



Ralyna Schilling, M. Ed.
Director of Special Services
150 5th St. SW
Huron, SD 57350
P: (605) 353-6997
F: (605) 353-6994
ralyna.schilling@k12.sd.us

Nursing Handbooks

Proposed Changes for 2021-2022

June 2021

I have reviewed and revised the Nursing Handbook and am submitting the documents to the Huron School Board of Education for approval.

The following changes were made:

- Complete revision of the Handbook

Thank you,

Ralyna Schilling



Nursing



HANDBOOK 2021-2022

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School Nurse Job Description

Qualifications:

Valid South Dakota license to practice as a Registered Nurse

Reports to: Principal, in cooperation with the Director of Special Services and
Nursing Administrator.

Job Goal: To provide the fullest possible educational opportunity for each student in the Huron School District by creating a climate of health and well being, minimizing absence of students due to illness, and removing health related barriers to the learning process.

Performance Responsibilities:

1. Provides health assessments to identify pupils with health needs that interfere with learning, including screening of vision, hearing, scoliosis, and physical health in accordance with South Dakota Revised Statutes.
2. Develops and implements a health plan to care for students who become ill or injured at school and for students who are chronically ill or who have developmental disabilities.
3. Maintains, evaluates and interprets cumulative health data to identify individual needs of students.
4. Provides medications to students in compliance with the Huron School District Medication Policy.
5. Participates as the health team specialist on the Special Education Evaluation Team.
6. Participates as an integral member of the Crisis Intervention Team and provides for crisis intervention for acute illness, injury, and emotional disturbances following established protocols.
7. Assists in selection, training, supervision, and evaluation of paraprofessionals who administer medications and health care, such as health aides, and classified nurses.
8. Visits students' homes if necessary to assess the health needs of the child.
9. Promotes the control of communicable diseases through preventive immunization programs, early detection, surveillance and reporting of communicable disease.
10. Coordinates school and community health activities and serves as a liaison between the home, school, and community.
11. Provides health education to students, parents, and school personnel:
 - a. Counsels with students concerning problems such as pregnancy, sexually transmitted diseases, and substance abuse in order to facilitate responsible decision making practices in accordance with South Dakota Revised Statutes.
 - b. Serves as a resource to the classroom teacher and administrator in health instruction.
 - c. Serves as a member of health curriculum development committees.

- d. Informally teaches parenting skills related to child development and child health needs.
 - e. Provides health counseling for staff informally and formally through health related in-services and workshops, including Universal Precautions and Prevention of Bloodborne Pathogens Infection and CPR.
 - f. Engages in research and evaluation of school health services to act as a change agent for school health programs and school nursing practices.
12. Participates in continuing education programs to increase knowledge, update skills, and maintain licensure.
 13. Complies with school site procedures and District policies and procedures and assumes such other tasks as may be assigned by the Principal.
 14. This job description does not imply that the functions listed are the only duties to be performed. Employees are expected to follow their supervisors' instructions.
 15. Regular and punctual attendance.

Evaluation: Performance of this job will be evaluated annually in accordance with school district procedure by the nurse administrator.

Scope of Practice (Faculty/Staff)

Purpose: To define and describe the scope of school nursing practice in Huron School District as it relates to faculty and staff.

Policy:

- Although the primary role of school health services is to protect and promote the health and well being of students, thereby facilitating student success and achievement; the physical and mental condition of school personnel influences the health and well-being of students as well as the climate in which they are expected to learn. School health personnel must maintain an interest in the health of teachers and other school workers.
- Huron School District is committed to developing and maintaining an employee health program commensurate with its current resources. Such a program, whether formal or informal, is known to improve productivity, decrease absenteeism, reduce health insurance and liability costs, and foster a greater personal commitment to personal health that often transfers into a greater commitment to the health of students. The District shall determine on an on-going basis the level and scope of resources that can be committed to staff health activities by nursing staff.
- The District employee health program is limited in scope and meant to support and not replace an ongoing employee/health provider relationship with both primary and specialty health care providers. Additionally, except for emergency

situations, health care activities for students shall always have priority over care for faculty and staff.

- The District employee health program's primary activities are Health Promotion and First Aid. School health staff, in accordance with their training and licensure may provide (but are neither required nor limited to) the following staff services:
 - First Aid and Direct Care.
 - Emergency and first aid care for staff accidents and acute illness occurring during the work day.
 - Other direct care activities, with nursing supervisor approval, may be provided on a case-by-case situation provided the activities are within the scope of nursing practice, laws and regulations and the time and resources of the health services staff.
 - Health Promotion:
 - Health screenings such as blood pressure, vision or hearing on an individual or group basis.
 - Consult, act as a resource or educator to staff regarding health conditions and referral sources.
 - Assist in interpreting health findings and screenings.
 - Provide education in health promotion and prevention on subjects such as blood borne pathogen, injury prevention, healthy living, disease prevention and reduction of at-risk behaviors.
 - Illness prevention activities such as facilitating weight loss, fitness, stop smoking or immunization program.
- Provision of even limited care to staff members constitutes a nurse-client relationship and therefore privacy and confidentiality of employee health information will be maintained by the health services staff.

References:

National Association of School Nurses-NASN (2001) - *Position Statement: Coordinated School Health Program*
National Association of School Nurses-NASN (1997) - *Overview of School Health Services*
National Association of School Nurses-NASN (2002) - *Issue Brief: School Health Nursing Services Role in Health Care, Role of the School Nurse.*
Center for Disease Control-Division of Adolescent School Health -CDC-DASH (2007) - *Coordinated School Health Programs.*

Role of the School Nurse in Health Education for Students and Staff

The school nurse is a medical resource person, and a teacher in health education. The nurse will: 1) provide medical/health information that will enable a teacher to understand the health needs of students and other adults, and 2) provide information that will teach students to become responsible for personal health promotion and maintenance.

School nurses may provide instruction such as hand washing, oral health care, nutrition and other health related topics.

The 4th and 5th grade boys and girls are taught the "Growing Up" Always curriculum by the Nurse and PE teachers. Boys and Girls are taught separately.

The nurse in each building is available to help team teach health topics in Science and health classes when requested.

Parents are provided an opportunity to preview materials used in classroom instruction on AIDS/HIV and Human Sexuality. The nurse and counselor are available to discuss course content and answer parent questions. This parent preview opportunity is arranged at each school to accommodate parental participation.

A letter informing parents of the date of classroom instruction for their 4th or 5th grade child is sent prior to the class. Parent permission for student participation in the class must be provided in writing. Permission forms are included in the parent information letter.

The Huron School District provides instruction on Acquired Immune Deficiency Syndrome, human reproduction system, related communicable diseases and sexual responsibility. This is done at the High School Level and team taught by the Health teacher and Nurse.

Role of the School Nurse in Informing Staff of a Student's Health Condition

The School Nurse must inform classroom teachers, physical education teachers, paras, lunchroom staff, and coaches of sport activities of the health problems of students entrusted to his/her care. EAPs are shared confidentially to provide staff with steps to be taken if a student develops an emergency health situation.

Bus drivers must be informed of health information on all children who might be at risk during transportation. EAPs are shared to provide the bus driver with steps to be taken if a student develops an emergency health situation.

Philosophy

The School Nurse will provide health services to children served by the Huron School District, in accordance with SD State Law and Huron School District Policies. Such services will be rendered for the evaluation, improvement, and protection of the health of students and school personnel. Health services will support the fullest possible educational opportunity by minimizing absence due to illness and creating a climate of health and well-being in each school in the Huron School District.

Laws

20:48:04:01. Scope and standards of nursing practice -- Basic role.

The scope of practice of the registered nurse and the licensed practical nurse is dependent upon each nurse's basic education and demonstrated competence in additional skills acquired through in-service, continuing education, or graduate studies. A licensee is personally responsible for the actions that the licensee performs relating to the nursing care furnished to clients and cannot avoid this responsibility by accepting the orders or directions of another person.

The following are the standards of nursing practice:

- (1) For the registered nurse:
 - (a) The registered nurse shall utilize the following recurring nursing process:
 - (i) Make nursing assessments regarding the health status of the client;
 - (ii) Make nursing diagnoses which serve as the basis for the strategy of care;
 - (iii) Develop a plan of care based on assessment and nursing diagnosis;
 - (iv) Implement nursing care; and
 - (v) Evaluate responses to nursing interventions;
 - (b) The registered nurse shall recognize and understand the legal implications of delegation and supervision. The nurse may delegate to another only those nursing interventions which that person is prepared or qualified to perform and shall provide minimal or direct supervision to others to whom nursing interventions are delegated. The registered nurse may only delegate nursing tasks to unlicensed assistive personnel in accordance with the standards in chapter 20:48:04.01;
 - (c) When providing preventive, restorative, and supportive care, the registered nurse may determine and place durable medical equipment or therapeutic devices necessary to implement the overall nursing plan of care; and
 - (d) The board recognizes the **Scope and Standards of Practice**, 2004, and the **Guide to the Code of Ethics for Nurses: Interpretation and Analysis**, 2008, as published by the American Nurses Association as the criteria for assuring safe and effective practice following licensure;
- (2) For the licensed practical nurse:
 - (a) The licensed practical nurse shall assist the registered nurse or physician in the recurring nursing process as follows:
 - (i) Contribute to the nursing assessment;
 - (ii) Participate in the development of the nursing diagnoses;
 - (iii) Participate in care planning;
 - (iv) Participate in the implementation of nursing interventions;
 - (v) Contribute to the evaluation of responses to nursing interventions;
 - (b) The licensed practical nurse may practice as follows in two general settings:
 - (i) With at least minimal supervision when providing nursing care in a stable nursing situation; and

(ii) With direct supervision when providing nursing care in a complex nursing situation;

(c) The licensed practical nurse may perform the intravenous therapy functions defined in § 20:48:04:06, with demonstrated competence acquired through basic nursing education or in-service training or other forms of continuing education;

(d) The licensed practical nurse shall consult with a registered nurse or other health team members and seek guidance as necessary and shall obtain instruction and supervision as necessary;

(e) The licensed practical nurse may only delegate nursing tasks to unlicensed assistive personnel in accordance with the standards in chapter 20:48:04.01; and

(f) The board recognizes the **NAPNES Standards of Practice and Educational Competencies of Graduates of Practical/Vocational Nursing Programs**, 2007, as published by the National Association of Practical Nurse Educations and Service as the criteria for assuring safe and effective practice following licensure.

Source: SL 1975, ch 16, § 1; 3 SDR 35, effective November 11, 1976; 12 SDR 109, effective January 9, 1986; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 22 SDR 23, effective August 29, 1995; 26 SDR 174, effective July 4, 2000; 33 SDR 43, effective September 12, 2006; 41 SDR 12, effective July 31, 2014.

General Authority: *SDCL 36-9-21.*

Law Implemented: *SDCL 36-9-3, 36-9-4.*

References:

1. **Nursing: Scope and Standards of Practice**, 2004 edition, American Nurses Association. Copies may be obtained from American Nurses Publishing, 8515 Georgia Avenue, Suite 400, Silver Spring, MD 20910-3492.

2. **Guide to the Code of Ethics for Nurses: Interpretation and Application**, 2008 edition, American Nurses Association. Copies may be obtained from American Nurses Publishing, 8515 Georgia Avenue, Suite 400, Silver Spring, MD 20910-3492.

3. **NAPNES Standards of Practice and Educational Competencies of Graduates of Practical/Vocational Nurses**, 2007 edition, National Association for Practical Nurse Education and Service, Inc. Copies may be obtained from the National Association for Practical Nurse Education and Service, Inc., www.napnes.org.

Declaratory Rulings:

Instructing patient on routine measures for taking care of her condition does not constitute the practice of medicine and is not grounds for disciplinary action even if the information and recommendations provided are in excess of, or different from, the information and recommendations given by the patient's physician, so long as the nurse did not, on her own, treat the symptoms or disease. South Dakota Board of Nursing Declaratory Ruling No. 80-1.

A nurse must exercise professional judgment when a physician transmits orders through a third party, who may or may not be unlicensed, via telephone or otherwise. If an order is transmitted through a third party, all persons, including the third party, must be identified by name and title before the order may be implemented. South Dakota Board of Nursing Declaratory Ruling 87-1.

Although registered nurses, under the direction of a physician, may administer narcotics, analgesics, sedatives, and tranquilizing medications to patients, registered nurses may not administer any medication for the purpose of inducing general

anesthesia. It is not within the authority of the board to determine how or for what purpose a specific drug with multiple uses is being administered at any given time. Institutional or agency protocol must address this. South Dakota Board of Nursing Declaratory Ruling 89-1.

Homemakers employed by the Department of Social Services or its contractors may provide assistance with the self-administration of medications to clients who are mentally capable of self-directing their care and who reside in their own home or reside in adult foster care or an assisted living center if the homemakers are trained as homemakers, are placed by an agency, and are under the supervision of a professional social worker or nurse as appropriate and if the assistance is limited to reminding the client to take a medication at a prescribed time, opening and closing a medication container, and returning a medication container to the proper storage area. Services provided under the conditions described are not dependent upon licensure in nursing. South Dakota Board of Nursing Declaratory Ruling 92-1.

20:48:04.01:10. Administration of Medications.

The licensed nurse may delegate the following medication administration tasks to unlicensed assistive personnel that have successfully completed the curriculum identified in § 20:48:04.01:15:

- (1) Administration of scheduled medications by oral, rectal, topical, vaginal, or inhalation route;
- (2) Measuring of a prescribed amount of liquid medication or crushing a tablet for administration if the licensed nurse has calculated the dose; and
- (3) Administration of schedule II controlled substances listed in SDCL 34-20B-16 and 34-20B-17 which have been prescribed and labeled in a container for a specific client.

Source: 21 SDR 13, effective August 7, 1994; 26 SDR 174, effective July 4, 2000. General Authority:SDCL 13-33A-2, 36-9-21.

Law Implemented:SDCL 13-33A-1, 36-9-3, 36-9-4, 36-9-4.1, 36-9-21.

20:48:04.01:07. Nursing tasks that may not be delegated.

The following are nursing tasks that a licensed nurse may not delegate to unlicensed assistive personnel:

- (1) Assessments which require professional nursing judgment, intervention, referral, or follow-up;
- (2) Formulation of the plan or nursing care and evaluation of the client's response to the care rendered;
- (3) Specific tasks involved in the implementation of the plan of care which require nursing judgment or intervention, such as sterile procedures involving a wound or anatomical site which could potentially become infected; nasogastric tube feeding; nasogastric, jejunostomy and gastrostomy tube insertion or removal; tracheostomy care and suctioning and suprapubic catheter insertion and removal, with the exception of urinary foley catheterization;
- (4) Administration of medications, except as permitted by §§ 20:48:04.01:10 and 20:48:04.01:11;
- (5) Receiving telephone orders; and
- (6) Health counseling and health teaching.

Source: 21 SDR 13, effective August 7, 1994; 26 SDR 174, effective July 4, 2000.
General Authority: SDCL [13-33A-2](#), [36-9-21](#).
Law Implemented: SDCL [13-33A-1](#), [36-9-3](#), [36-9-4](#), [36-9-4.1](#), [36-9-21](#).

Abuse or Neglect

Suspicion of Child Abuse or Neglect Report

Date: _____ Student: _____
Student's Birth Date: _____ School: _____
Parent: _____ Phone Number: _____
Address: _____
Reason for Referral to Nurse:

Student's Statement of Abuse/Neglect: (Use the student's own words; use quotation marks.)

Alleged Perpetrator:

Immediate Action Taken:

Follow-Up:

Reporter of Incident: _____

Mandatory Reporting Laws in SD

All nurses are mandatory reporters. Follow the Huron Public School Board Policy "JH" for reporting abuse or neglect.

Accident/Injury Report Guidelines

The Huron School District Accident /Injury Report is completed whenever:

1. The student misses ½ day or more of school;
2. The student seeks medical attention (health care provider office, urgent care center, emergency department);
3. EMS 9-1-1 is called;
4. Any head injuries ; and
5. Other injuries: it is better to report than to not report.

The Accident / Injury Report is completed by the supervising person. The one who evaluates the injury will document his/her summary observations and recommendations on the report. A Nurse Assessment portion is completed.

In the event that the nurse evaluates an injured student and the supervising person is unaware of the injury, the nurse will initiate the Accident / Injury Report. The supervising person will be contacted to provide additional details of the incident on the report.

The Principal is responsible for receiving the completed report and forwarding it to the Business Office within 2 days of the incident.

In the event that an ambulance was called to transport an injured student, a copy of the Nurse Assessment Report and a copy of the child's emergency contacts are provided to the emergency care personnel.

School Nurse will document in DDN and upload the accident report to the Documents tab in DDN.

Concussion Procedures

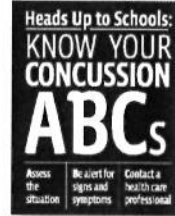
If a student sustains a head injury the following tools will be used to assess and make referrals. The parent will be contacted and the parent note will be sent home. The teacher will receive notification of the injury and will hold the student out of PE and recess for 24 hours.

If the student shows symptoms of a concussion on subsequent days and has not been evaluated by a physician, the parent will be contacted and the school will request that the student be evaluated by a medical provider.

The school will follow medical orders regarding return to learn if a concussion is diagnosed.

If the student participates in extracurricular activities, coaches and athletic trainers should be notified. Additional imPACT testing may need to be completed by the athletic trainer per their protocol.

Concussion Signs and Symptoms Checklist



Student's Name: _____ Student's Grade: _____ Date/Time of Injury: _____

Where and How Injury Occurred: *(Be sure to include cause and force of the hit or blow to the head.)* _____

Description of Injury: *(Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any. See the section on Danger Signs on the back of this form.)* _____

DIRECTIONS:

Use this checklist to monitor students who come to your office with a head injury. Students should be monitored for a minimum of 30 minutes. Check for signs or symptoms when the student first arrives at your office, fifteen minutes later, and at the end of 30 minutes.

Students who experience *one or more of the signs or symptoms of concussion after a bump, blow, or jolt to the head should be referred to a health care professional with experience in evaluating for concussion.* For those instances when a parent is coming to take the student to a health care professional, observe the student for any new or worsening symptoms right before the student leaves. Send a copy of this checklist with the student for the health care professional to review.

To download this checklist in Spanish, please visit: www.cdc.gov/Concussion. Para obtener una copia electrónica de esta lista de síntomas en español, por favor visite: www.cdc.gov/Concussion.

| OBSERVED SIGNS | 0 MINUTES | 15 MINUTES | 30 MINUTES | <input type="checkbox"/> MINUTES Just prior to leaving |
|--|-----------|------------|------------|--|
| Appears dazed or stunned | | | | |
| Is confused about events | | | | |
| Repeats questions | | | | |
| Answers questions slowly | | | | |
| Can't recall events <i>prior</i> to the hit, bump, or fall | | | | |
| Can't recall events <i>after</i> the hit, bump, or fall | | | | |
| Loses consciousness (even briefly) | | | | |
| Shows behavior or personality changes | | | | |
| Forgets class schedule or assignments | | | | |
| PHYSICAL SYMPTOMS | | | | |
| Headache or "pressure" in head | | | | |
| Nausea or vomiting | | | | |
| Balance problems or dizziness | | | | |
| Fatigue or feeling tired | | | | |
| Blurry or double vision | | | | |
| Sensitivity to light | | | | |
| Sensitivity to noise | | | | |
| Numbness or tingling | | | | |
| Does not "feel right" | | | | |
| COGNITIVE SYMPTOMS | | | | |
| Difficulty thinking clearly | | | | |
| Difficulty concentrating | | | | |
| Difficulty remembering | | | | |
| Feeling more slowed down | | | | |
| Feeling sluggish, hazy, foggy, or groggy | | | | |
| EMOTIONAL SYMPTOMS | | | | |
| Irritable | | | | |
| Sad | | | | |
| More emotional than usual | | | | |
| Nervous | | | | |

Danger Signs:

Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Additional Information About This Checklist:

This checklist is also useful if a student appears to have sustained a head injury outside of school or on a previous school day. In such cases, be sure to ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

To maintain confidentiality and ensure privacy, this checklist is intended only for use by appropriate school professionals, health care professionals, and the student's parent(s) or guardian(s).

For a free tear-off pad with additional copies of this form, or for more information on concussion, visit: www.cdc.gov/Concussion.

Resolution of Injury:

- Student returned to class
- Student sent home
- Student referred to health care professional with experience in evaluating for concussion

SIGNATURE OF SCHOOL PROFESSIONAL COMPLETING THIS FORM: _____

TITLE: _____

COMMENTS:

For more information on concussion and to order additional materials for school professionals **FREE-OF-CHARGE**, visit: www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Parent Letter

Dear Parent/Guardian of: _____

Your child **received an injury to the head**. Your child was evaluated and observed for a period of time. No complications were noted. However, signs and symptoms of a concussion can show up hours or days after the injury. It is important to watch for changes in how your child is acting or feeling.

If your child develops one or more of the symptoms of a concussion listed below, seek medical attention right away. Children and teens are among those at greatest risk for concussions.

| SIGNS AND SYMPTOMS OF A CONCUSSION | | |
|---|---|---|
| SIGNS OBSERVED BY PARENTS OR GUARDIANS | SYMPTOMS REPORTED BY YOUR CHILD OR TEEN | |
| <ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about events • Answers questions slowly • Repeats questions • Can't recall events prior to the hit, bump, or fall • Can't recall events after the hit, bump, or fall • Loses consciousness (even briefly) • Shows behavior or personality changes • Forgets class schedule or assignments | <p>Thinking/Remembering:</p> <ul style="list-style-type: none"> • Difficulty thinking clearly • Difficulty concentrating or remembering • Feeling more slowed down • Feeling sluggish, hazy, foggy, or groggy <p>Physical:</p> <ul style="list-style-type: none"> • Headache or "pressure" in head • Nausea or vomiting • Balance problems or dizziness • Fatigue or feeling tired • Blurry or double vision • Sensitivity to light or noise • Numbness or tingling • Does not "feel right" | <p>Emotional:</p> <ul style="list-style-type: none"> • Irritable • Sad • More emotional than usual • Nervous <p>Sleep*:</p> <ul style="list-style-type: none"> • Drowsy • Sleeps less than usual • Sleeps more than usual • Has trouble falling asleep <p><i>*Only ask about sleep symptoms if the injury occurred on a prior day</i></p> |
| <p><u>Danger signs:</u></p> <p>Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:</p> <ul style="list-style-type: none"> • One pupil (the black part in the middle of the eye) larger than the other <ul style="list-style-type: none"> • Drowsiness or cannot be awakened • A headache that gets worse and does not go away • Weakness, numbness, or decreased coordination <ul style="list-style-type: none"> • Repeated vomiting or nausea <ul style="list-style-type: none"> • Slurred speech • Convulsions or seizures • Difficulty recognizing people or places • Increasing confusion, restlessness, or agitation <ul style="list-style-type: none"> • Unusual behavior • Loss of consciousness (even a brief loss of consciousness should be taken seriously) | | <p><u>Caution!</u></p> <p>Children and teens with a concussion should NEVER return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care professional experienced in evaluating for concussion says they are symptom-free and it's OK to return to play. This means, until permitted, not returning to:</p> <ul style="list-style-type: none"> • Physical Education (PE) class, • Sports practices or games, or • Physical activity at recess |

Please consult your doctor or the emergency room if you notice any of the above symptoms.

Thank you, _____
School Nurse

Teacher Notification of Head Injury

Student:

Date:

This student received an injury to the head today. No signs of a serious injury were noted by the School Nurse. Please monitor closely and contact the School Nurse immediately if any signs or symptoms are noted.

***DO NOT send the student to the health office unattended.**

***The student MAY NOT participate in PE or recess today.**

The signs and symptoms of a concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury.

SIGNS OBSERVED BY SCHOOL PROFESSIONALS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events prior to the hit, bump, or fall
- Can't recall events after the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignment

SYMPTOMS REPORTED BY THE STUDENT

| Thinking/Remembering: | Physical: | Emotional: |
|---|---|---|
| <ul style="list-style-type: none">• Difficulty thinking clearly• Difficulty concentrating or remembering• Feeling more slowed down• Feeling sluggish, hazy, foggy, or groggy | <ul style="list-style-type: none">• Headache or "pressure" in head• Nausea or vomiting• Balance problems or dizziness• Fatigue or feeling tired• Blurry or double vision• Sensitivity to light or noise• Numbness or tingling• Does not "feel right" | <ul style="list-style-type: none">• Irritable• Sad• More emotional than usual• Nervous <p>Sleep:</p> <ul style="list-style-type: none">• Drowsy |

Thank you!

Automated External Defibrillator (AED)

There is an AED in each building in our district. The nurse in each building performs monthly checks and records the data on the sheet with the AED. AEDs at the Arena and the TAC are maintained by building and grounds. Notify the nursing supervisor to order more equipment if something is outdated or not in working order.

The management of sudden cardiac arrest is called the "chain of survival" which has four elements: early access to care (call 911), early cardiopulmonary resuscitation, early defibrillation, and early advanced care (EMS and hospital). These steps can increase the patient's chances for survival. Onsite defibrillation readiness programs allow lay people to defibrillate victims prior to the arrival of EMS.

The AED is a device that can be used by lay people to save lives. It is a portable machine designed to monitor and identify the heart's electrical rhythm. It is applied to the chest of a victim who is not breathing and has no heartbeat. The AED automatically detects the disorganized activity and prompts the operator to deliver an electrical shock to the heart so it can begin to pump normally again. The AED will only allow the operator to deliver the shock if the victim needs it and cannot shock a healthy, beating heart.

If the device is used, an AED event form needs to be completed and given to the administrator.

Huron School District

AED Monthly Check List

Unit Serial Number: _____ Model Name/Number: _____

School: _____ Location in school: _____

| Check | Corrective Action | Date/Signature |
|--|--|----------------|
| 1. Check AED placement for visibility & unobstructed view | Move obstructing items | |
| 2. Check display for: STATUS indicator -Flashing black hourglass is OK for use | *None. If any other sign is flashing, remove battery and replace to run a self selftest | |
| 3. Check expiration date on electrode pads. | Replace electrode pad packet if date is expired. | |
| 4. Check additional supplies: -pads -CPR mask -gloves -towels/gauze -razors | Replenish supplies as needed. | |
| 5. Check AED for: Damage/cracks Foreign substances | *Contact authorized service personnel. *Clean the device with warm soapy water only. | |
| 7. Check for AED Guidelines, Incident Report form and AED Reminders sheet. | Replenish sheets as needed. | |

Retain for review by authorizing physician and district supervision.

3/04

AED Post Event Report

Blood Borne Pathogens

The Huron School District's Blood borne Pathogens Procedure Manual details the district's Exposure Control Plan, the Hepatitis B Vaccination Procedures, and Training Records. Please refer to this manual for specific information.

The school nurse is responsible for initial training of new teachers, support staff, and food service personnel.

Update training for teachers and support staff is scheduled during a faculty meeting at the beginning of each school year. This short review is outlined in Section V of the Huron School District's Blood borne Pathogens Procedure Manual. See Appendix C for copies of handouts that can be used for education classes or on an individual basis at the time of an exposure incident.

In the event of an exposure incident during school hours, the nurse will evaluate the incident using the Nursing Protocol For Assessment of Blood borne Pathogens Exposure Incident. The Huron School District Nurse Evaluation of Employee Exposure to Bloodborne Pathogens or OPIM form is completed.

If an employee exposure incident occurs after school hours, the procedure for medical follow – up is outlined in the Huron School District's Blood borne Pathogens Procedure Manual.

Student exposure to Bloodborne Pathogens is evaluated by the nurse according to the Protocol for Student Exposure and the Student Bloodborne Pathogens Exposure Incident Report is completed. A copy of this report is attached to a Huron School District Incident/Injury Report.

Communicable Disease Guidelines

Although clustering of children together in the school setting provides opportunity for spread of infectious diseases, school attendance is important for children and adolescents, and unnecessary barriers and impediments to attending school should be minimized. Determining the likelihood that infection in one or more children will pose a risk for school mates depends on an understanding of several factors, including the following: (1) The mechanism by which the organism, causing the infection is spread; (2) The ease with which the organism is spread (contagion); and (3) The likelihood that classmates are immune because of immunization or previous infection. Per Center of Disease Control (CDC) guidelines, students and staff must remain at home when sick until at least 24 hours after they no longer have a fever (100 degrees Fahrenheit or 37.8 degrees Celsius, measured by mouth) or signs of a fever (chills, feeling very warm, flushed appearance, or sweating) without the use of fever-reducing medicine.

Further decisions to intervene to prevent spread of infection within a school will be made utilizing the most current guidelines found in “**Managing Infectious Diseases in Child Care and Schools, A Quick Reference Guide**”, by the American Academy of Pediatrics.

Emergency Action Plans

Emergency Action Plans (EAP) are developed for students whom may have chronic illnesses or life threatening allergies whom may need emergency care. The EAP's are developed by the nurse and the student's parents to provide the staff whom the student comes into contact with the direction to follow if an emergency should arise. The EAP should contain the following information

EMERGENCY ACTION PLANS

Some chronic conditions have the potential to develop into a medical crisis and require an Emergency Action Plan (EAP). The EAP provides staff with the necessary steps for action should a crisis result.

The EAP should be developed upon notification of a potential life threatening condition requiring emergency care. The EAP does not replace the Individualized Health Plan (IHP) and is meant to give some procedural guidance to paraprofessionals or educators working with a particular student when a life threatening incident occurs.

The School nurse must inform classroom teachers, physical education teachers and coaches of sport activities of the health problems of students entrusted to his/her care. Emergency action care plans are *shared to provide the teacher/coach with steps to be taken if a student develops an emergency health situation.

Bus drivers must be informed of health information on all children who might be at risk during transportation. Emergency action plans are *shared to provide the bus driver with steps to be taken if a student develops an emergency health situation

Health information is confidential and provided only to those on "a need to know basis", the student's teacher(s), lunchroom staff, paraprofessionals, coach, and or bus driver may need to know to protect the student.

* A Confidential Health Information folder is provided to each teacher and bus driver. The folder contains the student specific EAPs.

Sample Plans:

Emergency Action Plan

Name:



Date of birth:

Health concern:

| IF YOU SEE THIS: | DO THIS: |
|------------------|----------|
| | • |

Comments

1. Parent ,
2. School Nurse

Parent signature/date: _____

Nurse signature/date: _____

See EAP examples attached.

CONFIDENTIAL
EMERGENCY ACTION PLAN

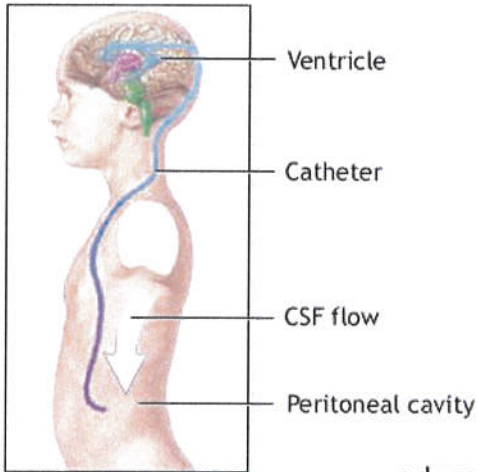
PHOTO HERE

Name: _____ DOB: _____

HEALTH CONCERN: Ventriculoperitoneal Shunt

Please be advised of this student's health condition. Please keep this information available to substitute teachers. Coordinate with the nurse and parent for all field trips. **Please consult the nurse if you have any questions.**

A shunt is a plastic tube inserted into the ventricle and connected to a one-way valve that is threaded under the skin to the abdominal cavity. This enables cerebrospinal fluid to flow out of the brain into the peritoneal cavity and be absorbed by the blood vessels surrounding these organs.



adam.com

IF STUDENT EXHIBITS SIGNS /SYMPTOMS OF MALFUNCTION:

1. Persistent irritability
2. Change in personality
3. Headache
4. Stomachache
5. Lethargy
6. Dizziness
7. Blurred vision
8. Deterioration of school performance
9. Fever
10. Nausea/vomiting
11. Rapid jerking or movement of eyes (nystagmus)
12. Unequal pupils
13. Change in gait

Action: Call nurse. If a nurse is not available, notify parents.

IF STUDENT BECOMES UNCONSCIOUS, HAS A SEIZURE FOR FIRST KNOWN TIME/CONTINUOUSLY ONE RIGHT AFTER ANOTHER/LONGER THAN FIVE MINUTES:

Action:

1. Delegate call to EMS/911 and parent
2. Notify nurse

IF STUDENT RECEIVES ANY BLOW TO HEAD OR NECK OR ABDOMEN:

Action:

1. Report promptly to nurse. If nurse not available notify parent.
2. Monitor student through remainder of school day for any signs listed above; if noted, immediately advise parents.
3. Do not allow student to walk home, drive self or ride bus if blow to head has occurred in preceding hour or if student has any symptoms listed above.
4. _____

Mom: _____ Phone: _____ Dad: _____
 _____ Phone: _____
 Doctor: _____ Phone: _____ School Nurse: _____
 _____ Phone: _____

Parent Signature/Date: _____

School Nurse Signature/Date: _____

Confidential Emergency Action Plan

Name:

DOB:

Health Concern: LOW BLOOD SUGAR (Hypoglycemia)

Please be advised of this student's health condition. Please keep this information available to substitute teachers. Coordinate with the nurse and parent for all field trips. **Please consult the nurse if you have any questions.**

| IF YOU SEE THIS: | DO THIS: |
|--|---|
| <ul style="list-style-type: none"> ● Blood sugar >60 ● Weakness/Fatigue ● Confusion/Irritability ● Personality Changes ● Headache ● Unsteady ● Sweating/Clammy ● Increased Thirst ● Hunger ● Unable to do normal task ● Nausea/Vomiting ● Increased urination ● hunger ● Blurred Vision ● Student reports not feeling well ● Sudden onset | <ul style="list-style-type: none"> ● Notify the nurse ● Assist student with checking blood sugar ● If conscious- eat a sugary snack or drink- No diet soda ● Send student to the office with assistance ● Call the parent if Blood Sugar does not increase with food or drink. ● If UNCONSCIOUS or has a seizure- give Glucagon and call the office and request 911 and nurse assistance- position on side. |

Remember: Changes in personality or behavior may be the first sign of a serious blood sugar problem. If in doubt contact the Health Office immediately.

INDIVIDUAL CONSIDERATIONS:

- _____

Mother:

Father:

Doctor:

School Nurse:

Parent Signature _____

TO PREPARE Glucagon FOR INJECTION



1. Remove the flip-off seal from the bottle of Glucagon. Wipe rubber stopper on bottle with alcohol swab.

2. Remove the needle protector from the syringe, and inject the entire contents of the syringe into the bottle of Glucagon. **DO NOT REMOVE THE PLASTIC CLIP FROM THE SYRINGE.** Remove syringe from the bottle.



3. Swirl bottle gently until Glucagon dissolves completely. Glucagon **SHOULD NOT BE USED UNLESS THE SOLUTION IS**



CLEAR AND OF A WATER-LIKE CONSISTENCY.

4. TO INJECT Glucagon

5. Use Same Technique as for Injecting Insulin

6. Using the same syringe, hold bottle upside down and, making sure the needle tip remains in solution, gently withdraw all of the solution (1 mg mark on syringe) from bottle. The plastic clip on the syringe will prevent the rubber stopper from being pulled out of the syringe; however, if the plastic plunger rod separates from the rubber stopper, simply reinsert the rod by turning it clockwise. The usual adult dose is 1 mg (1 unit). For children weighing less than 44 lb (20 kg), give 1/2 adult dose (0.5 mg). For children, withdraw 1/2 of the solution from the bottle (0.5 mg mark on syringe). **DISCARD UNUSED PORTION.**



7. USING THE FOLLOWING DIRECTIONS, INJECT Glucagon IMMEDIATELY AFTER MIXING.

8. Cleanse injection site on buttock, arm, or thigh with alcohol swab.

9. Insert the needle into the loose tissue under the cleansed injection site, and inject all (or 1/2 for children weighing less than 44 lb) of the Glucagon solution. **THERE IS NO DANGER OF OVERDOSE.** Apply light pressure at the injection site, and withdraw the needle. Press an alcohol swab against the injection site.

10. Turn the patient on his/her side. When an unconscious person awakens, he/she may vomit. Turning the patient on his/her side will prevent him/her from choking.

11. **FEED THE PATIENT AS SOON AS HE/SHE AWAKENS AND IS ABLE TO SWALLOW.** Give the patient a fast-acting source of sugar (such as a regular soft drink or fruit juice) and a long-acting source of sugar (such as crackers and cheese or a meat sandwich).

12. Call an Ambulance.

The Glucagon Emergency Kit from Eli Lilly.



Confidential Emergency Action Plan

Name:

DOB:

Health concern: HIGH BLOOD SUGAR (Hyperglycemia)

| IF YOU SEE THIS: | DO THIS: |
|--|--|
| Blood sugar > 300 Increased thirst and urination Weakness, abdominal pains Drowsiness Heavy, labored breathing Loss of appetite, nausea and vomiting Change in emotions, crying <u>Slow onset</u> | <ul style="list-style-type: none"> • Give fluids without sugar-water is best • Assist student to check blood sugar • Nurse will assist to give insulin, if ordered • Notify parent • Notify school nurse • If student wishes to go to the office, have someone go with them. |

Remember: Changes in personality or behavior may be the first sign of a serious blood sugar problem. If in doubt contact the Health Office immediately.

Individual Considerations

• _____

Mother:

Father:

Doctor:

School Nurse:

Parent signature _____

Confidential Emergency Action Plan

Name:

DOB:

Health Concern: Seizure/Seizure-Like Activity

Please be advised of this student's health condition. Please keep this information available to substitute teachers. Coordinate with the nurse and parent for all field trips. **Please consult the nurse if you have any questions.**

| IF YOU SEE THIS: | DO THIS: |
|--|---|
| <ul style="list-style-type: none"> • Jerking movements of the whole body • Bluish discoloration of the face • Repetition of a movement • Eyes rolling into the back of head • Drool or foam from the mouth • Loss of bladder or bowel control • Sudden dropping or falling • Brief staring | <ul style="list-style-type: none"> • Carefully lower to the floor, protecting from injury • Move objects that might cause injury • Gently turn on their left side to maintain airway • Monitor breathing • Call office for nurse or assistance • Call parents • Call 911 if first time seizure • Do NOT place or force anything in the mouth • No NOT attempt to restrain arms or legs • May remove other students from the area • Speak calmly to student- they may be able to hear everything! This will provide them comfort. |

IMPORTANT: Most seizures resolve within 5 minutes, but if a seizure lasts continuously for more than 3 minutes, if another seizure starts without the student regaining consciousness, or if breathing stops, 911 should be activated.

INDIVIDUAL CONSIDERATIONS

- _____

Mother:

Father:

Doctor:

School Nurse:

Parent signature _____

Confidential Emergency Action Plan

Name:

DOB:

Health Concern: Asthma/Asthma-Like Symptoms

| IF YOU SEE THIS: | DO THIS: |
|--|--|
| <ul style="list-style-type: none">• Wheezing• Coughing• Sneezing• Difficulty breathing• Chest pain or tightness• Change in skin color• Low peak flow reading | <ul style="list-style-type: none">• Place the student in a sitting position in a well ventilated area.• Have student use inhaler• Notify Health Office• Observe the student and wait for help to arrive.• Allow the following as needed:<ul style="list-style-type: none">• Allow student to self-pace in P.E. and other aerobic activities• Allow liberal access to the Health Office (always send accompanied or contact nurse) for complaints or mild breathing problems, especially if inhaler is unavailable. |

IMPORTANT: Mild signs of asthma are subtle and can progress quickly into serious, life-threatening symptoms. Assume complaints have a valid medical basis and contact your school nurse if questions regarding management arise. Never send student unaccompanied to the Health Office.

Mother:

Father:

Doctor:

School Nurse:

Parent signature: _____

Confidential Emergency Action Plan

Name:

DOB:

Health Concern: Mic-Key Feeding Tube Comes Out

| IF YOU SEE THIS: | DO THIS: |
|--|--|
| Pain at the site Leaking around the stoma (opening) Tube completely out of the stoma | <ul style="list-style-type: none">● Cover the area with a clean gauze● Call the school nurse● Call the parents.● Maintain privacy● Locate equipment and have it ready for when mom or the nurse arrives.<ul style="list-style-type: none">○ Only the parent or RN is allowed to replace the G-tube at school.○ If the ostomy has closed help parents seek medical attention immediately |

Individual Considerations:

-

Mother:

Father:

Doctor:

School Nurse:

Parent signature: _____

Confidential Emergency Action Plan

NAME:

DOB:

Health Concern: Tracheostomy and Ventilator

Please be advised of this student's health condition. Please keep this information available to substitute teachers. Coordinate with the nurse and parent for all field trips. **Please consult the nurse if you have any questions.**

| IF YOU SEE THIS: | DO THIS: |
|---|---|
| <ul style="list-style-type: none">• Difficulty breathing• Changes in facial expressions• Change in skin color- i.e. pale or blue• Tracheostomy falls out• Excessive mucus near trach site accompanied by difficulty breathing | <ul style="list-style-type: none">• Call for the nurse or bring to office immediately- nurse will initiate ventilator to assist breathing and suction as needed• Call mom immediately• Only nurse or mom can place new Trach tube |

Individual considerations:

-

Mother:

Doctor:

School Nurse:

Parent Signature _____

Care Plans for Students with Special Needs

Development of an Individualized care plan promotes school success for students with special health care needs. The purpose of the care plan is to ensure that the student is able to maximize the learning opportunity by achieving an optimal level of functioning.

The components of the care plan include assessment, nursing diagnosis, goals, interventions and outcomes to meet the health needs of students; and evaluation. School nurses should prioritize students who need an ICP. Begin by first identifying those students whose health needs overwhelmingly affect their daily functioning or impact their education or educational environment such as:

- Students who may be medically fragile with multiple health needs;
- Students who require extended nursing care or multiple contacts with the nurse/delegate during the school day;
- Students who must have health needs addressed as part of the individualized education program (IEP) or 504 process;
- Students with health needs that are addressed on a daily basis.

Nursing Care Plan (Student name)

Health concern: **Attention Deficit Hyperactivity Disorder**

| Assessment Data | Nursing Diagnosis | Goals | Nursing Interventions | Expected Outcomes |
|--|--|---|--|--|
| (Student's name) has been diagnosed with ADHD. Doctor's order for (medication name) at school | Impaired thought processes r/t inability to consistently conceptualize process input, shortened attention span, decreased ability to selectively focus and concentrate Ineffective coping skills r/t decreased ability to plan, decreased ability to self-limit behaviors, decreased ability to anticipate consequences of actions. | (Student) will demonstrate ability to utilize intellectual capacities, such as thinking, focusing, concentrating, to the best of (his/her) ability. (Student) will demonstrate ability to use (or improve use of) appropriate sensory input. | Obtain medical orders for medication if used. Establish medication protocol which encourages self-care, if appropriate. | The student and family will follow through on medical management of ADHD, including medication if prescribed. The student will take medication with ___% reliability. |

Contact info

Head Lice

Procedure for at School

Head lice is managed on a case by case basis. Please see the School Board Policy regarding head lice.

A student, teacher, or parent can request to have their student checked. If they are found to have head lice or have not been treated they may be asked to leave school. The other students in the classroom maybe checked for head lice as well.

The Parent will be called and the "Script For Talking With Parents Of A Child That Has Head Lice" will be used to educate the parent. Sometimes it is necessary to contact both parents or parents in both households if the child has recurring head lice.

Script For Talking With Parents Of A Child That Has Head Lice

How the treat the child:

Treatment for head lice is recommended for persons diagnosed with an active infestation. All household members and other close contacts should be checked; those persons with evidence of an active infestation should be treated.

Get an over-the-counter head lice shampoo, **follow the directions on the shampoo bottle**. Do not use a cream rinse, combination shampoo/conditioner, or conditioner before or after using lice medicine. Do not re-wash the hair for 1-2 days after the lice medicine is removed. Do not use conditioner for 2 weeks following treatment.

Comb all the nits out of the hair with the comb provided in the treatment box. Most people prefer the steel combs. If all nits are not removed, pull them out with your fingers.

How to treat the home:

Wash all of the following in HOT water with detergent, dry on the HOTTEST setting.

- Clothing
- Coats
- Hats
- Backpack
- Blankets
- Mattress Cover
- Pillow and Pillow Case
- Sheets
- Stuffed animals
- Towels, Robes, Wash cloths

This will kill any head lice or eggs remaining on the bedding. Clothing or other items that are not washable can be sealed in a plastic bag for 21 days.

Vacuum the entire home and cloth car seats, including all rugs, carpeted areas, and cloth furniture. Take the vacuum bag immediately to an outdoor trash can or dumpster after vacuuming, or empty the vacuum receptacle outside.

Wipe down any vinyl or leather furniture in the home or in the car with a warm, wet cloth to remove any attached head lice or eggs. After vacuuming or washing, cover furniture and seats of the family car with a sheet. Remove the sheet every 3-5 days and wash & dry it and put it back on the furniture. The eggs that remain will hatch up to 21 days later. The sheet will create a barrier so the new lice cannot get on a person.

Hair brushes, combs, and barrettes, etc. should be cleaned with a strong disinfectant (2% Lysol) or soaked in hot water (130° F) for 15 minutes. Wash thoroughly before using.

Before your child can return to school:

We will check your child's classroom for other possible cases of head lice.

The school nurse will check your child before the child is allowed to return to class.

The information sheet that will be sent home with your child will have these directions on it, please follow the written directions as well.

After you have treated your child, you still need to check their hair for **30 days**, use sunlight.

Your Child was Found to Have Head Lice Letters

English

Dear Parent:

As a result of a recent screening program for head lice at school, your child was noted to have an infestation.

In order to limit the spread of head lice among the children and eliminate the possibility of being re-infested either at home or at school, the following actions must be taken:

1. Your child, and others determined to be infested, will be sent home from school.
2. You will need to use an anti-lice shampoo or crème which can be obtained at a pharmacy.
3. Contaminated clothing, bedding and headwear articles should either be dry cleaned or washed in very hot water and dried on a hot dry cycle, or placed in a plastic bag, sealed and left unopened for 10 days.
4. Other possible sources or re-infestations around the home include carpeting, chairs, sofas and cloth seats in the family car. These items should be vacuumed thoroughly.
5. Hair brushes, combs, and barrettes, etc. should be cleaned with a strong disinfectant (2% Lysol) or soaked in hot water (130° F) for 15 minutes.
6. Your child may return to school after verification by the school nurse, or health professional that treatment has been given and all nits are removed.

Thank you for your understanding and cooperation in the health matter.

Communicable Disease Control
South Dakota Health Department

School Nurse

piojos

Estimado Padre:

Como resultado de un programa de exanimación para piojos en las cabezas, se encontró una infestación de ellos en su hijo.

Para poder limitar la propagación de piojos en las cabezas de los niños en la escuela y eliminar la posibilidad de otra infestación en el hogar o en la escuela, se tiene que tomar las medidas siguientes:

1. Su hijo, y cualquier otra persona en quien se encuentre una infestación, será(n) mandado(s) de la escuela a la casa.
2. Usted tendrá que utilizar un champú o una crema anti-piojos, lo que se puede obtener en una farmacia.
3. Se debe de lavar a seco o en agua muy caliente y luego secar en el ciclo caliente a la ropa, ropa de cama, y los artículos para el pelo contaminados; o se los debe de meter en una bolsa plástica, y se la debe de sellar y dejarla sin abrir por 10 días.
4. Otras fuentes posibles de otra infestación en la casa incluyen a la alfombra, las sillas, los sofás, y los asientos de tela en el carro de la familia. Se debe de limpiar estos artículos a fondo con aspirador.
5. Se debe de lavar con desinfectante (2% Lysol) o dejar en agua caliente por 15 minutos al cepillo para el pelo, a los peines, y artículos para el pelo, etc.
6. Su hijo puede regresar a la escuela luego que la enfermera de la escuela u otro profesional de salud verifique que a él/ella se le haya administrado tratamiento y se le haya quitado todas las liendres.

Gracias por su comprensión y cooperación en este asunto de la salud.

Communicable Disease Control
(Control de Enfermedades Infecciosas)

South Dakota Health Department
(Departamento de Salud de South Dakota)

Kris Wiedenman
Enfermera de la Escuela

Head Lice Found in Child's Classroom Letter English

Dear Parents/Guardians:

HEAD LICE WAS FOUND IN YOUR CHILD'S CLASSROOM.

PLEASE REPORT TO THE SCHOOL NURSE IF HEAD LICE ARE FOUND ON YOUR CHILD AT HOME.

Each year we are confronted by the ugly bug called lice. Head lice or pediculosis, are very small insects that live on the scalp. They are most commonly found near the scalp. They move quickly, but cannot fly or jump.

Lice are passed from person to person through direct contact, or by sharing personal items such as combs, hairpieces, hats, pillows, beds, towels, etc. These can spread rapidly if not treated as soon as lice or eggs are detected.



This picture shows the three stages of the head lice life cycle, including the head lice egg or nit, nymph, and adult louse, as compared to the size of a penny for scale.

Lice Life Cycle

A mature or [adult head louse](#) can lay up to 10 eggs or nits each day.

These [nits](#), or lice eggs, hatch in about 7 to 12 days. Baby lice or nymphs are about the size of a pinhead when they hatch, and quickly mature into adult lice in about 9 to 12 days.

In just a few days, adult lice are ready mate, starting this lice life cycle all over again during their 3 to 4 week lifespan. Of course, a proper [lice treatment](#) regimen can interrupt the lice life cycle and help you get rid of the [lice](#) on your child's hair.

If you detect head lice on your child, please report it to the school. **Do NOT send your child to school until treatment has been given and all nits are removed.** Use a shampoo to kill head lice. In addition to shampooing, the following things must also be done:

1. All clothing, headphones, bedding, headwear, coats, backpacks, and the like should either be dry cleaned or washed in very hot water and dried on a hot dry cycle, or placed in a plastic bag, sealed and left unopened for 21 days.

Other possible sources of re-infestations around the home include carpeting, chairs, sofas and cloth seats in the family car. These items should be vacuumed and covered with a sheet. Remove the sheet every 3-5 days and wash & dry it and put it back on the furniture. [The sheet will create a barrier so the new lice cannot get on a person.](#)

2. The eggs that remain will hatch up to 21 days later.
3. Combs and brushes should be soaked in hot water (130° F) for 15 minutes.
4. Remove all nits, and recheck your child's head for lice regularly.

If there is a detected or suspected case of head lice in your child's classroom, you will be notified, and all children's heads may be checked. Please help us in decreasing the chance of a lice problem in our schools by observing for the presence of lice. If you have any questions, please call the school nurse.

High School-#353-7800
Madison-#353-7885

Middle School-#353-6900
Buchanan-#353-7875

Washington-#353-7895

Karen

သူမိပါဒီးပုကွာထွဲတတ်တပတ်

**** တၢ်ထံင်န့ၣ်ဝဲခိၣ်သ့ၣ်လၢနဖိအတၢ်ပုၤန့ၣ်လီၤ.နမ့ၢ်ထံင်ခိၣ်သ့ၣ်လၢနဖိအခိၣ်လၢဟံၣ်န့ၣ်ဝဲသးစ့ၤတဲာ်က့ၢ်အကသံၣ်သရၣ်မ့ၢ်တၢ်ဖျိယိန့ၣ်တက့ၢ်****

ကိးမ့ၢ်န့ၣ်ဒဲးပက့ၢ်ဆၢၣ်မ့ၢ်ဘၣ် ယီၤလၢၣ်အၢလၢအဘၣ်တၢ်ကိးအိၤလၢ ခိၣ်သ့ၣ်န့ၣ်လီၤ.ခိၣ်သ့ၣ်မ့ၢ်ဝဲတၢ်ဖိယၢ်ဆဲးဆဲးဖိတခါလၢအအိၣ်ဝဲဒၣ်လၢန ခိၣ်ဝဲအလီၤလၢနခိၣ်သ့ၣ်ကျိန့ၣ်လီၤ.အဝဲသ့ၣ်အါတက့ၢ်အိၣ်ဝဲဒၣ်လၢနခိၣ်အဖဲးလီၤန့ၣ်လီၤ.အဝဲသ့ၣ်သးအသးချ့ချ့သ့ၣ်လီၤဘၣ်ဆၢၣ်ယုၤတသ့မ့ၢ်တမ့ၢ် ဝံၣ်ဖုတသ့ဘၣ်န့ၣ်လီၤ.

ခိၣ်သ့ၣ်တပတ်ရၢလီၤအသးဆူပုၤတၢ်တၢ်တၢ်သ့ဝဲဒၣ်ခိၣ်ဖျိတၢ်ဟ့ၣ်ခိၣ်ဟ့ၣ်နီၤလီၤသးလၢန့ၣ်တၢ်တၢ်ဖိတၢ်လံၤဒ်အမ့ၢ်သံၣ်. ခိၣ်သ့ၣ်အယီၤ(အတူး). ခိၣ်ဖျိၣ်. ခိၣ်သခါၣ်. လီၤမံၤခါ. တၢ်ကံယၢ်လၢပထွါသ့ပသး. ဒီးအၢတဖၣ်န့ၣ်လီၤ. ခိၣ်သ့ၣ်သ့ၣ်တပတ်အံၤတၢ်မ့ၢ်တမၤဟါမၢ်ကွံာ်အမိၢ်ပုၤမ့ၢ်ရၢအခိၣ်မ့ၢ် ရၢလၢအဆိအချ့န့ၣ်. ကရၢလီၤအသးဆူညါချ့ချ့န့ၣ်လီၤ.



တၢ်စၢ်တဘျီဒဲးဒဲးန့ၣ်ပျါထီၣ်ဝဲခိၣ်သ့ၣ်အတၢ်အိၣ်မူအတၢ်လဲၤတရံးသးသးပတီၢ်. ပၤယုၤဒီးခိၣ်သ့ၣ်အခိၣ်. ပၤထီၣ်သီခါ. ခိၣ်တၢ်ခိၣ်ပုၤ. ဘၣ်တၢ်ထီၣ်သ့ၣ်ဒီးအၢလၢစုအစဲးဖိအကပၤအနီၣ်ထီၣ်န့ၣ်လီၤ.

ဝဲခိၣ်သ့ၣ်အတၢ်အိၣ်မူအတၢ်လဲၤတရံးသး

ခိၣ်သ့ၣ်အမိၢ်ပုၤတပတ် နီၣ်လီၤဝဲတနီၤအဖျၢၣ် ၁၀န့ၣ်လီၤ.

ခိၣ်သ့ၣ်အဝဲအံၤ. ၇သီတၢ် ၂သီအတၢ်ပုၤန့ၣ်ပထီၣ်ဝဲဒၣ်လီၤ. ခိၣ်သ့ၣ်တပတ်ဝဲအဖးထီၣ်သီသီအခါအိၣ်ဝဲဒၣ်ဆဲးဆဲးဖိန့ၣ်လီၤ. ဘၣ်ဆၢၣ်လၢ ၉သီတၢ် ၂သီအတၢ်ပုၤခိၣ်သ့ၣ် လၢအဖးထီၣ်သီတပတ်ခိၣ်တၢ်ခိၣ်ပုၤဝဲဒၣ်န့ၣ်လီၤ.

လၢစုအတၢ်ပုၤ. ခိၣ်သ့ၣ်လၢအအိၣ်တၢ်ခိၣ်ပုၤတပတ်ခိၣ်ဖျိမိၢ်ဖါအတၢ်ဘၣ်ထွဲလိာ်သးအယီၤ. ဒုးအါထီၣ်ခါထီၣ်ဒုးလဲၤတရံးဝဲခိၣ်သ့ၣ်အတၢ်အိၣ်မူန့ၣ်လီၤ. ခိၣ်သ့ၣ်တပတ်အတၢ် အိၣ်မူအယုၤကၢဝဲ ၃-၄န့ၣ်လီၤ. နီၣ်လဲၣ်စုၤ. တၢ်ယါဘျီအကျိလၢအကြၢးဝဲဘၣ်ဝဲန့ၣ်ကမၤတံာ်တံာ်မၤဟးစၢ်ကွံာ်ဝဲခိၣ်သ့ၣ်အတၢ်လဲၤတရံးသးအတၢ်အိၣ်မူန့ၣ်လီၤ. ဒီးက မၤစၢၤန့ၣ်လၢခိၣ်သ့ၣ်အသ့တမၤဟးစၢ်န့ၣ်ခိၣ်သ့ၣ်တရၢန့ၣ်လီၤ.

နမ့ၢ်ထံင်ခိၣ်သ့ၣ်လၢနဖိအခိၣ်လီၤန့ၣ်. ဝဲသးစ့ၤတဲာ်က့ၢ်တၢ်ဖျိယိန့ၣ်. တၢ်မ့ၢ်တသမံသမိးယါဘျီဒဲးနဖိဒီးခိၣ်သ့ၣ်န့ၣ်တပတ်တၢ်မ့ၢ်တမၤဟါမၢ်ကွံာ်ဒဲး **အီၤခဲလၢၣ်ဘၣ်န့ၣ်. တဘၣ်ဆူၤနဖိဆူၤတရၢ. သူတၢ်ပုၤခိၣ်သီးကမၤသံခိၣ်သ့ၣ်အတၢ်န့ၣ်တက့ၢ်. ဝဲနပုၤန့ၣ်လၢတပုၤခိၣ်ဝဲအလီၤခဲ. တၢ်လၢအထီၣ် ထီၣ်အခဲလၢလၢတပတ်အီၤနဘၣ်မၤဝဲအီၤစုၤကိးန့ၣ်လီၤ.**

- ၁) တၢ်ကူတၢ်ကၢဝဲလၢၣ်. ကနၣ်အၢတဖၣ်. လီၤမံတဖၣ်. ခိၣ်ဖျိၣ်တပတ်. ဆုကၢကလၢတဖၣ်. ထၢၣ်ဝဲချ့တပတ်. တၢ်ဖိတၢ်လံၤဒဲးသီးအံၤခဲ လၢၣ်ကြၢး. ဘၣ်တၢ်ဆူၤအီၤလၢထံကီၢ်ကီၢ်ဒီးမၤယုအီၤလၢကဟၣ်ဒၢမၤယုတၢ်ကီၢ်ကီၢ်. မ့တမ့ၢ်မၤန့ၣ်အီၤလၢကီၢ်ထၢၣ်ဒၢအပူၤဝဲၤစၢ ယၢ်အီၤယံးယံးဒီးဟံအီၤ ၂၁သီတဘျီအိးထီၣ်အခိၣ်တရၢ.

ခိၣ်သ့ၣ်တပတ်အီၤရၢလီၤအသးဒီးအိၣ်ဝဲလၢဟံၣ်ဒါအလီၤ. လီၤဆူၣ်နီၤအလီၤ. လီၤဆူၣ်နီၤခးကပုၤအလီၤ. ဒီးတၢ်လၢပုၤဒါဘၢသိလၢၣ်အလီၤဆူၣ်နီၤအ လီၤသ့ဝဲဒၣ်န့ၣ်လီၤ. လၢတၢ်န့ၣ်အယီၤတၢ်ဖိတၢ်လံၤတပတ်အံၤကြၢး. ဘၣ်တၢ်မၤကသ့အီၤဝဲၤကးဘၢအီၤလၢကီၢ်ထၢၣ်ဒၢန့ၣ်လီၤ. ဒီးဟံအီၤဒဲးန့ၣ် ၃-၅သီ ဝဲၤထူးထီၣ်က့ၤအီၤဝဲၤမၤကသ့ထီၣ်က့ၤအီၤဝဲၤဟံလီၤက့ၤအီၤလၢအလီၤတခါဘၣ်တခါလၢနကသ့က့ၤအီၤအစီၢ်န့ၣ်တက့ၢ်. ခိၣ်ဖျိန့ၣ်ကးဘၣ်အီၤဒ် အံၤအယီၤသ့ၣ်န့ၣ်တပတ်ဘၣ်က့ၤဘၣ်စၢရၢလီၤအသးဆူပုၤတၢ်အိၣ်တသ့လၢဘၣ်န့ၣ်လီၤ.

- ၂) ခိၣ်သ့ၣ်လၢအအိၣ်တၢ်တပတ်ဝဲ ၂၁သီ ဝဲၤအလီၤခဲကဖးထီၣ်ဝဲဒၣ်န့ၣ်လီၤ.
- ၃) သံၣ်ဒီးတၢ်ထူးတပတ်ကြၢး. ဘၣ်တၢ်မၤကဆူၤအီၤလၢချါသိ(ဆါပုၣ်)ဒီးထံကီၢ်ကီၢ်(၁၃၀°ဟၣ်ရၢၣ်ဟဲး)လၢ၁၅မံးနဲးအတၢ်ပုၤန့ၣ်လီၤ.
- ၄) ထူးကွံာ်ခိၣ်သ့ၣ်န့ၣ်ခဲလၢၣ်. ဒီးသမံသမိးနဖိအခိၣ်သ့ၣ်ကျိထီၣ်အိၣ်တက့ၢ်.

တၢ်မ့ၢ်ထံင်န့ၣ်မ့တမ့ၢ်တၢ်န့ၣ်လၢခိၣ်သ့ၣ်အိၣ်ဝဲဒၣ်လၢနဖိအတၢ်ပုၤန့ၣ်. နကဘၣ်တၢ်ဒုးသ့ၣ်ညါန့ၣ်. ဒီးတၢ်ကသမံသမိးပုၤဖိသ့ၣ်ကိးစၢဒဲးအခိၣ်သ့ၣ်ကျိ န့ၣ်လီၤ. ဝဲသးစ့ၤမၤစၢၤပုၤလၢတၢ်မၤစၢၤရၢလီၤခိၣ်သ့ၣ်အတၢ်ကီၢ်တၢ်ခဲတခါအံၤလၢပက့ၢ်ခိၣ်ဖျိသမံသမိးခိၣ်သ့ၣ်လဲၤအိၣ်ထီၣ်ခဲအံၤတခါန့ၣ်တက့ၢ်. နတၢ်သံ ကွံာ်မ့ၢ်အိၣ်. ဝဲသးစ့ၤဆဲးကျိးဘၣ်က့ၢ်အကသံၣ်သရၣ်မ့ၢ်တက့ၢ်.

| | | |
|-------------------------|---------------------------|-----------------------------|
| တၢ်ထီၣ်က့ၢ် - ၃၅၃-၇၈၀၀ | တၢ်စၢၣ်သးက့ၢ် - ၃၅၃-၆၉၀၀ | ကွဲးဟံၣ်စၢၣ်က့ၢ် - ၃၅၃-၇၈၀၀ |
| ဝဲးစ့တၢ်က့ၢ် - ၃၅၃-၇၈၉၅ | မဲးဒုးစၢၣ်က့ၢ် - ၃၅၃-၇၈၀၅ | အူၤမဲးနီၤက့ၢ် - ၃၅၃-၇၈၇၅ |

Spanish

Estimados Padres/Guardianes:

**** SE ENCONTRARON PIOJOS EN EL SALÓN DE CLASES DE SU HIJO. FAVOR DE INFORMARSELO A LA ENFERMERA DE LA ESCUELA SI SE ENCUENTREN PIOJOS EN SU HIJO EN CASA.****

Cada año nos confronta un insecto feo llamado el piojo. Los piojos o pediculosis, son insectos muy pequeños que viven en el cuero cabelludo. Se encuentran más comúnmente cerca del cuero cabelludo. Se mueven rápidamente, pero no pueden volar ni brincar.

Los piojos pueden ir de una persona a otra por medio del contacto directo o por medio de compartir artículos personales como peines, pinzas y ligas para el pelo, gorras, almohadas, camas, toallas, etc. Estos pueden propagarse muy rápidamente si uno no recibe tratamiento tan pronto que se detectan los piojos o sus huevos.



Este dibujo muestra las tres etapas del ciclo de vida de un piojo inclusive el huevo o liendre del piojo, la ninfa, y un piojo adulto. Se los compara con la moneda de un centavo para poder saber su tamaño.

El ciclo de vida de un piojo

Un [piojo maduro o adulto](#) puede poner hasta 10 huevos o liendres al día.

Estas [liendres](#), o huevos del piojo, nacen en aproximadamente 7 a 12 días. Los bebés o ninfas del piojo tienen el tamaño del punto de una aguja al nacer. Se maduran rápidamente y en aproximadamente 9 a 12 días ya son piojos adultos.

En tal solo unos cuantos días, los piojos adultos están listos para aparearse y comienza de nuevo este ciclo de vida. Así hacen durante su vida que dura de 3 a 4 semanas.

Por supuesto, un régimen apropiado de [tratamiento contra piojos](#) puede interrumpir el ciclo de vida del piojo y ayudarle a usted a acabar con [los piojos](#) en el pelo de su hijo.

Si usted detecta piojos en su hijo, favor de informárselo a la escuela. **NO mande a su hijo a la escuela a menos que se le haya dado un tratamiento y se le hayan quitado todas las liendres.** Use un champú que mata a los piojos. Además de usar champú, hay que hacer las cosas siguientes:

1. Toda ropa, auriculares/audífonos, ropa de cama, mochilas/bultos, y cosas semejantes a estas deben ser lavados a seco o en agua muy caliente y después secados en el ciclo caliente o colocados en una bolsa plástica, y después sellarla y dejarla sin abrir por 21 días.
2. Otras fuentes posibles de nuevas infestaciones en casa incluyen a la alfombra/carpetas, sillas/sillones, los sofás, y asientos del carro cubiertos de tela. Se debe de pasar la aspiradora por estos artículos y después cubrirlos con una sábana. Quítese la sábana una vez cada 3 a 5 días, lávela, séquela, y cubra los muebles con ella de nuevo. [La sábana va a crear una barrera para que nuevos piojos no puedan llegar a estar en una persona.](#)
3. Los huevos que quedan nacerán hasta 21 días después.
4. Se debe de remojar los peines y cepillos en agua caliente (130° F) por 15 minutos.
5. Quite todas las liendres, y revise el pelo de su hijo con regularidad para ver si tiene piojos.

Si se detecta o se sospecha que hay piojos en el salón de clases de su hijo, usted será notificado y es posible que revisen el pelo de todos los niños. Favor de ayudarnos a reducir la posibilidad de tener un problema con piojos en nuestras escuelas por medio de estar pendientes de la presencia de piojos. Si usted tiene alguna pregunta, comuníquese con la enfermera de la escuela al.

Gracias,
Enfermera de la Escuela

Student Health Records

General Provisions:

Student Health Records are subject to the provisions of the Family Education Rights and Privacy Act of 1974, (FERPA, PL 93-380, 20 USC 1232 (g)). Three important provisions of this Act are:

- Access by parents to all education records directly related to the student;
- The right to an administrative hearing to challenge “inaccurate, misleading, or otherwise inappropriate” data in the education records; and
- Limitations on the school’s disclosure of information in the education records to third parties without parental consent.

Components of a Student Record:

- Information pertinent to student health will be documented in the student’s electronic health records (EHR) which will follow the student through graduation.
- Copy of student registration record.
- Copy of an immunization record.
- Emergency Action Plan for a student with a significant health problem requiring specialized care during the school day or emergency care in specific situations. A copy of these plans may also be accessed in the student’s EHR.
- Student visits to the nurse’s office are documented in the **student’s EHR under health office visit**.
- Student visits to the nurse’s office require documentation of:
 - Student name;
 - Time and date of visit;
 - Student’s complaint/need or problem identification;
 - Nursing observation of problem;
- Nursing assessment; and
- Nursing intervention and plan of care.

Access to Records:

- Health records are stored electronically or in the cum file.
- The Family Education Rights and Privacy Act assures parental and eligible student access to health records.
- Educational staff access may be granted on a “need to know basis”. Access is obtained through the nurse or principal with the nurse present to explain or interpret medical information.

State and Local Access to Records:

- Representatives of the SD Division of Health, Department of Immunization are permitted access to health records for the purpose of auditing individual student immunization records to determine compliance with the SD Immunization Law.
- Representatives from the local Department of Community Health may have access to immunization records in the event of a communicable disease outbreak. The purpose would be to determine the names of unprotected students, need for further immunization follow-up, and/or possible exclusion from school during the outbreak.

Records on More Than One Student:

If any health record includes information on more than one student, the parent will have the right to inspect or review only the information relating to his/her child or be informed of the specific information.

Amendment of Records at Parental Request:

A parent who believes that information in health records is inaccurate or misleading or violates the privacy or other rights of the student may request that the information be amended. Amendment will be based on District Policy for correction of educational records in compliance with FERPA regulations.

Confidentiality:

The school nurse will protect the confidentiality of the student. Confidentiality extends to provision of nursing care as well as to personally identifiable information from health records at collection, storage, disclosure, and destruction stages.

Child Abuse:

Reporting of suspected incidents of Child Abuse in accordance with the School Board Policy "JH". Nurses note will be documented in EHR.

http://www.huron.k12.sd.us/files/1215/1725/3264/JH_Reporting_Child_Abuse.pdf

Records of Students with Chronic Health Conditions:

Records of students with chronic health conditions may include confidential records of diagnosis and treatment released to the school from hospital or other medical settings. The student's health information will be shared with those personnel who work closely with the student and may need to intervene to protect the student.

Transfer of Individual Student Health Information upon Student Withdrawal from the Huron School District:

- Immunization record information, results from screening of vision, hearing, scoliosis, and height/weight measurements will be forwarded to the student's new school upon request of that district and proof of parental permission for release of records.
- Notation of a report to a Child Protective Agency may be shared with an administrator or nurse in another school district.
- All other health information (i.e. hospital records, medical reports) will remain confidential and will not be released without the specific written permission of the parent.

Transfer of a Student to another School within the Huron School District:

Student health information is forwarded to the School Nurse of the receiving school. Transfer of records must be in a timely manner for continuity of care.

Retention Schedule of Health Records:

The student's medication administration record (MAR) and care plan will be retained for 7 years if care was billed to Medicaid.

Immunization Records

Requirements

- South Dakota law requires that a student enrolling at a school have a record of immunization at the time of registration.
- A copy of the statute is included in this section for reference to requirements, conditional enrollment, and exemptions to the law.
- If an immunization record is not presented at the time of registration, it is the parent's responsibility to obtain a copy before the student can be enrolled in a class. The parent assumes the responsibility for contacting the previous school or health care provider to obtain immunization records that reflect the current status. A fax copy is acceptable for registration.
- There are times when it may be helpful for the nurse to contact the clinic or other health department and use the school fax machine to help the family obtain a copy of the record.
- If the student transfers from a school in SD, the nurse makes sure that immunizations are up to date and files a copy in the student's cumulative file, by accessing the South Dakota Immunization Information System (SDIIS). The nurse uses an established user name and login designated by the SDDOH to access the immunization record for completeness.
- If the student transfers from out of state, the student's immunization record is copied onto the state provided triplicate form and sent to the Beadle County Health Office (BCHO) for auditing purposes within 45 days of enrollment.
- All Kindergarten and 6th grade records must be submitted to BCHO before November 1st every school year. The records need to be alphabetized and not stapled when sent to be audited.
- If a student transfers from the Huron School District, a copy of the immunization record may be provided to the parent for enrollment purposes at the next school.
- Document in DDN the status of the student's immunizations.

Non-Compliant Immunization Records:

- The nurse will review the immunization record with the parent and explain what is needed for compliance with SD State Immunization Law. A written Immunization Letter of the needs will be provided to the parent along with a list of doctors or clinics in the area that offer immunizations.
- If after 14 days the student has not produced documentation of having the required immunizations nor is "in progress" then a second Immunization letter will be sent.
- "**In Progress**" means that the student has had some of the required immunizations and now must wait a period before getting the next set of immunizations.
- The school nurse is responsible for monitoring the immunization record and to report to the building administrator if the parent has not obtained the required immunizations after repeated requests
- If after 45 days the student has not produced the documentation of having the required immunizations nor is "in progress" then an Immunization- exclusion letter will be sent.
- Document each attempt of getting the immunizations in DDN.

Immunizations Required for School Entry in South Dakota

Law

13-28-7.1. Immunizations required for admission to school or early childhood program--Exceptions--Rules. Any child entering school or an early childhood program in this state, shall, prior to admission, be required to present to the appropriate school authorities certification from a licensed physician that the child has received or is in the process of receiving adequate immunization against poliomyelitis, diphtheria, pertussis, rubeola, rubella, mumps, tetanus, meningitis, and varicella, according to recommendations provided by the Department of Health. The Department of Health may modify or delete any of the required immunizations. As an alternative to the requirement for a physician's certification, the child may present:

(1) Certification from a licensed physician stating the physical condition of the child would be such that immunization would endanger the child's life or health; or

(2) A written statement signed by one parent or guardian that the child is an adherent to a religious doctrine whose teachings are opposed to such immunization.

The Department of Health may promulgate reasonable rules, pursuant to chapter 1-26, to require compliance and documentation of adequate immunization, to define appropriate certification, and to specify standard procedure.

Source: SL 1971, ch 141; SL 1972, ch 97; SL 1978, ch 114; SL 1992, ch 129; SL 2000, ch 83, § 1; SL 2005, ch 101, § 1; SL 2016, ch 90, § 1.

Kindergarten Requirements/Transfer Students

- Four or more doses of **diphtheria, pertussis and tetanus containing vaccine**, with at least one dose administered on or after age 4. Children 7 years and older needing the primary series only need three doses. The first dose of the primary series should be Tdap and the second and third doses should be Td, with at least 6 months between dose two and three. Children receiving six doses before age 4 do not require any additional doses for school requirements. The maximum a child should receive is six doses. If a child 7 years and older has an incomplete DTaP primary series, please contact the Department of Health Immunization Program (1-800-592-1861) for assistance.
- Four or more doses of **poliovirus vaccine**, at least one dose on or after age 4. *(Although not the recommended schedule - If a child has three doses of polio with the third dose administered on or after the age of 4 and at least 6 months after the second dose, no other doses are required.)*
- Two doses of a **measles, mumps, and rubella vaccine (MMR) or submit serological evidence of immunity**. Minimum age for the first dose is 12 months. Administer the second dose routinely at age 4 through 6 years. The second dose may be administered prior to age 4 provided at least 28 days have elapsed since the first dose.
- Two doses of **varicella vaccine**. The minimum age for the first dose of varicella (chickenpox) vaccine is 12 months. History of disease is acceptable with parent/guardian signature. Administer the second dose routinely at age 4 through 6 years. The second dose may be administered prior to age 4 provided the minimum interval between the two doses is 3 months.

Requirements for 6th Grade Entry

- One dose of **Tdap** is required for 6th grade entry **IF** the child is 11 years old. If the child is 10 years old when entering 6th grade they **45** days after their 11th birthday to receive the Tdap vaccination. If a child has a contraindication to Tdap, Td is acceptable. If a child receives a Tdap at age 7 or older, the dose does not need to be repeated. If a child 7 years and older has an incomplete DTaP primary series, please contact the Department of Health for assistance.
- One dose of **meningococcal vaccine** is required for 6th grade entry **IF** the child is 11 years old. If the child is 10 years old when entering 6th grade they **45** days after their 11th birthday to receive the meningococcal vaccine. If a child receives a dose at age 10 or after, the dose does not need to be repeated.

***Haemophilus Influenzae B*, Hepatitis A, Hepatitis B, and Pneumococcal** vaccines are recommended but not required.

Contact the South Dakota Department of Health, Immunization Program, at 1-800-592-1861 (in SD only), or [email](#) with your questions.

Check the [Centers for Disease Control and Prevention](#) for a complete listing of recommended immunizations.

See the above law and directions if the parent refuses to immunize.

Information taken from

<http://doh.sd.gov/family/childhood/immunization/immunizations-required-for-sd-school-entry.aspx>

Letters to Parents

First Letters to Parents English

| Building | Phone | Fax | |
|---------------|----------|----------|--|
| High School | 353-7800 | 353-7807 | |
| Middle School | 353-6900 | 353-6913 | |
| Washington | 353-7895 | 353-7898 | |
| Buchanan | 353-7875 | 353-7877 | |
| Madison | 353-7885 | 353-7888 | |

Date: _____

Student: _____

Dear Parents/Guardians;

In accordance with **South Dakota State Laws**, all children must show record of receiving immunization against disease. When reviewing your child's record, the following immunizations were not listed and are required for your child to remain in school:

- _____ MMR – Measles, Mumps and Rubella
- _____ Meningococcal (6th grade/transfer student requirement)
- _____ Varicella – chickenpox
- _____ DTP – Tetanus, Diphtheria, Pertussis
- _____ Tdap – booster to DTP (6th grade/transfer student requirement)
- _____ IPV – Polio
- _____ Copy of Immunization Record Needed

Please contact your physician or the Beadle County Community Health Clinic (WIC Office) at 353-7135. They are located at 1110 3rd St SW in Huron. Bring a copy of your child's immunization record with you to the clinic.

Please notify the school immediately of when your child's appointment is scheduled. Students who do not comply with SD Codified Law 13-28-7-1 may be excluded from school if they are not vaccinated accordingly. If you have any questions, please contact me at the school (353-6900). Thank you for your cooperation.

Sincerely,

School Nurse

Spanish

| Building | Phone | Fax |
|---------------|----------|----------|
| High School | 353-7800 | 353-7807 |
| Middle School | 353-6900 | 353-6913 |
| Washington | 353-7895 | 353-7898 |
| Buchanan | 353-7875 | 353-7877 |
| Madison | 353-7885 | 353-7888 |

Fecha: _____

Estimados Padres/Guardianes:

De acuerdo con Las **Leyes Estatales de South Dakota**, todos los niños tienen que mostrar prueba de haber recibido inmunizaciones contra enfermedades.

Al repasar los documentos de ---- _____, se halló que todavía hacen falta las inmunizaciones siguientes para satisfacer los requisitos para que él/ella pueda seguir asistiendo a la escuela:

- MMR- Sarampión, Paperas, Rubéola
- Meningocócica (requisito de 6º grado)
- Varicela
- DTP – Tétano, Difteria, la Tos Ferina
- Tdap (requisito de 6º grado)
- IPV – Polio
- Copy of Immunization Record Needed

Póngase en contacto con la Community Health Clinic (WIC oficina) al 353-7135 o en su clínica en la 1110 3rd St. SW en Huron o con el médico de usted. Traiga consigo a la clínica una copia de la cartilla de inmunizaciones de su hijo. No hay nadie en la clínica que habla español, así que, favor de ponerse en contacto con la escuela si es que necesite ayuda.

Notifique a la escuela inmediatamente de cuándo está programada la cita de su hijo. Los estudiantes que no cumplan con la Ley Codificada SD 13-28-7-1 pueden ser excluidos de la escuela si no son vacunados en consecuencia. Si tiene alguna pregunta, comuníquese conmigo en la escuela (353-6900). Gracias por su cooperación.

Atentamente,

School Nurse (Enfermera de la Escuela)

**Exclusion Letters
English**

| Building | Phone | Fax |
|---------------|----------|----------|
| High School | 353-7800 | 353-7807 |
| Middle School | 353-6900 | 353-6913 |
| Washington | 353-7895 | 353-7898 |
| Buchanan | 353-7875 | 353-7877 |
| Madison | 353-7885 | 353-7888 |

Date: _____

Student: _____

Subject: **NOTICE OF EXCLUSION FROM SCHOOL**

Dear Parent/Guardian(s):

You are hereby notified that the above named student will be excluded from school beginning at **8am**, for failure to show proof of required immunizations.

It is required by South Dakota State Law (SDCL 13-28-7.1) that the school be provided with verification documenting complete immunization or showing of a planned immunization program. This MUST be provided for your son/daughter to remain in school. The following proof of immunization is needed:

If you have any questions regarding the exclusion, please call the school nurse.

Sincerely,

School Nurse

School Principal

CC: Superintendent

Spanish

| Escuela | Teléfono | Fax |
|---------------|----------|----------|
| High School | 353-7800 | 353-7807 |
| Middle School | 353-6900 | 353-6913 |
| Buchanan | 353-7875 | 353-7877 |
| Madison | 353-7885 | 353-7888 |
| Washington | 353-7895 | 353-7898 |

Fecha: _____

Estudiante: _____

Tema: **NOTIFICACIÓN DE EXCLUSIÓN DE LA ESCUELA**

Estimado(s) Padre(s)/Guardián(es):

Por medio de este formulario, se le(s) está notificando a usted(es) de que se va a excluir de la escuela al estudiante antes mencionado a partir del ____, por falta de mostrar prueba de haber recibido las inmunizaciones requeridas.

La South Dakota State Law (Ley Estatal de South Dakota) (SDCL 13-28-7.1)) requiere que la escuela reciba documentación que verifica que se han recibido todas las inmunizaciones o que muestra un programa planificado de inmunizaciones. Esta TIENE QUE ser recibida para que su hijo/a pueda seguir asistiendo a la escuela. Se necesita la siguiente prueba de inmunización:

Si usted(es) tiene(n) alguna pregunta con respecto a la exclusión, favor de llamar a la enfermera de la escuela.

Atentamente,

Director

Cc: Superintendent

Enfermera de la Escuela

Karen

| တော်သွန်ထိန် | လီထဲစိနိုက်ဂ် | စဲးကွဲးဒိဆှာလိန်နိုက်ဂ် |
|--------------|---------------|-------------------------|
| တီးထိန်ကွီ | ၃၅၃-၇၈၀၀ | ၃၅၃-၇၈၀၇ |
| တီးခါးသးကွီ | ၃၅၃-၆၉၀၀ | ၃၅၃-၆၉၁၃ |
| | | |
| ဘျူဉ်ခဲနိုက် | ၃၅၃-၇၈၇၅ | ၃၅၃-၇၈၇၇ |
| ဝဲးဒုးစာဉ် | ၃၅၃-၇၈၈၅ | ၃၅၃-၇၈၈၈ |
| ကွဲးစာဉ်စာဉ် | ၃၅၃-၇၈၈၀ | ၃၅၃-၇၈၈၃ |

မုာ်နံၤ.. _____

ပှၤကွီမိအမံၤ.. _____

တၢ်ဂ့ၢ်တၢ်ကျိၤ.. တၢ်ဟံၣ်ကပၤကွံၣ်တၢ်လၢကွီအလံာ်ဘိးဘၣ်သ့ၣ်ညါ

ဆူ မိာ်ပှၤကွီထွဲတၢ်သ့ၣ်တဖၣ်အအိၣ်.

လၢတၢ်အံၤအယိၣ်နဘၣ်တၢ်ဒုးသ့ၣ်ညါန့ၣ်ပှၤကွီမိအမံၤအိၣ်ကွဲးလီၤအသးလၢထးတကၤအံၤကဘၣ်တၢ်ဟံၣ်ကပၤကွံၣ်အီၤလၢကွီစးထီၣ်ဝဲ _____, ဒိဖျိအတၢ်လီၤတူၢ်လီၤကံၤအိၣ်လၢအတၢ်ဒုးန့ၣ်ပျါထီၣ်တၢ်သ့ၣ်သးလီၤတၢ်လီၤဆဲးဘၣ်ယးအဆဲးကသံၣ်ဒိသဒၤအဂ့ၢ်အကျိၤအယိၣ်န့ၣ်လီၤ.

တၢ်ဆဲးကသံၣ်ဒိသဒၤအလံာ်ကွဲးနီၣ်ကွဲးယါအဝဲအံၤမုာ်တၢ်လၢကလံၤထံးဒဲၣ်ခိထီၣ်ကီၢ်စဲၣ်တၢ်သိၣ်တၢ်သီ (SDCL ၁၃-၂၈-၇.၁)လီၤဘၣ်ဝဲဒၣ်လၢကွီကိးဖျါဒဲးကဘၣ်အိၣ်ဒီးပှၤကွီမိအလံာ်ကွဲးနီၣ်ဘၣ်ယးပှၤကွီမိတဖၣ်ဆဲးကသံၣ်ဒိသဒၤဝံၤလံမ့တမ့ၢ်အိၣ်ဒီးတၢ်ရဲၣ်တၢ်ကျဲၤလၢကဘၣ်ဆဲးပှၤက့ၤကသံၣ်ဒိသဒၤန့ၣ်လီၤ.တၢ်အဝဲအံၤကဘၣ်အိၣ်ဝဲဒဲးသီးနဖိကန့ၣ်အိၣ်ဘၣ်လၢကွီပူၤဝဲကွီထီၣ်အဆၢကတီၢ်န့ၣ်လီၤ.တၢ်လၢအမိလံာ်တဖၣ်အံၤဒုးန့ၣ်ပျါထီၣ်ဝဲလၢအလီၤအိၣ်လၢတၢ်ကဘၣ်ဆဲးပှၤက့ၤကသံၣ်ဒိသဒၤန့ၣ်လီၤ.

နတၢ်သံကွၢ်မုာ်အိၣ်ဘၣ်ယးတၢ်ဟံၣ်ကပၤကွံၣ်တၢ်လၢကွီတခါအံၤန့ၣ်,ဝံသးစူၤကိးဆဲးကျိၣ်ဘၣ်ကွီအကသံၣ်သရၣ်မုာ်မိတက့ၢ်.

ပှၤဒီးတၢ်ယုးယီၣ်ပးကဲသုအါလၢ.

ကွီခိၣ်
CC; ပှၤလၢအံၤထွဲကွၢ်ထွဲတၢ်

ကွီအကသံၣ်သရၣ်မုာ်မိ

Huron Doctors

Medical Clinics

County Health Office (WIC)- 353-7135
Huron Clinic- 352-8691
New Life Medicine Clinic - 352-2117
HRMC Physicians Clinic & Pediatrics- 353-7660
Horizon Health Clinic- 554-1015
Tschetter and Hohm Clinic- 352-8767
Women's Wellness Center- 554-1020
Carr Chiropractic- 352-5264
Schroder Chiropractic- 352-4297
Delzer Chiropractic- 352-2844

Dentists

Dr. Farmer-Countryside Dental - 352-3070
Dr. Faul – Prairie Smiles Family Dentistry - 352-3183
Dr. Drake – Huron Smiles - 352-4974
Dr. Wintle & Dr. Fast- Dakota Family Dentistry - 352-6999
Dr. Fuchs is an Orthodontist - 352-1670

Eye Doctors

Huron Eye Clinic- 352-4181
Vision Care and Ophthalmology Associates- 352-4264
Wal-Mart Vision Center- 353-9519

This list is not in any specific order and is not intended to promote any clinic in town. It has been made as a courtesy for those that need service and may not know where to locate a physician.

Medication in School

If it becomes necessary for a student to take medication during the school day, there are several options; 1.) The parent may come to school to administer the medication to the child; 2.) The school nurse, or in the nurse's absence, an appropriately trained school staff person will administer the medication or help the student to self administer medication in a manner which protects the privacy rights of the student.

Medication that is given at school must be in compliance with the following requirements:

The medication must have been prescribed by a licensed physician or licensed practitioner. It must be accompanied by signed authorization for administration at school from the prescribing person and include:

- Student name.
- Name of medication.
- Dosage.
- Time of administration.
- Possible side effects.
- Date for administering the medication.

The medication must be contained in a pharmacy labeled container. The pharmacy label does not substitute for the prescribing practitioner's directive for administration of the medication at the school.

There must be written parental/guardian permission for the school nurse to administer the medication.

Any change in dosage or frequency of administration requires a written directive from the prescribing physician/practitioner.

All medication will be brought to school by a parent or a responsible adult.

Medication authorization form signed by the parent/guardian is important for a safe treatment plan of medications. This form includes a release of information and enables the nurse/teacher to discuss with the physician the effects on the student as observed during the school day.

Over-the-Counter Medication Administration:

Over-the-counter medication that is requested to be given must be parent authorized for administration at school and include the same information as identified under prescription medication.

The medication must be contained in the original labeled container and supplied by the parent/guardian.

Select, school supplied, over-the-counter medication may be administered by the school nurse if:

- The child is in 6th grade or higher.
- Parent/guardian permission is obtained prior to administration.

Students with Specific Health Conditions:

A student's health condition may require that medication be immediately available at all times; i.e., inhalers for asthma, epi-pen kits for severe allergic reactions. In that event:

- The student's health record must contain a health practitioner's statement reflecting the need.
- The medication must meet the previously described conditions for prescription medication kept at school.
- There must be written instructions for administration from the prescribing health care provider.
- There must be written permission from the parent/guardian for school personnel to administer the medication.
- In the absence of the nurse, the medication will be administered on an emergency basis by an appropriately instructed delegate of the nurse.
- The student and parent assume responsibility for loss or misuse of the medication.

Storage of Medication:

All medication that is stored on school premises must be kept in a locked cabinet. Controlled substances are stored in a double lock narcotic cabinet. No medication may be kept in student lockers, backpacks, or in the classroom. Exceptions may be granted if a student's health condition warrants that medication must be carried. High school students may carry prescription medication as long as a pharmacy label is attached to the container. High School students may also carry over the counter medications (Tylenol, Ibuprofen, etc.) in their original containers. Students may NOT distribute personal medication to any other student.

Unused medication will be returned to the parent. Medication that is not claimed will be destroyed.

Nurse/Nurse Delegation Administration of Medication:

Only the school nurse, or appropriately instructed delegate in the nurse's absence, may administer medication in accordance with the SD Nurse Act.

All requests from parents for medication administration at school will be referred to the school nurse. Teachers and school staff may not accept requests from parents to administer medication independent of the nurse.

Documentation of Administration of Medication:

The nurse will keep a record of all the medications administered at school.

Student response to the medication is monitored jointly by the nurse and the student's teacher with adverse responses appropriately documented by the nurse in the student's health record.

Controlled Substance Inventory:

The signature of the person taking the inventory is documented on the record. In the event of a discrepancy, the site administrator is contacted.

Wastage of a controlled substance will be done in the presence of 2 staff members and documented on the MAR. The record includes the date of the occurrence, the name of the medication, the quantity wasted, details of the incident, and the signature of two persons validating the incident. In the event of a discrepancy, the site administrator _____ is _____ contacted.

Medication Error:

In the event of a medication error, the prescribing health care provider is contacted to discuss potential adverse reactions for the student.

Incident Report:

**INCIDENT REPORT – MEDICATION ADMINISTRATION
HURON SCHOOL DISTRICT 2-2**

Date: _____

1. Name of School: _____
2. Student's name: _____
3. Student's Date of Birth: _____
4. Medication Name/Strength: _____
5. Medication Dose: _____
6. Date and Time of Error: _____
7. Name of Person Administering Medication: _____
8. Describe Circumstance leading to error: _____
9. Describe Action taken: _____
10. Persons notified of Error: (Date and Time)
 - Building Nurse
 - Principal
 - Parents
 - Physician
 - Other
11. _____
Signature (person completing incident report)
12. Follow up information (if applicable): _____

The student's parent/guardian is informed of the incident and the assessment of the health care provider. The principal and the nursing supervisor are informed of the incident. The Medication Incident Report Form is completed.

Rejection of Requests to Administer Medication:

The nurse retains the discretion to refuse requests for administration of medications. Allergy desensitization injections will not be administered.

Medication Administration

Medication administration, documentation, and storage will be implemented according to SD BON law.

Delegation of Medication Administration:

Delegation of administration of medication to unlicensed medication assistants (UMA) will be in accordance with the SD Nurse Practice Act and the Huron School District Medication Policy. A staff person will be selected by the Nurse and the Principal to administer medications to students in the absence of the nurse and a nurse substitute. This person (delegatee) must agree to accept the responsibility of medication administration.

The medication delegation training program will be two parts: 1) An overview instruction of medication administration; and 2) Orientation to specific medications needed by students in the designated school.

The Guideline for Documenting Delegation of Medication will be completed during the orientation. This orientation will be provided by the nurse at the school site and will be ongoing as new medications are required to be administered to students.

Medication Security:

All medication, both prescription and over-the-counter medications shall be stored in a locked medication cabinet. Controlled substances shall be stored in the double lock medication cabinet.

Medication cabinets shall be locked at all times and opened only for the time of administration of medication.

The key for the medication cabinet will be kept in the office.

The medication key shall be in the possession of the nurse or delegate and carried on his/her person during the day.

MEDICATION ADMINISTRATION FOR SCHOOL YEAR 2013-14

STUDENT _____

| Medication/Dose/Time | Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
|----------------------|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Medication/Dose/Time | Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
|----------------------|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
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SIGNATURE AND INITIAL of those Authorized to Administer Medication

| CODES | No School = X | SIGNATURE | INITIAL | SIGNATURE | INITIAL |
|----------------------------|--------------------|-----------|---------|-----------|---------|
| Late = L | Week end = - | | | | |
| Medication Out = MO | | | | | |
| Field Trip = FT | No Show = NS | | | | |
| Medication given = initial | Student absent = A | | | | |

MEDICATION DATE/NAME/AMOUNT BROUGHT IN

| DATE | NAME OF MEDICATION | AMOUNT | DATE | NAME OF MEDICATION | AMOUNT | DATE | NAME OF MEDICATION | AMOUNT |
|------|--------------------|--------|------|--------------------|--------|------|--------------------|--------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Building | Phone | Fax |
|---------------|----------|----------|
| High School | 353-7800 | 353-7807 |
| Middle School | 353-6900 | 353-6913 |
| Washington | 353-7895 | 353-7898 |
| Buchanan | 353-7875 | 353-7877 |
| Madison | 353-7885 | 353-7888 |

AUTHORIZATION AND RELEASE FOR MEDICATION
Huron Public Schools

I hereby authorize officials with the Huron School District to supervise the below stated medication/medical procedure for:

Student's name: _____ Dr. _____

Student's date of birth: _____

For students at Huron Middle School Stock Tylenol or Ibuprofen may be used: Check the appropriate medication and dose based on your preference and child's age.

- My child is less than 12 years old – Give Tylenol 325mg 1-2 tablets as needed one time a day at school.
- My child is 12 years old or older – Give Tylenol 500mg 1-2 tablets as needed one time a day at school.
- My child is 12 years old or older – Give Ibuprofen 200mg 1-2 tablets as needed one time a day at school.

*Students at Huron High School are allowed to carry over the counter medication

*~~For~~ all other medication complete the information below and bring the supplies to school.

- Medication Name /Strength _____
- Instructions: _____
- Duration _____
- Reason child is taking medication/receiving medical procedure:

- Precautions and reactions to observe and report:

I request and authorize school personnel to administer the medication/procedures prescribed on this form to my child. I will furnish all supplies and equipment necessary for services. I understand the medication/services for physician-prescribed services must be provided in the original container, identifying the name and telephone number of the pharmacy, the student's name, physician's name, and dosage of the medication. I understand that the school district and individuals involved will not be held liable from any adverse effects of the medication. I give permission for communication that may be necessary between the prescribing physician and school nurse to insure safe medication administration for my child. In addition, I understand that I am responsible to pick up unused medication one week after the last dose is given if during the school year and on or before the last day of school. If the medication is not picked up, it will be destroyed.

Date _____ Parent/Guardian Signature _____

Date _____ Doctor Signature (Required for all prescription medications/medical procedures) _____

| Escuela | Teléfono | Fax |
|---------------|----------|----------|
| High School | 353-7800 | 353-7807 |
| Middle School | 353-6900 | 353-6913 |
| Washington | 353-7895 | 353-7898 |
| Buchanan | 353-7875 | 353-7877 |
| Madison | 353-7885 | 353-7888 |

AUTORIZACIÓN PARA ADMINISTRAR MEDICAMENTOS Y DIVULGAR INFORMACIÓN

Huron Public Schools (Escuelas Públicas de Huron)

Yo, por medio de este documento, autorizo a los oficiales de la escuela Huron School District a supervisar la administración del medicamento/ procedimiento médico para:

Nombre del estudiante: _____ Dr. _____

fecha de nacimiento del estudiante: _____

Para los estudiantes de Huron Middle School, se puede utilizar el Tylenol o Ibuprofeno en stock: Marque el medicamento y la dosis apropiados basado de la preferencia y edad de su hijo.

- Mi hijo tiene menos de 12 años – administrar Tylenol 325mg, 1-2 tabletas, al ser necesario, 1 vez al día en la escuela.
- Mi hijo tiene 12 años o más – administrar Tylenol 500mg, 1-2 tabletas, al ser necesario, 1 vez al día en la escuela.
- Mi hijo tiene 12 años o más – administrar Ibuprofeno 200mg, 1-2 tabletas, al ser necesario, 1 vez al día en la escuela.

Los estudiantes de Huron High School pueden llevar medicamentos de venta libre. Para todos los demás medicamentos complete la información a continuación y traiga los suministros a la escuela.

- Nombre / fuerza de la medicación _____
- Instrucciones _____
- Duración _____
- Razón por la cual el niño toma el medicamento o se somete al procedimiento médico _____
- Precauciones y reacciones para observar y reportar: _____

Yo solicito y autorizo al personal de la escuela a administrar a mi hijo el medicamento y/o los procedimientos descritos en este formulario. Yo proporcionaré todos los suministros y equipo necesario para estos servicios. Yo entiendo que los medicamentos y/o los servicios para servicios recetados por un médico tienen que ser proporcionados en el envase original, y se tiene que identificar el nombre y número telefónico de la farmacia, el nombre del estudiante, el nombre del médico, y la dosis del medicamento. Yo entiendo que el distrito escolar y los individuos involucrados no serán responsables de ningún efecto adverso del medicamento. Yo doy permiso para que haya comunicación necesaria entre el médico que da la receta y la enfermera de la escuela para asegurar una administración segura del medicamento para mi hijo. Además, yo entiendo que es mi responsabilidad levantar el medicamento sobrante una semana después de administrar la última dosis si se administra durante el año escolar. Yo tengo que levantar el medicamento el último día de clases o antes; si no, el medicamento será destruido.

Fecha _____ Firma del padre/guardián _____

Fecha _____ Firma del doctor (Requisito para todos los fármacos/procedimientos médicos) _____

**Huron School District
Field Trip Medication Form**

The following students from your classroom take medication that must be administered while on the field trip scheduled _____

| STUDENT | MEDICATION | DOSE | TIME | SIGNATURE |
|---------|------------|------|------|-----------|
| | | | | |
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| | | | | |

A single dose of medication will be provided in an envelope labeled with the student name, name of medication, dosage, and time for administration. Please document the time of administration and your name as administrator of the medication on the form above.

Please return this form and medication envelope to the health office.

Thank You!

School Nurse



JUST A REMINDER

**From your
School Nurse!**

Your child has _____ tablets of _____ left here at school. He/she will need more by _____.
If you have any questions/concerns, please call. Thank You.

***** Please note, for safety of your child, Huron School District requires that a parent or responsible adult carry any controlled substance (Ritalin, Dexedrine, Adderall, etc.) to school.**

Sincerely,

School Nurse

Phone number: _____

Dear parent or guardian:

_____ **has some medication at school that will need to be picked up on or before _____ or it will be destroyed. The medication must be picked up in the office by the parent/guardian.**

ဆူ မိတ်ပုဂ္ဂိုလ်ထွက်အဆို၊

နိမိ _____ ဆိုင်းနီးကသံတနီလောကီလောအလီဆိုင်းလောတက်ကဘတ်ဟဲဟဲ: နှိုက်ကုဆီမု
တမ့်တချူးလော _____ မုတမ့်တက်ကမလားဂီကွိုင်ဆီနှိုက်လီ. မိတ်ပုဂ္ဂိုလ်ထွက်ကဘတ်ဟဲ
ဟဲ: နှိုက်ကုကသံတဲကွိုင်အဝဲဒါးအပူနှိုက်လီ.

Estimado Padre de familia o guardián:

_____ **tiene medicamento en la escuela que hay que recoger el _____ o antes. Si nadie lo recoge será destruido. El padre de familia o guardián tiene que recoger el medicamento en la oficina.**

Nursing Protocol Concerning Adolescents Seeking Counseling Regarding Birth Control, Pregnancy, Sexually Transmitted Diseases or Emotional Health Issues

General Considerations:

The School Nurse is available for counseling and providing information regarding the availability of health services for students with emotional and physical health concerns.

The nurse can serve as a liaison person with the student, parents, and the school and between other health professionals, the student and the school.

As an advocate for the student, the nurse emphasizes responsible behaviors and helps the student learn what such behavior entail. Areas of discussion include:

- Problem identification
- Appropriate and responsible decision-making
- Resources and treatment programs available for health care
- Goal setting and health care timelines
- Communication with parents and significant others

Confidentiality of the student is respected. In the school setting, federal and state laws and school district record policies regarding confidentiality primarily address the safe keeping of student records. However, in the nurse / client student relationship, confidentiality extends to the client's right to privacy and the nurse's duty to refrain from disclosing private information learned in the context of that particular relationship.

In some circumstances, confidential information may be disclosed to others with a need or right to know:

- The written consent of the parent / guardian has been obtained
- Medical or psychiatric emergency
- Court order
- Required audit
- Child Abuse
- Crime has been or is about to be committed

Specific Guidelines:

The nurse will:

- Encourage student verbalization to identify the problem or concern.
- Teach and support the student through the process of identifying responsible behavior and appropriate decision-making.
- Provide the student with information regarding availability of health services including:
 - Location, phone numbers, and business hours of healthcare professionals.
 - Testing sites for sexually transmitted diseases (STD's), HIV/AIDS, and pregnancy.

- Community education and support programs for alcohol and drug abuse, pregnancy, emotional health issues.
- Advise the student to seek family support during problem resolution. Be available to support the student as needed in the event that a formal meeting between parent and student is arranged to discuss the issues.
- Be frank with the student regarding constraints on confidentiality that are a possibility when the student is adamantly opposed to parental or guardian involvement in the situation. Inform the student that the Family Educational Rights and Privacy Act of 1974 (FERPA) gives parents the right to inspect all records that a school maintains on their children and the opportunity to challenge the accuracy of the records. In addition, parents must consent to the release of a student's record or assessment information to agencies outside of designated educational categories. A student who is 18 years old may consent to the release of his/her own records.
- Recommended and refer for appropriate medical evaluation for presenting concern.
- Continue to be in contact with the student through resolution for the problem/concern.
- If the student is pregnant and remains in school, the nurse will coordinate services with school counselors, community agencies, and medical services to enable the student to continue her education and maintain a healthy lifestyle during the pregnancy. The nurse will be available to the student and the physician for monitoring purposes to help with prompt intervention should a problem develop.
- Alert the school administrator should a potential life threatening situation arise. The administrator will convene the Crisis Intervention Team.
- Serve as an intermediary in the event that a student is identified by a State Health Agency as a contact person diagnosed with a sexually transmitted disease. The nurse will communicate to the student the urgent need to contact the health care provider for further information.

The student will:

- Make the contact for the health care appointment utilizing the moral support of the nurse as needed.
- Schedule health care appointments for after school hours.
- Provide for personal transportation to health care appointments.
- Provide a written excuse from class from the parent/guardian if the health care appointment is scheduled during school hours.

The nurse will not:

- Make the health care appointment for the student.
- Excuse the student from class for a health care appointment UNLESS personally directed to do so by the parent.
- Transport the student to the health care appointment.
- Become an intermediary for messages between the health care agency and the student with the exception of the student who is a contact of a person diagnosed with a sexually transmitted disease.

Cleaning Reference Guide



| Quick Reference Environmental Cleaning for School Nurses | | | |
|---|--|--|---|
| How to clean equipment and surfaces, when to clean, what to use | | | |
| Visibly soiled surfaces must be cleaned with friction first then re-wiped. Non-visibly soiled surfaces may be wiped thoroughly with friction once. When using spray disinfectant, spray/saturate towel and wipe surface with friction. Spraying the surface and letting it dry is not adequate to clean and disinfect. Wear gloves. | | | |
| Item to clean | Wipe down what? | When? | With what? |
| Blood pressure cuff | Cuff, tubing, bulb (if manual) | After each use | Wipe with low-level disinfectant (LLD); if visibly soiled, wash in soap and water, rinse and hang to dry. |
| Stethoscope | Bell and tubing | After each use | Wipe with IPA (isopropyl alcohol) or LLD. |
| Reflex hammer | Handle and head | After each use | Wipe with IPA or LLD. |
| Otoscope speculae (Disposable preferred) | If reusable, wash and disinfect speculae | All surfaces after each use | IPA may be used for non-disposable otoscope speculae, soak for 20 minutes. |
| Otoscope handle | Handle | All surfaces after each use | Wipe with LLD and air dry. |
| Ear thermometer, Temporal scanner thermometer | All surfaces | All surfaces after each use | Wipe with LLD and air dry. |
| Digital thermometer with disposable probes | All surfaces, except disposable probe | After each use | Wipe "machine" with LLD and air dry; Discard disposable probe after each use. |
| Basin (Disposable preferred) | Basin | After each use | Wash in enzymatic detergent and rinse well, then autoclave. <i>(If do not have autoclave, use disposable-one time use only)</i> |
| Canes, walkers, crutches, wheelchairs, rehab equipment | Special attention to surfaces that are in contact with people | Between patients | If visibly soiled, clean first with friction. Then wipe down with LLD. |
| Exam tables, gurneys | Top of table, other areas that came in contact with patient and/or bodily fluids | After each use | If visibly soiled, clean first with friction. Then wipe down with LLD. |
| Door knobs, phones, keyboards, light switches, hand sanitizer dispenser, pen lights & other "hand touch" items in nursing area | "Community" pen at the desk; Shared keyboards, counters, telephones, doorknobs, drawer pulls and other "hand touch" areas | At least twice daily <i>(Clean often because this is a "healthcare" area)</i> | If visibly soiled, clean first with friction. Then wipe down with LLD. Disinfect keyboards for 5 seconds daily and when visibly dirty by wiping with LLD or IPA. |
| Waiting room: chairs, tables, etc. | All surfaces that can come in contact with patient | First thing in the morning and/or at the end of the day | If visibly soiled, clean first with friction. Then wipe down with LLD. |



Surfaces must be moisture-resistant to be able to disinfect them. Upholstered furniture that is not vinyl covered cannot be disinfected.

1/2007



Guide to Sterilization and Disinfection of Equipment & Surfaces

You MUST thoroughly clean items to remove all visible soil before disinfecting or sterilizing

| Intended Use | Level of Process Required | Products* <small>*Brand names are used as examples only, no endorsement is implied.</small> | | | | | | | | | | | | | | |
|--|--|--|-----------|---------------|----------------------------|--------------|-------------------------------------|----------------------------|------------------------|------|----------------------------|------------|----------------------------|------------|-------------------------------|------------|
| <p>Critical</p> <p>Intended use: Objects that enter normally sterile tissue, the vascular system or through which blood flows, should be sterile (<i>instruments</i>)</p> | <p>Sterilization</p> <p>(Steam, gas, hydrogen peroxide plasma, or chemical sterilization)</p> | <p><u>For chemical sterilization:</u></p> <p>Glutaraldehyde ($\geq 2.0\%$) (Cidex, Metricide) Hydrogen peroxide – HP (7.5%) (Sporox) Peracetic acid – PA (0.2%) HP (1.0%) & PA (0.08%) HP (7.5%) & PA (0.23%) Glut (1.12%) & Phenol/phenate (1.93%) (<i>Exposure time on all per manufacturers' recommendations</i>) HP is NOT your clinic wound cleaning product!</p> | | | | | | | | | | | | | | |
| <p>Semi-critical</p> <p>Objects that touch mucous membranes or skin that is not intact require an HLD process (<i>scissors</i>)</p> | <p>High Level Disinfection (HLD)</p> <p>(FDA regulates products)</p> | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Germicide</th> <th style="text-align: right; border-bottom: 1px solid black;">Concentration</th> </tr> </thead> <tbody> <tr> <td>Glutaraldehyde</td> <td style="text-align: right;">$\geq 2.0\%$</td> </tr> <tr> <td>Ortho-phthalaldehyde (OPA) (12 min)</td> <td style="text-align: right;">0.55%</td> </tr> <tr> <td>Hydrogen peroxide (HP)</td> <td style="text-align: right;">7.5%</td> </tr> <tr> <td>HP and paracetic acid (PA)</td> <td style="text-align: right;">1.0%/0.08%</td> </tr> <tr> <td>HP and PA</td> <td style="text-align: right;">7.5%/0.23%</td> </tr> <tr> <td>Hypochlorite (free chlorine)*</td> <td style="text-align: right;">650-675ppm</td> </tr> </tbody> </table> <p>*May cause cosmetic and functional damage (<i>Exposure time ≥ 12 min to 30 min @ 20° C, see manufacturers' recommendations</i>)</p> | Germicide | Concentration | Glutaraldehyde | $\geq 2.0\%$ | Ortho-phthalaldehyde (OPA) (12 min) | 0.55% | Hydrogen peroxide (HP) | 7.5% | HP and paracetic acid (PA) | 1.0%/0.08% | HP and PA | 7.5%/0.23% | Hypochlorite (free chlorine)* | 650-675ppm |
| Germicide | Concentration | | | | | | | | | | | | | | | |
| Glutaraldehyde | $\geq 2.0\%$ | | | | | | | | | | | | | | | |
| Ortho-phthalaldehyde (OPA) (12 min) | 0.55% | | | | | | | | | | | | | | | |
| Hydrogen peroxide (HP) | 7.5% | | | | | | | | | | | | | | | |
| HP and paracetic acid (PA) | 1.0%/0.08% | | | | | | | | | | | | | | | |
| HP and PA | 7.5%/0.23% | | | | | | | | | | | | | | | |
| Hypochlorite (free chlorine)* | 650-675ppm | | | | | | | | | | | | | | | |
| <p>Non-critical</p> <p>Objects that will not come in contact with mucous membranes or non-intact skin (e.g. environmental surfaces) require a low level process that kills vegetative bacteria, fungus and some viruses (Hepatitis B, C, MRSA and HIV).</p> | <p>Low Level Disinfectant (LLD)</p> <p>(EPA regulates hospital-level products)</p> | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Germicide</th> <th style="text-align: right; border-bottom: 1px solid black;">Concentration</th> </tr> </thead> <tbody> <tr> <td>Ethyl or isopropyl alcohol</td> <td style="text-align: right;">70-90%</td> </tr> <tr> <td>Chlorine</td> <td style="text-align: right;">100ppm (1:500 dilution) **</td> </tr> <tr> <td>Phenolic</td> <td style="text-align: right;">*</td> </tr> <tr> <td>Iodophor</td> <td style="text-align: right;">*</td> </tr> <tr> <td>Quaternary ammonium (quat)</td> <td style="text-align: right;">*</td> </tr> </tbody> </table> <p>*Use manufacturers' recommendations for concentrations **5.25-6.15% household bleach diluted 1/500 provides > 100ppm available chlorine (<i>Exposure time ≥ 1 min</i>)</p> <p>EPA registered, pop-up towelettes are usually quats and are effective low-level disinfectants.</p> | Germicide | Concentration | Ethyl or isopropyl alcohol | 70-90% | Chlorine | 100ppm (1:500 dilution) ** | Phenolic | * | Iodophor | * | Quaternary ammonium (quat) | * | | |
| Germicide | Concentration | | | | | | | | | | | | | | | |
| Ethyl or isopropyl alcohol | 70-90% | | | | | | | | | | | | | | | |
| Chlorine | 100ppm (1:500 dilution) ** | | | | | | | | | | | | | | | |
| Phenolic | * | | | | | | | | | | | | | | | |
| Iodophor | * | | | | | | | | | | | | | | | |
| Quaternary ammonium (quat) | * | | | | | | | | | | | | | | | |

Note: Intermediate level disinfectants - usually used for therapy or whirlpool tubs.

Recommended Temporary Exclusion from a School Setting

<https://doh.sd.gov/family/childhood/school-illness-exclusion-recommendations.aspx> - updated April 2016

Screening

Schedule

Vision Screening: Kindergarten-8 and 9-12 as needed

Hearing Screening: Kindergarten, 2 and 4

Scoliosis Screening: 5 and 7

Height & Weight Screening: K-5; 7th grade; 9th grade

Dental Screening: Coordinated with Dentists

Dental Screenings

Dental screenings are not done by the school nurse in the Huron School District.

- February is Dental Health Month. The school nurse may present oral hygiene instruction or may organize presentations with local dental offices to come to the classrooms.
- Each year the school nurse teams with the home liaison to coordinate the Dental Smiles Dental Mobile. The bus is sponsored by the United Way and The Lions. The nurses and liaison identify students in need of dental services and offer the service to the parents. If needed the nurses and liaison often have to help the family complete the applications.
- The nurse may assist with dentists in town to do screenings of certain grades as long as there is no favoring of dental practices.
- For emergency dental problems or emergencies refer for dental/medical attention.
- All findings and recommendations are documented in the student's health record.

Growth Measurement Screening

- Height and Weight measurements should be done for all students enrolled in K-5th, 7th, and 9th grades. The purpose of these measurements is data collection for South Dakota's Department of Health.
- Growth screenings can also be done to determine a student's overall nutritional status, to determine if growth in an individual student is as expected and to collect information that may be helpful for a health care provider if there is a concern.
- In most of the schools the Gym teachers will evaluate the height and weight and the nurse may assist them. Once completed the nurse will enter the ht. and wt. into DDN and submit the hts. and wts. to the state department if we are participating in the screening that year.

Prescreening Education:

- It is helpful to discuss the purpose of height and weight measurement with students in order to help them understand the reason for, and their role in the screening. Students should be told that when they are screened they will need to remove any

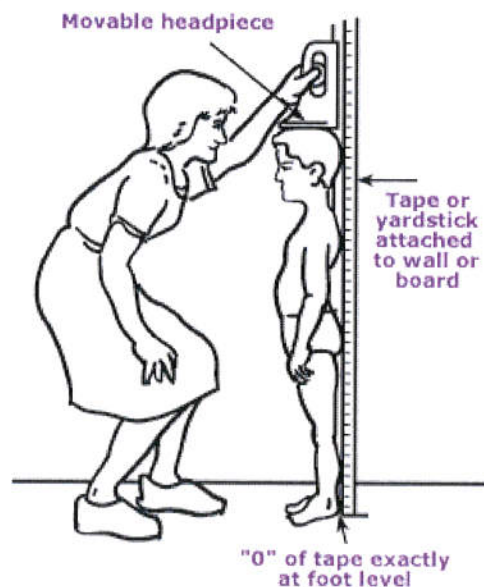
heavy outer clothing or jackets, may need to empty their pockets if carrying something heavy, and will need to remove their shoes. Their position at the stadiometer and scale should be modeled for them, with the reasons for paying attention to their position. The student should be assured of privacy.

Measuring Height:

- Height should be measured with a stadiometer. This is a vertical board with an attached rule and horizontal headpiece. It is inappropriate to measure stature with the moveable measuring rod on platform scales. The headpiece is unsteady and too narrow and the base [weighing platform] will sink because of the weight of the individual.
- An alternative to a commercially available stadiometer would be a metal tape affixed to a wall, assuring the tape is accurately placed with "0" at the base of the wall. The wall should not have molding that would prohibit the student's heels being against the wall. In addition, a right-angle horizontal headpiece should be used against the crown of the head to obtain an accurate measurement. Whatever device is used, it should allow measurements to 0.1 cm or 1/8 inch. If portable, the device should be checked to assure it is placed accurately.

Procedure

- The student should stand on the foot plate, or at the base of the measuring device, without shoes and positioned with heels close together, legs straight, arms at sides, and shoulders relaxed. The student should be instructed to look straight ahead and stand fully erect without moving their heels. The heels should not rise off the floor. When possible, the head, back, buttocks and heels should touch the wall. All hair ornaments, buns, braids, etc. should be removed to obtain an accurate measurement against the crown of the head. A critical element in assessing height correctly is the position of the head. The Frankfort Plane is an imaginary line from the lower margin of the eye socket to the notch above the tragus of the ear (fleshy cartilage partially extending over the opening of the ear). When aligned correctly, the Frankfort Plane is parallel to the horizontal headpiece and perpendicular to the back piece of the stadiometer. When the chin is correctly positioned, the back of the head may not make contact with the vertical surface. At a minimum, two points (head and buttocks, or buttocks and heels) should touch the vertical surface.



- The screener should bring the horizontal headpiece down snugly to the top of the head. The screener's eyes should be parallel with the headpiece. A step stool may be necessary to measure taller students. The student should be asked to inhale deeply and hold his/her breath. The measurement is then read to the nearest 0.1 cm or 1/8 inch. The student should then be repositioned and re-measured. The measurements should be within 0.1 cm or 1/8 inch of each other. If not, the screener should repeat the measurement and record the average of the two closest measurements.
- The *Instructions for Measuring Height* guide should be placed in the screening area to remind screeners of the proper steps.

Considerations for Special Populations

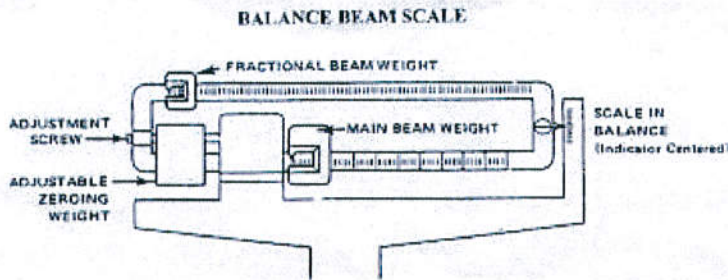
If the student is unable to stand erect to be measured, the measurement may be taken with the student lying supine, with feet firmly against a solid surface, such as a wall. Align the student as well as possible, measure the student's length between the wall and the head position with a steel tape measure. A right-angle device should be used against the crown of the head. The screener should note in the record that this was a measurement of **length** rather than stature (natural height in an upright position).

Measuring Weight

- When measuring weight, a calibrated beam scale or electronic scale should be used for accuracy. Spring balance scales such as bathroom scales should not be used to weigh children or adolescents. These scales are not accurate over a variety of weights and the spring counterbalance loses accuracy over time. Many spring balance scales cannot be read accurately to less than one-half pound.
- Privacy must be provided when assessing weight. Privacy can be provided by using a separate room, or by using a portable screen or partition.
- Confidentiality is important and care should be taken that findings are not accessible to other students or shared with staff. It is recommended that results are not provided to individual students during mass screenings. Screeners may consider positioning students with their back to the scale and encouraging students to meet privately with the School Nurse to discuss results and interpretation of results. Students with weight related concerns should be given an opportunity to share their concerns with the School Nurse.

Procedure

- Scale should be set at zero. The student should stand motionless in the center of the scale platform, with arms at the side. Screener may opt to have the student face away from the scale. Paper footprints placed on the scale may be helpful in positioning the student. The measurement is taken and recorded to the nearest .01kg or 1/4 pound. For accuracy, the student should step off the scale, the scale should be zeroed, and the student re-weighed. The measurements should be within .01kg or 1/4 pound; if not, reposition and weigh again.



- The *Instructions in Measuring Body Weight* guide should be posted near the scale in the screening area to remind screeners of the proper steps.

Considerations for Special Populations:

- For some non-ambulatory students or those weighing over 250 pounds, obtaining an accurate body weight in the school setting may be difficult. The parents may be consulted regarding any previous attempts to obtain a weight during a health care visit or hospitalization.

Body Mass Index:

- The Body Mass Index (BMI) is a weight for stature index that can be used to determine whether the student is within a normal growth pattern, overweight, at risk for overweight or underweight. BMI has been used to assess obesity in adults, and has been adapted for children and adolescents to provide consistency across age groups. The BMI is reliable, non-intrusive and has been validated against measures of body density. The BMI is a screening tool and not a definitive measure for overweight and obesity. Physically active students, i.e. athletes and dancers, may have a high BMI due to increased muscle mass that weighs more than fat mass. The BMI upper weight limit is 250 pounds and the BMI measures only to 35.0.

Procedure for Determining BMI:

- Use the appropriate National Center for Health Statistics (NCHS) BMI for age and gender percentile growth chart to plot the BMI, or use a computer application to determine BMI. Devices such as a BMI wheel for children or BMI calculator are commercially available, and computer applications can be found in numerous locations on the internet.

Assessing Growth Using National Norms:

- The screener should plot the student's measurements on the appropriate CDC Body Mass Index (BMI) for age and gender chart. Most healthy children have stable, steady growth rates and stay within one or two "growth channels" on the growth chart from the age of two years. Any available previous measurements may be helpful in determining if there is an abnormal rate of growth.

Growth Charts

- Pediatric growth charts are used to track physical growth and to determine if growth is adequate or inadequate. Growth charts provide a visual aid for parents to see patterns of growth in an objective way. It helps them to see that their child has a "normal" range

of growth, or that the growth, or rate of growth is above or below the norm for age and gender.

Average Annual Rate of Growth

| AGE GROUP | RATE OF GAIN IN HEIGHT (inches or cm per year) | WEIGHT GAIN (pounds per year) |
|-------------------------|---|--|
| Children (6 – 12 years) | 2.4 inches | 5.5 pounds |
| Adolescents | Boys: 1.2 to 4.7 inches Girls: 1.3 to 3.9 inches | 30.8 pounds (at peak of growth spurt) |

School-Based Interventions

- Schools can play a proactive role in helping students achieve healthy weight by offering support. School nurses should consider the following strategies to address growth concerns in the school population:
- Use of *School Health Index* to assess the school nutrition and physical activity environment and to develop an action plan.
- Develop and keep a current list of community resources for recreation and after-school activities.
- Encourage the consumption of low- fat, not necessarily fat-free, products.
- Encourage the intake of five or more fruits and vegetables every day.
- Encourage increased consumption of water and moderation in consuming sweetened beverages.
- Encourage 30-60 minutes of cumulative physical activity, at least five days a week.
- Encourage walking to school as a way to incorporate physical activity. Safety issues should be discussed when suggesting this intervention.
- Encourage team sports for children who enjoy these activities.
- Encourage family activity whenever possible.

Spinal Screening

Scoliosis screening is recommended for school age children. It is designed to identify children with spinal deformities, physical symptoms of scoliosis, and to refer involved children for further evaluation.

Students to be Screened:

- Students in the fifth and seventh grade.
- Previously identified students who are under treatment or regular follow-up need not be rescreened.
- An information letter could be sent to parents of students who will be screened for scoliosis. Parental permission is not needed for this screening. Some parents may request that their child be excused from the screening. This request will be honored.

History and External Observations:

- Purpose: To detect any physical or obvious abnormalities.
- Grade: Should be spontaneous on-going observation of students by the nurse and teachers.

- Procedure: Provide teachers with a list of suspicious signs or symptoms associated with scoliosis. Classroom education of students prior to scoliosis screening will provide information for both the teacher and the students.

Classroom Instruction of Students Includes Information On:

- Definition of scoliosis, Lordosis, and kyphosis.
- Identification of scoliosis.
- Importance of early identification and screening programs.
- Components of the screening procedure--Privacy provisions and body positions.
- Required dress to facilitate observation during the screening (Shorts, no shirt, no shoes; bra, halter, or swim suit top permitted for girls).

Screening Procedure:

- Location for separate screening areas for boys and girls needs to be arranged. The area needs to be well lit and large enough for movement to allow visualization of the back as the student moves through a series of body positions.
- Student Attire
 - Boys: Remove shirts, wear gym shorts, and remove shoes.
 - Girls: Wear a halter, bra, or swimsuit top, remove shirt, wear gym shorts and remove shoes.
 - Students will remove their shoes so their feet are flat on the ground.
 - Students are asked to wear bottoms and tops (i.e. shorts/jeans and a regular t-shirt. Student's with bulky sweaters may be asked to wear a regular t-shirt during the screening process. T-shirts may be provided from the nurse's office.
- Screeners: Girls are to be screened by females. A female must be in attendance if a male screener (i.e. doctor) is screening girls. Screeners should work in pairs in a screening area.

Screening Procedure:

- First Screening Position - Student stands with back to screener.
 - Screener observes for:
 - Head in line with base of spine
 - Feet (no shoes) flat on the floor with weight evenly distributed
 - Trunk straight but relaxed position
 - Unequal shoulder levels; one shoulder elevated
 - Unequal space between arm and side
 - Unequal length of arms as arms hang straight
 - Unequal creases at waist
 - Hip prominence (if in doubt place hands on top of the iliac crests to highlight difference in the level of hips or possibly length of legs).
- Second Screening Position - Forward bend position away from the screener
 - Student is asked to bend forward with the back parallel to the floor, chin tucked to chest, arms extended with hands hanging loosely at knee level. Knees straight and weight evenly distributed between both feet.
 - Screener observes for:
 - Uneven contours of the rib cage and upper back.

- Hump in both upper and lower back.
 - Curves in the spinous process alignment. Thoracic curves are best viewed in this position.
- Additional Screener Techniques:
 - Position self to observe the back at screener eye level. Observe specifically each segment of the spine starting with the thoracic area, progressing through thoracolumbar to lumbar area.
 - If in doubt feel along the spinous processes to determine alignment.
- Rescreening - Students with positive findings are rescreened second time.
 - Positive findings include:
 - Rib prominences, moderate to severe,
 - Curve of the spine, lordosis, or kyphosis,
 - Two or more of any other signs: shoulder elevation, uneven shoulder blades, uneven hips, uneven waist creases, unequal arm to body spacing.

Spinal Screening Referral Process

- The school nurse supervises the spinal screening program. The nurse may send a note home notifying their parents of the screening to be done. All failures are referred to the school nurse for review and determination of action to be taken. This includes rescreening of those failing the initial screening who may have been screened by another nurse.
- Rescreening is completed by the school nurse following the initial screening.
- For all spinal screening failures - Contact the parent/guardian via phone call or letter notifying them of the date of the screening and results. Document in DDN.
- If the student has not received care in 1-2 months of the first notification,, a follow-up contact with the parent/guardian is made by letter and/or telephone.
- The school nurse will determine if, after two contacts with the parents and determination that the parents understand the medical implications of scoliosis, if a Child Neglect Complaint should be filed with Child and Family Services.
- Each step of the referral and follow-up process is recorded on the student's health record.

Scoliosis Letter Alternative

Results of the screen may be documented in DDN. Such results may be printed and sent home to parent/guardian encouraging further evaluation from a provider of their choice.

Dear Parent/Guardian:

Spinal screening will be conducted in your child’s school.

Your child will be screened on: _____.

The purpose of spinal screening is to identify signs of spinal curvature at its earliest stages so that the need for treatment can be determined.

Scoliosis, the most common spinal abnormality, is a side-to-side curve of the spine. It is usually detected in childhood or early adolescence. Most cases of spinal curvatures are mild and require only ongoing observation by a physician after the diagnosis has been made. Mild curvatures are often noticeable only to those trained in detecting spinal abnormalities. Others may become progressively more severe as the child continues to grow. Early treatment can prevent the development of a severe deformity which can later affect the health and appearance of the child.

The procedure for screening is simple. Screeners who have been specially trained will look at your child’s back while he/she stands and then bends forward. For this screening, boys and girls will be seen **separately and individually**.

Boys will be asked to remove their shirts. Girls will be asked to remove their blouses and wear a halter top, bathing suit top or bra. Shoes and sneakers must be removed.

You will be notified **only** if medical follow-up is necessary. This screening does not replace your child’s need for regular health care and check-ups.

If you do **not** want your child to have a spinal screening at school, please notify the school nurse before 8:00 a.m. on the screening date designated above.

Thank you for your cooperation.

School Nurse _____

Estimados Padres/Tutores:

La detección espinal se llevará a cabo en la escuela de su hijo.

Su hijo será examinado el: _____.

El propósito del examen de la columna vertebral es para identificar señas de curvatura de la columna en sus primeras etapas, de manera que la necesidad de un tratamiento puede ser determinada.

La escoliosis, la más común anomalía espinal, es una curva de lado a lado de la columna. Por lo general se detecta en la infancia o la adolescencia temprana. La mayoría de los casos de curvaturas espinales son leves y sólo requieren una observación permanente por un médico después de que el diagnóstico se ha realizado. Curvaturas leves suelen ser notables solamente a aquellos entrenados en la detección de anomalías de la columna vertebral. Otros pueden llegar a ser progresivamente más severos a medida que el niño continúa creciendo. El tratamiento temprano puede prevenir el desarrollo de una deformidad severa que más tarde pueden afectar a la salud y la apariencia del niño.

El procedimiento para la detección es sencillo. Los examinadores que han sido especialmente entrenados verán en la parte posterior de su hijo mientras él / ella esté parado y luego se inclinará hacia adelante. Para esta prueba, los niños y niñas se verán por **separado y de forma individual**.

Los niños deben quitarse la camisa. Las niñas deben quitarse sus blusas y llevar un top sin espalda (halter top), la parte de arriba de un traje de baño o sostén. Trajes de cuerpo y trajes de baño de una pieza no son aceptables, como es necesario que toda la parte posterior pueda ser visible durante el proceso de examen. Zapatos y zapatillas de deporte deben ser quitados.

Se le notificará **solamente** si el seguimiento médico es necesario. Este examen no reemplaza la necesidad para el cuidado regular de salud y el chequeo médico de su hijo.

Si usted **no** quiere que su hijo tenga un examen vertebral en la escuela, por favor notifique a la enfermera de la escuela antes de las 8:00 de la mañana en la fecha del examen designada arriba.

Gracias por su cooperación.

Enfermera

Date: _____

Dear Parent/Guardian of: _____

English : Your child was recently screened for spinal curvature and the results are:

- Obvious Spinal Curvature Rib Prominence
 Shoulder Elevation Increased Round back
 Shoulder Blade Uneven Spine Hump
 Hips Uneven
 Scoliometer Reading: _____

Other comments: _____

It is recommended that your child have a complete evaluation by your family physician or an orthopedic specialist.

Thank you,

School Nurse

Fecha: _____

Estimado Padre/Tutor de: _____

Spanish: Su hijo fue examinado recientemente por curvatura de la columna y los resultados son:

- La Curvatura Espinal es Obvio Prominencia de la Costilla
 Elevación del Hombro Aumento de la Ronda de la Espalda
 La Cuchilla del Hombro Dispareja Joroba de la Columna
 Caderas Disparejas
 Análisis de Escoliómetro: _____

Otros Comentarios: _____

Se recomienda que su niño tenga una evaluación completa por su médico de familia o un especialista en ortopedia.

Gracias,

Vision Screening

Vision screening is done for school age children. It is not diagnostic, but a practical approach to identifying children with possible vision problems for further evaluation and treatment. Children who fail the screening must be referred to an eye specialist for a diagnostic examination. Screening will not identify every child who needs eye care, nor will every child who is referred require treatment. The criterion for referrals has been set to minimize both over-referrals and under-referrals.

- **Students to Be Screened:**
 - K-8 all students and 9-12 as needed;
 - All students new to the school system;
 - Any student referred by teacher or parent;
 - All students enrolled in a Special Education Program;
 - Any student who is repeating a grade;
 - Any student who failed the vision screening in the previous year and did not receive further evaluation.

Vision Disorders That May Be Detected By Screening:

- **Amblyopia or Lazy eye** is where the vision in one eye is weaker than the other. The child's brain ignores the weak eye and uses the stronger eye in an attempt to see. If left untreated, the child's brain develops a clear picture in the good eye and a blurry picture in the weak eye. Lazy eye is often associated with crossed-eyes or a large difference in the degree of nearsightedness or farsightedness between the two eyes. It usually develops before the age of 6.
- **Strabismus or Crossed eyes** occurs when one or both eyes turns in, out, up or down, and is usually caused by poor eye muscle control. This misalignment often first appears before age 21 months but may develop as late as age 6. A child will not outgrow strabismus. In fact, the condition may get worse without treatment.
- **Refractive Errors:** Hyperopia, Myopia and Astigmatism

The normal eye has various transparent parts through which the light must travel to reach the retina. Light is refracted by the transparent media so that the eye, while at rest can form a clear image on the retina. When light rays cannot be brought to a single focus on the retina of a resting eye, a refractive error is present.

- **Hyperopia (Farsightedness):** A condition whereby the eye, while at rest, insufficiently refracts light from a distant object so that the image theoretically is focused BEHIND the retina. This may be due to a short eye or too flat a curvature of the cornea. Sight may be normal or very poor depending upon the state of accommodation and the amount of hyperopia. The person sees distant objects clearly but close objects appear blurry. Hyperopia is corrected with positive (+) lenses.
- **Myopia (Nearsightedness):** A condition whereby the eye, while at rest, over refracts the light from a distant object so that the image of the distant

object is focused in FRONT of the retina. The person perceives a blurred image that cannot be improved by accommodation. The condition is usually a structural, congenital, and/or developmental anomaly. The person sees near objects clearly but distant objects appear blurry. Myopia is corrected with negative (-) lenses.

- **Astigmatism:** A vision condition that occurs when the front surface of the eye, the cornea, is slightly irregular in shape. This irregular shape prevents light from focusing properly on the retina. As a result, vision may be blurred at all distances.

- **Color Deficiency** is an inherited vision defect, not a disease, characterized by the inability to recognize certain colors – primarily red or green, rarely blue or yellow. Deficiency in this visual function is not correctable, but it is important for students, parents and teachers to be aware of any such condition. An estimated 5% of the population has defective color vision; 8% of the males and 0.5% of the females.

- **Eye Glossary**
 - **Acuity** – Sharpness of vision.
 - **Amblyopia** (a.k.a. lazy eye) – Vision is reduced in one eye and is not able to be corrected with glasses or contact lenses. Vision therapy may help if begun early enough.
 - **Astigmatism** – An irregularity in the shape of the cornea, lens, or in rare conditions, retina. Light rays entering the eye fail to focus at a single point but rather focus at two distinct retinal points. Both far and near objects appear blurry.
 - **Bifocal** – A spectacle lens with two areas, one of which has more dioptric power than the other.
 - **Binocular** – The term used to describe simultaneous use of the two eyes in the act of vision.
 - **Cataract** – Opacification in various degrees of the crystalline lens substance or capsule which can diminish visual acuity from normal to bare light perception. It may be congenital or caused by metabolic derangement or by trauma. Vision is re-established by the surgical removal of the lens and capsule.
 - **Cone** – One of the two types of nerve endings of the retina. In the macular area they are tightly bunched to produce maximum visual acuity. They are sensitive to color, much less sensitive to motion.
 - **Diopter** – Unit of focal power in ophthalmic optics.
 - **Diplopia** – Double vision either horizontal or vertical.
 - **Esotropia** – One eye pointing nasally while the other eye fixates straight ahead.
 - **Exophthalmos** – An increase in the volume of the orbital content, causing protrusion of the globes forward.
 - **Exotropia** – One eye pointing temporally while the other eye fixates straight ahead.
 - **Hyperopia** (farsightedness) – Light rays focus after hitting the retina causing blurred near vision or better far sight. Inability to clearly see close objects.
 - **Iris** – The colored part of the eye that helps control the amount of light entering the eye by regulating the diameter of the pupil.

- **Lacrimal Gland** – Located in the temporal region of the superior eyelid and produces tears that moisten the eye. Tears flow over the cornea and drain via the lacrimal sac into the nasal meatus.
- **Myopia** (nearsightedness) – Light rays focus before hitting the retina causing blurred distance vision or better near sight. Inability to clearly see distant objects.
- **Oculomotor III Cranial Nerve** – A peripheral motor nerve responsible for the raising of the eyelids and most extraocular movements.
- **Optic Nerve** – The neural connection between the eye and the brain.
- **Ophthalmologist** – A medical doctor specializing in treatment and surgery of the eye.
- **Optic II Cranial Nerve** – A peripheral sensory nerve responsible for visual acuity and visual fields.
- **Optician** – A specialist in fabricating and dispensing eyeglasses and contact lenses.
- **Optometrist** – State licensed healthcare professionals specifically trained to examine, detect, diagnose, treat and manage diseases and disorders of the visual system, the eye and associated structures, as well as diagnose related systemic conditions.
- **Phoria** –A deviation in which there is failure of the visual axes to remain parallel.
- **Retinoblastoma** – A congenital malignant tumor arising from the retina.
- **Rods** – One of the two principal nerve endings of the retina which are highly sensitive to low variations in illumination but relatively insensitive to color differences.
- **Stereopsis** – Depth perception.
- **Strabismus** (crossed-eyes) – A condition whereby one or both eyes turn in, out, up, or down.
- **Trochlear IV Cranial Nerve** – A peripheral motor nerve responsible for inward eye movement.
- **Trigeminal V Cranial Nerve** – A peripheral motor and sensory nerve responsible for sensation to the cornea, iris, lacrimal glands, conjunctiva, eyelids, forehead, nose, ear, facial skin, tongue, teeth, nasal and mouth mucosa. Its motor functions include: jaw opening and clenching, chewing and mastication.

Recommended Criteria for Screening and Referrals

| TEST | GRADE | TOOL | REFERRAL CRITERIA |
|-------------------------|---|---|--|
| History and Observation | K, 1, 2, 4, 6,8,10 Special Education, New Students | ABC checklist | If a student continues to have any symptoms listed, even if passes all other areas of vision screening |
| Distance Acuity | K-8 and 9-12 optional Special Education, New Students | Snellen Keystone SPOT Vision Screener | K Grade: Refer at 20/50 line or greater 1-12 Grade: Refer at 20/40 line or greater Any failed area is referred Referral criteria is built into SPOT Vision Screener |

| | | | |
|-------------------|----------------|---|---|
| | Preschool 3-5y | Snellen SPOT Vision Screener | Refer at 20/50 line or greater Referral criteria is built into SPOT Vision Screener |
| Optional Tests | | Near Point Convergence, Hirschberg, Unilateral Cover, and Alternate Cover Tests | Refer to guidelines for referral criteria. |

SPOT Vision Screener

- The SPOT Vision Screener is a lightweight, portable, handheld machine that addresses compliance problems. It requires less interaction from the child making it ideal for young students, and those with special needs and/or language barriers. Automated screen is performed by the SPOT Vision Screener to determine the results of 6 different screening areas including Myopia (nearsightedness), Hyperopia (farsightedness), Astigmatism (blurred vision), Anisometropia (unequal refractive power), Strabismus (eye misalignment), and Anisocoria (unequal pupil size). This reading is then used with referral criteria by age to determine if a child should be evaluated by an eye care professional.
- Huron School District nurses primarily use the SPOT vision screener but also utilize other vision screening methods to assist in referring children for full vision eye exams by a specialist.

History and External Observations:

- Equipment: ABC Checklist for Vision
- Procedure:
 - Distribute the ABC Checklist to teachers prior to screening.
 - Request completion of checklist by teacher for all students referred for vision concerns.
 - Use checklist at time of screening to document any symptoms or student complaints that may indicate a vision problem.
- Signs of Possible Eye Trouble in Children – “ABC Checklist for Vision”
 - A. Appearance of External Eye
 1. Eyelids – any edema, ptosis, swelling, redness, discharge, excess tearing, condition of the eyelashes, and lack of or excessive blinking of the eye.
 2. Conjunctiva – any discharge, hemorrhage, allergic signs, or scars.
 3. Eyeball – size, shape, alignment.
 4. Cornea – any cloudiness, bulging, abrasions or ulcers.
 5. Sclera – any inflammation or unusual color, such as the bluish tint found in osteogenesis imperfecta, or the yellow of jaundice.
 6. Iris – color, any irregularities, cuts, or spots.

7. Pupil – dilation or constriction, anisocoria (difference in pupil size).
8. Lens – clear or cloudy, any opacity.

B. Behavior of Child:

1. Has difficulty reading or doing work requiring close vision. Skips words or lines, loses place, re-reads, or reads too slowly. Is inattentive during chalkboard, wall chart, or map lessons. Tends to reverse words or syllables, or confuses the following letters in reading or spelling: a and o; e and c; n and m; h, n and r; and f and t.
2. Frowns, blinks excessively, scowls, squints or uses other facial distortions when reading.
3. Holds books and objects either too close or too far, or avoids close work whenever possible. Makes frequent change in distance at which book is held.
4. Rubs eyes frequently, or attempts to brush away blur.
5. Shuts or covers one eye, tilts or thrusts head forward when looking at near or distant objects. Has poor hand-eye coordination.
6. Has general fatigue or drowsiness while reading or doing close work. Has poor work performance. Loses place and/or attention while reading. Appears awkward or excessively daydreams.
7. Stumbles or trips over small objects.
8. Does not do well in games requiring distant vision.
9. May be unduly sensitive to light, and poor in color detection.

C. Complaints – Child’s Statements:

1. Cannot see well. Letters or lines “run together” or “jump.”
2. Headaches, dizziness, or even nausea following close eye work.
3. Double vision.
4. Fatigue and listlessness after close eye work. “Eyes hurt.”

Note: It must be recognized that many of these signs and symptoms occur transiently during colds and other illnesses, but any persistence of these complaints indicates the need for further evaluation (Prevent Blindness America, 2000).

- o Consider printing ABC Checklist in school newsletter for parents prior to screening.

Name: _____ Grade: _____ Date: _____
 School: _____ Teacher: _____

ABC Checklist for Vision Observation and History

Please check the appropriate items and return to the school nurse for review and determination of action to be taken.

Appearance - Do eyes look normal?

- _____ Eyes turn in or out
- _____ Crusty or red eyelids
- _____ Different size of pupils or eyes
- _____ Swelling of eyelids
- _____ Conjunctivitis (Pink Eye)
- _____ Drooping lids
- _____ Other: _____

Behavior - Teacher/Parent Observation

- _____ Tilts head, covers or closes one eye for critical seeing
- _____ Difficulty in keeping place while reading - a “finger” reader
- _____ Disinterested in activities involving critical seeing

_____ Excessive stumbling, awkwardness or daydreaming
 _____ Holds printed materials in unusual position
 _____ Other: _____
 Complaints – Child's Statements
 _____ Eyes hurt or blur while reading
 _____ Headaches when reading
 _____ Words move or jump about when reading
 _____ Double Vision
 _____ Eye problem following blow to head
 _____ Cannot see the chalkboard
 _____ Other: _____

Distance Acuity:

- Purpose: To test clarity of vision at a distance
- Equipment: (choose one)
 - line 10 ft. Vision Acuity Chart
 - Snellen E Chart– use with kindergarten, or older students who are unable to read letters. Prescreening Preparation: Use an “E” shaped paper cut out to teach the positions of up, down, right, and left in the classroom. Ask the students to say or point to the direction which the legs are pointing.
 - Snellen Letter Chart – can be used with any student who can name letters.
Near and far
 - Hand held plastic Occluder, or paper cup
 - Tape measure
 - Colorful tape or other materials to mark foot stance
- Keystone vision screener
 - Use with students over 8 years of age. Children with small faces may be unable to correctly position eyes over the viewfinder.
- Procedure:
 - Wall Chart Screening Near and Far
 - Place the chart at the child’s line of sight; use furniture or other supports for the chart that will allow the chart height to be appropriate for the student’s height.
 - Tape the wall chart in a secure area where it will not be accidentally knocked off the wall.
 - For near sight have the student hold the chart 16” from their face. Measure with the attached string and ball attached to the chart.
 - Clean chart as needed
 - Do not write on the chart.
 - Measure 10 feet from the base of the chart to where you will position the student.
 - Mark the floor with a colorful line at least 1 ½ inches wide.
 - The student should place his/her heels on the line.
 - Don’t allow the student to lean the torso forward or tilt the head forward.
 - Instruct the student to keep glasses or contact lenses on for testing.
- **Exceptions:** Glasses for READING ONLY should not be worn during far vision acuity testing
 - When screening very young children, or screening a child for the first time, it may be helpful to begin screening with both eyes first, starting with the line above the expected acuity. Once a student knows the procedure, it is not necessary to

screen the vision for both eyes. If unable to get acuity for a single eye, but the student will respond for both eyes, note this on the screening record.

- Begin the screening procedure testing the right eye while occluding the left eye, then the left, occluding the right eye. Ensure the student keeps both eyes open when an occluder is used and that no pressure is placed on the eye that could cause blurring of vision. A paper cup works well as an occluder.
- With a student suspected of having low vision, start with the largest symbol on the chart. Work down the center of the chart until one symbol is missed. Test that line and continue down the chart as long as the student can identify over half the symbols on the line. If the student fails a line, repeat it, giving the symbols in reverse. If the student fails again, the acuity is recorded as the next highest line. It is not necessary to screen beyond the 20/20 line.
- Rescreen within two weeks any student who fails the initial test.

Keystone Telebinocular Vision Screener

- Refer to Keystone Instruction Document for screening procedures

Corneal Light Reflex Test (Hirschberg Test):

- Purpose: The Corneal Light Reflex is used to distinguish strabismus from facial asymmetry.
- Procedure:
 - Have the child sit or stand in front of you.
 - Hold a penlight close the examiner's dominant eye and direct the light toward the student's eyes.
 - Make sure the student is trying to look at the light not away or beyond it.
 - Observe the images.
 - If the images of the penlight in the student's eyes appear to be in the same place on each of the student's corneas, then large strabismus is presumed to be absent.
 - If the images in the student's eyes do not appear to be in the same place in each eye, strabismus is suspected and should be confirmed with the unilateral cover test.

Unilateral Cover Test: Near and Far Point Assessment:

- Purpose: The unilateral cover test is used to detect strabismus
- Equipment:
 - Hand-held Occluder
 - Focal objects for far and near
- Procedure:
 - Position the child about 2 feet from you.
 - Direct the child's attention to a near focal point in your hand (tongue blade with a picture or design, a finger puppet, or another near focal object) held closely to your own midline of vision or to your nose. Hold the focal object in your non dominant hand (i.e. your left hand if you are right handed).
 - Holding an occluder in your dominant hand with the handle down, cover one of the child's eyes by moving the occluder at a medium pace in, from the outside of the child's face to cover the eye for a second or two, and then move the occluder outward away from the child's face. Repeat this "cover-uncover" process several

times. Decide which eye you will occlude first and proceed in the same manner for all children screened, in order to develop a “rhythm” in your screening.

- Observe the unoccluded eye for movement as you are occluding the other eye. Movement may be horizontal or less commonly vertical.
- If the movement is away from the nose toward the midline, a presumptive esotropia is present. If the unoccluded eye is observed moving from the outside to align midline, there is a presumed exotropia. (Vertical movement downward suggests hypertropia, and vertical movement upward suggests hypotropia.)
- Repeat the process, occluding the other eye, and once again observe the unoccluded eye for movement.
- If in doubt, retest at a later time, preferably about 2 weeks after the initial screen.
- Direct the child’s attention to a distant focal point, wall-mounted or otherwise, that requires his/her eyes to be straight ahead facing you, but not looking at you. It is often convenient to ask the child to look at a distant object over your shoulder.
- Repeat the previously described process for near point assessment, observing for movement.
- If in doubt regarding the results, retest at a later time.
- Children who are suspected of having deviations should be referred to an eye care professional.

The Alternate Cover Test: Near and Far Point Assessment:

- Purpose: The alternate cover test is used to detect heterophoria:
- Equipment:
 - Hand-held Occluder
 - Focal objects for far and near
- Procedure:
 - Position the child about 2 feet from you
 - Have the student fixate a distant target, 10 or 20 feet away
 - Place the eye cover over the right eye.
 - Move the cover over the bridge of the nose to the left eye while looking directly toward the right eye.
 - If the right eye moves to fixate the target as the cover is removed, heterophoria is presumed
 - Conduct the alternate cover test with the focal point in the reading position.
 - Have the student hold the target at his or her reading distance
 - A slight inward movement in the alternate cover test is not abnormal
 - If in doubt regarding the results, retest at a later time.
 - Children who are suspected of having deviations should be referred to an eye care professional.

Vision Screening Referral Process

The school nurse supervises the vision screening program. All failed screens are reviewed and referred to a specialist of the parent’s choice.

For all vision rescreening failures:

- Send vision letter to the parent/guardians of the student notifying them of the date of screening and screening results.

- Provide the classroom teacher with the names of students in his/her room who have been referred for evaluation.

If the student has not received care in 1-2 months of first notification by letter, a follow-up contact with parent/guardian is made by letter and telephone. (See vision screening follow-up process).

Recommended Vision Screening Follow-Up Process

The school nurse is responsible for monitoring students to determine if further evaluation and remediation is indicated.

The vision follow-up is stated below:

- The School Registered Nurse reviews and signs all vision referral letters to parents/guardians.
- The results of the professional eye exam and evaluation will be relayed in writing to the classroom teachers or other appropriate school employees by the school nurse.
- If there is no response to the referral within 30 days, contact by school visit, home visit, or telephone call will be made with the child and/or parent/guardian inquiring about the status of the referral. (Second parent contact).
- The school nurse will provide the parent/guardian with information regarding community resources available for payment of eye examinations and glasses for students in financial need.
- If the referral follow-up is not received within 30 additional working days, direct contact should be made with the student's parent/guardian by phone or home visit. (Third parent contact).
- The school registered nurse will determine if a Child Neglect Complaint should be filed with Child and Family Services if the above steps are followed and no evaluation has been completed.
- Each step of the follow-up process is recorded in the student's health record.

References

Colorado Department of Public Health and Environment (CDPHE). Community Nursing Section. (September 1991). *Guidelines for School Vision Screening Programs*. Second Edition. Denver, CO: CDPHE.

Pennsylvania Department of Health. (May 2002). *Procedures for Vision Screening Program for Pennsylvania's School Age Population*. Second Edition. Harrisburg, PA.

Proctor, Susan P., (2005). *To See or Not to See: Screening the Vision of Children in School*. National Association of School Nurses, Inc., Scarborough, ME.

Vision Referral

- English

VISION REFERRAL FORM

| Building | Phone | Fax |
|---------------|----------|----------|
| High School | 353-7800 | 353-7807 |
| Middle School | 353-6900 | 353-6913 |
| Washington | 353-7890 | 353-7898 |
| Wichitan | 353-7870 | 353-7877 |
| Madison | 353-7850 | 353-7858 |

Name of student _____

Dear Parent/Guardian:

As a result of a recent vision screening at school, it is recommended that your child be evaluated by an eye doctor of your choice.

Please take this form with you, and have the doctor sign the bottom portion to be returned to the school.

Date: with/without glasses/contacts

Thank you for your prompt cooperation in this matter. Please call the school with any questions you may have.

School Nurse

Name _____ Date _____

Recommendations: _____

Physician signature

Date

*Please return this to the school

Sight for Students VSP Program Procedures

Recognizing the important role that vision plays in the educational process, Vision Service Plan (VSP) and the National Association of School Nurses (NASN) have collaborated to administer the Sight for Students program. This program assists low income children to obtain free vision care.

School Nurses identify students who need eye care services and determine eligibility for the Sight for Students program. To be eligible the child must meet the following criteria:

- Family income is no more than 200% of the federal poverty level;
- The child is not eligible for Medicaid or other vision insurance;
- The child is 18 years old or younger and has not graduated from high school;
- The child or parent is a U.S. citizen or documented immigrant with a social security number;
- The child has not used the program during the last 12 months.

Once eligibility is determined a VSP certificate is completed and the family is instructed to make an appointment with a VSP participating doctor. When making the appointment, the family should tell the office their child has VSP insurance.

School Nurses will mail or deliver the certificate to the doctor's office prior to the vision exam appointment. VSP requires that certificates be presented to providers at the time of or prior to the exam appointment.

A log or file should be maintained with copies of the issued VSP certificates.

All referrals for VSP certificates should only be generated by school nurses who are members of NASN, not eye doctor offices, teachers etc.

Lions Club Vision Aid

The local Lions Club provides help for needy families by providing funds for prescription glasses for school age children.

Some guides for determining which students to request help for:

- First determine if the student qualifies for services through the Sight for Students Program.
- Is the student on the free or reduced lunch program?
- Talk with the teacher.
- Are both parents employed?
- How many other children in the family?
- Ask parent if they need assistance.

Contact the Lions Club, and connect the parent and Lion so that they can determine if the student qualifies for assistance.

Lions will buy one pair of glasses per year for the student. If the student loses or breaks the glasses, the Lions Club will not replace the glasses.



Gift Certificates are available to eligible students to see an eye doctor and receive glasses at no cost to you.

To qualify you must meet the following requirements:

- Family income is no more than 200% of federal poverty level
- Child is not enrolled in Medicaid/CHIPs or any other vision insurance
- Child is 18 years old or younger and has not graduated high school
- Child or parent is US citizen or documented immigrant with a social security number
- Child has not used our program during the last 12 months

2018 Federal Poverty Guidelines

Federally facilitated marketplaces will use the 2018 guidelines to determine eligibility for Medicaid and CHIP.

| Number in Household | 100% | 200% |
|---------------------|----------|----------|
| 1 | \$12,140 | \$24,280 |
| 2 | \$16,460 | \$32,920 |
| 3 | \$20,780 | \$41,560 |
| 4 | \$25,100 | \$50,200 |
| 5 | \$29,420 | \$58,840 |
| 6 | \$33,740 | \$67,480 |
| 7 | \$38,060 | \$76,120 |
| 8 | \$42,380 | \$84,760 |

Contact Rita Baszler, school nurse, at 353-6900 for a gift certificate if you fall within the guidelines. **It is that simple.**



Cupones están disponibles ahora para que los estudiantes elegibles vean a un oculista y reciban lentes sin ningún costo para usted.

Para calificar, usted tiene que satisfacer los siguientes requisitos:

- Los ingresos de familia no son más del 200% del nivel de pobreza federal
- El niño no está matriculado en Medicaid/CHIP ni ningún otro seguro de visión
- El niño tiene 18 años o menos y no se ha graduado de la high school
- El niño o el padre es ciudadano de los Estados Unidos de América o un inmigrante documentado y tiene un número de seguro social
- El niño no ha usado nuestro programa durante de los últimos 12 meses
- 2018 Federal Poverty Guidelines
- Federally facilitated marketplaces will use the 2018 guidelines to determine eligibility for Medicaid and CHIP.

| Number in Household | 100% | 200% |
|---------------------|----------|----------|
| 1 | \$12,140 | \$24,280 |
| 2 | \$16,460 | \$32,920 |
| 3 | \$20,780 | \$41,560 |
| 4 | \$25,100 | \$50,200 |
| 5 | \$29,420 | \$58,840 |
| 6 | \$33,740 | \$67,480 |
| 7 | \$38,060 | \$76,120 |
| 8 | \$42,380 | \$84,760 |

Póngase en contacto con intérprete de la escuela, al 353-6900 para un cupón si usted califica según las directrices. **Es así de sencillo.**

Special Services Referral for Student Evaluation Nursing Follow-Up

- Within a 10 day time frame of receiving the Special Education Referral Form, complete the vision and hearing screening of the student.
- A health history review may be requested by the school nurse. If so, review the cum file health notes. If necessary the nurse may be in contact with the parent to gain knowledge of medical history or current issue.
- Part of obtaining the health history may involve obtaining medical records from physicians, hospitals, or evaluation centers. Written parental/guardian consent for release of information must be obtained prior to contacting another health care provider for any information on a student. A copy of the signed release must accompany the request for information.
- The nurse should attend the IEP meetings when there is a significant health condition or concern. Attendance at other times is at the discretion of the IEP team.
- Billing for students on an IEP. At times the nurse will be asked to bill for nursing services for students with IEP's. Before billing Medicaid, a billing consent form must be signed by the parent and be on file in the Special Education office. The Nurse may be asked to help get the form completed by the parent.
- Billing will be completed as directed by the SPED office. School Nurses document services via the EasyTrac system.

504 Related Services

- The Huron District manual for Section 504 of the Rehabilitation Act of 1973 provides policy and procedures for implementation. The nurse is part of the team but does not lead the team at this time.
- Section 504 as it relates to the area of education prohibits discrimination against students with disabilities and ensures that the educational needs of students with disabilities are met as adequately as the needs of students without disabilities. Section 504 also ensures that the educational program for each student with a disability is based upon procedures that satisfy legal requirements for educational settings, evaluation, placement, reevaluation, and procedural safeguards.
- School Nurses participate as members of 504 Committees for students being considered for 504 accommodations due to health related concerns.

Special Health Care Services

- Special Health Care Procedures (SHCP) are nursing services prescribed by a healthcare provider that require specialized training to carry out and are necessary to enable the student to attend school.
- The School Nurse is responsible for processing the request for the SHCP and is involved in the planning for provision of the services.

- The SHCP is not provided until all authorizations are complete and the School Nurse has reviewed the request and developed a plan for implementation.
 - The procedure is as follows:
 - The parent completes the Authorization for Medication or Procedure form and authorizes the exchange of information between the school and healthcare provider.
 - The School Nurse sends the form to the prescribing physician for completion.
 - The School Nurse reviews the authorization and plans for implementation of the request. The nurse may, if necessary, designate and train another non-nurse school employee to implement the requested procedures as allowed by the South Dakota Board of Nursing practice.
 - Parents are responsible for providing all necessary supplies and equipment, correctly labeled. Maintenance and service of the equipment are the responsibility of parents, as is the replacement of disposable supplies.
- It is the responsibility of the parent to notify the school immediately regarding changes in the student's health status, the prescribing physician, or needed changes in the SHCP. Changes to the SHCP must be in writing and signed by the prescribing physician.
- A new **Physician's Authorization for Administration of Specialized Medical Procedures** form must be completed annually and when any amendment occurs.
- In the event of an emergency the student will be treated according to standard emergency care procedures.
- **Diapering Procedure**
 1. Organize needed supplies within reach
 - Fresh Diaper
 - Clean clothes (if needed)
 - Pre-moistened baby wipes or dampened paper towels for cleaning the child
 - Plastic bag
 - Disinfectant solution: Envirocide or Bleach Solution
(mix fresh bleach solution daily: 1 tablespoon bleach in 1 gallon water))
 - Plastic lined trash receptacle.
 - Paper towels
 2. Place disposable cover (such as paper toweling) on the diapering surface.
 3. Put on gloves.
 4. Place the student on a diapering surface. Do not leave students unattended.
 5. Remove soiled diaper (and soiled clothing)
 - Put disposable diaper in plastic lined trash receptacle.
 6. Clean the child with baby wipes from front to back using a fresh wipe each time.
 7. Observe for any skin discomfort, redness, sores, and/or bleeding.
 - Notify parent and school nurse, of above symptoms as well as any changes in stool/urine, and any unusually foul/strong odors.
 8. Remove gloves and wash hands with a disposable wipe.
 9. Put clean diaper on and redress the child.
 - Assist the child in washing his/her hands.
 - If the child is too young, you can wash the hands with either a baby wipe or wet soapy paper towels.
 - Be sure to remove all soap from the child's hands.
 10. Return child to play area.
 11. Dispose of all materials, if it wasn't possible to do so before now.
 12. Sanitize the changing area using disinfectant

- spray and disposable paper towels.
13. Double bag the soiled diaper trash.
14. Wash hands again.
- This diapering procedure is recommended by the Centers for Disease Control. Even though using gloves is not required, it is **RECOMMENDED**. Gloves add an extra protective barrier between your hands and the child. However, gloves are NOT a substitute for hand washing.

Specific Medical Issues

Asthma

Description:

Asthma is a chronic disease with three key features: swelling of the airways (Inflammation), mucous production, and tightening of the muscles around the airways (bronchoconstriction) resulting in increased irritability of the airways. With well controlled asthma or in healthy lungs during normal breathing, air flows freely in and out of the lungs. With uncontrolled asthma or during an asthma episode, the lining of the airways (bronchioles) swell, mucus clogs the airways, and muscles around the airways tighten making breathing difficult. The airways become overly responsive (twitchy) to triggers.

In K-12 schools, asthma is having a sizable impact on the lives of students and staff.

- An estimated 6.3 million children under the age of 18, or 1 in 13 school-aged children are affected by asthma.¹
- Asthma is the leading cause of school absenteeism due to chronic illness.² Over 14 million school days are missed due to asthma each year.³
- Asthma can affect a student's academic performance. It can disrupt sleep and the ability to concentrate. It can also cause a child to miss out on important social interactions and school activities.
- Asthma can be life threatening. An asthma episode can quickly escalate and may result in death if a student does not receive prompt medical attention

Effective asthma management lessens airway inflammation, hyper-responsiveness of the airways, symptoms, and the need for frequent use of bronchodilators, by decreasing or eliminating exposure to stimuli that provoke an asthma episode and/or by taking daily anti-inflammatory medication.

Effective asthma management can result in:

- A supportive learning environment for students with asthma.

¹ "Asthma Prevalence, Health Care Use, and Mortality, 2000–2001," *National Center for Health Statistics*,

² "Asthma in Children Fact Sheet," *American Lung Association*, June 17, 2003.
www.lungusa.org/asthma/ascpedfac99.html

³ *Surveillance for Asthma – United States, 1980–1999*, "MMWR Surveillance Summaries, Centers for Disease Control and Prevention, March 29, 2002.

- Reduced absences. Students have fewer episodes and symptoms are treated earlier.
- Reduced disruption in the classroom. Students have fewer symptoms when they adhere to their asthma action plan.
- Appropriate emergency care. School staff members are prepared to respond to emergencies.
- Full student participation in physical activities. Physical education (PE) instructors and coaches know how to prevent exercise induced asthma (EIA).
- Increased instruction time. Students spend less time in the nurse's office and away from class when asthma is well managed

Signs and Symptoms of an Asthma Episode:

Individuals with asthma experience a number of signs and symptoms.

- Incessant coughing
- Wheezing
- Shortness of breath
- Difficulty breathing
- Complaints of chest tightness, heaviness, or pain
- Increased respiratory rate
- Increased cardiac rate
- Complaints of abdominal pain
- Anxiety or agitation, anxious expression
- Stopping activity, refusing to walk fast or run
- Placing hands on hips to open the airway
- Hunching over or leaning forward to breathe
- Peak flow/ FEV-1 readings in yellow zone (50%-80% personal best)

Increasing Signs and Symptoms Suggestive of Asthma Emergency:

- Increased breathing difficulty
- Prolonged exhalation, pursed lips with exhaling
- Retractions (sucking in of the skin at the base of the neck, intercostals margins, and below the sternum due to great effort to breathe in)
- Nasal flaring
- Hypoxia (lips and nails are gray or blue; in student of color, lips and nail beds are pale)
- Child refusing to lie down
- Ability to speak only in short, clipped sentences
- Increased anxiety or agitation
- Inability to blow hard enough to move the peak flow marker
- Peak flow/FEV-1 values in red zone (<50% of personal best or for child's age, sex, and height)
- No improvement 15-20 minutes after initial treatment with quick-relief rescue medication
- Sweaty or clammy skin
- Declining level of consciousness, unconsciousness

Other Important Considerations:

- Not all children having an asthma episode will cough and wheeze. They may complain of chest pain, abdominal pain, or trouble breathing
- Symptoms of acute episodes vary by individual. It's important to help students learn what their early warning signs and symptoms are.
- Note that when the bronchial tubes start to narrow, wheezing may be heard only on exhalation. As the narrowing continues, wheezing may be heard on both inhalation and exhalation. Finally, if the asthma attack or episode is severe, wheezing may not be heard at all because little air is moving through the airways. Diminished lung sounds may be heard either unilaterally or bilaterally, and the child will appear to be in severe respiratory distress.

Asthma Triggers:

Things that cause airway irritation or inflammation leading to asthma symptoms are "asthma triggers." Some common triggers include:

Allergens:

- Allergic reactions to pollen or mold
- Animal dander from cats, dogs, and other furred animals; large farm animals (horses, goats)
- Feathers or feathered animals
- Cockroaches
- Dust, dust mites
- Grain dust, alfalfa

Physical activity:

- Vigorous exercise

Respiratory illnesses:

- Colds, sinusitis, or respiratory infections

Weather:

- Exposure to cold air, sudden changes in weather, or temperature changes

Irritants:

- Tobacco use or second-hand smoke
- Air pollution, fumes, ozone, or coal dust
- Chalk dust
- Paints
- Cleaning agents, cleansers
- Volatile organic compounds emitted from new furnishings (e.g. carpet, furniture)
- Pesticides
- Strong odors such as dry-erase markers, magic markers, paints, perfumes, glue and paste

Strong emotional reactions:

- Hard laughing, crying, emotional upsets

There are ways to remove or reduce potential triggers from the environment.

- Do not allow tobacco use or second-hand smoke.
- Clean and service heating and ventilation systems regularly
- Reduce indoor humidity to between 30% and 60% as dust mites and mold thrive in humidity
- Keep the environment clean and dust-free
- Discourage furry or feathered pets in classrooms
- Reduce carpet and upholstered furniture in classrooms
- Avoid using strong-smelling cleansers and heavy perfumes
- Limit outdoor activities when pollen counts are high
- Encourage sufficient warm-up before vigorous exercise
- Have the child wear a scarf around his/her face during cold weather

- Encourage annual flu shots to protect from flu infection
- Promote careful hand washing at school

Role of the School Nurse:

- The school nurse plays a vital role in the management of asthma in the school setting as an educator, healthcare provider, leader, liaison, promoter and resource person. Coordination of these various roles must occur in order to be productive and effective.
- The school nurse is an educator of the students as well as families, faculty and staff. He/she must have up-to-date information, be able to assess what is already known, teach correct techniques, be able to problem-solve, keep the appropriate people informed, break down instruction in small steps, use appropriate language in dealing with particular ages, and be able to evaluate what he/she has taught.
- Perhaps the most important role of the school nurse is as a provider of healthcare. From the identification of students who have asthma, the development of an Asthma Medical Management Plan, the keeping of accurate records, the administration of medication, to the emergency care measures provided during an asthma episode, the school nurse works with the student one-on-one on a daily basis.
- The school nurse is a leader. In this role it is important to have up-to-date information and knowledge of current research and developments in asthma control. People look to the school nurse as a role model and advocate for students, their care and community issues such as Clean Air, a safe environment, no smoking policies and pollution control.
- The school nurse serves as a liaison. The student's case management involves communication with the student's parent/guardian/, healthcare provider, educational staff, support staff such as bus drivers, and community agencies.
- The school nurse must be a promoter of health and a healthy school environment in order to increase awareness of what constitutes the best learning environment and conditions for an optimum learning experience. Normal activity levels for students with asthma are encouraged and promoted.
- Lastly, the school nurse serves as a resource person. He/she must be able to answer questions from students, families, healthcare providers, teachers, staff and the administration he/she serves. In order to provide accurate and current information, the school nurse must be aware of community resources that are available for different ages and groups.

Asthma Plan Development:

- All students with significant asthma morbidity and a known diagnosis of asthma should have in place an **Asthma Medical Management Plan**, an **Emergency Action Plan** and an **Individualized Healthcare Plan**.
- School nurses should first target those students with the greatest asthma morbidity (i.e., those with frequent school health office visits for respiratory symptoms; frequent school absences; hospitalizations, emergency department visits, or 911 calls; and those with severe episodes in the past 12 months) and those with persistent asthma.

- Since severe asthma episodes can occur in students with any level of asthma severity, after getting Asthma Management Plans on those with significant morbidity and persistent asthma, the school nurse should work to obtain or develop Asthma Management Plans on those with mild intermittent asthma.
- Refer to the Health and Education Plans Comparison Chart and Developing Plans to Meet the Health Care Needs of Students with Asthma at School flow chart to determine appropriate written plans.

Comparison Chart of Health and Education Plans for Students with Asthma

| Asthma Medical Management Plan | Emergency Action Plan (EAP) | Individualized Health Care Plan (IHP) | Individualized Education Program (IEP) | Accommodation Plan |
|---|---|--|--|--|
| <p>Purpose: Plan to provide specific instructions about self-care and management of asthma.</p> <p>Target: All students with asthma, especially those with persistent asthma</p> <p>Responsible party: Developed by health care providers in collaboration with the student and parent(s) and provided to school nurse or designee with parental permission. May be developed by school nurses based on parent input and sent to the health care provider for review and signature. If appropriately completed and signed, may serve as medical orders for medications, treatment, and care.</p> | <p>Purpose: Plan to provide specific instructions to school staff about management of asthma episodes in individuals. Shared with school staff as appropriate</p> <p>Target: All students with asthma and especially those most at risk for experiencing acute episodes (e.g., those in poor control, those with significant morbidity, those with persistent asthma)</p> <p>Responsible party: Developed by school nurse using information from student's health care provider and parent to address actions for managing acute asthma episodes. School nurse distributes plan or information to appropriate school personnel</p> | <p>Purpose: Plan that provides a format for assessment (summarizing key information), nursing diagnosis (synthesizing a problem statement), developing goals, interventions and outcomes to meet the health needs of students. Kept by school nurse in student's health file; occasionally shared with teachers assisting with meeting goals of student's plan.</p> <p>Target: All students with asthma and especially those most at risk for experiencing acute episodes (e.g., those in poor control, those with significant morbidity, those with persistent asthma)</p> <p>Responsible party: Developed by school nurse using information from student's health care provider, student, and parent.</p> | <p>Purpose: Plan used by school team to identify appropriate interventions to support students' educational performance.</p> <p>Federally mandated for students eligible to receive services under the Individuals with Disabilities Education Act (IDEA)</p> <p>Target: Students qualifying for special education services because of a chronic illness do so through the categories of "other health impaired"</p> <p>Responsible party: Health component of the IEP is developed by the school nurse</p> <p>Other: The IHP may be attached as the health component of the IEP, or alternately a note may be attached to the IEP regarding where the current IHP is located.</p> | <p>Purpose: Plan used by school team to ensure reasonable accommodations are provided to students with physical or mental conditions that substantially limit their ability to participate in public education programs and activities.</p> <p>For general education students experiencing significant impairment to major life functions that can occur while the student is at school (e.g., breathing difficulties associated with asthma)</p> <p>Responsible party: 504 coordinator or liaison and team as designated by school.</p> |

Assessing Asthma Control:

- School nurses should routinely assess control by monitoring:
 - Frequency of need for quick relief medications,
 - Impairment related to breathing problems,
 - Missed school days, and
 - Diminished flow measures (FEV1 or PEF).
- When asthma is well controlled, a student with asthma should have minimal or no asthma symptoms and can safely participate in all school activities.
- According to EPR 3 (Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma (2007)), the following parameters are indicators for determining level of asthma control.
- A student's asthma is **well controlled** if all the following are true:
 - Daytime symptoms occur no more than 2 days a week, and not more than once on the same day for ages 5-11 years.
 - Nighttime awakenings due to asthma symptoms occur no more than once a month for ages 5-11 years, and no more than 2 nights a month for ages 12 – adult.
 - Symptoms that require quick-relief medicine (short acting beta agonists, i.e. albuterol) occur no more than 2 days a week.
 - Normal activities are not impacted due to asthma symptoms. The student can participate fully in regular school activities, including sports, and exercise.
 - FEV-1 or PEF is >80% of personal best or predicted value.
 - The student has had no more than one exacerbation requiring treatment with oral steroids in the past 12 months.
- A student's asthma is **very poorly controlled** if one or more of the following are true:
 - Daytime symptoms occur throughout the day
 - Nighttime awakenings due to symptoms occur 2 or more nights a week for ages 5 – 11 years, and occur 4 or more nights a week for ages 12 – adult.
 - Normal activity is extremely limited due to asthma symptoms.
 - FEV-1 or PEF values are below 60% or personal best or predicted value.
 - The student has had two or more exacerbations in the past 12 months which required oral steroids.
- Other signs of Uncontrolled Asthma:
 - Lingering cough after a cold.
 - Persistent cough during the day.
 - Coughing during the night or early in the morning.
 - Coughing or wheezing, chest tightness or shortness of breath after vigorous physical activity or activity in cold or windy weather.
 - Low level of stamina during physical activity or reluctance to participate.
 - Coughing, wheezing, chest tightness, or shortness of breath even though the child is taking medication for asthma.
 - Increased use of asthma medicine to relieve coughing, wheezing, chest tightness, or shortness of breath.
- The level of control is based on the most severe impairment of risk category. If one assessment falls in the very poorly controlled category, then the student has very poorly controlled asthma. Students should be referred for follow-up by their health care provider anytime undiagnosed asthma or asthma that is not well controlled is suspected.

- Routine Procedures/Equipment:
 - Review Asthma Medical Management Plan with students at the beginning of each year.
 - Determine if the student knows his/her asthma triggers.
 - Obtain student's personal best FEV-1/PEF value or determine predicted value.
 - Review prescribed medications. Assess student's technique in using a Metered-Dose Inhaler and Spacer and/or Nebulizer.
 - Maintain accurate records on each student with asthma.
 - Inform students and teachers of their responsibilities to assure adequate care within the school setting.
 - Contact a parent/guardian for changes in a student's asthma status, including changes in peak flow readings, increased use of rescue inhaler and/or nebulizer, or changes in triggers that may result in an asthmatic concern.
 - Clean inhalers, spacers and nebulizer routinely as directed.
 - Emergency Equipment/procedures (refer to *Acute School Asthma Care Flow Chart*):
 - Assess breathing status:
 - Visual appearance (color, nasal flaring, intercostals retractions, chest hyperinflation, use of accessory muscles)
 - Auscultation of lungs with a stethoscope (air exchange on inspiration and expiration, wheezing, etc.)
 - FEV-1/ Peak Flow Meter (compare to student's best)
 - Vital signs, including respiratory rate
 - Level of consciousness
 - Follow Asthma Medical Management Plan. Give quick relief medication, as prescribed.
 - Monitor vital signs and respirations.
 - Position student so that he/she is comfortable – do not force to lie flat.
 - Remain calm and speak to students in a reassuring voice. Help the student with relaxation techniques. Asthma can be exacerbated by anxiety and stress.
 - Repeat the second dose of medication as indicated.
 - If the asthma episode is secondary to a severe allergic reaction, be prepared to administer epinephrine per standing or individual PRN orders.
 - Continue to monitor respiratory status.
 - If no improvement or respiratory collapse seems imminent, **call 911**. Clinical signs and symptoms of impending respiratory failure are:
 - Diminished level of consciousness;
 - Pallor/central cyanosis;
 - Recurrent acute episodes over a short period;
 - Severe respiratory distress or exhaustion;
 - inspiratory wheezing/silent chest;
 - Tachypnea >150% of normal respiratory rate;
 - Peak flow 25-50% of personal best;
 - Heart rate >120/min (dependent upon age); and
 - Bradycardia (low heart rate) immediately precedes respiratory failure.

Huron School District Asthma Management Plan

Name: _____ DOB: _____ Grade/Teacher: _____

TO BE COMPLETED BY PARENT/GUARDIAN

I authorize the exchange of medical information about my child's asthma between the physician's office and school nurse. I request treatment be administered in accordance with my child's licensed healthcare provider's orders. I will notify the school if my child's health status changes or we change healthcare providers. I agree to provide all necessary equipment and supplies properly labeled.

***My child may carry/use his/her: Inhaled asthma medicine: Yes No Epi-Pen: Yes No**

Parent/Guardian signature: _____

Telephone number: (Home): _____ Work: _____ Cell: _____

TO BE COMPLETED BY STUDENT'S PHYSICIAN/HEALTHCARE PROVIDER

Provider Name: _____ Phone: _____ Fax: _____

PEAK FLOW: Child's predicted, or personal best peak flow: _____ Date: _____

Child's **Green Zone:** _____ **Yellow Zone:** _____ **Red Zone:** _____

MEDICATIONS:

Preventative (Controller) Medications:

Quick Relief Medications: (Check the appropriate quick relief med, circle device, list dose/frequency):

Albuterol (Proventil, Ventolin) Pirbuterol (Maxair) Other: _____

Inhaler with: spacer OR nebulizer Dose/Frequency: _____

ALL TRIGGERS/TRIGGERS FOR ASTHMA: Exercise Pollens Cold Air Animals

Environmental Irritants Respiratory illness None known

Other: _____

EXERCISE PRETREATMENT INSTRUCTIONS: (check all that apply)

Give 2 puffs of quick relief inhaler 15 minutes prior to recess/physical education and/or: _____

May repeat 2 puffs of quick relief inhaler if symptoms recur with exercise, or _____

Measure Peak Flow prior to recess/physical education; restrict aerobic activity when child's peak flow is below: _____

Other: _____

ASTHMA EXACERBATION TREATMENT INSTRUCTIONS:

YELLOW ZONE: If child is coughing, wheezing or short of breath, and/or peak flow is in Yellow Zone:

Give 2 puffs of quick relief inhaler with spacer (or nebulizer treatment). May be repeated in 10 minutes if doesn't recover to Green Zone, notify parents of exacerbation.

Other: _____

RED ZONE: If child is in respiratory distress, and/or peak flow is in Red Zone:

Call 911. Give 4 puffs quick relief inhaler (or nebulizer treatment), and call parent.

Other: _____

*Nevada law permits students to carry and use Inhaled medications and Epi-pen after demonstrating appropriate use of Inhalers and/or Epi-pen. Please check appropriate boxes below:

This student has the knowledge and skill to carry and use: Inhaler medication Epi-pen

This student is NOT able to carry and use by him/herself: Inhaler medication Epi-pen

Please contact Healthcare Provider and parent if student is using quick relief medications more than 2 times a week (with exception to pre-exercise treatment).

Other: _____

Healthcare Provider Signature: _____ Date: _____

TO BE COMPLETED BY SCHOOL NURSE

This student demonstrates knowledge and skill to carry and use:

Inhaled asthma medicine: Yes No Epi-Pen: Yes No N/A _____

School Nurse Signature _____ Date _____

Parent Letters

Doctor Note About Asthma Treatment

RE: _____
(Student Name)

Dear _____

In order to provide the best possible school asthma management for our students under your care, we request your assistance with the following:

- Please complete the attached asthma management plan or provide comparable information on another form.
- Students may self-carry and administer their quick relief medications if you and the parents indicate approval on the form.
- Let us know if your patient has additional needs with managing asthma at school.

We look forward to working with you. Thank you for your help.

Sincerely,

School Nurse

Your child was seen in the Nurse's Office with asthma or breathing problems.

Date: _____

Dear Parent or Guardian of: _____ Teacher: _____

The following symptoms were noted:

- Wheezing
- Persistent Cough
- Shortness of breath/trouble breathing/tight chest
- Peak flow in the yellow zone
- Peak flow in the red zone
- Other: _____

The following care was provided:

- Rescue Inhaler - or - Nebulizer at: _____
- Rest
- Other: _____

Your Child:

- Had a Peak Flow reading that stayed in the _____ zone after treatment
- returned to the _____ zone after treatment
- Returned to class
- Remained in the Nurse's Office
- Other: _____

Because an asthma episode may happen again, please observe your child closely.

- Please make an appointment for your child at his/her medical provider **and take this form with you.**
- Ask your Health Care Provider for a new or updated Asthma Action Plan (Plan attached – can be faxed to _____)
- Ask your Health Care Provider regarding the need for, or adjustment of, controller medication/s.
- For your information only
- Other: _____

When your child sees a Health Care Provider for asthma, please notify the school nurse. Please let us know the plan of care for your child's asthma and provide us a copy of the Asthma Action Plan so we can better care for your child at school. Did you know children with asthma should have at least 2 "Well Asthma Check-ups" every year and a flu shot every fall, even if they are doing well? Questions? Please call _____.

School Nurse

Severe Asthma Accommodations

Suggestions that may be included in the 504
Huron School District

This accommodation plan provides the least restrictive environment and placement decisions were made by persons knowledgeable about the student, the meaning of the evaluation data and the placement options.

- The student will have an asthma action plan on file in the Nurse's Office developed by their medical care provider.
- The teacher and other school employees associated with student will be trained within the first week of each school year on recognizing signs and symptoms of an asthma attack and actions to be taken.
- The student will be allowed to carry prescribed inhaler at school if permission form is on file in Nurse's office with physician and parent signatures.
- The student will have access to inhaler and other treatments as outlined in the student's asthma action plan at school if provided by parents.

- The student will be allowed to go to Nurse's Office for treatment of condition before activities such as physical education, band, sports or other activities set forth in their asthma control plan for pre-treatment of asthma.
- The student will not be penalized for missed class time that is excused by the School Nurse related to the care/treatment of the student's condition.
- The student will not be penalized for absence or tardiness for medical appointments or illness.
- The student will not be penalized for missed sports practices that are related to asthma condition.
- If signs and symptoms of an asthma attack are present, students will be allowed to leave the classroom and be escorted to Nurse's Office by another student at any time.
- Student will be allowed to participate in all extracurricular activities, including sports, physical education and field trips without restrictions and with all of the accommodations and modifications set out in this plan.
- Each staff member involved with student will be given a copy of the 504 plan.
- This plan will be reviewed yearly and when changes occur to care plan.

Diabetes

- Definition/Etiology:
 - Diabetes is a condition in which insulin is insufficient in amount or has limited effectiveness to transport glucose from the bloodstream into cells. Unchecked, high glucose levels in the bloodstream deprive the brain and muscles of glucose needed to function but the accumulation within the bloodstream damages tissues and blood vessels, leading to kidney, eye and neuropathies, heart disease and risk of stroke. *Low blood sugar levels in the blood can lead to loss of consciousness, brain damage and eventually death.*
- Management:
 - Case Finding
 - Identify students with diabetes by reviewing school health records.
 - Nursing Assessment and Data Collection
 - Baseline diabetes care information can be obtained using the Diabetes Questionnaire (DQ) tool. The DQ may be completed with a phone interview or by sending it home for parent/guardian completion.
 - Obtain medical orders through the completion of the *Diabetes Medical Management Plan*.
 - Individualized Healthcare Plan (IHP)
 - Develop an Individualized Healthcare Plan (IHP) that promotes and encourages independence and self-care consistent with the student's ability, skill, and maturity.
 - Develop Emergency Action Plan (EAP)
 - School Meetings
 - Participate as a health expert on teams that develop and implement plans such as Section 504 Accommodation Plan or Individual Education Plan.

- Plan and implement diabetes management training for staff members with responsibility for the student with diabetes.
 - Emergency Care
 - Prepare Emergency Action Plans (EAPs) and distribute to all school personnel who have responsibility for the student throughout the school day (such as a classroom teacher, specials teachers, coaches and bus drivers).
 - Provide training to identify school staff about the student's EAP and provide a written copy .
 - Address the health needs of the student for events occurring outside the usual school setting (i.e. field trips).
 - Documentation and Forms
 - Diabetes Questionnaire
 - Diabetes Medical Management Plan
 - Individualized Healthcare Plan
 - Emergency Action Plan
 - School Health Record
 - School Wide Health Conditions List
- **Diabetes Accommodations Suggestions**

Huron School District Section 504

This accommodation plan provides the least restrictive environment and placement decisions were made by persons knowledgeable about the student, the meaning of the evaluation data and the placement options.

- The student will have a Diabetes Management plan on file in the Health Office developed by their medical provider, family and school nurse.
- The classroom teacher, specials teachers, and bus drivers will receive a health alert form and will be trained within the first week of each school year in how to recognize and treat hypoglycemia.
- The teacher will allow the student to be accompanied by a companion if he needs to go to the nurse's office when not feeling well.
- The teacher will allow the student to test blood glucose levels in the nurse's office before lunch. He/she will be permitted to leave the class before lunch as soon as formal instruction is done. Homework and other assignments should be clarified before exiting the classroom.
- The student shall be permitted to carry a blood glucose testing monitor at all times and the student may test independently at any location on school grounds, at field trips or extracurricular activities, or on the school bus. The student will dispose of all used lancets and blood testing strips by saving them in his/her kit and disposing of them at the nurse's office.
- All school staff will allow the student to eat snacks anywhere in the school building, at any time of the day.
- If the student needs to use the bathroom, do a blood glucose test, or treat hypo or hyperglycemia during a test or a classroom assignment, the teacher will give extra time to finish the test or assignment without penalty.
- If the student is affected by high or low blood glucose levels at the time of regular or standardized testing, the teacher will permit the student to retake the test at another time without penalty. The nurse will be consulted on this decision.

- The student will be permitted to participate in all field trips and extracurricular activities without restriction and will always be accompanied by a staff member trained in recognition and treatment of hypoglycemia.
- The student will not be penalized for absences or tardiness required for medical appointments, illness, visits to the nurse's office or time necessary to maintain blood glucose control. The student will be given adequate time to test blood glucose and have a snack before physical education classes. The student will be allowed to snack during gym class if the need arises.

Food Allergies

Definition/Etiology:

- A food allergy is an exaggerated immune system response to any food (most commonly milk, eggs, peanuts, tree nuts, soy, wheat, fish and shellfish). Food intolerance is an adverse to some foods but which does not involve the immune system. In a true food allergy, the immune system reacts to exposure to a certain food. This is caused by an allergic antibody called IgE (Immunoglobulin E), which is found in people with allergies. Food allergies may develop at any time, even after eating the food repeatedly in the past without having problems. Symptoms may occur after the allergic individual consumes or is exposed to even a small amount of the food.

Management:

- **Case Finding**
 - Identify students with life-threatening food allergies by reviewing school health records.
- **Nursing Assessment And Data Collection**
 - Obtain medical orders making contact with the parent or guardian. Assist the parent by providing the food allergy request form or the food allergy prescription form. They should return the completed form ASAP.
- **Individualized Healthcare Plan (IHP)**
 - Develop an Individualized Healthcare Plan (IHP)
 - Develop Emergency Care Plan (ECP) if necessary
- **School Meetings**
 - Participate as a health expert on teams that develop and implement plans such as Section 504 Accommodation Plan or Individual Education Plan
 - Implement anaphylaxis management training for staff members with responsibility for the student with life-threatening allergies.
- **Emergency Care**
 - Prepare Emergency Care Plans (ECPs) and distribute to all school personnel who have responsibility for the student throughout the school day (such as a classroom teacher, specials teachers, coaches and bus drivers).
 - Provide training to identified school staff about the student's ECP and provide a written copy
 - Follow delegation of medication guidelines for auto-injector training
 - Address health needs of the student for events occurring outside the usual school setting (i.e. field trips).
- **Documentation And Forms**
 - Emergency Action Plan
 - School Health Record
 - School Wide Health Conditions List

Severe Food Allergy Accommodation Suggestions

Huron School District Section 504

This accommodation plan provides the least restrictive environment and placement decisions were made by persons knowledgeable about the student, the meaning of the evaluation data and the placement options.

- The student will have Anaphylaxis action plan on file in the Health Office developed by their medical care provider, family and school nurse.
- The classroom teacher, Specials teachers, and bus drivers will receive a health alert form with student photo and will be trained within the first week of each school year regarding:
 - Identifying the student with life-threatening food allergies.
 - Allergens that cause life-threatening reactions.
 - Steps to take to prevent life threatening reactions and accidental exposure to allergens.
 - How to recognize symptoms of the student's life threatening reaction.
 - How to administer an EpiPen.
- Classroom families will be provided a letter informing them that a classmate has a life threatening allergy and necessary precautions to ensure student safety including:
 - Severity of life-threatening allergies/Anaphylaxis reaction.
 - Classroom snack guidelines and examples of food ingredient labels.
 - Precautions to take at home.
- The student's Epi Pens will be always be located:
 - In the velcro pouch carried by students at all times.
 - In the health office.
- The student will sit at a designated allergen free table during lunch. The table will be cleaned by an adult staff member before the student sits at the table and will be identified with a nut free sign. Classmates who have safe sack lunches or are eating a safe hot lunch may also sit at the table.
- All students will wash hands with soap and water or hand cleansing wipes upon entering the classroom after lunch.
- Only commercially packaged snacks and treats with clearly marked ingredient lists will be allowed in the classroom.
 - The School Nurse will assist the classroom teacher to read ingredient lists to ensure safety of treats.
 - When an "unsafe" classroom treat is brought in, the treat will be given to students as they leave the classroom at the end of the day and the food allergy student will be provided a safe snack.
- Classmates will be educated by school nurse regarding:
 - Identifying the student with life-threatening food allergies.
 - Severity of life-threatening allergies/Anaphylaxis reaction.
 - Proper hand washing techniques.
 - Snack and lunch guidelines.
- The student will sit in a designated allergen free seat in the front of the bus. The seat will be cleaned by the bus driver before the student sits in the seat and will be identified with a nut free sign.
- The student will be allowed to participate in all activities including field trips.
 - The student will always be accompanied by a staff member trained in Anaphylaxis

recognition and EpiPen administration.

Life Threatening Allergy Guideline

Definition/Etiology:

- Anaphylaxis is a severe, potentially life-threatening allergic reaction. It may occur in adults or children not previously known to be allergic or hypersensitive. The reaction ranges from mild, self-limited symptoms to rapid death. Symptoms of a reaction can occur within seconds to minutes after exposure. Immediate action may be required to prevent fatality.

Management:

- Case Finding
 - Identify students with life-threatening allergies by reviewing school health records.
- Nursing Assessment and Data Collection
 - Make contact with the family regarding the life-threatening allergy.
- Individualized Healthcare Plan (IHP)
 - Develop Emergency Action Plan (EAP)
- School Meetings
 - Participate as a health expert on teams that develop and implement plans such as Section 504 Accommodation Plan or Individual Education Plan.
 - Plan and implement anaphylaxis management training for staff members with responsibility for the student with life-threatening allergies.
- Emergency Care
 - Prepare Emergency Care Plans (ECPs) and distribute to all school personnel who have responsibility for the student throughout the school day (such as a classroom teacher, specials teachers, coaches and bus drivers).
 - Provide training to identify school staff about the student's ECP and provide a written copy.
 - Follow delegation of medication guidelines for auto-injector training.
 - Address the health needs of the student for events occurring outside the usual school setting (i.e. field trips).
- Documentation And Forms
 - Emergency Action Plan
 - School Health Record
 - School Wide Health Conditions List

Meal Change Request

Huron Public Schools Nutrition Office

Forms and Instructions

Important! Determine which type of request is needed (see #1 and #2 below). Then, carefully read and follow the steps for that type of request. If the form is not complete, the school/agency will follow up with the parent/guardian about the request. We recommend that you keep a copy of the form that is turned into to school/agency. If you have any questions about this form, contact the school/agency.

Definition:

- An 'agency' might be a school, child care center, adult day care center, child care home, sponsoring organization, or institution.
- A 'participant' would be a student, child, or adult (in a day care setting) who receives meals at an agency.

Note to Parent/Guardian/Participant:

- As required in FNS Instruction 783, Rev. 2, Section V Cooperation: When working with a meal change request, food service staff should work closely with the parent(s) / guardian(s) / participant(s) or responsible family member(s) and with all other medical and community personnel who are responsible for the health, well-being and education of a participant with a condition that limits a major life activity to ensure that reasonable steps are taken that will allow the individual's participation in the meal service.

1. Meal Change Request due to a condition that limits a major life activity:

- A school/agency must provide a meal change for a condition that limits a major life activity. You will find more information about what is considered a major life activity below. A participant does not need to be labeled as having a 'disability' in order to need a meal change.
- If you are asking for a meal change that is based on a condition that limits a major life activity, a meal change request form (alternate form allowed) is required and it must be signed by a recognized medical authority. A recognized medical authority is a medical official who is authorized to write prescriptions. The following sections must be completed when submitting a change request for this reason.
 - Part A of this form must be completed by the parent/guardian/participant.
 - Part B of this form must be completed by a recognized medical authority when the meal change requires the school/agency to provide a meal outside of the meal pattern. The school/agency staff can help the parent/guardian/doctor to understand what the meal patterns require.
 - We strongly recommend the parent/guardian signs Part C of the form.
- If the school/agency is able to make the meal change request and still follow the meal pattern requirements, the form does not need to be signed by a recognized medical authority. However, the school/agency may request a completed meal change form that is signed by a recognized medical authority. If a signed meal change form is requested by the school/agency, the school/agency must provide the alternate meal while waiting for the signed form.
- A meal change request based on a condition that limits a major life activity will be followed by the school/agency until a parent/guardian/recognized medical authority tells the school/agency that the change request is no longer needed. The school/agency may ask for a signed statement to document the end of the meal change request.
- We strongly recommend that parents/guardians look at the change request each year to make sure the change is still correct and needed

2. Meal Change Request due to a lifestyle choice, general health concern, etc.:
- A school/agency is not required to provide a meal change for requests that are based on lifestyle choices, general health concerns, etc. and a major life activity is not affected.
 - If you are asking for a meal change that is based on a lifestyle choice, general health concerns, etc. the following sections must be completed when submitting a change request for this reason.
 - Part A of this form must be completed by the parent/guardian/participant.
 - Part B of this form must be completed.
 - We strongly recommend the parent/guardian signs Part C of the form.
 - If the school/agency provides a meal change for this reason, the requested change will continue until a parent/guardian/medical authority tells the school/agency that the change request is no longer needed. The school/agency may ask for a signed statement to document the end of the meal change request.
 - If the school/agency is making a meal change for this reason, we strongly recommend that parents/guardians look at the change request each year to make sure the change is still correct.

42 USC § 12102 – Definition of disability

- (1) Disability: The term “disability” means, with respect to an individual—
- (A) a physical or mental impairment that substantially limits one or more major life activities of such individual;
 - (B) a record of such an impairment; or
 - (C) being regarded as having such an impairment (as described in paragraph (3)).
- (2) Major life activities
- (A) In general: For purposes of paragraph (1), major life activities include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.
 - (B) Major bodily functions: For purposes of paragraph (1), a major life activity also includes the operation of a major bodily function, including but not limited to: functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.
- (3) Regarded as having such an impairment
- For purposes of paragraph (1) (C):
- (A) An individual meets the requirement of “being regarded as having such an impairment” if the individual establishes that he or she has been subjected to an action prohibited under this chapter because of an actual or perceived physical or mental impairment whether or not the impairment limits or is perceived to limit a major life activity.

A participant does not need to be labeled with a ‘disability’ in order to need a meal change.

Definition of Recognized Medical Authority

Per USDA Memos SP 26-2017, CACFP 14-2017, and SFSP 10-2017, a State licensed healthcare professional authorized to write medical prescriptions can sign the medical statement.

In addition to Medical Doctors (MD), Doctors of Osteopathy (DO), Nurse Practitioner, and Physician Assistant (PA), the South Dakota Board of Osteopathic Medical Examiners identify Certified Nurse Practitioners (CNP) and Certified Nurse Midwives (CNM) as capable of writing prescriptions, thus identified as recognized medical authorities who may sign a Meal Change Request.

The licensing of physicians (pursuant to SDCL 36-4-9) does not include chiropractors, opticians, dentists, orthodontists, or physical therapists. Although some of the above-named healthcare providers use the title “Dr.” in front of their name, only physicians licensed pursuant to SDCL 36-4-9 may append the letters M.D. or D.O. to their name (SDCL 36-4-9). Therefore, signatures on Meal Change Requests based on conditions that affects major life activities will be considered valid only if the physician uses, or is licensed to use, M.D. or D.O. after his/her name.

A parent who is an M.D., D.O., PA, CNP, or CNM may sign his or her own child’s meal change request.

Meal Change Request Form

* Keep a copy of the completed form for your records.

| | | |
|---|------------------------------|------------------------------|
| Part A – Participant, Parent/Guardian, and School/Agency Contact Information – To be completed by a parent/guardian or school/agency contact person – | | |
| 1. School/Agency Name | 2. Site Name (if applicable) | 3. School/Agency Telephone |
| 4. Name of Participant/Student | | 5. Date of Birth |
| 6. Name of Parent or Guardian | | 7. Parent/Guardian Telephone |
| Part B – Meal Change – To be completed by a medical authority (State licensed healthcare professional authorized to write prescriptions) if change is outside of the meal pattern. The school/agency can help you to understand what the meal patterns require. | | |
| 8. Check One: a. Participant has a <u>condition which limits a major life activity</u> . b. Participant does not have a condition which limits a major life activity. | | |
| 9. State the condition, food allergy/intolerance, medical condition, or reason a meal change is required/requested (use extra pages if needed): | | |

10. If the participant has a condition that limits a major life activity (see definition on instructions page), provide a brief description of the major life activity (see list on instructions page) affected by the condition (e.g. allergy to peanuts affects ability to breathe):

Check if not applicable

| | | | |
|-----------------------|---------|-------------------------|------------------------|
| 11. Modified Texture: | | 12. Modified Thickness: | |
| Not Applicable | Chopped | Not Applicable | Nectar |
| Ground | Pureed | Honey | Spoon or Pudding Thick |

13. Foods to be omitted and substituted: (List specific foods to be omitted and suggested substitutions. You may sign and attach a separate page with more information if needed.)

Check if not applicable

| A. Foods To Be Omitted Substitutions | B. Suggested |
|--------------------------------------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

14. Additional Information: (Such as special feeding equipment, type of meal modification, etc.).

| | | | |
|---|------------------|----------------------|----------|
| 15. Signature of Preparer (When Medical Authority is not required) | 16. Printed Name | 17. Telephone Number | 18. Date |
| 19. Signature of Medical Authority/Title | 20. Printed Name | 21. Telephone Number | 22. Date |

Part C – Parent/Guardian Permission – To be completed by a parent/guardian (not required, but encouraged)

I give permission for school/agency personnel responsible for implementing my child's meal modification to discuss my child's meal change with any appropriate school/agency staff and to follow the meal modification for my child's school/agency meals. I also give permission for my child's medical authority to further clarify the meal modification on this form if requested to do so by school/agency personnel.

| | |
|--|-----------|
| 23. Parent/Guardian Signature: | 24. Date: |
| Part D – Request Change for Fluid Cow's Milk due to a general health concern – To be completed by parent/guardian. | |
| <p>25. For a student who does not have an impacted major life activity, the only fluid cow's milk substitutions allowed by USDA are:</p> <ul style="list-style-type: none"> (a) Lactose-free or reduced-lactose fluid cow's milk, (b) Fluid goat's milk, (c) Buttermilk, (d) Acidified milk, or (e) Non-dairy beverages with a nutrient profile equivalent to fluid cow's milk as specified in federal regulations. <p>Instead of fluid cow's milk, please provide the individual named in Part A of this form with the following substitute (check ONE):</p> <p>Lactose-free milk Reduced-lactose milk Fluid goat's milk Buttermilk Acidified milk</p> <p>Non-dairy beverage with a nutrient profile equivalent to fluid cow's milk per federal regulations</p> <p>If a milk substitution does not meet the nutrient profile equivalent of fluid cow's milk, a major life activity must be involved and a recognized medical authority must complete Part B and sign the form.</p> | |
| 26. Parent/Guardian Signature: | 27. Date: |

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; (2) Fax: (202) 690-7442; or (3) Email: program.intake@usda.gov.
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