districts have the responsibility to develop policy consistent with these mandates and to assure confidentiality. The policy should be developed cooperatively by appropriate representatives of the school district and county health department. These policies should include the following general guidelines:

- If a student confides to any school staff member that they are HIV positive, that staff member will not give that information to any other person without consent of the student and the minor student's parents/guardians (depending on age of student).
- If permission to disclose this information is granted: With written consent from the student and minor student's parent/guardian, the school staff member with knowledge of the student's condition shall immediately notify appropriate persons, as specified in the school district's policy.
- All those with knowledge of the student's status will maintain a high level of confidentiality.
- A meeting will be scheduled with the student, parent/guardian to discuss how to best meet the educational needs of the student. Decisions to limit or exclude any child from the educational setting should be made on a case-by-case basis in conjunction with specific information from the student's physician, parent/guardian, appropriate personnel from the school district and county health department. Since students with AIDS are highly susceptible to opportunistic infections from other students, precautions may be necessary to limit the infected

student's exposure to other students with communicable diseases especially during high incidence periods.

- If the parents request homebound placement, appropriate procedures will be initiated to facilitate that educational plan.

Chapter 9 Immunizations & School Entry Health Examinations

Department of Health publication “Immunization Guidelines for Florida Schools, Child Care Facilities, and Family Day Care Homes (2002)” is the current source of information regarding immunization requirements for school enrollment. See Appendix A for the Internet link to the *Immunization Guidelines*.

Schools at all grade levels are often the setting for outbreaks of vaccine-preventable disease. In recent years, shifting epidemiologic patterns have extended the at-risk populations from school age children to junior college and college-age groups for some vaccine-preventable diseases. High levels of immunization have prevented many infections, but disease transmission has continued in many instances because levels are not high enough to limit disease spread. Until such levels are achieved, schools will remain places where there is a risk for disease transmission and spread. Florida's school immunization law requires all students in public or nonpublic schools in kindergarten-12th grade and public pre-school, including foreign exchange students to have documentation of proper immunization or exemption to attend school.

Priority should be given to the following objectives:

- Certification of immunization or exemption is required of all students prior to admittance or attendance in the public or nonpublic school.
- Acceptable forms for school admittance include DOH Form 680 Part A (completed immunization), B (temporary medical exemption), or C (permanent medical exemption), Certificate of Immunization; DOH Form 681, Religious Exemption (see Appendix F).
- An authorized school official may issue a temporary exemption for a period not to exceed 30 school days, to permit a student who transfers into a new county to attend class until his/her records can be obtained ([s. 1003.22\(5\)\(e\), F.S.](#)).
- Mandatory exclusion from school is required by law in Florida until acceptable immunization documentation (as listed above) is presented.
- See page 9-3 for exception regarding students who are identified as homeless.
- Identification and subsequent follow-up should be done on students who have temporary medical exemptions or 30 day transfer waivers until proper documentation of immunizations is obtained.
- Students with temporary medical exemptions, permanent medical exemptions or religious exemptions must be temporarily excluded from school during vaccine preventable disease emergencies, if the student is not immunized against the particular disease present in the school population.
- Surveillance should be maintained for the identification of all suspect and/or confirmed cases of vaccine-preventable disease.
- Immediate reporting of all suspected and/or confirmed cases of vaccine-preventable disease to the county health department.
- Information should be provided to school faculty, staff, parents and students regarding the need for maintaining up-to-date immunizations.

- Immunization of adults (teachers, administrative personnel, lunchroom staff, bus drivers) is also strongly recommended.

Annual Immunization Reports and Surveys

As provided for in [s. 1003.22, F.S.](#) each public and private school, including public and private kindergarten programs shall be required to submit an annual report of compliance with immunization mandates. Reports are to be completed on forms provided by the DOH for each kindergarten and 7th grade, unless a specific county has been approved for electronic reporting.

Random audits of immunization records may be conducted by the DOH immunization program staff each year. Counties will be notified as to the schools being surveyed and the expected date of the audit.

Parent Notification Requirements

The Family and School Partnership for Student Achievement, [s. 1002.23, F.S.](#), requires the Florida Department of Education and all Florida Public School Districts to develop guidelines for parents which must include school-entry requirements, including required immunizations and the recommended immunization schedule. This statute further requires each school district to develop and disseminate a parent guide to successful student achievement consistent with the guidelines of the Department of Education. It should address what parents need to know about their child's educational progress and how parents can help their child to succeed in school. The guide also provides information on the importance of student health and available immunizations and vaccinations, including, but not limited to:

- A recommended immunization schedule in accordance with United States Centers for Disease Control and Prevention recommendations.
- Detailed information regarding the causes, symptoms, and transmission of meningococcal disease and the availability, effectiveness, known contraindications, and appropriate age for the administration of any required or recommended vaccine against meningococcal disease, in accordance with the recommendations of the "Advisory Committee on Immunization Practices of the United States Centers for Disease Control and Prevention."

School-Entry Health Examination

[Section 1003.22, F.S.](#) requires each child who is entitled to admittance to kindergarten or any other initial entrance into a public or private school in Florida to present a certification of school-entry health exam performed within 1 year prior to enrollment in school. This statute also gives each district school board and governing authority of each private school permission to establish a policy permitting a student up to 30 school days to present the certification of exam. Since enforcement of compliance with this requirement is difficult after a student has been admitted to school, some counties choose not to allow the 30 day exemption.

The statute wording does not address the form that must be used for the school-entry health examination or the state where the person completing the physical examination

must be licensed. See Appendix F for a sample of the Florida DOH *School Entry Health Exam* form (DH 3040).

Homeless Student Exemption for Entrance Documentation Requirements

Students identified as homeless shall be given a temporary exemption for 30 school days to comply with school entrance documentation requirements (i.e. birth certificate, immunizations, physical exam) ([s. 1003.22 \(2\), F.S.](#)).

Chapter 10 Dental Health Services

School dental health services within the Florida Department of Health include preventive programs, screening and referral programs, dental health education, and dental treatment programs.

- Priorities for school health dental services are determined by evidence-based, nationally researched cost-benefit studies.
- Availability of local county resources must be considered.
- County Health Departments with dental programs and preventive emergency referral projects provide technical assistance and promote program development.

Dental disease is the most common chronic disease of childhood. Grades K-5 in non-fluoridated areas are targeted for fluoride mouth rinse programs; all grades are targeted for dental health education programs; and students in grades 2 and 7 are targeted for sealant applications.

Preventive Dental Programs

- Fluoride Mouth rinse (SWISH). The sodium fluoride mouth rinse program is an effective procedure for the prevention of caries. The program is simple to execute, inexpensive, adaptable to large numbers of students, and complementary to existing professional dental programs. It can be particularly valuable in reaching students in rural areas where fluoridated water is not available and where there is little or no preventive care. Parental permission is required for participation.
- Pit and Fissure Sealants. Sealants are thin coatings of plastic film that are placed on teeth without removal of sound tooth structure and create a barrier to the accumulation of food debris and bacteria.
- The combined use of dental sealants and fluoride provides optimum caries protection and has the potential to achieve total prevention of tooth decay.

Referral for Dental Services

Children are referred, as appropriate, to their private dentists, Medicaid providers, CHD programs, community health center programs, or other community resources as available. Children with special care needs, such as cleft lip and palate, should be referred to Children's Medical Services.

Dental Health Education

There are resource materials available for use in school dental health curriculum.

- The American Dental Association (ADA) has materials available for dental education. In addition, the ADA sponsors "Give Kids a Smile Day", which is a one day effort in February to provide education, preventative and restorative care to low income children who do not have access to care (see Appendix A for the Internet link).

- The Florida Dental Health Foundation has a dental education for middle school students called *Mouthwise* ((see Appendix A for the Internet link).
- Some toothpaste and toothbrush manufacturers have free materials available for schools on request.

Chapter 11 Nutrition Services

Nutrition services are an integral part of school health services. Health appraisals and screening by the school nurse help identify students at nutritional risk who need follow-up for further diagnosis and treatment. Students with nutrition related problems who need counseling and their parents or guardians should be referred to a public health nutritionist. To assist with the formation of good nutrition patterns, it is important for all students and their parents to have general knowledge of the impact of nutrition on health.

School health nutrition services include:

- Growth and development screening
- Nutritional assessment
- Nutrition education
- Dietary and nutrition counseling

The following are considered indicators of possible nutritional problems:

- Abnormal growth patterns – under or overweight
- Inadequate or bizarre dietary patterns or eating disorders
- Adolescent pregnancy
- Frequent infections/illnesses
- Chronic disease requiring dietary modifications

Observations of physical signs that may indicate the risk of poor nutrition, including observation that the student:

- Does not routinely or frequently participate in school food service programs or bring a lunch from home.
- Is repeatedly listless, appears tired, and is unable to function well in the classroom or other school activities.
- Has abnormal rates of growth as plotted on growth grids that are below the 5th and above the 95th percentile or whose rate of growth varies sharply from one measuring period to the next.
- Eats non-food substances such as crayons, paste, dirt, and paper.
- Often eats high fat, high sugar, low nutrient foods, accompanied by other health risk factors.
- Has frequent school absences due to reported infections/illnesses.

Nutrition Referral, Follow-up and Counseling

- Potentially eligible families should be informed of available resources to assist in providing for nutrient needs of the children and other family members. These resources include free and reduced price school breakfast and lunch programs, food stamps, the Expanded Food and Nutrition Education Program (EFNEP), and the Supplemental Nutrition Program for Women, Infants, and Children (WIC). Pregnant adolescent girls and adolescents with infants or children to age five

should be referred to the WIC Program. Certifications for eligibility for the WIC Program are performed using criteria of nutritional risk established by the state WIC office and based on guidelines set forth in the federal regulations. County health department personnel are available to provide additional information about the WIC Program to school health programs.

- Students with health appraisals indicating the need for follow-up nutrition evaluations should be referred to their private health care provider or programs such as primary care Well Child Check up in the county health department. Public health nutritionists may be utilized in follow-up and counseling. A more detailed diet history may be obtained by conferring with the parents and a record of food eaten over a period of three days to a week may be obtained. Students and their parents may be counseled regarding changes in food patterns to reduce dietary risk factors and improve dietary patterns and habits.

Requirements for Food/Beverage Substitution in the School Lunch Program

- The National School Lunch and School Breakfast Programs requires that specific nutritional elements exist in each lunch served. A student may choose not to take one of those items or may choose not to eat or drink it once seated in the cafeteria.
- If a student has a medical reason why he/she cannot eat or drink a particular item, substitutions can be made, but require a written note from the student's physician that identifies the allergy and prescribes what can be substituted.

Food Allergies

Helpful information regarding food allergies is available from The Food Allergy and Anaphylaxis Network (see Appendix A for the Internet link). Schools have a responsibility to provide a safe learning environment for students, including limiting exposure to known allergens. For student with severe food allergies, this might include provision of an allergen free space in the cafeteria.

District Wellness Policies

In 2005, Congress passed the Women, Infants and Children (WIC) Reauthorization Act; requiring local school districts that participate in programs provided under the Child Nutrition Act of 1966 have a district wellness policy addressing nutrition and physical activity by the 2006 school year. These policies must include input from a broad array of stakeholders and set goals for nutrition education, physical activity, school food services, and other school-based activities designed to promote student wellness and prevent childhood obesity.

To facilitate compliance with this federal requirement for district school wellness policies, the Florida legislature created [s. 1003.453, F.S.](#), *School wellness and physical education policies; nutrition guidelines*. The Florida Department of Education (DOE) requires each school district to annually review its school wellness policy and provide a procedure for public input and revision. In addition, [s. 381.0056, F.S.](#) encourages each county School Health Advisory Committee to address the eight components of the Coordinated School Health model in the school district's wellness policy.

See Appendix A for the Internet links to Wellness Policies for Florida School Districts and wellness tools and resources.

Chapter 12

Families in Transition

Students do not necessarily exist in an ideal living situation: some are considered homeless, others displaced due to circumstances, some are refugees from other parts of the world, and others are part of the migrant population.

Homeless Students

The Florida legislature has defined the meaning of a homeless child in [s. 1003.01, F.S.](#) as one who lacks a fixed, regular nighttime residence or who has a primary nighttime residence that is:

- A supervised publicly or privately operated shelter designed to provide temporary living accommodations, including welfare hotels, congregate shelters, and transitional housing for the mentally ill;
- An institution that provides a temporary residence for individuals intended to be institutionalized; or
- A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings; or
- One who temporarily resides with an adult other than his or her parent because the parent is suffering financial hardship.
- A child who is imprisoned, detained, or in the custody of the state pursuant to a state or federal law is not a homeless child.

Students identified as homeless are given a 30 day time frame to comply with school entrance documentation requirements (i.e. birth certificate, immunizations, physical exam). School staff should assist these families to obtain records or services to comply with these requirements.

Displaced and Refugee Students

Schools need to be sensitive to the special circumstances faced by displaced and refugee students. Students in the foster care system may change residences suddenly and frequently, making school adjustment difficult.

Refugee students may have language and cultural barriers to complicate their school situations. English for Speakers of Other Languages (ESOL) services are available within the school district to assist these students, as well as services from community agencies whose mission is to assist refugee families.

Migrant Students

The Florida Department of Education *Title I Migrant Education Program* is an educational program designed to address the unique needs of migrant children ages 3-21. Migrant students have various risk factors in common with other disadvantaged students (e.g., poverty, poor health, and learning disabilities). However, they also face additional challenges exclusive to their situations (e.g., disruption of education, poor record-keeping between schools, cultural and language difficulties, and social isolation). Due to the fact that migrant students usually account for only a small percentage of the

total student population, many schools and districts find it difficult to dedicate the level of resources that may be necessary to ensure the best educational experience possible for their migrant students.

The purpose of this program is to ensure that the special educational needs of migrant children are identified and addressed. This program supports high-quality and comprehensive educational programs for migrant children in order to help reduce the educational disruptions and other education-related problems that result from frequent moves. This program also attempts to ensure that migrant students who move between states are not put at a disadvantage because of disparities in curriculum, graduation requirements, content, and student academic achievement standards. The program promotes interstate and intrastate coordination of services for migrant children, including providing for educational continuity through the timely transfer of pertinent school records.

Home Visits

Home visits may be time consuming; however, they provide useful information regarding the student's living conditions, resources, and other social factors that may impact education, and are sometimes the only way the nurse can meet face to face with a parent. The following guidelines are recommended if the school nurse is conducting a home visit:

- Whenever possible, call ahead and arrange the visit, confirming the home address and directions with the parent.
- Dress professionally and wear a name tag.
- For safety reasons, it is suggested that the person going on a home visit be accompanied by another person and carry a cell phone.
- Greet the parent in a friendly manner and avoid bureaucratic conversational style.
- Take paper and pen for note taking, as well as any forms, permissions, etc., that need parent signature. This may be your only chance to meet with the parent.
- Be sensitive to family differences and cultural diversity.
- Keep the visit only as long as necessary to accomplish visit objectives.
- Leave a business card or contact information for the parent.
- Thank the parent for their hospitality and cooperation upon departure.

Chapter 13

Mental Health and Social Services

Substance Abuse (Alcohol, Tobacco, and Other Drugs)

Prevention of substance abuse among students should be a goal of health education classes and is included in the Sunshine State Standards. Educational initiatives on topics such as self-esteem, decision making skills, refusal skills, and positive health habits may all have an impact in preventing substance abuse. Alcohol, tobacco, and other drug use constitute a serious health risk for students as well as a deterrent to learning. The local School Health Advisory Committee should work with the school nurse, other student services team members, and school administrator to address preventive measures which preclude the use of alcohol and drugs, measures to discourage drug use, possession, or sale on school grounds, and procedures for immediate intervention with symptomatic users.

Students with obvious signs of substance use and/or intoxication should be excluded from class attendance and readmitted only in accordance with school district policy. The school administrator has the right to search the student's clothing, backpack, locker, etc., if substance abuse is suspected. See Appendix A for the Internet link to search information from the office of Florida's Attorney General.

The school nurse may be asked to assess a student suspected of being under the influence of drugs or alcohol. The following behavior/appearance may be indicative of substance abuse, and should be included in the assessment:

- Eyes that are red and watery, glassy, or pupils that are dilated or constricted
- Breathing that is rapid or shallow
- Pulse rate that is rapid or slow and weak
- Blood pressure that is unusually high or low
- Skin that is pale, cyanotic, flushed, dry or itchy, or has unusual marks
- Suspicious odor on breath or clothing
- Behavior changes that include restlessness, irritability, mood changes, disorientation, hallucinations

Action to be taken if immediate medical attention is indicated:

- Contact emergency medical services and the school administrator
- Notify the parent of observations and intended course of action, and request parent to come to school or meet the ambulance at the hospital
- Stay with the student until EMS arrives

Action to be taken if no acute respiratory or cardiac involvement is apparent:

- Send the student to the health room accompanied by an adult, with written observation of behavior
- Notify the administrator of the observed behavior/signs and symptoms
- Determine if medical attention has become necessary since the last assessment
- Notify parent of observations and intended course of action

- Request the parent to come to school to pick up the student and meet with the administrator
- Have an adult stay with the student at all times

The Florida Department of Health Tobacco Prevention Programs (see Appendix A for the Internet link) include:

- Students Working Against Tobacco (SWAT)
- Florida Clean Indoor Air Act (FCIAA)
- Quit Line
- Florida Youth Tobacco Survey
- Florida Leadership Council for Tobacco Control
- Behavioral Risk Factor Surveillance System, which conducts surveys of student behavior annually, including alcohol, tobacco, and other substances. Results of those surveys are available to inform school and community members as well as to drive prevention program objectives.

Tobacco use on school campuses is a disciplinary violation, and although it does not typically result in a medical emergency, a great deal of funding has been put into tobacco prevention programs, and it is an issue of great concern in Florida. School resource officers can be utilized to enforce [s. 569.11, F.S.](#), which states that it is unlawful for any person under 18 years of age to knowingly possess any tobacco product.

Information on mental health and substance abuse issues is available through the United States Department of Health and Human Services, Substance Abuse & Mental Health Services Administration (SAMHSA).

Publications about specific substances of abuse, possible effects and treatment are available through a link on the SAMHSA website (see Appendix A for the Internet link).

Mental, Emotional, and Behavioral Disorders

The appearance of these disorders is increasing dramatically, and their presence reduces the ability of the school systems to educate students effectively. It is estimated that as many as one in five children and adolescents may have a mental health disorder that can be identified and require treatment.

Mental health disorders are caused by biology, environment or a combination of the two. Examples of biological factors are genetics, chemical imbalances or injury to the central nervous system. Various environmental factors may affect mental health including exposure to extreme stress or violence.

Following are descriptions of some of the more common mental, emotional and behavioral disorders. Their severity will range from mild to severe, and a child may have more than one disorder. All can have a serious impact on a student's overall health and functioning and may require a broad range of services to effectively meet the

student's needs.

Anxiety Disorders

These are among the most common of mental health disorders affecting students. According to one study of 9 to 17 year olds, as many as 13 of every 100 young people have an anxiety disorder (U.S. Department of Health and Human Services, 1999).

These include:

- Phobias – unrealistic, overwhelming fears of situations or objects.
- Panic disorder – episodes of intense fear or “panic attacks”.
- Obsessive-compulsive disorder – characterized by repetitive thoughts and behaviors, such as hand washing or counting.
- Generalized anxiety disorder – excessive, unrealistic worry without definite stimuli.
- Post-traumatic stress disorder – pattern of flashbacks and other symptoms that persist following a psychologically distressing event, such as being a victim or witnessing violence.

Conduct Disorder

Students with this disorder generally show little concern for others and repeatedly violate the rules of society. Current research has yielded varying estimates of the number of youth with this disorder, ranging from one to four of every 100 children ages 9 to 17 years old (U.S. Department of Health and Human Services, 1999). Commonly recognized characteristics of a conduct disorder among children and adolescents are:

- Initiation of aggressive behavior and reacting aggressively towards others.
- A display of bullying, threatening, or intimidating behavior.
- Being physically abusive of others.
- Deliberate destruction of other's property.
- Showing little empathy and concern for the feelings, wishes, and well being of others.
- Showing callous behavior towards others and lack of feelings of guilt or remorse.
- They may readily inform on their companions and tend to blame others for their own misdeeds.

Attention Deficit Disorder with Hyperactivity (ADHD) or without (ADD)

Children who have been clinically diagnosed with ADHD may exhibit regularly occurring behaviors, which result in challenges at home and school.

Public schools are prohibited from requiring the use of psychotropic medications as a condition for obtaining access to school programs or services. School district personnel are prohibited from compelling or attempting to compel any specific actions by the parent, including the requirement that the student take medication ([s. 1006.0625, F.S.](#)).

Depression

Studies show that two of every 100 children may have major depression, and as many as eight of every 100 adolescents may be affected (National Institutes of Health, 1999).

The disorder is marked by changes in:

- Emotions – often feel sad, cry or feel worthless.
- Motivation – lose interest in activities, schoolwork declines.
- Physical well-being – often experience changes in appetite or sleep habits and may have vague physical complaints.
- Thoughts – often believe they are unable to do anything right, are unattractive or that the world or life is hopeless.

It is important for school staff and parents of students with major depression to be aware that some may not value their lives and be at risk for suicide.

Eating disorders

- The American Psychiatric Association defines eating disorders as illnesses in which the victims suffer severe disturbances in their eating behaviors, related thoughts, and emotions. (see Appendix A for the Internet link). People suffering from eating disorders are typically obsessed with food and their body weight. The two main types of recognized eating disorders are anorexia nervosa and bulimia nervosa. Those affected tend to be perfectionists and suffer from low self esteem. They often see themselves as overweight, even though that may not be true. There also may be an intense fear of gaining weight as well as denial that there is a problem. Without treatment the emotional and physical results of these disorders can cause serious harm and be potentially fatal.
- Anorexia nervosa typically affects girls and young women and is diagnosed when they weigh at least 15 percent less than expected normal weight for height. They may refuse to eat, often exercise obsessively, and use vomiting or laxatives to lose weight. Frequently seen signs of anorexia include: absent menstrual periods, thinning of bones, brittle hair and nails, dry skin, anemia, constipation, disturbance in vital signs (low B.P., slow respiratory and pulse rates, low body temperature), depression, and lethargy.
- Bulimia nervosa is sometimes less obvious. Although individuals may diet and exercise vigorously, they are never as underweight as those with anorexia. People with bulimia binge eat frequently, often a huge amount of food and thousands of calories, some of which are absorbed by the body before the inevitable purge cycle. Purging may consist of throwing up or using a laxative, with the cycle repeated many times a week or day. Bulimic individuals are very skilled at hiding their binges and purges, and even close family and friends may not be aware of their problem. Physical signs that may indicate bulimia include: worn tooth enamel due to gastric acid exposure, chronically inflamed and sore throat, gastro-esophageal reflux disorder, metabolic effects from laxative or diuretic abuse, or severe dehydration from purging.

Other Mental Health Issues and Behaviors

Suicide

- Youth suicide is not completely understood; however, teens who attempt suicide often say that they wanted to die to end the pain of living.
- Common warning signs of suicide that mental health professions pay particular attention to are: a prior suicide attempt, talking about suicide and making a plan, giving away prized possessions, preoccupation with death, signs of depression, hopelessness and anxiety, increased drug and alcohol use.
- School district crisis teams are often utilized to assist students in dealing with death. There are varying opinions about what should be done to memorialize a youth who dies by suicide, since there is fear of copycat behavior by other students.

Violence

- According to the Centers for Disease Control and Prevention (CDC) National Center for Injury Prevention and Control, youth violence is an important public health problem that results in deaths and injuries.
- The CDC website has information concerning risk factors and protective factors of youth violence (see Appendix A for the Internet link).

Harassment and Bullying

- School districts consider harassment, sexual harassment, or bullying of students or staff to be an extremely serious violation of student conduct. Most districts have a zero tolerance policy as it relates to these offenses in schools, school buses, or at school sponsored activities, and such offenses may result in severe disciplinary action when it disrupts the learning process.
- Harassment includes many unwelcome behaviors of an intimidating, derogatory, or sexual nature.
- Bullying is a form of aggression involving a person willfully subjecting another person (victim) to intentional, unwanted, and unprovoked verbal or physical action, resulting in the victim feeling oppressed or threatened.
- Cyber-bullying, utilizing the internet, chat room, mobile phones, or other technological devices is the most recent form this problem has taken.
- Schools cannot be responsible to regulate or review off-campus internet messages or postings, but may regulate, review, investigate, or discipline such acts made on school campuses or when such events disrupt the learning environment or orderly conduct of school business.

Self-mutilation

- Self mutilation is a broad term for a complex group of behaviors resulting in destruction of one's own body tissue.
- These behaviors most commonly include scratching, burning or cutting skin, and pulling out hair.

- There are an assortment of causes and may range from adolescent experimentation to severe psychological disturbance.
- Educators must be aware of this problem, and make appropriate referrals to student services team members when self-mutilation is suspected or witnessed. School nurses and school health paraprofessionals must keep this possibility in mind when evaluating repetitive injuries in the school health room.

Child Abuse and Neglect

[Section 39.201, F.S.](#) addresses mandatory reporting of child abuse, abandonment, or neglect. It specifies that any person who knows or has reasonable cause to suspect that a child is abused, abandoned or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare must report that knowledge or suspicion to the Department of Children and Families (DCF).

The following reporters are required to provide their names to the hotline staff:

- Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care, or treatment of persons
- Health or mental health professional other than one listed in subparagraph 1
- Practitioner who relies solely on spiritual means for healing
- School teacher or other school official or personnel
- Social worker, day care center worker, or other professional child care, foster care, residential, or institutional worker

NOTE: Mandated reporters can not make anonymous reports; however, reports will be treated with total confidentiality.

Each district school board has the responsibility as specified in [s. 1006.061, F.S.](#) to post a notice in a prominent place in each school about the mandatory reporting listed above, including the statewide toll-free telephone number of the central abuse hotline - 1 (800) 96-ABUSE or FAX 1 (800) 914-0004. For additional information, see [Appendix A](#) for the Internet link to the *Child Abuse Source Book for Florida School Personnel*.

The person making the report must tell the person answering the phone that they wish to report suspected abuse or neglect and provide the following information:

- Name and address of child and parent or guardian
- Child's age and information about siblings, if known
- Nature and extent of suspected abuse or neglect
- Identity of the abuser, if known
- Other information to help establish that abuse or neglect has occurred

School personnel reporting suspected abuse or neglect may do so without telling or involving any other individual at the school. However, since the school administrator is the person most likely to be contacted by the investigator, it is best to inform him/her. Some districts have policies requiring administrator notification. Anyone being asked to

examine a student for marks or bruises should have another person with them to act as a witness.

School nurses, school social workers, teachers and/or administrators may be interviewed and may eventually be called upon to testify. It is, therefore, advisable to keep an anecdotal journal documenting activity in the case. This may include telephone calls, denial or accusations from the parents, questions concerning the child's attendance, health and school behavior or achievement from the authorities, and other requests by DCF to interview or examine the child at school. Strict confidentiality must be maintained. School personnel are prohibited from discussing the case, except on a "need to know" basis with others.

Child abuse investigators may or may not allow school personnel to sit in on the interview with the child and may or may not report back any findings, depending on the case.

Crisis Intervention – Grief and Trauma

Situations involving death or trauma often involve large numbers of school children and require many adults to assist with the aftermath. School Crisis Intervention Teams (CIT) are usually comprised of professionals of many backgrounds, including school nurses. Specialized training of CIT staff members is necessary to equip them to deal with the situations they will encounter.

Domestic Violence

Students are often witnesses to or victims of domestic violence. Domestic violence is abuse by a caregiver, a parent, a spouse or an intimate partner. It can take many forms: physical abuse; sexual abuse; emotional abuse including threats, constant criticism and put-downs; controlling access to money; and controlling activities.

Violence against a partner or a child is a crime in all states. Children may witness domestic violence from one parent or partner to another. People who are the victims or witnesses of domestic violence need to be made to understand that they are not the cause of the abuse. School personnel who suspect students are involved in a domestic violence situation should communicate their concerns to the school social worker or other appropriate professional. A police report may be necessary, and the safety of the victim and witnesses is crucial. Domestic violence shelters in the community are appropriate resources for referral.

Chapter 14 Interdisciplinary Collaboration

Student Services Team Members

Ideally, the school nurse, school psychologist, school social worker, and school guidance counselor will work together to assist students and their families. The varied training and experience of the team members result in optimal case management and collaboration for the best possible outcome with students and their families. It is important for school health staff to be able to communicate with other team members and utilize their expertise.

ESE Staff

School nurses often utilize the expertise of the speech/language pathologists (SLP), special education teachers and paraprofessionals at each school. The SLP often has extensive training and expertise regarding hearing loss, the use of amplification devices for hearing, and oral motor issues. Students with medical conditions involving speech/language issues can be best served by both professionals operating in tandem. Special education teachers and paraprofessionals have a different perspective based on their education and experience. School nurses need to seek out the expertise of these individuals as they work on case management issues with special education students.

Health Room Staff

Paraprofessionals working in school health rooms are often the persons most relied upon by students for care and management of their health problems. It is important for the school nurse to have a close working relationship with health paraprofessionals. Since most school nurses in Florida are not present on a school campus full time, many students and school staff view the health paraprofessional as the “nurse”. School nurses need to work with administrators and other school staff to clarify the role of the nurse and paraprofessional.

If the health paraprofessional encourages the perception that he/she is the nurse, he/she should be made aware that under [s. 464.207, F.S.](#): *It is a misdemeanor of the first degree, punishable as provided s. 775.082 or s. 775.083, for any person, knowingly or intentionally, to fail to disclose, by false statement, misrepresentation, impersonation, or other fraudulent means, in any application for voluntary or paid employment or certification regulated under this part, a material fact used in making a determination as to such person's qualifications to be an employee or certification holder.* This includes using the name or title “nurse”, “registered nurse”, “licensed practical nurse”, or any other name or title that implies that a person was licensed or certified as same, unless such person is duly licensed or certified.

Paraprofessionals should identify themselves as the Health Assistant or appropriate title when talking to parents or teachers or others in the community.

School Administrators, Teachers, Other School Staff

It is essential for the school nurse to have a good working relationship with and mutual respect between school administrators, teachers, and other school staff. Utilization of the various staff members on campus is needed in order to provide the best care for students. The school administrator is in charge of the entire campus. He/she should be consulted when any plans are being made of a school-wide nature, such as screenings, educational and classroom presentations. The staff members with the least perceived power can often be the most important in getting the job done. The school custodian can provide extension cords and other equipment on health screening day, the cafeteria manager can assist a diabetic student with dietary issues, the bookkeeper can order the needed clinic supplies, and the teachers and classroom paraprofessionals can identify health problems needing the attention of the school nurse.

The school nurse and student services team should remember that they are visitors on most school campuses, and should conduct themselves accordingly to ensure they are seen as helpful and valued, rather than a disruption in the school educational routine.

Chapter 15 Health Education

The *School Health Services Plan* for Basic Services, objective I-F requires evidence of collaboration between the school and county health department school health coordinators and other health staff in development of health education curriculum. The primary responsibility for curriculum development and oversight rests with the local school district. Topics related to student health and wellness are best worked out with the expertise of both entities. Since the health department is a primary provider of health services in a community, health department staff can provide needed consultation on public health issues and provide input as a resource in their particular areas of program expertise (i.e. dental, nutrition, communicable diseases, sexually transmitted diseases, immunizations, etc).

Since the advent of high stakes testing, health education is seen as less essential content than math, language arts, and science. It takes creativity for the school nurse to fit his/her school health objectives into the school day. Educators can be reminded that since students must be healthy in order to learn and achieve academically, health education is relevant and important.

Health Promotion, Physical Activity, and Physical Fitness

Student health promotion is an integral part of the physical education curriculum today. School wide “field day” events, walking fundraisers for diabetes, leukemia or other health issues, and promotion of good health habits are usually the responsibility of the physical education (P.E.) teacher. School nurses should utilize this resource and become involved with P.E. staff as these events and programs emerge.

As insurance rates soar, health promotion and wellness, with the goal of a healthier work force, is becoming a more popular topic among risk managers. Larger school districts may have a separate department for employee wellness, but more often the school nurse works with a wellness team at the school level to develop appropriate programs for school staff. Blood pressure screenings, health topic bulletin boards or e-mail postings, weight loss groups, and breast self examination are frequently requested topics by school staff. Health promotion is a great way for the school nurse to be seen as the resident health expert on campus.

Skin Cancer Prevention / Sun Protection

Skin cancer prevention and sun protection are topics of concern in sunny Florida. The school nurse should consider sun protection education when planning health presentations in the school. Although generalized application of sunscreens on school campuses is inappropriate, students and staff should be reminded to cover up with appropriate hats and clothing, limiting sun exposure, and using sunscreen with an SPF of 30 or higher to protect the skin and help prevent skin cancer.

Various educational programs stressing appropriate sun protection are available from:

- The American Cancer Society
- The United States Environmental Protection
- The Shade Foundation of America

See Appendix A for the Internet links.

Essential Health Related Skills

Essential health related skills, such as decision making, communication skills, CPR/First Aid, HIV/AIDS, STDs, and sexual responsibility have for many years been included in the course content for the Life Management Skills (LMS) course, which was required for high school graduation. Legislative changes which will be phased in over several years, have removed that course from the requirements for graduation, making it an elective class instead. Beginning with the class of 2011, students will be required to complete one full credit of Health Opportunities through Physical Education (HOPE), which incorporates some of the health concepts previously taught in LMS and Personal Fitness. School nurses will need to work with LMS teachers and physical education teachers to ensure appropriate inclusion of essential health related skills.

Abstinence Education, Teen Pregnancy Prevention Education, Sexuality Education

Required instruction in [s. 1003.42, F.S.](#) includes comprehensive health education. Included in that description is the requirement that family life be taught, including an awareness of the benefits of sexual abstinence as the expected standard and the consequences of teenage pregnancy. The statute leaves it up to the individual county curriculum department as to where that instruction will be included in the curriculum. Information about Florida's Abstinence Education is available through the Department of Health website (see [Appendix A](#) for the Internet link).

Where permissible by school district policies and if not contraindicated by "abstinence only" curriculum adoption, pregnancy prevention education should be included in health education curriculum. Students can be introduced to the concepts of both abstinence and birth control, become aware of the availability and effectiveness of various birth control methods, and be encouraged to be responsible for their behavior.

Also included in [s. 1003.42, F.S.](#) is the specification that students shall be exempted from the teaching of reproductive health or any disease, including HIV/AIDS if a written request is made by the parent/guardian to the school principal.

Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), Sexually Transmitted Diseases (STD)

Instruction in HIV/AIDS, sexually transmitted diseases, and human sexuality are specified in [s. 1003.46, F.S.](#) Districts MAY provide instruction in AIDS as part of health education. It further states what topics should be covered, if AIDS education is presented. It does not specify details about what should be taught in STD education. Sunshine State Standards do address the need to teach disease prevention and health instruction, listing specific expectations and standards. Community support and endorsement of school STD education programs are essential prior to classroom instruction. School district staff and health department health education staff must work cooperatively in development and presentation of accurate and appropriate presentations on STDs. Teachers charged with teaching sexuality education must receive appropriate training prior to its implementation.

Schools designated as Comprehensive projects have an increased responsibility to include educational programs targeting STD awareness and prevention.

Injury, Violence, and Suicide Prevention

Classroom instruction targeting injury, violence and suicide prevention are typically the responsibility of the school guidance department. These topics, including dating violence, can also be co-taught by a team of student services professionals, including the school nurse. When teaching these subjects, sensitivity to students who have experienced victimization is important. Topics should include prevention, what to do if a situation occurs, who to tell, and confidentiality constraints in these situations.

