

Chapter 1

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School Health Services and School Nursing Practice

Overview of School Nursing Services

School nursing practice is evolving as society changes and different health problems emerge. The school nurse continues to take on a larger role in modeling and monitoring healthy behaviors of students and staff. The school nurse can contribute to the overall educational goals by taking a leadership role in planning and promoting interventions that will directly impact the health and safety of the entire school community. The definition of school nursing adopted by the Board of the National Association of School Nurses in 2017 is:

School nursing is a specialized practice of nursing that protects and promotes student health, facilitates optimal development and advances academic success. School nurses, grounded in ethical and evidence-based practice, are the leaders who bridge health care and education, provide care coordination, advocate for quality student-centered care and collaborate to design systems that allow individuals and communities to develop their full potential. (NASN 2017)

Role of the 21st Century School Nurse

Background

The practice of school nursing began in the United States on October 1, 1902, when Lina Rogers, the first school nurse, was hired to reduce absenteeism by intervening with students and families regarding healthcare needs related to communicable diseases. After one month of successful nursing interventions in the New York City schools, she led the implementation of evidence-based nursing care across the city. Since that time, school nurses continue to provide communicable disease management, but their role has expanded and is increasingly diverse.

A student's health is directly related to his or her ability to learn. Children with unmet health needs have a difficult time engaging in the educational process. The school nurse supports student success by providing health care through assessment, intervention and follow-up for all children within the school setting. The school nurse addresses the physical, mental, emotional and social health needs of students and supports their achievement in the learning process.

Students who are medically fragile or who deal with chronic health issues are coming to school in increasing numbers and with increasingly complex medical problems that require complicated treatments commonly provided by the school nurse.

Chronic conditions such as asthma, anaphylaxis, type 1 and type 2 diabetes, epilepsy, obesity, and mental health concerns may affect the student's ability to be in school and ready to learn.

The National Survey of Children with Special Healthcare Needs has determined that 11.2 million U.S. children are at risk for chronic physical, developmental, behavioral or emotional conditions. These students may require health related services in schools.

School nurses address the social determinants of health, such as income, housing, transportation, employment, access to health insurance and environmental health. Social determinants are identified to be the cause of 80 percent of health concerns. In the United States, nearly one quarter of children attending school live in households below the federal poverty level (United States Census Bureau, 2014). Children from lower income families have a more difficult time accessing medical treatment for chronic diseases.

Rationale

School nursing is a specialized practice of nursing that advances the well-being, academic success, and lifelong achievement and health of students. Keeping children healthy, safe, in school and ready to learn should be a top priority for both healthcare and educational systems. With approximately 55.9 million students in public and private elementary and secondary schools, educational

institutions are excellent locations to promote health in children (National Center for Education Statistics, n.d.) and the school nurse is uniquely positioned to meet student health needs.

Leadership

School nurses lead in the development of policies, programs, and procedures for the provision of school health services at an individual or district level (NASN, 2016a), relying on student-centered, evidence-based practice and performance data to inform care (Robert Wood Johnson Foundation, 2009). Integrating ethical provisions into all areas of practice, the school nurse leads in delivery of care that preserves and protects student and family autonomy, dignity, privacy and other rights sensitive to diversity in the school setting.

As an advocate for the individual student, the school nurse provides skills and education that encourage self-empowerment, problem solving, effective communication and collaboration with others. Promoting the concept of self-management is an important aspect of the school nurse role and enables the student to manage his/her condition and to make life decisions. The school nurse advocates for safety by participating in the development of school safety plans to address bullying, school violence and the full range of emergency incidents that may occur at school.

At the policy development and implementation level, school nurses provide system level leadership and act as change agents, promoting education and healthcare reform. According to the ANA (2015b), registered nurses believe it is their obligation to help improve issues related to health care, consumer care, health and wellness. Educational preparation for the school nurse should be at the baccalaureate level, and school nurses should continue to pursue professional development and continuing nursing education throughout their careers.

Community Public Health

School nursing is grounded in community/public health. The goal of community/public health moves beyond the individual to focus on community health promotion and disease prevention and is one of the primary roles of the school nurse. School nurses employ cultural competency in delivering effective care in culturally diverse communities.

The school nurse employs primary prevention by providing health education that promotes physical and mental health and informs healthcare decisions, prevents disease, and enhances school performance. Addressing such topics as healthy lifestyles, risk-reducing behaviors, developmental needs, activities of daily living, and preventive self-care outcomes, the school nurse uses teaching methods that are appropriate to the student's developmental level, learning needs, readiness, and ability to learn. Screenings, referrals, and follow-up are secondary prevention strategies that school nurses utilize to detect and treat health-related issues in their early stage (NASN, 2016a). School nurses provide tertiary prevention by addressing diagnosed health conditions and concerns.

Student absences due to infectious disease cause the loss of millions of school days each year. Based on standards of practice and community health perspective, the school nurse provides a safe and healthy school environment through control of infectious disease, which includes promotion of vaccines, utilization of school-wide infection control measures, and disease surveillance and reporting. Immunization compliance is much greater in schools with school nurses.

The school nurse strives to promote health equity, assisting students and families in connecting with healthcare services, financial resources, shelter, food and health promotion. This role encompasses responsibility for all students within the school community, and the school nurse is often the only healthcare professional aware of all the services and agencies involved in a student's care.

Care Coordination

School nurses are members of two divergent communities (educational and medical/nursing), and as such are able to communicate fluently and actively collaborate with practitioners from both fields. As a case manager, the school nurse coordinates student health care between the medical home, family and school. The school nurse is an essential member of interdisciplinary teams, bringing the health expertise necessary to develop a student's Individualized Education Plan or Section 504 plan designed to reduce health related barriers to learning. Creating, updating, and implementing Individualized Healthcare Plans are fundamental to the school nurse role.

School nurses deliver quality health care and nursing intervention for actual and potential health problems. They provide for the direct care needs of the student, including medication administration and routine treatments and procedures. Education of school staff by the school nurse is imperative to the successful management of a child with a chronic condition or special healthcare need and is codified as a role of the school nurse in the Every Student Succeeds Act (2015).

Current school health practice models and school nurse workloads may require school nurses to delegate healthcare tasks to unlicensed assistive personnel in order to support the health and safety needs of students. However, the availability of school nurses to work directly with students to assess symptoms and provide treatment increases students' time in the classroom and parents' time at work.

Quality Improvement

Quality improvement is a continuous and systematic process that leads to measurable improvements and outcomes and is integral to healthcare reform and standards of practice. Continuous quality improvement is the nursing process in action: assessment, identification of the issue, development of a plan of action, implementation of the plan, and evaluation of the outcome. Data collection through this process is a necessary role of the school nurse.

Formal school nursing research is needed to ensure that delivery of care to students and school communities by the school nurse is based on current evidence. School nurses utilize research data as they advocate and illustrate the impact of their role on meaningful health and academic outcomes.

Conclusion

It is the position of NASN that school nurses play an essential role in keeping children healthy, safe and ready to learn. The school nurse is a member of a unique discipline of professional nursing and is often the sole healthcare provider in an academic setting. Twenty-first century school nursing practice is student-centered, occurring within the context of the student's family and school community. It is essential that all students have access to a full-time school nurse all day, every day. Printed with permission from the National Association of School Nurses (2016). The role of the 21st century school nurse (Position Statement). Silver Spring, MD, <https://www.nasn.org/advocacy/professional-practice-documents/position-statements/ps-role>

The Case for School Nurses

According to the Centers for Disease Control and Prevention (2017):

- A recent study estimated that for every dollar invested in a school nursing program, society gains \$2.20.
- School nurses often lead the development and evaluation of school health policies and provide healthcare services for students who qualify under Section 504 of the Rehabilitation Act of 1973 to meet requirements of federal laws.
- School nurses assist students in learning to manage their chronic health conditions, increasing time in the classroom and decreasing absenteeism. This saves costs to the school district and increases students' academic success.
- Smaller nurse-to-student ratios are associated with lower absenteeism rates and higher graduation rates.

Managing Chronic Health Conditions in Schools: The Role of the School Nurse. (2017). Retrieved February 13, 2019, [cdc.gov/healthyschools/chronic_conditions/pdfs/2017_02_15-FactSheet-RoleOfSchoolNurses_FINAL_508.pdf](https://www.cdc.gov/healthyschools/chronic_conditions/pdfs/2017_02_15-FactSheet-RoleOfSchoolNurses_FINAL_508.pdf)

Health services in schools are a key component of the Whole School, Whole Community, Whole Child Model. The healthcare needs of students with a chronic health condition may be complex and continuous. The school nurse is often the only healthcare provider in a school for both emergencies and daily management of chronic health conditions. The National Association of School Nurses (NASN) and the American Academy of Pediatrics (AAP) recommend that school districts provide a full-time school nurse in every school building. A full-time school nurse and dependable funding are essential to achieve high quality health services and to meet student health needs.

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National Association of School Nurses Code of Ethics

Preamble

Acknowledging the diversity of the laws and conditions under which school nurses practice, the National Association of School Nurses (NASN) believes in a commonality of moral and ethical conduct. As such, NASN adopts the American Nurses Association. The Na Code of Ethics for Nurses with Interpretive Statements (2015), which establishes an ethical foundation for all nurses.

Furthermore, this foundation is supported by the School Nursing: Scope and Standards of Practice, 2nd Edition and ethical guidelines provided by state boards of nursing. School nursing practice, built upon these ethical foundations, is grounded in the NASN core values of child well-being, diversity, excellence, innovation, integrity, leadership and scholarship. It is the responsibility of both the individual nurse and nursing organizations to function within these ethical provisions. For the purpose of this document the term student also refers to families and school communities.

Organizational Ethics

NASN, a 501(c)(3) non-profit organization established to support student health through the advancement of school nursing practice, has ethical responsibilities to its members and the communities those members serve (NASN, 2015).

These organizational responsibilities include:

- Promotion of ethical work environments that support student and community health
- Development of "...a research agenda that will lead to a culture of ethical practice in diverse settings that is evidence-based and measurable in terms of outcomes..." (Johns Hopkins School of Nursing & Johns Hopkins Berman Institute of Bioethics, 2014, p. 5)
- Development of relationships with organizations whose principles and actions are in harmony with NASN's mission and values and the termination of relationships with organizations whose known actions violate NASN's business and ethical principles
- Support of the role of the school nurse through advocacy, integrity, and participation in public policy development and social justice

School Nurse Ethics

School nurses straddle two statutory and regulatory frameworks, health and education. Because school nurses practice nursing in an educationally focused system, they face unique legal, policy, funding and supervisory issues that may also have ethical dimensions. These issues may include:

- Unsafe school nurse to student ratios
- Accountability for care delegated to Unlicensed Assistive Personnel (UAP)
- School administrator request to amend documentation
- School administrator assignment of nursing tasks to UAP without the input of the school nurse
- Parent/guardian request for medical treatment for his/her student, which is inconsistent with school nurse scope of practice (Brent, 2013)

As such, school nurses must have not only the skills to communicate within both the healthcare and education arenas, but also the requisite knowledge and skills to interpret applicable laws, regulations and professional standards, as well as apply ethical theories and principles (ANA & NASN, 2011).

Child Well-being

- School nurses support and promote student abilities to achieve the highest quality of life as understood by each individual and family.
- School nurses integrate and promote student abilities to achieve the highest quality of life.
- School nurses serve a unique role in transition planning to address student health needs within the school environment.
- School nurses maintain protection of, and confidentiality with, student health records according to the Health Insurance Portability and Accountability Act (HIPAA), Family Education Rights Protection Act (FERPA), other applicable federal laws, state laws and regulations, and professional standards of practice to safeguard privacy.
- School nurses utilize interventions designed to mitigate the effects of adverse childhood experiences and other social determinants of health.
- School nurses refer students to other health professionals and community health agencies as needed to promote health and well-being.

Diversity

- School nurses deliver care in a manner that promotes and preserves student autonomy, dignity and rights so that all are treated equally regardless of race, gender, socio-economic status, culture, age, sexual orientation, gender identity, disability or religion.
- School nurses deliver care in an inclusive, collaborative manner that embraces diversity in the school community.
- School nurses actively promote student health, safety, and self worth.
- School nurses intervene to eliminate discrimination and bullying.

Excellence

- School nurses must have knowledge relevant to meet the needs of the student and maintain the highest level of competency by enhancing professional knowledge and skills and by collaborating with peers, other health professionals and community agencies.
- School nurses incorporate information from supervisory clinical evaluation to improve their nursing practice.
- School nurses evaluate their own nursing practice in relation to professional standards of practice and applicable laws, regulations and policies.

Innovation

- School nurses utilize available research in developing health programs, individual plans of care, and interventions.
- School nurse workplace environments impact the quality of health care; therefore, school nurses collaborate to improve these environments.
- School nurses are aware of social determinants of health in the school community, provide health care to all students, support school staff, and partner with families and other community members to reduce health disparities.

Integrity

- School nurses maintain confidentiality within the legal, regulatory and ethical parameters of health and education.
- School nurses understand, follow and inform others about student health record protection according to HIPAA, FERPA, other applicable federal laws, and state laws and regulations.
- School nurses take a stand, follow and inform others about student health record protection according to HIPAA, FERPA, other applicable federal laws, and state laws and regulations.

Leadership

- School nurses are student advocates.
- School nurses support student rights in navigating the educational environment.

- Delegation or assignment of nursing tasks, including accountability for delegated tasks, may be the responsibility of the school nurse. School nurse assignments and delegations must be consistent with state nurse practice guidelines and established best practice.
- School nurses work within educational institutions to define and implement professional standards of practice and school health policy development.

Scholarship

- School nurses are life long learners in pursuit of knowledge, training and experiences that enhance the quality of their nursing practice.
- School nurses participate in and promote research activities as a means of advancing student health and school health services.
- School nurses conduct research as appropriate to the nurse's education, position and practice environment.
- School nurses adhere to the ethics that govern research, specifically:
 - Rights to privacy and confidentiality
 - Voluntary and informed consent
 - Awareness of and participation in the mechanisms available to ensure the rights of human subjects, particularly vulnerable populations (e.g., minors, disabled)

Conclusion

In the course of day-to-day practice and based upon the applicable state nurse practice act and professional scope and standards of practice, school nurses may find themselves in situations that present ethical dilemmas. School nurses and school nurse organizations have a responsibility to practice in accordance with the NASN core values, NASN Code of Ethics and professional standards of practice. School nurse decision-making is guided by these principles that promote improved student health, academic success and excellence in school health services. NASN believes the practice of school nursing demands a vigilant focus on ethics.

School Staffing

Daily access to a registered professional school nurse (hereinafter referred to as a school nurse) can significantly improve students' health, safety, and abilities to learn, according to NASN. To meet the health and safety needs of students, families and school communities, school nurse workloads should be determined at least annually, using student and community specific health data.

School nurse-to-student ratios were first recommended in the 1970s, when laws were enacted to protect the rights for all students to attend public school, including those with significant health needs. Those laws included The Rehabilitation Act of 1973, Section 504 (2000) and Public Law 94-142, the Education for all Handicapped Children Act (1975), reauthorized in 2004 as the Individuals with Disabilities Education Improvement Act [IDEIA], (2004). Although evidence to support ratios was limited, some states and NASN recommended one school nurse to 750 students in the healthy student population; 1:225 for student populations requiring daily professional nursing services; 1:125 for student populations with complex healthcare needs; and 1:1 for individual students requiring daily, continuous professional nursing services (American Nurses Association [ANA]/NASN, 2011). While a ratio of one school nurse to 750 students has been widely recommended and was acknowledged in Healthy People 2020 (U.S. Department of Health and Human Services [USDHHS], 2014a) and by the American Academy of Pediatrics [AAP] (2008), a one-size-fits-all workload determination is inadequate to fill the increasingly complex health needs of students and school communities (AAP, 2008; ANA/NASN, 2011).

Appropriate school nurse staffing is related to better student attendance and academic success, according to multiple studies.

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NASN Position Statement: School Nurse Workload: Staffing for Safe Care, 2015
nasn.org/Portals/0/positions/2015psworkload.pdf

Unlicensed School Health Personnel

Generally, Children’s Healthcare of Atlanta recommends the use of licensed registered nurses in providing direct health care services to children and teens in schools. Unlicensed Assistive Personnel, UAP, serve as valuable assistants to school nurses. When a school nurse is not present to administer care:

- School districts may want to consider developing a written accommodation plan that specifies responsibilities to best address student safety.
- The following documents should be followed:
 - Georgia Nurse Practice Act
 - Georgia Rules and Regulations
 - Professional Standards of Practice (Georgia Association of School Nurses, National Association of School Nurses, Georgia Nurses Association, etc.)
 - District policies, procedures and guidelines

Georgia Board of Nursing

Position Statement: Assignment to Unlicensed Assistive Personnel

There has been a substantial increase in the use of unlicensed assistive personnel (UAP) to provide direct patient care services in the changing health care industry. UAPs are found performing nursing activities in almost all health care settings. Because there is a potential that the improper utilization of unlicensed individuals may result in a risk to public safety, the Georgia Board of Nursing has promulgated rules regarding the criteria under which a registered nurse may assign certain tasks to unlicensed assistive personnel.

Other states have promulgated rules to define the parameters within which a licensed nurse may allow an unlicensed individual to provide direct care to patients. Some states chose to define task lists for UAP, often because the state directly regulates these care providers. However, by creating task lists for UAPs, an unofficial scope of practice is created. Also, there is no guarantee that a licensed health care professional is involved in the assessment of the patient to determine if the task can be safely provided by UAP. Therefore, the Georgia Board of Nursing has determined that development of lists of activities that may unequivocally be performed by unlicensed individuals does not result in the best protection for the public.

Many states have language in their Nurse Practice Act that specifically provides for “delegation” to unlicensed individuals. O.C.G.A. §43-26-1, the Georgia Nurse Practice Act, does not provide for delegation of licensed activities to unlicensed individuals. Based upon well-established administrative case law, registered nurses or licensed practical nurses may not delegate activities which require professional nursing licensure to unlicensed individuals unless they have specific statutory authority to do so. If the care and activities under the specific circumstances do require the knowledge and skills of a registered nurse or licensed practical nurse, and if a registered nurse or licensed practical nurse permits an unlicensed individual to engage in these activities, it is inappropriate delegation of licensed activities. This inappropriate delegation has regulatory consequences. However, registered nurses may delegate professional nursing activities to other licensed individuals where there is statutory authority within their practice act to perform such acts. (i.e. Licensed Practical Nurses who are under the “direction and supervision” of a Registered Professional Nurse).

The Georgia Board of Nursing has determined that certain tasks can be individually assigned to unlicensed individuals and has generated rules to this end. The Rules have their statutory basis in O.C.G.A. §43-26-12(a)(3) and O.C.G.A. §43-26-12(a)(5). The exemptions for the requirement of licensure as a registered nurse are that:

- (a) No provision in this article shall be construed to require licensure in Georgia as a registered professional nurse in:

(5) The performance of auxiliary services in the care of patients when such care and activities do not require the knowledge and skill required of a person practicing nursing as a registered professional nurse and when such care and activities are performed under orders or direction of a licensed physician, licensed dentist, licensed podiatrist, or person licensed to practice nursing as a registered professional nurse.

(This is a portion of the statement provided by The Georgia Association of School Nurses and used with their permission)

Additional Resources:

Unlicensed Assistive Personnel:

Their Role on the School Health Services Team nasn.org/Portals/0/positions/2015psuap.pdf

RN Decision Tree for Delegation to Unlicensed Assistive Personnel

sos.ga.gov/PLB/acrobat/Forms/38%20Reference%20-%20RN%20Decision%20Tree%20for%20Assignment%20to%20Unlicensed%20Assistive%20Personnel.pdf

Advocacy

- There were over 1.7 million students enrolled in Georgia schools, pre-K through 12th grade, as of October 2018. Of these students, 10% were designated as having limited English proficiency, 61% were eligible for free or reduced meals, and 11.8% designated as having a disability.
- About 25% of children in the United States aged 2 to 8 years have a chronic health condition such as asthma, obesity, other physical conditions, and behavior/learning problems.
- The rate of uninsured school-age children has declined nationally by almost half between 2009 and 2016. Georgia is one of nine states with rates of uninsured school-aged children greater than the national rate of 5.1% in 2016. Georgia's rate of uninsured school aged children was 7% in 2016.
- Healthy People 2020 includes objective ECBP-5.1 which is to "Increase the proportion of elementary, middle, and senior high schools that have a full-time registered school nurse-to-student ratio of at least 1:750"
- The American Academy of Pediatrics recommends a minimum of one full-time registered nurse in every school.
- The National Association of School Nurses (NASN) defines School Nursing as, "a specialized practice of nursing that protects and promotes student health, facilitates optimal development and advances academic success. School nurses, grounded in ethical and evidence-based practice, are the leaders who bridge health care and education, provide care coordination, advocate for quality student-centered care and collaborate to design systems that allow individuals and communities to develop their full potential."
- Additionally, NASN recommends that a professional registered school nurse be present in school every day, all day to optimize student health, safety and learning.

The above information was taken from GASN website, gasn.org/advocacy, and used with their permission. For additional data, please visit the below websites.

Georgia Governor's Office of Student Achievement
gaawards.gosa.ga.gov/analytics/saw.dll?PortalPages

Van Cleave J, Gortmaker SL, Perrin JM. Dynamics of obesity and chronic health conditions among children and youth. J. Am. Med. Assoc. 2010;303(7):623-630.
cdc.gov/healthyschools/chronicconditions.htm

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ccf.georgetown.edu/2018/07/18/medicaid-and-chip-provide-health-coverage-for-many-school-age-children-yet-gaps-remain/#heading-4

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American Academy of Pediatrics Policy Statement, Role of the School Nurse in Providing School Health Services
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National Association of School Nurses
www.nasn.org/nasn/about-nasn/about

Advocacy Skill Building

Advocacy is the deliberate process of influencing those who make decisions.

Why school nurses should be advocates

- School nurses are healthcare professionals in an educational setting and frequently practice as the only healthcare professional in the setting.
- The role of the school nurse is not always understood by teachers, administrators, parents, elected officials, and the community at large.
- Only school nurses have the insight to educate stakeholders, so they know the role of the school nurse role and the difference school nurses make in the lives of children. Stakeholders need to know why school nurses are important.
- School nurses serve students and families and should proactively engage their school community.

How to be your own advocate

- Start a log to document stories describing how you interceded to help a child at school. Anecdotes connect your efforts to improved student health and academic achievement.
- Create a newsletter or a web page.
- Send health and wellness email updates to school officials, administrators and parents.
- Offer to make a presentation on health issues at a PTA/PTO or board of education meeting.
- Allow local leaders to see you as a valuable resource for children.
- Write letters to the editor.

The Better Health. Better Learning. e-toolkit on the NASN website has tools to help.

Build relationships with stakeholders

- Regularly attend PTA/PTO and board of education meetings.
- Attend local community events.
- Find opportunities to meet with elected officials; including school board members, city councilors, mayors, and state and federal legislators.

Advocacy Talking Points

When there is a school nurse present, a principal gains nearly an hour per day and teachers an extra 20 minutes a day to focus on education instead of student health issues (Baisch, Lundeen, & Murphy, 2011; Hill & Hollis, 2012). Baisch, Lundeen and Murphy (2011) found that increased school nurse staffing resulted in improvements in immunization rates, vision correction and identification of life-threatening conditions. Wang et al. (2014) determined that for every dollar spent for school nursing, \$2.20 was saved in healthcare procedures and parent time away from work. Full-time school nurses in the schools studied by Wang et al. (2014) were found to prevent excess medical costs and to improve parent and teacher productivity. (Source: National Association of School Nurses, nasn.org/advocacy/white-papers)

Gathering Statistical Data – Uniform National Data Set

Every Student Counts

- The new National Association of School Nurses (NASN) Data Initiative is designed to encourage a robust national school health data set that will:
- Influence local, state, and national student health policy
- Identify best practices in school health

- Better understand child health.
- This design will lead to policies that better support the needs of students, increase evidence-based school nursing practice, and better youth health outcomes.
- Data helps build bridges that connect school nursing to the rest of the health care system. This initiative provides the support and structure for the collection and use of data by every school nurse.

About the data points selected

- Three clusters of variables: Local School Workforce, Children’s Chronic Health Diagnoses & Disposition of the student after a health office visit or encounter, have been selected as many districts and states report they are already collecting these data points.
- Local School Workforce will describe the need for school nursing resources.
- Children’s Chronic Health Diagnoses will tell us the diagnoses school nurses are commonly asked to provide care for.
- Disposition of the student after a health office visit or encounter will report on the students outcomes of school nurse interventions.

Why collect It?

- Collecting and sharing data is a way to advocate for the resources that students need to be healthy and safe at school and to articulate the ways school nurses support this effort.
- You can use the data to share with your principal and school board to help ‘paint a picture’ of what is going on in your practice. Nurses and State Consultants across the country have been able to make the case for increased staffing using the results of their data collection (we will be providing examples on how to do this).
- You could also share your data on chronic conditions with your local health department, as this may be a more accurate count than they currently have.

How does the school nurse collect this data?

- First, you may already be collecting this information. Review your documentation and software capabilities.
- PLEASE report confirmed data so that you can be accurate in your counts. Do NOT guesstimate.
- It is estimated that those who collect the district level data should be able to complete two of the three sets of items in less than 5 minutes. The third is a year-long data collection, which will take more time but should require only a few minutes a day if maintained daily.

How will it be used?

- To protect the confidentiality of individual students, the data will not be identifiable by student name and will only be used in group (aggregate) form.
- To allow accurate reflection of the variety of models of school nursing practice across the nation, the results of this data collection will be reported as it relates to the school nurse service delivery models. Models of school nursing practice vary based on the size of the nurse’s case load, their full-time equivalent (FTE), and the acuity of the students in that case load. Collecting data in this way allows a comparison of the models of care vs. individual nurse outcomes. For instance, it may be used to answer the question “What is the effect of FTE case loads on completed vision and hearing referrals?” The goal is NOT to show “good work” or “bad work” but to describe the relationship between service models and outcomes of care.
- The data will be used at a state and national level to demonstrate the value of school health services led by a professional school nurse.
- The data will be reported at state conferences and nationally so that you can see the results.

(Source: nasn.org/research/everystudentcounts/uniform-data-points. Content provided with permission from NASN)

Georgia's current Designated State Data Champion is Lynne Meadows, MS, RN, who is Coordinator of Student Health Services for Fulton County Schools and State Director for GASN. Contact her at 470-254-2177 or meadowsl@fulton.k12.ga.us. The Work Group will collect concerns and complex issues and meet regularly to identify the solution. The solution will then be posted on NASN's FAQ website, nasn.org/AboutNASN/FrequentlyAskedQuestions.

For further reading:

National School Health Data Set: Every Student Counts!
nasn.org/research/everystudentcounts

Resources

Georgia Secretary of State Position Statements
sos.ga.gov/index.php/licensing/plb/45/policy_statements

Find your Nurse Practice Act
ncsbn.org/npa.htm

Framework for 21st Century School Nursing Practice
nas.sagepub.com/content/30/4/218.full.pdf+html

The Georgian Nurse
epubs.democratprinting.com/publication/?m=28903&l=1

School Health Clinic Management

This information is provided to assist with areas of concern which confront school health personnel in the daily operation of the school health clinic. If a question or situation arises that is not addressed by general guidelines, local policies or procedures, or evidence-based best practice, remember that the school principal has the ultimate responsibility for the health and well-being of staff, students and visitors during school hours and school-sponsored activities. Nurses and other school health personnel should work within the guidelines established by school board policy and procedures, local school procedures and in partnership with the principal.

The Georgia School Health Resource Manual serves as a resource for the development of district and school policies, procedures and guidelines and for up-to-date best practice guidelines. The forms and letters (with the exception of state-mandated forms) are provided as a resource and may be downloaded and customized to reflect the procedures and practices of local schools and school districts.

Duties/Responsibilities of the School Nurse

Below is a list of areas to consider when developing school nurse job descriptions and daily duties/responsibilities. Please note that this list is not exhaustive and that individual schools and school districts may not support all of the listed duties/responsibilities. School nurses should be familiar with their district's job description and job expectations.

- Maintain confidentiality of student information at all times in compliance with school requirements, FERPA and, if applicable HIPAA requirements. Be mindful of confidentiality when providing care in the clinic, during telephone conversations and when handling student health records.
- Provide appropriate direct health services and demonstrate care and concern for students.
- Notify principal and parents of recommendations for further evaluation or treatment. Contact parents regarding student health issues as appropriate.
- Report communicable disease concerns to the school principal and to the public health department as required or deemed necessary. Collaborate with the local public health department to implement recommendations. Assist with immunization compliance as requested.
- Maintain a current list of students with chronic health conditions/concerns and develop Individual Health Care Plans and emergency plans as needed.
- Communicate pertinent student health information/concerns in a timely and confidential manner to appropriate school personnel (principal/designee) and/or other necessary school staff in compliance with confidentiality requirements.
- Maintain documentation of clinic records accurately and completely.
- Develop effective working relationships with school personnel and parents/guardians.
- Administer student medications in accordance with school system guidelines, the Georgia Nurse Practice Act (including rules and regulations of the Georgia Board of Nursing best practice) and utilizing professional nursing judgment.
- Provide special healthcare procedures to students, as prescribed by the health care provider.
- Coordinate mandated school screenings and ensure necessary follow-up care.
- Maintain an orderly health clinic. Maintain and restock supplies per school policy.
- Maintain current BLS certification and basic first aid certification.
- Maintain current knowledge of school health practices, trends and procedures through relevant best practice professional development.
- Promote a healthy and safe environment within the school.
- Provide employee wellness education and services to school staff.
- Provide or assist with classroom health education as requested.
- Participate on school committees as appropriate, providing appropriate health information on individual students or for the general student population (i.e. Crisis Team, SST/IEP, Coordinated School Health Program, etc.). Provide accurate, appropriate and relevant health data to school/district administrators to inform policy, procedure and practices for school health.

Recommendations for School Clinic Procedures

School Districts and Local Schools should develop standardized procedures for the daily activities of the school clinics. Procedures should utilize evidence-based best practices for school health. Resources for best practice standards, in addition to this resource manual are listed below. Some recommended procedures include, but are not limited to the following:

- Develop a clinic pass with basic information regarding the student's concern/complaint and ensure that staff sending students to the clinic utilize this system of communication.
- School clinics should also develop and implement a documentation system (paper or electronic) to document the details of the visit. The minimum amount of information should include the date and time of the visit, student's name, complaint, treatment or intervention, and the disposition. Documentation should also include any communication with the parent/guardian.
- School clinic staff should listen carefully to the child's complaint and take a focused health history as appropriate to the student's age and developmental level while ensuring confidentiality.
- Staff should check the clinic health information card and, if applicable, the Individualized Health Care Plan for each student to raise awareness of the student's health history, such as allergies and other chronic medical conditions.
- School clinic staff should assess the child, take vital signs if indicated, and provide care following district and school procedures and best practice guidelines.
- It is important to follow procedures for contacting parents and/or consulting with a school nurse supervisor or school administrator, as appropriate.
- School clinics should have a communication procedure, especially for medical emergencies and a direct or dedicated telephone line in the clinic.
- School clinics should have established procedures for releasing a student from the clinic. These procedures should include procedures for returning to class, release to the parent or other authorized adult or to EMS for transport.
- Procedures for the administration of medication should be developed in a manner that is designed to avoid medication errors.
- Schools should consider the need for a student health record. The health record can be utilized to record any pertinent information/observations which can assist with continuity of care which may not be maintained by a daily clinic log.
- Schools should develop a plan for student health services when the school nurse or clinic personnel is unavailable.
- Schools should develop written procedures to include standard precautions and infection control procedures designed to prevent exposure to infectious diseases. All staff working with students should be trained to these procedures per Georgia state law.
- School clinic staff should consider the use of Individualized Health Management plans for students with chronic health conditions. The parent, health care provider and school nurse should collaborate in the development of the plan for students. Schools should develop a procedure so that staff working with the student is familiar with the Individualized Healthcare Plan and their role in the implementation of the plan.
- In collaboration with school administrators, school nurses should develop emergency medical plans and should be active participants in the development of school-wide safety plans.
- Clinic procedures should include guidelines with regard to laws, regulations, policies and procedures and best practices (including those contained in this manual) on those procedures that should not be performed in the school clinic. These may include such activities as performing invasive procedures, making medical diagnoses, transporting students, administering medications or other substances without parent permission.

Recommended School Clinic Supply List

Permanent Equipment

Bed (2) (w/adjustable headrest)
Toilet facility
Chairs (4)
Biohazard (sharps) container
Clock with second hand
Desk with chair
Thermometer
Thermometer covers if needed
Bookcase or shelf
Flashlight
Bandage scissors
Computer
Bulletin board
Tweezers
Locked medication cabinets
Goose neck lamp (for head checks)
File cabinet with lock
Weight scale and stadiometer
(measures height)
Telephone
Small refrigerator
Sink with hot and cold water
Soap dispensers
Privacy screen
Vision testing equipment
Covered trash can
Pure tone audiometer
Transport chair
Sphygmomanometer with cuffs
Disposable mouth barrier for CPR
(recommendations for one per CPR
provider in the school)

First Aid Supplies

Non-latex, hypoallergenic tape
(assorted sizes)
Tongue depressors
Band-aids, assorted sizes
Emesis basins
Pint-sandwich size baggies for ice,
frozen sponge
Elastic bandages
Non-sterile gauze (2x2 and 4x4)
Dental wax and floss
Sterile gauze (2x2 and 4x4)
non-stick gauze 4x4 squares (such as telfa)
Rolled non-sterile gauze
Normal saline eyewash
Cold packs (small and medium)
Eye pads/dressing/shield
Arm splints, slings
Cotton-tipped applicators
Portable first aid kit for field trips
Cotton balls
Disposable diapers (may be used
for compression)

General Supplies

Alcohol prep pads
Blanket
Facial tissues
School-approved cleaning
agents/supplies
Paper towels with dispenser
Plastic bags
Table paper for bed (disposable)
Bed pillow, plastic cover
3 oz. paper cups
Glucose gel
Medicine cups
Non-latex gloves (disposable)
General office supplies
Feminine hygiene pads
Hand lotion, Vaseline for chapped lips
Liquid soap, in dispenser
Cooler for ice (if no freezer)
Pediculosis sticks (optional)
Magnifying glass
Donated /thrift store clothing for
younger students
(prek-2nd grade sizes) for changes due
to "accidents,"
including socks and underwear
Quart sized baggies
Marker
Bottled water

Setting up the Health Clinic

- An organized workspace is critical to the success of a school clinic. Some clinics have multiple work stations, each with the supplies and resources needed for that task readily available (e.g., First Aid, Medication Administration, Phone, Paperwork and Referrals).
- Maintain student health information cards or files alphabetically or by grade. Health information cards should be easily accessible while ensuring confidentiality. Color-coded flags or dots can be used to designate the cards of those students with chronic health concerns. School nurses should consider creating a duplicate file for those students who have specific instructions, treatments, procedures and/or emergency plans along with a portable kit containing required medications, equipment and supplies that can be easily transported when the student leaves the school campus.
- A system should be developed for filing medication authorization forms. Some school nurses file the forms in a notebook with tabs for daily and prn (updated weekly as needed). Forms can also be kept with the medication.
- A system for documentation of medication administration, paper or electronic should also be maintained. Medication documentation should occur at the time that the medication is given. School nurses should adopt a system so that medications are kept in a locked and stationary cabinet with limited key access. One system that is used frequently is to keep the medications and authorization forms for each student in a file folder with sides stapled or an accordion file. These folders are should be labeled and can be alphabetized. It can be helpful to separate medications by daily and prn. School nurses should consider keeping emergency medications, such as asthma inhalers and epinephrine auto-injectors separately such that they can be quickly taken out in the event of an evacuation. School nurses can also consider keeping emergency medications in an evacuation cart. Remember that some medications require storage in a refrigerator. School nurses should ensure that there is a system in place to identify medication expiration dates in order to allow time for the parent to provide additional medication for their student. See Chapter 3 (Medication Administration) for additional information.
- Suggestions for resources that can be posted in the school clinic include: Communicable Disease information chart, list of staff currently certified in CPR/ first aid or First Responder/AED, emergency numbers (including poison control), CPR poster and handwashing reminders. Also consider posting by the clinic phone the school's phone number, fax number and address; valuable time can be lost if these are not readily available during an emergency.
- Develop and post in a prominent place a folder for substitute clinic personnel containing essential information for the daily operation of the clinic. It is important to identify someone within the school building, such as a front office clerk or other available personnel who can assist a clinic substitute with information such as the location of health information cards, the AEDs in the building, medications and forms, and Individualized Healthcare Plans. Simple things such as where to locate ice and first aid supplies can often be overlooked.
- A bulletin board in the school health clinic or in the hall is an excellent tool for health education. Refer to Chapter 9, Health Education: The School Nurse Role can provide ideas for information to post.
- In addition to a documentation system for clinic activity, school nurses can also keep a phone logbook for easy reference and/or a spiral notebook for notes written throughout the day.
- School clinics should consider a Go (Evacuation) bag, rolling cart or evacuation cart in the event of an emergency. The evacuation cart should contain first aid supplies, a blanket, a Stop the Bleed kit if available, an AED and medications that may be required by students with chronic health conditions during an evacuation.

Questions for Parents of a New Student

It is important to obtain as much health information as possible from the parent/legal guardian when students enroll in the school. The following are suggested questions that can be asked in an interview with the parent/legal guardian at the time of registration of the new student or by telephone. This is also a time when school nurses can briefly explain the school health program in school, the role of the school nurse and how the clinic may be contacted.

- Will your child need to take any medications in school? If yes, provide required forms for medication administration in the school along with relevant policies and procedures. School nurses should make sure that the medications are required to be given during school hours in order to minimize time out of class.

- Does your child have any health concerns for school such as asthma, allergies or any other health conditions? If yes, does your student have Individualized Health Care Plan for school, such as a Seizure Action Care Plan, Allergy Care Plan, Asthma Care Plan, Diabetic Care Plan, or Sickle Cell Care Plan?
- If the student has a chronic health condition but does not have an Individualized Health Care Plan for school, school nurses should follow their school procedure for providing a form to the parent/legal guardian to complete or obtaining the necessary information in order to develop the plan. This is a good time for school nurses to determine the parent's and student's level of understanding of the condition and initiate health education if needed.
- Does your child have any activity restrictions for PE or recess?
- Is there anything that causes your child to miss school frequently?
- Does your child have any vision or hearing problems? Corrected?
- Have you completed the emergency contact cards with all of the information I may need to reach you if necessary?
- Does your child have a healthcare provider for regular checkups and illnesses? If not, do you need referral information (PeachCare, Medicaid, local practitioners)?
- Is your child current on immunizations? If no, offer the parent information on required vaccines and resources for obtaining vaccinations if needed.
- Is there anything else about your child's health that you would like to share with me?

If possible, school nurses should find a time to introduce themselves to the child and show them the location of the school clinic.

Communicating with Families

Communication with families is an important component of school health services. Because of societal changes and work situations, parents may be difficult to contact. In some cases, the nurse will be communicating with grandparents, guardians, foster parents or social workers. It is important for school nurses to know who is authorized to provide and receive information about the student.

Sending a letter or form home with information about clinic visits can assist with keeping the lines of communication open (See Clinic Visit Report to Parent at the end of this chapter). The school nurse should document and maintain a record of communication with parents. Helping parents understand, during registration and interviews with families new to the school, that the nurse is there to be an advocate for the child can help the nurse obtain good contact information and pave the way for good communication.

Pediatrician Dr. T. Berry Brazelton's approach to working with parents promotes a positive attitude of "enlisting parents as partners in the healthcare process." School nurses can be a part of the supportive network for families who may be undergoing stresses of all types as their children grow. Dr. Brazelton's Touchpoints Project was developed as an interdisciplinary, relational model to help healthcare providers create a supportive model of family interaction.

This relationship is built on mutual respect, care and acknowledgement of parents' care and concern for their children. The seven basic principles of Touchpoints practice for healthcare providers are:

- Recognize what you bring to the interaction
- Look for opportunities to support mastery
- Use the behavior of the child as your language
- Value and understand the relationship between you and the parents
- Be willing to discuss matters that go beyond your traditional role
- Focus on the parent-child relationship
- Value passion wherever you find it

For more information, visit brazeltontouchpoints.org/about/what-is-touchpoints.

Collaborating with All School Employees

School nurses have a responsibility for monitoring and maintaining a healthy school environment in which students can learn. In order to accomplish this goal, collaboration with other school employees is a key ingredient of success.

- The principal is the leader of the school team. The principal should be made aware of any obstacles or problems that occur in the school health clinic, such as the following:
 - if a child is seriously ill or injured
 - if emergency services need to be called
 - if there is a concern with communication with a parent/guardian
 - if there is a pattern of illness, infection, injury or infestation
 - if there is suspected child abuse or neglect
 - if there is a concern about the safety or health of the school environment
 - any time there is a situation with which the school nurse or clinic worker needs assistance.
- The school administrative staff can provide information on the students and families, class scheduling, building concerns, problems that may be occurring in other schools and community resources.
- Teachers can be your best observers. They will most likely be the first ones to notice students' physical symptoms, patterns of illness, health complaints and psychological changes. Special education teachers and paraprofessionals also have a wealth of knowledge and experience in dealing with students with special needs.
- The school social worker, guidance counselor, Student Support Team leader and other allied health professionals (speech therapist, etc.) can be your best allies in gathering information about children and families and available resources. District level personnel such as audiologists and school psychologists are also important contacts.
- The cafeteria staff can be helpful with snacks you may need for children, ice and observation of a child's eating patterns. The district level Nutrition Director can also provide assistance with students with special nutrition needs.
- The custodial staff can help you with infection control issues, clean-up of spills and building safety issues.
- The media center staff can help you with researching a health issue and finding resources for health education.
- Interpreters are becoming more and more important as our population becomes more diversified.
- The technical support staff at your school or district can help you with computer software needs and problems.
- School nurses may be asked to help with a staff member's health concern as well. You may be able to provide first aid, assist with referrals, help with health education curriculum and ideas for bulletin boards, etc.
- Children's Healthcare of Atlanta's Regional School Nurse Coordinator is available to offer continuing education and educational resources. The School Nurse Coordinator can be reached at 404-785-7202, or by visiting the following website: choa.org/medical-professionals/nursing-resources/school-health-resources
- The Deputy Chief Nurse at Georgia Department of Public Health can provide leadership, training and consultation as it relates to school nursing practice and public health to all health districts and school districts, including private and parochial schools, as well as nurses employed as school nurses. The Deputy Chief Nurse can be reached at 404-656-4456 or by visiting the following website: dph.georgia.gov/school-health
- The School Nurse Specialist at the Georgia Department of Education provides leadership and technical assistance, as well as facilitating the development of student health services programs for local school districts. The School Nurse Specialist can be reached at 404-657-8309, or by visiting the following website: gadoe.org/Curriculum-Instruction-and-Assessment/CTAE/Pages/School-Nurse.aspx
- Children's Healthcare of Atlanta also has a 24-hour nurse advice line for questions about healthcare, a specific illness or injury or referral information. The number is 404-785-KIDS.

- The Georgia Association of School Nurses (GASN) was organized in 1991 to unite the state's school nurses committed to providing quality health care services to school children. GASN remains dedicated to promoting excellence in school health through its continued education programs and advocacy. Officers can be reached by visiting the following website: gasn.org/contacts
- The National Association of School Nurses (NASN), has a board of directors composed of elected officers and one representative of each affiliate member organization, who serves as a state director. Georgia's NASN State Director may be found by visiting this webpage nasn.org/AboutNASN/OurLeaders/BoardofDirectors

School Health Records

Confidentiality

FERPA AND HIPAA

The Family Educational Rights and Privacy Act (FERPA) is a federal Law that protects the privacy of student education records. The Law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents certain rights with respect to their children’s education records. Although most elementary and secondary schools are not generally subject to HIPAA, there are exceptions. School nurses should follow all applicable confidentiality laws and regulations regarding educational records and protected health information.

To view a complete copy of the law and additional information, click on the links below.

Family Rights & Privacy Act (FERPA)

www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html

For Further Reading

astho.org/programs/preparedness/public-health-emergency-law/public-health-and-schools-toolkit/comparison-of-ferpa-and-hipaa-privacy-rule/

nasn.org/ToolsResources/DocumentationinSchoolHealth/HIPAAandFERPA

School Nurse Role in Electronic School Health Records

In 2011, 74% of school nurses reported using Electronic Health Records (NASN, 2011). Therefore, it is important for school districts to have policies and procedures in place regarding the types, maintenance, protection, access, retention, destruction, and confidentiality of student health records. Information technology professionals with school districts may require expert assistance in addressing the requirements for health documentation standards; thus school nurses should participate in the selection of documentation systems as well as the development of appropriate policies and procedures.

For Further Reading

nasn.org/nasn/advocacy/professional-practice-documents/position-statements/ps-electronic-health-records

Documentation

Parents/guardians should complete a health or clinic card for every child at the beginning of the school year or upon registration, which includes:

- All emergency contact information (including cell phones and pagers)
- Pertinent health history
- Primary care provider/insurance information
- All medications taken
- Allergies
- Persons to whom child may be released
- Signed permission to release medical information or contact the primary care provider (PCP).

Ideally, this form (or a copy or computer version) should be available in the school clinic, filed under student name alphabetically

by grade. It should be updated annually (consider the beginning of each school year), especially for emergency contact and health history information. Some schools put space on the back of the form to record specific student health information as it occurs, such as clinic visits, immunizations given and screening reports. Some schools have incorporated this information onto a health folder, which can then be filed and used to hold other pertinent health information for this child.

The child's complete school health record includes all of the following. Those marked with * are required for ALL students, the rest are required inclusions as needed:

- Immunization Certificate (form 3231) and supporting documents including GRITS (Georgia Registry of Immunization Transactions and Services) records*
- Vision, Hearing, Dental and Nutrition Screening (form 3300)*
- Medication authorization forms
- Correspondence from physicians and parents
- Treatment authorization forms
- Results from school screenings, referral letters sent
- Clinic visit reports, nurse's notes
- Student accident forms
- Any other documentation related to the child's health in school.

Some schools may choose to keep all information in one record in the office, but keeping health information filed separately in the health clinic is better for logistics and confidentiality. Wherever this information is kept, it must be locked and accessible only to authorized persons to maintain confidentiality. Orders for medications and treatments should be written and signed per local district policy. Acceptance of verbal or faxed orders should be addressed in school policy. Two people should always listen to a telephone verbal order from a healthcare provider and both should sign the order. Verbal orders, if taken, should always be followed by an order in writing within a specified time period, usually 48-72 hours. Personal health information that is faxed should come in and be sent out with a cover sheet, clearly marking the information as confidential.

Standards of documentation for the school health record are similar to any other nursing documentation. All written materials should be accurate, objective, concise, complete, timely and well-organized. Entries should be legible, in ink, with each entry timed and dated. Subjective student data should be recorded in the student's own words. Assessment data should include significant findings, both positive and negative. Nursing actions should be documented completely; personal judgments and opinions should be omitted. An accepted method of error correction is one single line drawn through the entry, the word "error" and the nurse's signature written above it. Avoid late entries; however, if necessary, make the entry with the correct date and time and mark as "late entry."

Special Education Abbreviations Commonly Used in Schools

AB	Adaptive Behavior	LEA	Local Education Agency or Limited English Proficiency
ADA	Americans with Disabilities Act	LRE	Least Restrictive Environment
ADD	Attention Deficit Disorder	MiID	Mild Intellectual Disability
ADHD	Attention Deficit Hyperactivity Disorder	MoID	Moderate Intellectual Disability
APE	Adaptive Physical Education	OCR	Office for Civil Rights
BD	Behavior Disorder	OHI	Other Health Impaired
CST	Child Study Team	OSEP	Office of Special Education Programs
DFCS	Department of Family and Child Services	Para	Paraprofessional
DHHS	Department of Health and Human Services	PD	Physical Disability
DHR	Department of Human Resources	PI	Physically Impaired
DOE	Department of Education	PID	Profoundly Intellectual Disability
EBD	Emotional Behavior Disorders	RS	Rehabilitation Services
EIP	Early Intervention Program	SDD	Significantly Developmentally Delayed
ESY	Extended School Year	SEA	State Education Agency
FAPE	Free and Appropriate Public Education	SED	Serious Emotional Disturbances
FERPA	Family Educational Rights and Privacy Act of 1974	SI	Speech Impaired or Sensory Integration
HI	Hearing Impaired	SID	Significantly or Severe Intellectual Disability
HIPAA	Health Insurance Portability and Accountability Act	SLD	Specific Learning Disabilities
HB	Home Bound	SST	Student Study Team
IDEA	Individuals with Disabilities Education Act	TBI	Traumatic Brain Injury
IEP	Individualized Education Plan	VI	Visual Impaired
IHP	Individualized Health Plan	504	A Civil Rights Law
LD	Learning Disabilities		

Additional Acronym Resources:

Disability and Special Education Acronyms

parentcenterhub.org/repository/acronyms/

Some Commonly-Used Acronyms and Abbreviations within Georgia's Behavioral Health and Development Disabilities System
dbhdd.georgia.gov/sites/dbhdd.georgia.gov/files/imported/DBHDD/Files/DBHDD%20Acronyms%20%26%20Abbreviations%20-%20Updated%20December%206%2C%202011.pdf

Required Health Certificates

Required health certificates for school include:

- DPH Form 3300 Certificate of Vision, Hearing, Dental and Nutrition Screening (O.C.G.A 20-2-770 Rules and regulations for nutritional screening and eye, ear and dental examinations of students)
- DPH Form 3231 Certificate of Immunization or DPH Form 2208 Affidavit of Religious Exemption (if applicable)
- The most current versions of these health certificates and additional valuable information regarding immunization requirements and information are available from the Georgia Department of Public Health at the following link: <https://dph.georgia.gov/schools-and-childcare>

Resources

Information regarding immunizations including vaccine requirements, vaccination schedules, sample forms and audit information:

dph.georgia.gov/schools-and-childcare

Information regarding Vision, Hearing, Dental and Nutrition Screening:

dph.georgia.gov/documents/forms-surveys-and-documents

dph.georgia.gov/form-3300-school-nurse-trainings

Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, UNITED STATES, 2018

The table below shows vaccine acronyms, and brand names for vaccines routinely recommended for children and adolescents. The use of trade names in this immunization schedule is for identification purposes only and does not imply endorsement by the ACIP or CDC.

Vaccine type	Abbreviation	Brand(s)
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel Infanrix
Diphtheria, tetanus vaccine	DT	No Trade Name
<i>Haemophilus influenzae</i> type B vaccine	Hib (PRP-T)	ActHIB Hiberix PedvaxHIB
Hepatitis A vaccine	Hib (PRP-OMP)	Havrix Vaqta
Hepatitis B vaccine	HepA	Engerix-B Recombivax HB
Human papillomavirus vaccine	HPV	Gardasil 9
Influenza vaccine (inactivated)	IIV	Multiple
Measles, mumps, and rubella vaccine	MMR	M-M-R-II
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-D MenACWY-CRM	Menactra Menveo
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero Trumenba
Pneumococcal 13-valent conjugate vaccine	PCV13	Prenar 13
Pneumococcal 23-valent polysaccharide vaccine	PPSV23	Pneumovax
Poliovirus vaccine (inactivated)	IPV	IPOI
Rotavirus vaccines	RV1 RV5	Rotarix RotaTeq
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel Boostrix
Tetanus and diphtheria vaccine	Td	Tenivac No Trade Name
Varicella vaccine	VAR	Varivax
Combination Vaccines		
DTaP, hepatitis B and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix
DTaP, inactivated poliovirus and <i>Haemophilus influenzae</i> type B vaccine	DTaP-IPV/Hib	Pentacel
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix Quadacel
Measles, mumps, rubella, and varicella vaccines	MMRV	ProQuad

- Consult relevant ACIP statements for detailed recommendations (www.cdc.gov/vaccines/hcp/acip-recs/index.html).
- When a vaccine is not administered at the recommended age, administer at a subsequent visit.
- Use combination vaccines instead of separate injections when appropriate.
- Report clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) online (www.vaers.hhs.gov) or by telephone (800-822-7967).
- Report suspected cases of reportable vaccine-preventable diseases to your state or local health department.
- For information about precautions and contraindications, see www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

Approved by the

Advisory Committee on Immunization Practices
(www.cdc.gov/vaccines/acip)

American Academy of Pediatrics
(www.aap.org)

American Academy of Family Physicians
(www.aafp.org)

American College of Obstetricians and Gynecologists
(www.acog.org)

This schedule includes recommendations in effect as of January 1, 2018.



Healthy School Environment

Indoor Air Quality

Exposure to air pollution is a health concern for everyone, especially those with asthma and other chronic respiratory conditions. In the school setting, outdoor air pollution and high levels of ozone are problematic when physical education, sports activities, field days and field trips are held outside. Indoor air quality can be even more of a concern with construction of tightly sealed buildings; reduced ventilation rates to save energy; use of synthetic materials in construction, furnishings and carpets; and chemicals in consumer products.

Some of the consequences of poor air quality in schools are:

- Increased long- and short-term health problems for students and staff
- Spread of airborne infectious diseases
- Degraded student learning environment, affecting comfort and attendance
- Reduced productivity of teachers and staff due to discomfort, sickness and absenteeism
- Deterioration of the school building and equipment

Maintaining a healthy school environment involves creating a safe work and study area and a healthy atmosphere that is physically, emotionally and psychologically supportive. Optimum indoor air quality, elimination of safety hazards and adequate lighting are important factors to be considered in achieving this goal.

The National Association of School Nurses (NASN), in a 2002 position paper, stated that the school nurse is in a unique position to work with administration, maintenance personnel and other health professionals in detecting, monitoring and eliminating sources of indoor air contaminants, as well as proactively educating students, staff and parents on indoor air quality issues.

The Environmental Protection Agency (EPA) has developed the Indoor Air Quality (IAQ) Tools for Schools Action Kit, which will guide school staff in how to improve the air quality environment in the school. This kit is recommended by the National Safety Council, the American Lung Association, the National Education Association and the National Parent Teacher Association. Checklists included in the kit allow staff to pinpoint areas of concern and potential solutions.

Through simple, low cost measures, schools can:

- Reduce IAQ-related health risks and triggers for asthma
- Identify sources of mold
- Improve comfort and performance levels
- Avoid costly repairs
- Avoid negative publicity and loss of parent and community trust
- Avoid liability problems

Resources

Coalition for Healthier Schools, Healthy Schools Network, Inc.

healthyschools.org/coalition.html

Environmental Health Concerns in the School Setting: The Role of the School Nurse

nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/smId/824/ArticleID/642/Default.aspx

IAQ Tools for Schools – Action Kit

epa.gov/iaq/schools

Indoor Air Quality (IAQ) Info Clearinghouse

epa.gov/iaq

Healthy Schools Network, Inc.

healthyschools.org

SICK SCHOOLS 2009: America's Continuing Environmental Health Crisis for Children

healthyschools.org/SICK_SCHOOLS_2009.pdf

School Health Index

The Centers for Disease Control and Prevention, Adolescent and School Health section, has developed the School Health Index, a self-assessment and planning tool for elementary and secondary schools that will enable the schools to:

- identify the strengths and weaknesses of their health, physical activity and nutrition policies and programs;
- develop an action plan for improving student health;
- involve teachers, parents, students and the community in improving school health services.

The SHI currently addresses five health topic areas, including:

- Physical activity
- Healthy eating
- Tobacco-use prevention
- Unintentional injury and violence prevention (safety)
- Asthma

It also includes cross-cutting questions, which address policies and practices that apply to all five health topic areas.

“The School Health Index is available at no cost and can be completed in approximately five hours. Many of the improvements that a school may want to make after completing the index can be done with existing staff and resources. A small investment of time can pay big dividends in improving students’ well-being, readiness to learn and prospects for a healthy life.”

Go to cdc.gov/healthyyouth/shi/index.htm to obtain a copy of The School Health Index which was updated in 2017.

Resources

CDC’s Division of Adolescent and School Health (DASH)

cdc.gov/HealthyYouth/index.htm

Child Abuse Prevention, Recognition and Reporting

Child abuse and neglect is a serious and costly public health issue that affects child victims, their families, and society as a whole. According to the latest Annie E. Casey Foundation KIDS COUNT assessment, Georgia ranked 38th in the nation for child well-being. There are 163,000 reports made to Georgia Division of Family and Children Services each year.

Educators and school personnel can help in prevention efforts

Education and assistance for students and families

- Provide training on life skills such as communication, problem-solving, coping, personal safety and parenting.
- Use teaching styles that promote assertiveness, decision-making skills, positive peer relations and self-esteem.
- Make sure students know where they can go to get help or talk to a trusted adult.
- Offer after-school care or programs for children of working parents or parents who need respite from childcare responsibilities.
- Make parents aware of child protection policies and procedures in place to protect kids, encourage them to ask questions and to find out if other organizations with which their children are involved have similar policies.
- Encourage parents to know where their children are at all times, to minimize one-adult/one-child activities (especially if not visible to others or easily interruptible), and to be vigilant about leaving children only with trusted caregivers.
- Counsel parents and students about child sexual abuse and exploitation prevention, possible indicators of abuse/exploitation and common grooming or recruitment techniques.
- Know what to do if abuse, neglect or exploitation is suspected (be aware of mandatory reporting laws, agencies to contact, and community resources to seek)
- Invite parents to get involved in school activities where they can observe positive models for interactions with children.
- Provide referrals to families facing domestic violence, drug and alcohol abuse or unemployment, as well as those with food, housing, mental health or healthcare needs.
- Have clear and consistent codes of conduct.
- Send positive feedback to parents about their children.
- Set realistic goals and celebrate small successes.

Training for school staff and organizational change

- Require all staff and volunteers to participate in training on child abuse, exploitation and neglect and encourage them to reach out to students at risk.
- Promote school as a safe place; have policies that prohibit corporal punishment on campus.
- Develop comprehensive child protection policies such as those that eliminate one-adult/one-child interactions at school.
- Assist the school with requiring the staff read and sign off on code of conduct annually.
- Educate staff on the importance of all activities with students be observable and interruptible by others.
- Make school facilities available for parenting support meetings and workshops. Use school resources (e.g., newsletters, bulletin boards, newspapers) to broadcast prevention messages, such as positive parenting and appropriate discipline techniques.
- Form partnerships with law enforcement, social services and other community organizations that deal with child abuse.
- Support and participate in advocacy efforts at the community, state and federal level for more funding for prevention programs.

Prevention Programs in Georgia that Reduce Risk Factors and Strengthen Protective Factors			
Program Name	Target Audience	Sponsoring Organization	Description
Speak-Up, Be Safe (SUBS)	Children in pre-K – 6th grade	School-based; created by Childhelp	Body safety and violence prevention education for children
Talking about Touching	Children in pre-K – 3rd grade	School-based; created by Committee for Children	Personal safety and violence prevention curricula
First Steps	New parents	Varies- depending on location	Support, information and referrals; phone-based after initial face-to-face visit
Healthy Families Georgia	New parents	UGA Center for Family Research	Long-term voluntary home visitation for more vulnerable families of newborns
HELPLINE: 1-800-4CHILD	Parents, caregivers, anyone that works with children	Childhelp USA National Child Abuse Hotline	Toll-free, confidential source of support, information and referrals
Stop it Now!	Adults	Georgia State University Center for Healthy Development	Public health campaign on adult responsibility for preventing child sexual abuse
Stewards of Children	Adults; staff of youth-serving organizations	Darkness to Light and Georgia Center for Child Advocacy	Training program on adult responsibility for preventing child sexual abuse
Educational brochures, classes and reporting info	Parents, caregivers, anyone that works with children	Children Without a Voice USA	Free information for all adults interacting with children to learn more about prevention
Period of PURPLE Crying	Parents of newborn infants	Children’s Healthcare of Atlanta & the National Center on Shaken Baby Syndrome (SBS)	Training for parents and adults on SBS, and SBS prevention
Multidisciplinary Webinar Program	Parents, caregivers, anyone that works with children	Stephanie V. Blank Center for Safe and Healthy Children at Children’s Healthcare of Atlanta	Training for professionals and volunteers on various topics relating to child maltreatment and prevention
Strengthening Families Protective Factor Framework	Adults working and volunteering in child serving agencies	Strengthening Families Georgia	Protective factors are “promotive” factors that build family strengths and a family environment that promotes optimal child and youth development.

The chart above provided by the Stephanie V. Blank Center for Safe and Healthy Children at Children’s Healthcare of Atlanta.

Protective Factors for Maltreatment

Everyone is exposed to risk at some point. Because risk cannot be entirely eliminated, it is important to build up protective factors, those strengths that can be built upon to increase a family's safety and well-being.

Parents/Family	Service Provider	Community	Society
Develops close bonding with a child	Expresses positive expectations	Leaders prioritize community health, safety & quality of life for families	Values youth contribution
Those who are nurturing & protective	Encourages pro-social development	Engage supportive neighbors	Values collaboration
Value & encourage education	Provides opportunities for leadership and participation	Develop neighborhood watch groups, mentoring groups	Laws that hold perpetrators accountable
Manage stress	Staff view themselves as caring people	Ensure safe neighborhoods free from violence	Emphasis on academics
Makes spending time with their children a priority	Support families when they recognize signs of stress or need	Provide supportive social and health networks	Family-friendly atmosphere
Seeks professional help when needed	Have family-friendly information available which includes information on child development, bonding, parenting	Community organizations have written child protection policies in hiring and monitoring staff, as well as reporting abuse	
Have appropriate community resource referrals available			
Understands child development			

The chart above provided by the Stephanie V. Blank Center for Safe and Healthy Children at Children's Healthcare of Atlanta.

Strengthening Families Georgia - 5 Protective Factors Framework

<p>Parental Resilience - Parents Can Bounce Back</p>	<p>Parent’s capacity for resilience affects how they deal with stress. Resilience is the ability to manage and bounce back from all types of challenges that emerge in a family’s life. It means finding ways to solve problems, building and sustaining trusting relationships including with children, and knowing how to seek help when necessary.</p>
<p>Social Connections - Parents Have Friends</p>	<p>Friends, family members, neighbors and community members provide emotional support, help solve problems, offer parenting advice and give concrete assistance to parents. Networks of support are essential to parents and also offer opportunities for people to “give back”, as a way to build self- esteem as well as benefit the community. Isolated families may need extra help in reaching out to build positive relationships.</p>
<p>Knowledge of Parenting and Child Development - Parents Know How Children Grow and Learn</p>	<p>Accurate information about child development and appropriate expectations for children’s behavior at every age help parents see their children and youth in a positive light and promote their healthy development. Information is most effective when it comes at the precise time parents need it to understand their own children. Parents who experienced harsh discipline or other negative childhood experiences may need extra help to change the parenting patterns they learned as children.</p>
<p>Concrete Support in Times of Need - Parents Know Where to Turn for Help</p>	<p>Meeting basic economic needs like food, shelter, clothing and health care is essential for families to thrive. Likewise, when families encounter a crisis such as domestic violence, mental illness or substance abuse, adequate services and supports need to be in place to provide stability, treatment and help for family members to get through the crisis.</p>
<p>Social and Emotional Competence of Children - Children Learn to Talk About & Handle Feelings</p>	<p>A child or youth’s ability to interact positively with others, self-regulate their behavior and effectively communicate their feelings has a positive impact on their relationships with their family, other adults, and peers. Challenging behaviors or delayed development creates extra stress for families, so early identification and assistance for both parents and children can head off negative results and keep development on track.</p>

The chart above adapted from the Strengthening Families Georgia Protective Factors Framework. strengtheningfamiliesga.net/about-sfg/

Recognition of Child Abuse

Types of Abuse

- Cruelty to children is willfully depriving a child of necessary sustenance or causing cruel or excessive physical or mental pain. This includes allowing a child to witness family violence.
- Emotional abuse is a repeated pattern of caregiver behavior or extreme incident(s) that harm a child's self-worth or emotional well-being or convey to children that they are worthless, flawed, unloved, unwanted, endangered or only of value in meeting another's needs.
- Neglect may be seen as occurring when a child does not receive the care they need for adequate development, growth and well-being, usually related to multiple factors at the individual, caregiver/family, community and societal levels.
- Munchausen by Proxy Syndrome is a form of child abuse in which a parent or caretaker presents a child for medical, or behavioral health attention with symptoms that may have been fabricated and/or directly created by the parent or caretaker, and which subjects the child to unnecessary or potentially harmful medications or medical procedures. The parent or caretaker (typically a mother) may display considerable medical knowledge and may have worked in a healthcare setting.
- Physical abuse is non-accidental physical injury or death inflicted upon a child by a parent or a caretaker. In Georgia, physical forms of discipline (such as spanking) may be used by a parent as long as there is no physical injury to the child.
- Sexual abuse is when an adult, or older or larger child, employs, uses, persuades, induces, entices or coerces any minor to engage in any sexual act. Sexual abuse includes contact and non-contact acts (such as exhibitionism, voyeurism, and pornography exposure or involvement).
- Sexual exploitation (often referred to as "commercial sexual exploitation" or CSEC) involves engaging a child/youth less than 18 years of age in a commercial sex act of any kind (sexual act performed in exchange for something of perceived value). The exchange could involve money, clothing, shelter, drugs, electronics, other consumer goods, or other items of value. It may involve prostitution (with or without a 3rd party controlling the situation), production of child sexual abuse images (pornography), or engaging a child in work at a sex-related venue (e.g. strip club).

Indicators of Abuse and Neglect

The information below provides some potential indicators of different types of maltreatment. This list is by no means exhaustive, nor are the indicators listed for each type of abuse mutually exclusive. Children experiencing abuse may show signs from more than one category. However, if you see a child or parent/caregiver exhibiting the signs/symptoms listed below it is worth considering the possibility of maltreatment. If you have a reasonable suspicion that a child is being abused, sexually exploited or neglected, Mandated Reporting statute 19-7-5 requires that you report that suspicion to the designated reporter in your organization or directly to the Division of Family and Children's Services (DFCS). Failure to report abuse or neglect is a crime. See the next section on reporting child maltreatment for more information.

Free training opportunities to learn more on how to recognize and respond to various types of child abuse are available at choa.org/cptraining

Potential Signs of Physical Abuse

- Unexplained burns, bites, bruises, broken bones or black eyes.
- Injuries in ordinarily protected locations, such as the torso, upper arms, neck, inner thighs and genitalia.
- Fading bruises or other marks in ordinarily protected locations noticeable after an absence from school.
- Child seems frightened of parent(s)/caregiver and protests or cries when it is time to go home.
- Child shrinks at the approach of adults.
- Child reports injury by a parent or another adult caregiver.

Consider the possibility of physical abuse when a parent or other adult caretaker:

- Offers conflicting, unconvincing or no explanation for the child's injury.
- Offers an explanation for the injury that is inconsistent with the developmental capabilities of the child
- Describes the child as "evil," or in some other very negative way.
- Uses harsh physical discipline with the child.

Potential Signs of Neglect

- Frequently absent from school.
- Dresses inappropriately for school (for example: inadequate clothing to protect from the cold in winter)
- Begs, or steals food or money.
- Hordes food for self or siblings.
- Lacks needed medical or dental care, immunizations or glasses.
- Consistently dirty or unhygienic and has severe body odor.
- Consistent bad breath due to unbrushed teeth, or rotting teeth.
- Abuses alcohol or other drugs.
- States that there is no one at home to provide care.
- States that their father (or step-father/mom's boyfriend) hits (or beats/screams/abuses) their mother. Keep in mind that domestic violence can also occur in same-sex couples, and females can be abusive towards males.

Consider the possibility of neglect when a parent or other adult caretaker:

- Appears to be indifferent to the child's well-being.
- Seems apathetic or depressed.
- Behaves irrationally or in a bizarre manner.
- Abuses alcohol or other drugs.
- Shows signs that he/she is the victim or perpetrator of domestic violence.

Potential Signs of Sexual Abuse/Exploitation

- Sudden changes in behavior or performance (for example: failing grades when child used to do well in school; child begins to stay late after school to help out the teacher because he/she doesn't feel like going home yet).
- Regresses to behaviors they have previously out-grown (for example: urinating or defecating in their clothes, bed wetting or thumb-sucking).
- Suddenly refuses to change for gym or to participate in physical activities.
- Reports nightmares or bed wetting.
- Displays a sudden change in appetite.
- Unusual knowledge and/or interest in sex given the age of the child.
- Has poor peer relationships.
- Makes frequent trips to school nurse/medical for stomach/headaches, or other psychosomatic ailments.
- Complains of pain, itching, bleeding, and/or discharge in private area.
- Becomes pregnant.
- Contracts a sexual transmitted infection/disease, particularly if pre-pubescent.
- Runs away from home, especially more than once.
- Is frequently truant from school.
- Appears scared or uncomfortable around one particular adult or older/larger child.
- Discloses/reports sexual abuse by a parent or another adult caregiver, even another child.

- Has money and/or new and expensive items of unclear source.
- Shows signs of depression, anxiety, mood swings, hypervigilance, or dissociation.

Consider the possibility of sexual abuse when a parent or other adult or older/larger child:

- Uses inappropriate language and topics around children.
- Has a secretive relationship with child.
- Spends so much time with a child that they are isolated from others.
- Jealous or controlling of a child.
- Doesn't respect a child's personal boundaries.

Potential Signs of Emotional Abuse

- Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity or aggression.
- Either inappropriately adult (for example: parenting other children) or inappropriately infantile (for example: frequently rocking or head-banging).
- Delayed in physical or emotional development.
- Has attempted suicide.
- Exhibits lack of attachment to his/her parent.

Consider the possibility of emotional abuse when a parent or other adult caregiver:

- Constantly blames, belittles, or berates the child.
- Appears unconcerned about the child and refuses to consider offers of help for the child's problems.
- Overtly rejects the child.

If a child discloses abuse:

- Remain calm. If you act overly upset or shaken, it may cause the child to backtrack, or not share any more information.
- Make sure the child knows that it is okay to talk with you about these things.
- Listen carefully and do not interrupt.
- Do not interrogate or interview the child. If you must ask questions, make sure they are open-ended questions, such as "What happened next?"
- Avoid leading questions about details. This can contaminate the child's memory of the events or cause them to answer in a way that they think you want to hear.
- Minimize the number of questions you ask the child. Ask only the questions you need in order to determine:
 - Do you have concerns of abuse/neglect/exploitation?
 - Will the child be safe in the immediate future?
 - Will the child be safe if they go home after school?
 - Does the child need immediate medical attention?
- You do NOT need to be certain that abuse/neglect/exploitation has occurred before making your report. You just need to have a reasonable concern that this is a possibility.
- Reassure the child that what happened is not his or her fault—"When things like this happen to children, it is never their fault."
- Let the child know you believe and support him/her.
- Thank the child for telling you and praise the child's courage for sharing with you.
- Assure the child that you want to do everything you can to protect him or her—but do not make any promises to the child.
- Be honest. If the child asks you keep their disclosure a secret, let them know that you have to make a report. You can say "I can't promise not to tell, because I need help to make sure that you are safe and no one is hurting you, because I care about you."
- Believe the child. Even if it turns out that the child is lying, it is better to believe him or her initially than to dismiss a disclosure of abuse that may be true.

Reporting of Child Abuse and Neglect

Section § 19-7-5 of the Official Code of Georgia mandates that any staff or volunteers of any type of organization or business that provides children with “care, treatment, education, training, supervision, coaching, counseling, recreational programs, or shelter,” make a report when they have reasonable cause to suspect that a child has been abused. Mandated reporters can include: volunteers, nurses, school teachers, school administrators, school guidance counselors, social workers, school psychologists, etc. Reporters do not have to be certain that maltreatment has occurred; only a reasonable suspicion is needed. All reports are kept confidential. The law provides immunity from criminal or civil liability for reporting abuse and/or neglect when the report is made in good faith. Knowingly and willingly failing to report child abuse (such as when a child discloses abuse or abuse is witnessed) is a crime, and you can be found guilty of a misdemeanor.

If a child is in immediate danger, always dial 911. In all other cases, a report should be made as soon as possible to the Division of Family and Children Services (DFCS). Some schools may designate a particular staff member to receive notifications of suspected abuse and to make a report to DFCS on behalf of the school. In this case, it is important to know that this delegate can in no way exercise any control, restraint, modification or any change whatsoever to the information provided by the reporter. Response time ranges from within 24 hours to five days, depending on the county, age of the child, and the nature and severity of the allegation(s). DFCS is now required to provide notification to school employees of receipt of suspected abuse report within 24 hours. They must provide notice of completion of the investigation within five days to the school counselor to disclose whether or not the abuse was confirmed or unconfirmed. If the school does not have a school counselor, the principal is notified of the outcome.

Per section § 16-5-70 of the Official Code of Georgia, a person commits the offense of cruelty to children when the primary aggressor in family violence battery has knowledge that a child under the age of 18 is present and sees or hears the act. Children in homes where domestic violence is present are at much higher risk for maltreatment and neglect, though it does not guarantee the children are also experiencing abuse. Emotional problems that develop in these children can include aggression, depression, anxiety, fear, guilt, self-blame, low self-esteem, post-traumatic stress disorder and the belief that violence is a “normal” behavior. If you suspect that a parent in the home is experiencing domestic/intimate partner violence, you may offer community referrals, such as contact information for shelters or counseling.

When you suspect abuse:

- Act on your suspicions. Remember that it is okay to be wrong, but it is not okay to allow children to continue to suffer abuse in silence.
 - You may discuss your concerns with another adult in your organization or with a child abuse-focused organization, maintaining confidentiality as appropriate. However, if you have reasonable suspicion that abuse or neglect has occurred, you must make a report to authorities within 24 hours—the sooner, the better!
- Call a helpline if you have questions or are unsure about your suspicions. Remember, calling a help line does NOT meet the requirements for mandated reporting of suspected abuse. Remember the rules of confidentiality.
 - Childhelp National Child Abuse Hotline, 800-4-A-CHILD (800-422-4453)
 - Prevent Child Abuse Georgia Helpline 1-800-CHILDREN
- Determine the child’s immediate needs (e.g., safety, medical attention).
- Talk to the child’s non-offending parent, and do what you can to connect him or her to needed services, including a child advocacy center. You may wish to work with a counselor or a DFCS caseworker to help the child obtain these services.
 - To find a child advocacy center near you, contact Children’s Advocacy Centers of Georgia at cacga.org or 770-319-6888.
- Report according to school policy and your legal requirement as a mandated reporter within 24 hours.
 - Follow up with any other school staff delegated to make the official report within 24 hours of the report being made. If it hasn’t been made, make it yourself; remember it’s your responsibility.

How to Report:

1. Call the Statewide, 24 hour Mandated Reporting Line 1-855-GA-CHILD
 - This is the preferred option
2. E-mail DFCS Reporting Form to cpsintake@dhs.ga.gov
3. Fax DFCS Reporting form to: 229-317-9663
 - To access the faxed reporting form, visit gsu.us8.list-manage2.com/track/click?u=4d7b0e426447c8905f4fe987c&id=30fc965386&e=176c494efa
 - If you email for fax a form, you will receive an auto-reply stating that the report has been received. Please include on the report a number where you can be reached. You will receive a return phone call within 2 hours to acknowledge your report and collect any additional information needed. This return phone call satisfies the legal requirement to speak with a DHS employee.
4. Complete the digital form located at dfcs.dhs.georgia.gov/child-abuse-neglect. A private code is needed to access the digital form. This code will only be given upon completion of the mandated reporter training found at prosolutionstraining.com/hostedcourses/hostcode.cfm?hostid=18

Supporting Children and Families

It is vital to support as well as report. The attitude of school personnel can make a difference in the progress a family makes once a report of abuse or neglect is made. For instance, a school nurse who is supportive and available to the family throughout the investigation, treatment and rehabilitation process not only protects the child but helps the family maintain dignity and move forward.

When a child who has experienced abuse returns to the classroom:

- Create a supportive and safe environment for the child.
- Make sure the child feels like he or she is valued and accepted as part of the classroom and school.
- Provide structure with consistent routines, clear instructions and predictable behavior.
- Be available to talk to the child about their concerns but do not question the child about events.
- Do not discuss the abuse with any other children in the school or any adults who are not involved in getting the child help.
- Build the child's self-worth and sense of identity with praise and friendly nonverbal communication (for example: smiles). Tell the child what you like about him or her and what makes him or her special and unique.
- Collaborate and communicate with Department of Family and Children Services (DFCS), law enforcement, foster parents, non-offending caregivers and others involved in the child's life.
- Meet with your school or community child protection or crisis team to plan how best to protect and help the child.
- Work with others to coordinate any support services that the child may need.

Remember that traumatic stress may be manifest in a variety of behaviors, including difficulties with attention, aggression, withdrawal, dissociation, mood swings and hyperactivity. These behaviors may serve the function of self-protection, may be a response to anxiety associated with emotional triggers in the environment, may express a need of the child to connect with a trusted person, or may serve some other function. Try to understand the function behind the behavior and make efforts to encourage the child's sense of safety.

Resources

American Academy of Pediatrics – Section on Child Abuse and Neglect
aap.org/sections/childabuseneglect

American Humane Association
americanhumane.org/children/American

Professional Society on the Abuse of Children (APSAC)
apsac.org

Bright from the Start: Georgia Department of Early Care and Learning
training.decal.ga.gov

CDC Injury Center (Violence Prevention)
cdc.gov/ViolencePrevention/index.html

Child Welfare Information Gateway
childwelfare.gov

Children’s Advocacy Centers of Georgia
cacga.org

Children’s Defense Fund/ Parent Resource Network
childrensdefense.org

Children’s Safety Network
childrenssafetynetwork.org

Darkness to Light (child sexual abuse prevention program for adults – Stewards of Children)
darkness2light.org

Division of Family & Children Services (DFCS) – Georgia Department of Human Services
dfcs.dhr.georgia.gov

National Alliance for Drug Endangered Children
nationaldec.org

National Center for Missing and Exploited Children
missingkids.com

National Children’s Advocacy Center
nationalcac.org

National Children’s Alliance
nationalchildrensalliance.org

National Council on Child Abuse and Family Violence (NCCAFV)
nccafv.org

National Child Traumatic Stress Network
nctsn.org

Prevent Child Abuse America
preventchildabuse.org

Prevent Child Abuse Georgia
preventchildabusega.org

Section on Child Abuse and Neglect – American Academy of Pediatrics
aap.org/sections/childabuseneglect

Stephanie V. Blank Center for Safe and Healthy Children at Children’s Healthcare of Atlanta
choa.org/childprotection
choa.org/cptraining

Stop It Now!
stopitnow.org

The Bureau for At-Risk Youth
at-risk.com

The National Center on Shaken Baby Syndrome
dontshake.com

References

Crosson-Tower, C. (2003). The Role of Educators in Preventing and Responding to Child Abuse and Neglect. U.S. Department of Health and Human Services.

childwelfare.gov/pubs/usermanuals/educator/educator.pdf

Darkness to Light. From the Stewards of Children – child sexual abuse prevention training program for adults.
d2l.org.

Georgia Department of Human Services, Division of Family and Children Services – Report.
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Prevent Child Abuse Georgia Fact Sheet. (2013)Georgia State University School of Public Health,
preventchildabusega.org

Sandau-Christopher, Debra (1988). The School’s Role in the Prevention/Intervention of Child Abuse and Neglect: A Manual for School Personnel. Colorado Department of Education (Click on “Full Text” link on left).
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Cultural Diversity

Impact on Student Health in the Schools

According to an article published in the *Journal of School Nursing*, school nurses are among the professional specialty disciplines in the school environment that have the unique opportunity of exploring and building upon effective practices when working and providing service to diverse populations. As such, school nurses must not only acquire the skills to survive in the culture of education; they must also develop cultural competence by engaging in self-identity and reflection, understanding cultural differences, being culturally responsive, identifying social injustices, and engaging in life-long learning experiences. (Carr & Knutson, 2015)

References

Carr, B., & Knutson, S. (2015). Culturally Competent School Nurse Practice. *NASN School Nurse*, 30(6), 336-342.

Source Material and References for Chapter 1

Some sections of Chapter 1 were adapted from other materials. A complete list is below. All material was used with permission. References can be accessed online at the links provided below.

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nasn.org/nasn/about-nasn/about

National Association of School Nurses. (2016). The role of the 21st century school nurse (Position Statement). Silver Spring, MD: Author,
nasn.org/advocacy/professional-practice-documents/position-statements/ps-role

Managing Chronic Health Conditions in Schools: The Role of the School Nurse. (2017,
cdc.gov/healthyschools/chronic_conditions/pdfs/2017_02_15-FactSheet-RoleOfSchoolNurses_FINAL_508.pdf

National Association of School Nurses. (2016, June). Code of Ethics. Retrieved from
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National Association of School Nurses. (2015). School nurse workload: Staffing for safe care (Position Statement). Silver Spring, MD: Author,
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National Association of School Nurses. (2014). Nursing Delegation to Unlicensed Assistive Personnel in the School Setting,
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National Association of School Nurses. (2015). Unlicensed Assistive Personnel: Their Role on the School Health Service Team,
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Georgia Board of Nursing. (2015, January). Assignment to Unlicensed Assistive Personnel,
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National Association for School Nurses. (2017) Facts & Statistics,
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Centers for Disease Control and Prevention. (2017). School Health Index,
cdc.gov/healthyschools/shi/index.htm

Carr, B., & Knutson, S. (2015). Culturally Competent School Nurse Practice. *NASN School Nurse*, 30(6), 336-342.

Sample Forms

EMPLOYEE NAME:

JOB DESCRIPTION

POSITION TITLE: School Nurse	FLSA: Non-Exempt
DIVISION:	PAY GRADE: LPN or RN
DEPARTMENT:	SALARY SCHEDULE: School Nurse
REPORTS TO: Principal	WORK DAYS: 183 Days
PRIMARY FUNCTION: Applies appropriate theories from nursing to meet the unique and diverse health needs of the school community under the guidance of the Nursing Supervisor.	

REQUIREMENTS:

1. Educational Level: Graduate of an accredited nursing education program required
2. Certification/License Required: Valid RN/LPN licensure in the State of Georgia; Certification in CPR/AED required; Certification in American Red Cross Standard First Aid required; must successfully complete the CCSD training course and pass all written tests; must fulfill continuing competency requirements
3. Experience: Minimum of 1 year nursing experience required; 2 years of professional nursing experience preferred
4. Physical Activities: Routine physical activities that are required to fulfill job responsibilities
5. Knowledge, Skills, & Abilities: Written and oral communication; strong motivation for community health; ability to maintain a positive working relationship with school personnel, students, and families; competency in computer applications, record keeping, and organizational abilities; interpersonal skills necessary for overseeing the clinic; knowledge of fundamental nursing concepts, practices, and procedures is essential

ESSENTIAL DUTIES:

1. Demonstrates prompt and regular attendance.
2. Presents professional and well-groomed appearance according to District Dress Code.
3. Attends mandatory Clinic Orientation and Training, Pre-Planning, Professional Learning Days, and other district required trainings.
4. Adheres to District Administrative Rules; uses a distinct clinical knowledge base for decision making in nursing practice; delivers nursing services consistent with Georgia Board of Nursing rules and regulations; nursing procedures are efficient, safe, and effective; maintains accurate documentation of clinic services, including emergency situations; demonstrates ethical and professional behavior, including maintenance of confidentiality at all times.
5. Administers and documents medications to students according to approved clinic policies, procedures, protocols and written physician directions to include injectable medications and emergency medication with appropriate documented records.
6. Organizes and maintains a clean, orderly clinic to ensure a safe physical environment including locked medication cabinets, practicing standard precautions at all times, and maintaining sharps containers in appropriate locations; maintains adequate clinic supplies.
7. Provides privacy and a caring environment; displays and models respect towards students and others; serves as a student advocate and establishes and communicates clear behavior expectation in the clinic to students and staff.
8. Identifies and manages individuals with suspected infectious illnesses and helps prevent transmission to others through exclusion and education; reports required information to the Nursing Supervisor.
9. Evaluates student responses to prescribed interventions and the efficacy of the interventions and executes and documents the nursing interventions noted in an Individual Health Care Plan (IHCP), Section 504 Plan, or Individual Educational Plan (IEP).
10. Collaborates with the Nursing Supervisor in the development and implementation of the IHCP or 504 Plan as appropriate to the student's needs.
11. Communicates and collaborates with school personnel, nursing administration, students and families in a professional manner and with appropriate frequency about school health issues.
12. Performs other duties as assigned by appropriate administrator.

Signature of Employee _____ Date _____

Signature of Supervisor _____ Date _____

CERTIFICATE OF IMMUNIZATION

Child's Name (Last name first)

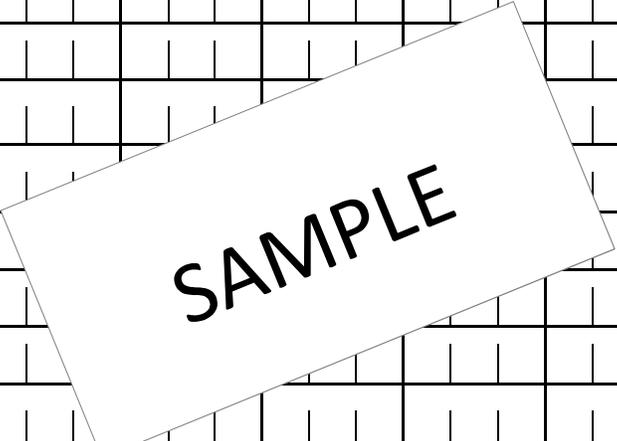
Birthdate

(Optional) Parent/Guardian Name (Last name first)

_____ Date of Expiration (Next required immunization or review of medical exemption due.)	_____ (Fill in X) Complete For K through 6th Grade Child must be ≥ 4 years and have met all requirements for school attendance.
_____ (Fill in X) Complete For 7th Grade or higher Fulfills requirements K through 6th grade AND must have Tdap and MCV4 documented	

Unless specifically exempted by law, Georgia law (O.C.G.A. § 20-2-771) requires a certificate on file for each child in attendance in any school or child care facility in Georgia with penalties for failure to comply. Detailed instructions for this form and immunization requirements by age are spelled out in policy guides 3231INS and 3231REQ distributed by the Georgia Immunization Office.

VACCINE	DATE			Total Doses	Diagnosed	Serology +	History	Med. Exemption												
	MM	DD	YY																	
Required Vaccines for School or Child Care Attendance																				
DTP,DTaP, DT,Td																				
Polio																				
Hepatitis B																				
Tdap																				
MCV4																				
HIB (Under Age 5)																				
PCV (Under Age 5)																				
Measles																				
Mumps																				
Rubella																				
Hepatitis A (Born on/after 1/1/06)																				
Varicella																				
Recommended Vaccines (For Information Only)																				
Rotavirus																				
HPV (3 doses)																				
Influenza																				
Td (booster)																				



Notes:
 A licensed Georgia physician, **Advanced Practice Registered Nurse, Physician Assistant** or qualified employee of a local Board of Health or the State Immunization Office is responsible for the content of this certificate. All dates must include month, day and year. In cases of natural immunity or Medical Exemption, the 4 digit year of infection, test or exemption must be filled in the appropriate box(es). **The certificate is NOT valid without name and birthdate of the child, date of expiration OR "X" in Complete for School Attendance box, legible name and address of the physician, Advanced Practice Registered Nurse, Physician Assistant or health department, certified by signature and a date of issue.** A school or facility official is responsible for keeping a current valid certificate on file for each child in attendance. A certificate must be replaced within 30 days after expiration. **When a child leaves or transfers to another facility, the Certificate of Immunization should be given to a parent/guardian or sent to the new facility.**

Printed, Typed or Stamped Name, Address and Telephone # of Licensed Physician or Health Dept.

 Certified by (Signature/Signature Stamp) _____
 Date of Issue



Georgia Department of Public Health Form 3300

Certificate of Vision, Hearing, Dental, and Nutrition Screening

FILE THIS FORM WITH THE SCHOOL WHEN YOUR CHILD IS FIRST ENROLLED IN A GEORGIA PUBLIC SCHOOL
SCREENER CONTACT INFORMATION IS REQUIRED

PLEASE SEE THE INSTRUCTIONS
ON THE BACK OF THIS FORM

Parent/ Guardian Name: _____ first _____ middle _____ last _____
Parent/ Guardian Contact Information: phone number: _____
 Daytime _____
 Evening phone _____
 Cell phone number: _____

Child's Name: _____ first _____ middle _____ last _____
Date of Birth: ____ / ____ / ____
Gender: Male Female
Child's Home Address: _____ street _____ city _____ state _____ zip code _____ county _____

VISION	HEARING	DENTAL	NUTRITION
<input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Uses corrective lenses <input type="checkbox"/> Worn for testing <input type="checkbox"/> Passed (20/30 in each eye for age 6 and above, 20/40 in each eye for below age 6) <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Under professional care (explain below)	<input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Uses hearing aid / assistive device <input type="checkbox"/> Passed at 500, 1000, 2000, and 4000 Hz with audiometer at 20 or 25 dB <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Under professional care (explain below)	<input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Normal appearance <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Emergency problem observed <input type="checkbox"/> Under professional care (explain below)	<input type="checkbox"/> Unable to screen (explain why below) Height: _____ Weight: _____ BMI: _____ BMI%: _____ <input type="checkbox"/> 5 th to 84 th percentile - Appropriate for age <input type="checkbox"/> < 5 th percentile - Needs further evaluation <input type="checkbox"/> ≥ 85 th percentile - Needs further evaluation <input type="checkbox"/> Under professional care (explain below)
Screening completed by: <input type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Optometrist <input type="checkbox"/> "Prevent Blindness Georgia" employee <input type="checkbox"/> School Registered Nurse	Screening completed by: <input type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Audiologist <input type="checkbox"/> Speech-Language Pathologist <input type="checkbox"/> School Registered Nurse	Screening completed by: <input type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Registered Dental Hygienist <input type="checkbox"/> School Registered Nurse	Screening completed by: <input type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Registered Dietician <input type="checkbox"/> School Registered Nurse
Screeners' Signature _____ Date _____ <i>I certify that this child has received the above screening.</i> Contact Information: _____	Screeners' Signature _____ Date _____ <i>I certify that this child has received the above screening.</i> Contact Information: _____	Screeners' Signature _____ Date _____ <i>I certify that this child has received the above screening.</i> Contact Information: _____	Screeners' Signature _____ Date _____ <i>I certify that this child has received the above screening.</i> Contact Information: _____

FOR SCHOOL SYSTEM ONLY		Follow up for further evaluation	Screeners' Comments:
1 st attempt	2 nd attempt	Actions reported (if any)	
Vision			
Hearing			

Accident/Incident Report Form

(Please print clearly)

Injured Person Information: Visitor Employee Student

Name: _____ Age: __ Sex: Male Female

Address: _____ Grade: _____

Teacher: _____

Phone #'s: _____

School: _____

Date of Accident: _____
(Mo. Day Year)

Time of Accident: _____
(Hr. Min. AM or PM)

Location

- Classroom or Auditorium
- Cafeteria
- Corridor
- Commons Area
- Stairs (inside)
- Bathroom
- Showers or dressing room
- Parking area
- Driveway
- Shops
- Labs
- Homemaking
- Playground
- Street, Highway
- Athletic Field
- Other: _____

Type of Injury

- Abrasion
- Bite
- Blister
- Bruise
- Burn
- Cut/Laceration
- Poisoning
- Puncture
- Scratch
- Sprain
- Tooth Damage
- Other: _____

Body Part Injured

- Head
- Eye R L B
- Ear R L B
- Mouth
- Teeth
- Neck
- Chest
- Shoulder R L B
- Arm R L B
- Elbow R L B
- Wrist R L B
- Hand R L B
- Abdomen
- Hip R L B
- Leg R L B
- Knee R L B
- Ankle R L B
- Foot R L B

Possible Injury:

- Concussion
- Dislocation
- Fracture or Break
- Internal Injury

Strain or Sprain Toe(s) R/L: _____

Degree of Injury Other: _____

- Non-disabling
- Temporary (lost time from school)
- Permanent disability
- Death

Accident / Incident Description (include cause):

Witness(es): _____

Who gave First Aid, if any? _____

Describe aid given: _____

Parent(s) notified? Yes No MD notified: Yes No MD name: Principal notified? Yes No
MD phone: Released to: Parent EMS/Hospital Back to class Accompanied by: _____

Title: _____ Date: _____

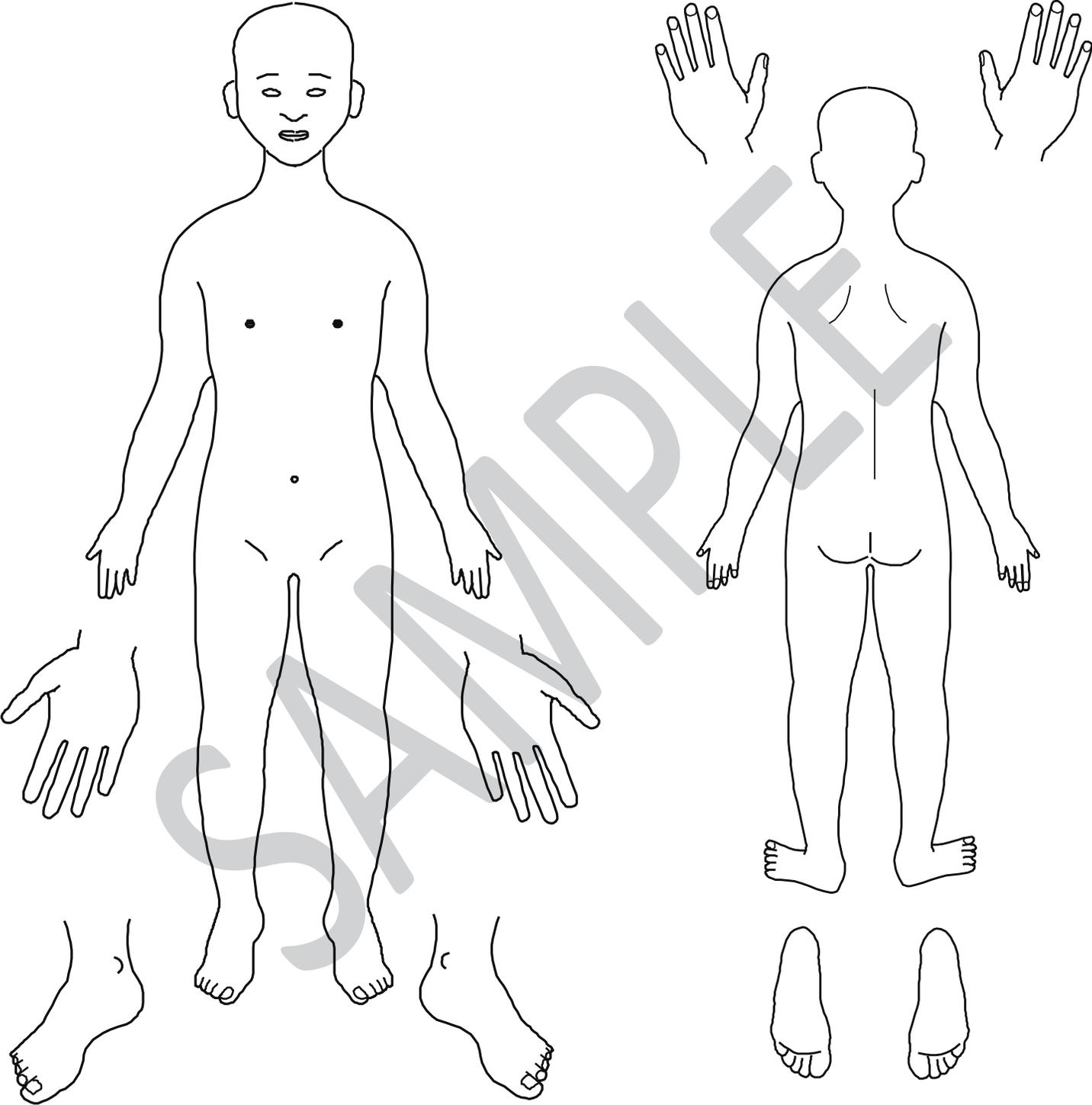
Report Prepared by: _____

Days Lost From School: _____

(Continue on back of page as needed)

Body Diagram (Anterior/Posterior)

Right Left Left Right



Accident Incident Report to Parent

School _____

Date: _____

Student Name: _____ Teacher: _____

Date of Accident _____

Time of Accident _____ AM/PM

Your child was seen in the clinic today for: _____

We noticed the following:

First aid or treatment given:

Your child returned to class and reported no further problems.

We attempted to call you at _____ Time: _____

Please help us assist your child further by doing the following:

Continue to observe at home.

Watch for signs of infection (pain, swelling, redness, heat).

Recommend healthcare provider follow-up for further recommendations or treatment.

Other: _____

Please feel free to call the school if you have any further questions or concerns relating to this visit. I can be reached at: _____ (Phone #)

Sincerely,

_____ Title: _____

(Reported by)

Activity Report - School Health Services (Monthly)

School: _____

Month: _____

School Year: 2____ to 2__

ACTIVITY:#	Week 1	Week 2	Week 3	Week 4	Week 5	TOTAL
1. Illness visits						
2. Injury visits						
3. % Back to class	%	%	%	%	%	%
4. Accident/Incident Reports						
5. 911 activated						
6. Parent consults						
7. Staff consults						
8. Daily meds						
9. PRN meds						
10. Immunization checks						
11. Hearing screens						
12. Vision screens						
13. Head checks						
14. Head Lice cases						
15. Referrals						
16. Employee visits						
17. Student Health counseling						
18. SST, IEP meetings						
19. Absentee calls						
20. Scoliosis screens						
21. Classes taught						
22. Supervisor visit, nursing meeting						
23. Attended inservice; committee meeting						
24. Other (Ht./Wgt.Screens, etc.)						

Unusual Occurrences (not listed above): _____

Communicable Illnesses: _____

Safety Issues: _____

Other Concerns: _____

Signature: _____

Title: _____

Chronic Health Concerns Data

Name of Chronic Health Concern	Number of Students with this Concern
ADD/ADHD	
Autism/Asperger's Syndrome	
Allergies:	
Food (peanut, milk, etc.)	
Environmental and Seasonal	
Bee or Insect Stings/ # Epinephrine pens	
Anxiety/ Depression	
Arthritic conditions or Bone Disorders	
Asthma / # with Inhalers	
Cancer	
Cerebral Palsy	
Cystic Fibrosis	
Diabetes / Hypoglycemia	
Down's Syndrome	
G.I. disorders (Crohn's, Reflux, etc.)	
Hearing or Visual disturbances	
Heart condition or Bleeding disorder	
Lupus	
Mental Health concern (Bipolar, EBD, Compulsion disorder, etc.	
Migraines	
Muscular Dystrophy / Spina Bifida	
Nosebleeds	
Scoliosis	
Seizure disorders	
Sickle Cell Anemia	
Thyroid disorders	
Tourette's Syndrome	
Other:	
Other:	
Other:	
# Meds administered Daily	
# Meds administered PRN (as needed)	

Please fill out the chart using the School Health Clinic Information Card.

Turn this in to your Supervisor & Principal by the end of the first month of school.

Clinic Visit to Report to Parent

School: _____

Date: _____

Student Name: _____

Teacher: _____ Grade: _____

Your child was seen in the clinic today for:

We noticed the following:

First aid or treatment given:

Your child returned to class and reported no further problems.

We attempted to call you at: _____

Time: _____

Please help us assist your child further by doing the following:

Continue to observe at home.

Watch for signs of infection (pain, swelling, redness, heat).

Recommend healthcare provider follow-up for further recommendations or treatment.

Return to school when fever free for 24 hours.

To prevent possible spread of infection in the school, we will need a note from your healthcare provider before your child returns to school.

Other: _____

Please feel free to call the school if you have any further questions or concerns relating to this visit. I can be reached at: __ (Phone #)

Sincerely,

Reported by _____ Title _____

Informe para los padres de la visita del estudiante a la clínica

Escuela: _____

Fecha: _____

Estudiante: _____

Profesor: _____ Grado: _____

En la clínica se examinó a su niño hoy debido a:

Notamos lo siguiente:

Primeros auxilios o tratamiento dado:

Su niño regresó a la clase y no reportó problemas adicionales.

Tratamos de llamarlo al: _____

Por favor ayúdenos a darle asistencia adicional a su niño, haciendo lo siguiente:

Continúe observándolo en casa.

Observe si tiene señales de infección (dolor, hinchazón, enrojecimiento, se siente caliente).

Se recomienda cita de control con el proveedor de atención médica para instrucciones adicionales o tratamiento.

Regrese a la escuela 24 horas después de que le pase la fiebre

Para prevenir la posible diseminación de la infección en la escuela, necesitamos que traiga una nota del proveedor de atención médica antes de regresar a la escuela.

Otro: _____

Por favor siéntase con toda libertad de llamar a la escuela, si tiene más preguntas o preocupaciones sobre esta visita. Puede llamarme al teléfono # _____

Atentamente,

Título: _____

(Informe presentado por)

Information Card - School Health Clinic

(School Year: 20__ to 20__)

School: _____ Grade: _____ Teacher/HR: _____

Name: _____ Sex: M F D.O.B. _____

Address: _____ Phone: _____ (H) _____ (C) _____ (W)

Health Insurance: Yes No (If no, talk with your school nurse about available resources)

HEALTH HISTORY (Answer Yes or No, and give information as needed.)

Allergies (Specify) _____ Diabetes _____

Asthma _____ Physical Disabilities _____

ADHD/ADD _____ Sickle Cell _____

Cancer _____ Seizure Disorder _____

Other physical or mental health issues which may be a concern at school: (continue on back as needed)

_____ Does your child require special seating in the classroom? Specify: _____

_____ Does your child have any condition that would limit physical education activities? List: _____

_____ Does your child take any prescribed medications routinely? List: _____

_____ Does your child take any non-prescription medications? List: _____

_____ Did your child receive any immunizations this past year? List type, date: _____

_____ Date of last tetanus shot?

List name(s) of school-age siblings:

1. _____ Grade/School: _____

2. _____ Grade/School: _____

3. _____ Grade/School: _____

EMERGENCY CONTACT INFORMATION

Father/Guardian _____ Phone (H) _____ (C) _____
Name Phone (W) _____ Pgr _____

Mother/Guardian _____ Phone (H) _____ (C) _____
Name Phone (W) _____ Pgr _____

If parents cannot be reached, list two nearby persons who will assume care of your child.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Child's Healthcare Provider _____ Phone _____

I give permission to give my child medicine for fever or headache, like Tylenol or Advil (or generic equivalent) according to label instructions after contacting me (Parent/Guardian) by phone. Yes ___ No ___

I give permission to contact my child's healthcare provider for further medical information. Yes ___ No ___

I also understand that in the event of an emergency and I cannot be reached that the school will have my child transported to the hospital via the EMS/911 service to receive appropriate treatment.

Parent Signature _____ Date _____

Tarjeta de información de la clínica de la escuela

(Año escolar: 20__ al 20__)

Escuela: _____ Grado: _____ Profesor/Salón de clase: _____

Nombre: _____ Sexo: M F Fecha de nacimiento: _____

Dirección: _____ Tel. #: _____ (Vivienda) _____ (Cel.) _____
(Trabajo)

HISTORIA CLÍNICA (Conteste Sí o No, y dé la información según sea necesario.)

Alergias (especifique) _____ Diabetes _____

Asma _____ Discapacidades físicas _____

Trastorno por déficit de atención e hiperactividad (ADHD) /Trastorno por déficit de atención (ADD) _____

Anemia drepanocítica _____

Cáncer _____ Trastorno convulsivo _____

Otras afecciones de salud física o mental que puedan ser preocupación en la escuela: (continúe en la parte posterior, según sea necesario)

_____ ¿Requiere su niño asiento especial en el salón de clase? Especifique: _____

_____ ¿Tiene su niño alguna afección médica que lo limite para hacer educación física? Especifique: _____

_____ ¿Toma su niño regularmente algún medicamento recetado? Especifique: _____

_____ ¿Toma su niño algún medicamento de venta sin receta? Especifique: _____

_____ ¿Recibió su niño alguna vacuna este último año? Especifique el tipo y la fecha: _____

_____ ¿Fecha en que recibió la última vacuna contra el tétano? _____

Escriba los nombres de los hermanos en edad escolar:

1. _____ Escuela/Grado: _____

2. _____ Escuela/Grado: _____

3. _____ Escuela/Grado: _____

INFORMACIÓN DE CONTACTO EN CASO DE EMERGENCIA

Padre/Representante legal _____ Teléfono (Vivienda) _____ (Cel.) _____
Nombre Teléfono (Trabajo) _____ Pager _____

Madre/Representante legal _____ Teléfono (Vivienda) _____ (Cel.) _____
Nombre Teléfono (Trabajo) _____ (Cel.) _____

Si no se puede contactar a los padres, dénos el nombre de dos personas cercanas que asumirán el cuidado del niño

Nombre _____ Parentesco _____ Teléfono _____

Nombre _____ Parentesco _____ Teléfono _____

Proveedor de atención médica del niño _____ Teléfono _____

Doy permiso para que se le dé a mi niño un medicamento para la fiebre o el dolor de cabeza, tal como Tylenol o Advil (o su marca genérica equivalente), siguiendo las instrucciones de la etiqueta, y después de que se me comunique por teléfono (padre/representante legal) Sí ____ No ____

Doy permiso para que se comunique con el proveedor de atención médica de mi niño para obtener información médica adicional. Sí ____ No ____

También entiendo que, en caso de una emergencia, y no se puede comunicar conmigo, la escuela hará que mi niño sea transportado al hospital a través del servicio 911/EMS (# 911/Servicios Médicos de Emergencia) para recibir un tratamiento adecuado.

Dear Parent/ Guardian:

We need your assistance and cooperation in preparing for the possibility that your child might need to take medication, become ill or have an accident during school hours. We hope this letter will explain our procedures.

Emergency Information

Emergency contact information should be updated annually by sending the information to the school or calling the school office. When you receive a Student Contact Form, please update it and return it to the school within five (5) days. Current, accurate information will enable us to contact you. If any information changes during the school year, contact the school immediately.

Prescription/Non-Prescription Medication

Medication time schedules should be set so that, when possible, medicine is taken at home rather than at school. However, if medication must be taken at school, the following procedures apply.

- 1. Medication Authorization Form – The parent/legal guardian must complete an authorization and instruction form entitled “Authorization to Give Medication At School.” For prescription medication your healthcare provider must also sign the form. A copy of this form is on the back of this letter. You can make copies yourself or request additional forms from the school. *The completed form must accompany the medication, so be sure to take this form to your physician whenever your child is ill.***

The medicine, in the original container (along with authorization form), must be taken to the school office/clinic for central storage. The parent/guardian should take the medication to school; however, if this is not possible, your child should be instructed to take the medication and the authorization form directly to the school office/clinic. Under no circumstances should medication be shown or shared with other students.

At the designated time, the student will go to the office/ clinic to take the medication. Assistance/ supervision will be given in accordance with the instructions on the authorization form. Medication is a parental responsibility; school employees will not assume any liability for supervising or assisting in the administration of medication.

Unused medication should be retrieved from the school office/ clinic within one week after medication is discontinued; otherwise the school will dispose of the medication.

Student Illness/ Injury

Sick students who are contagious must not be sent to school. When a student becomes ill at school, the parent must arrange for the student to be taken home. By working together, we can strive to ensure the health and well-being of every student so that he/she can benefit from the educational program.

Principal ____ School Clinic Personnel _____

Date: _____

Carta informativa de la enfermería escolar para los padres Año escolar 20 -20

Apreciados padres/representante legal:

Necesitamos su ayuda y cooperación en preparación para la eventualidad de que su niño llegare a necesitar algún medicamento, se enfermara o tuviera un accidente durante el horario escolar. Esperamos que esta carta les explique nuestros procedimientos.

Información de emergencia

La información de los contactos en caso de emergencia debe actualizarse anualmente, enviándola a la escuela o llamando a la oficina. Cuando reciba el Formulario Salud del Estudiante (*Student Health Form*), por favor actualícelo y devuélvalo a la escuela en los cinco días siguientes. Esta información, actualizada y exacta, nos permitirá comunicarnos con usted cada vez que sea necesario. Si en algún momento durante el año escolar esta información cambia, comuníquese inmediatamente con la escuela.

Medicamentos recetados/medicamentos de venta sin receta

El horario para tomar los medicamentos debe programarse de tal manera que, de ser posible, se tomen en casa en lugar de hacerlo en la escuela. Sin embargo, si deben tomarse en la escuela, se aplican los siguientes procedimientos.

1. Forma para Autorización de Medicamentos – Los padres/representante legal deben llenar una forma de autorización e instrucción titulada “Autorización de los padres/representante legal para administrar medicamentos en la escuela” (*Parent/Guardian Authorization to Give Medication at School*). En el caso de medicamentos de **venta con receta, su médico también debe firmar** dicha forma. Al reverso de esta carta, usted encontrará una copia de dicha forma. Usted le puede sacar copias o solicitar formas adicionales en la escuela. **La forma, debidamente llena, debe entregarse junto con el medicamento; así que asegúrese de llevarle esta forma al proveedor de atención médica, cuando su niño se enferme.**
2. El medicamento en su envase original (junto con la forma de autorización), debe entregarse en la enfermería/oficina de la escuela para su almacenamiento central. Los padres/representante legal deben llevar personalmente el medicamento a la escuela; sin embargo, si esto no es posible, debe instruir a su niño para que lleve el medicamento y la forma de autorización directamente a la enfermería/oficina de la escuela. Bajo ninguna circunstancia se debe mostrar el medicamento a otros estudiantes o compartirlo.
3. A la hora designada, el estudiante irá a la enfermería/oficina a tomarse el medicamento. Se dará asistencia/supervisión, siguiendo las instrucciones que aparecen en la forma de autorización. El medicamento es responsabilidad de los padres; los empleados de la escuela no asumen ninguna responsabilidad por supervisar o asistir en la administración del mismo.
4. El medicamento no utilizado se debe retirar de la enfermería/oficina de la escuela, dentro de la semana siguiente de haberse suspendido su administración; de otro modo la escuela lo desechará.

Enfermedad/lesión de un estudiante

Los estudiantes con enfermedades contagiosas no deben ir a la escuela. Cuando un

estudiante se enferme en la escuela, los padres deben hacer los arreglos necesarios para llevarlo a casa.

Trabajando juntos, trataremos de garantizar la salud y el bienestar de cada estudiante para que él/ella pueda beneficiarse de los programas educativos.

Director _____ Fecha _____
Principal

Personal de enfermería _____ Fecha _____
School Clinic Personnel

SAMPLE

Post-Hospitalization and/or Outpatient Care Report to School

Student's name: _____ DOB _____

School District _____ School Grade _____

Reason for hospitalization or diagnosis: _____

Date student may return to school (if applicable): _____

Need for homebound instruction or modified day (How long?): _____

Recommendations for health management at school:

Symptoms you may observe, related to student's condition:

Observation	Action (CP-Call Parent, EAP-See Emergency Plan, N-None needed)
_____	_____
_____	_____
_____	_____
_____	_____

Medications: (It is helpful for the school nurse to know all meds, in case side effects occur.) None

List: Medication name, Dose, Route, Time(s) to be given, Special instructions:

Other Recommendations: _____ Special diet: _____ Need for extra hydration: _____

Activity restrictions: _____ PE: _____ Positioning: _____ Special Toileting needs: _____

Treatments/ Procedures (if done at school, please attach signed orders, with specifics): _____

Special equipment Other

School Nurse (Name, phone #) _____

Healthcare provider (Name, phone #) _____

Date: _____

Social Services Referral Form

Student Name: _____ Student ID: _____

Date: _____ School: _____ Grade: _____

DOB(Age) / / () Teacher: _____

Mother/Guardian: _____

Mother's Home Phone () _____

Mother's Work Phone () _____ Mother's Cell () _____

Father/Guardian: _____

Father's Home Phone () _____ Father's Cell () _____

Father's Work Phone () _____

Street Address: _____ Apt: _____

City: _____ State: _____

Zip Code: _____

Emergency Contact Name: _____

Emergency Phone: () _____

CHECK ALL THAT APPLY:

Attendance: As of ____ / ____ / ____

Number of Excused: _____

Number of Unexcused: _____

Number of Tardies: _____

Abuse Services

Homeless

Academic Services

Pregnancy

Discipline Services

Verification of Residence

Special Education

Family/Health/Personal/Social Services

Problem Seen by Referring Person and Attempts Made by School to Remedy:

Referred by: _____

Title: _____

Reviewed by: _____

Date: _____

Social Worker Signature

Skills Checklist – Unlicensed School Health Personnel

_____ School District

Name: _____ School: _____

School Nurse: _____ Year: _____

Routine Skills	Date	S	N	N/A
Completion of Certified First Aid or First Responder Course (repeat every two years)				
Current CPR Certification (every two years)				
Adheres to universal precautions and infection control techniques				
Verbalizes understanding of job description and chain of command within the school setting				
Knows when to call for assistance/consult with school nurse				
Maintains student confidentiality				
Communicates effectively with students, staff, parents and school nurse				
Knows school emergency plans and procedures				
Demonstrates ability to triage students				
Assesses temperature, using proper technique				
Uses first aid measures appropriately				
Demonstrates proper medication administration (the Five Rights)				
Demonstrates proper medication storage and record-keeping				
Maintains up-to-date clinic/emergency cards				
Documents appropriately (daily log, incident reports, medication forms, etc.)				
Maintains organized and clean health room				
Submits requested paperwork and monthly reports, complete and in a timely manner				
Completes the special needs list for student population				
Recognizes signs of child abuse and knows appropriate reporting procedures				
Uses appropriate resources for referrals				
Attends inservices provided by school district				
Code: S= Satisfactory N=Needs further education/practice N/A=Not applicable				

Special Skills	Date	S	N	N/A
Demonstrates ability to recognize signs and symptoms of respiratory distress/asthma exacerbation and begins appropriate intervention				
Knows how to properly deliver nebulizer treatments and assist with inhaled medications				
Demonstrates ability to recognize the signs and symptoms of hypo- and hyperglycemia and begins appropriate intervention				
Demonstrates ability to recognize signs and symptoms of a seizure and begins appropriate intervention				
Is able to verbalize and demonstrate appropriate use of an Epi-pen				
Knows role in screening of students, as appropriate				
Vision				
Hearing				
Scoliosis				
Height and Weight				

Code: S= Satisfactory N=Needs further education/practice N/A=Not applicable

Comments:

Issues/ skills to work on:

Signatures:

School employee_____

School Nurse_____

Principal_____

Date_