

New School Nurse Orientation

As school nursing is a unique field, expectations and standards of care are somewhat different than that of other nurse practice settings. The Virginia Department of Education, Division of School Health Services offers an online School Nurse Orientation Program that can be accessed at the following link:

http://www.doe.virginia.gov/support/health_medical/nurse_orientation/index.shtml

Other sources of useful information specific to Albemarle County:

- 1) Position Description and Standards of Care and Practice
- 2) Suggested Monthly schedule
- 3) Emergency procedure
- 4) FAQs
- 5) Forms

References:

Virginia School Health Guidelines, VDOE 1999

First Aid Guide for School Emergencies, VDOE 2003

Guidelines for Specialized Health Care Procedures, VDOE, VDH 2004

Albemarle County School Nurse Website www.k12albemarle.org/schoolnurses

The page on the menu entitled *School Nurse Manual* contains forms, letters, procedures and references. The rest of the site provides other information for Albemarle County school nurses.

<http://www2.k12albemarle.org/dept/osp/health/Pages/School-Nurse-Manual.aspx>

Appendix 1: Position Description & Standards of Practice

COUNTY OF ALBEMARLE POSITION DESCRIPTION

JOB TITLE: School Nurse	LOCATION: Various
	JOB CLASS CODE: 20067
IMMEDIATE SUPERVISOR: Various	PAYGRADE: 13
	FLSA STATUS: Non-Exempt

GENERAL DEFINITION OF WORK:

The school nurse is responsible for implementing the school health program, assisting with student well-being and completing health related tasks; does related work as required.

ESSENTIAL FUNCTIONS:

- Maintains student health records, reviews records of entering students for immunizations, ensures all components of the School Health Entrance Requirements including immunization are complete and up to date, notes health conditions documented on forms, collects information for reports, and keeps emergency information up to date;
- Informs administrators and school personnel about students with health issues, in compliance with medical privacy regulations;
- Administers medication to appropriate students, with parental permission and a doctor's order for prescription medication; keeps medication permission forms on file;
- Trains staff to administer medications under certain circumstances in the nurse's absence or for field trips; Ensures proper documentation;
- Supplies and adequately maintains the school clinic; secures medications including controlled substances as required;
- Maintains list of school staff trained in First Aid/CPR/Heimlich;
- Performs medical procedures as prescribed by physician;
- Appropriately documents clinic services to students; enters health information in the Student Information System.
- Assists sick or injured students and staff, performs routine and emergency first aid;
- Calls parents of ill students; assists ill students as needed until parent arrives;
- Manages outbreaks of infectious illnesses with input from physicians, the health department and district guidelines as appropriate; follows health department directives regarding management of such illnesses when applicable;
- Refers additional health concerns as appropriate to a guidance counselor, school psychologist, physician, Child Protective Services, school administrator or health department officials;
- Serves as a liaison with the public health department and other community agencies;
- Conducts basic screening programs as mandated in hearing and vision; refers students for follow-up;

- Provides guidance to staff for health related procedures for students with special health needs;
- Assists special needs students with personal comfort and movement;
- May train/supervise unlicensed personnel to provide necessary health care;
- Ensures compliance with law that all schools with at least one student with diabetes have at all times two staff members trained in the administration of insulin and glucagon;
- Ensures compliance with IDEA legislation that all required medical procedures will be done safely and correctly at school either by the school nurse or a designee trained and supervised by the school nurse or the school nurse supervisor;
- May develop or assist with development of Individual Health Care Plans for students with medical conditions, including allergies; may educate appropriate staff on necessary components of such health care plan including criteria for medical emergencies and specific actions to take;
- Ensures compliance with all laws protecting the confidentiality of medical information and obtains written consent of parent/guardian to share information;
- Serves as a member of the School Crisis Team;
- Conducts health related counseling that is sensitive to the emotional and physical needs of students;
- Assists in special activities, fire drills and field trips;
- Performs clerical duties including typing, filing and duplicating related to school nurse functions;
- Assists teachers with designated instructional activities as assigned by the Principal/Assistant Principal;
- Assists in enforcing rules and discipline; performs student supervision duties as required;
- Advises administrators on appropriate interventions to meet student needs;
- Advises administrators, teachers, and cafeteria staff (with consent) on all students with food allergies; develops or obtains care plans for students with food allergies and advises school personnel in recognizing the signs of food allergies and the appropriate steps to take including the administration of epinephrine;
- Performs other health related duties as assigned by Principal or designee.

KNOWLEDGE, SKILLS AND ABILITIES:

Functional knowledge of current health issues as they relate to school age children; general knowledge of student behavior management practices, procedures and techniques; general knowledge of school system rules and procedures for classroom, halls, cafeteria, library and transportation; ability to guide, direct, teach, and counsel students; ability to understand and follow written and verbal instructions. Ability and skill to make physical, social and emotional assessments and plan and implement interventions requiring professional nursing knowledge and judgment. Ability to maintain confidentiality.

EDUCATION AND EXPERIENCE:

Must have a valid license to practice as a Licensed Practical Nurse; Registered Nurse is preferred. Must have a minimum of two years of supervised nursing experience in community health or pediatric nursing. Must maintain current certification in cardio-

pulmonary resuscitation from a recognized provider (e.g., American Heart Association). Familiarity with basic keyboarding skills. SPECIAL REQUIREMENTS: Satisfactory health condition as certified by a competent medical authority.

PHYSICAL CONDITIONS AND NATURE OF WORK CONTACTS:

Duties are typically performed in a school clinic and other school settings such as classrooms, gym, cafeteria and recreational areas. Frequent movement throughout the school facilities is required. Occasional lifting of objects up to 40 pounds and moving of students weighing up to 150 pounds with assistive equipment may be necessary. The job is performed under conditions of potential exposure to risk of injury and/or illness.

EVALUATION:

Will be evaluated on the ability and effectiveness in carrying out the above responsibilities as outlined.

**Date
Approved:** 7/1/1991

**Date (s)
Amended:** 7/1/1993; 6/1/1996; 8/1/1997; 7/1/2000; 4/3/2003; 7/1/2004;
6/11/2008; 1/7/2010; 2/7/2012; 5/24/2012

STANDARDS OF CARE AND PRACTICE:

STUDENT HEALTH RECORD

- Maintain school health records
- Review entering students' immunization record records and check that immunizations up-to-date on an annual basis (Form – 213 Code of Virginia)
- Enter immunization information in Power School data base
- Check that physical examination by licensed physician or nurse practitioner was completed and enter date in Power School (elementary schools only)
- Check Emergency Information Card or registration sheet to ensure that it is complete and up-to-date
- Review health records and physical examination form to determine if special needs are present so care plans can be developed accordingly
- Generate list of students with health conditions and distribute to school staff with supervisory authority over such students

MEDICATIONS

- Obtain "Parent's request for Giving Medications at School"
- Obtain doctor's or licensed prescriber's order for prescription medication in written form. Fax is acceptable
- Administer daily medication to appropriate student honoring the "rights"
 - Right drug
 - Right dose
 - Right time
 - Right patient
 - Right route
- Documentation: Daily Medication Log
- PRN medications
 - Check paperwork and document
 - Take temperature (if indicated)
 - Take brief history
 - Documentation: PRN Medication Log
- Maintain "Record of Controlled Substances Received" and "Controlled Substances Sent Home or Destroyed"
- Prepare medications for field trips and instruct teacher on when/how/why to administer

CLINIC MAINTENANCE

- Order clinic supplies – **Virginia School Health Guidelines**
- Adequately maintain clinic
- Check first aid supplies and equipment
- Secure controlled substances in locked cabinet

SUPPORT STAFF

- Assist in special activities, fire drills, and field trips as designated by principal
- Assist in enforcing rules and discipline

- Perform other duties as assigned by principal

COMMUNICATION/DOCUMENTATION

- Call parents of ill students
- Document nursing services provided to students in Power School and on clinic slips if used
- Compile data on clinic services rendered and submit report to school nurse coordinator monthly
- Compile a list of students with health problems and distribute to administrators and appropriate personnel when appropriate maintaining confidentiality

HEALTH CARE INTERVENTIONS

For pathophysiology, clinical signs and symptoms and management refer to: Newton, J.MD. **Clinical Guidelines for School Nurses**, Nashville: School Health Alert. OR **Virginia Guidelines for School Health** Virginia Department of Health and Virginia Department of Education, Current Edition.

- Collaborate with student, parents, and school staff in optimal health promotion and health maintenance
- Assist ill students as needed until parent arrives
- Assist sick or injured students and staff
- Perform emergency first aid
- Assist with special needs students with personal comfort and movement. When non-emergency procedures requiring privacy are required with children who are intellectually challenged, the parent of the child should be contacted.
- Conduct health related counseling that is sensitive to the emotional and physical needs of children and adolescents.

REFERAL

- Refer additional health concerns to guidance counselor, school psychologist, primary care provider, health department, administrator, or other professionals
- Serve as liaison with community agencies

SCREENING

- Organize and conduct basic screening programs: hearing (middle and high school nurses) and vision. Vision and hearing screening is required for all students in grades 3,7 and 10 as well as students new to the district who have not had such a screening at the time of a physical exam prior to school entry (up through grade 3). These screenings should occur within 60 administrative days from school entry.
- Collaborate with schools of nursing and community nurses for optimal screening implementation.

CONSULTATION

- Provide guidance to staff for health related procedures for special needs and disabled students
- Assist teachers with designated instructional activities pertaining to health matters

- Serve as member of School Crisis Team
- Advise administrators on appropriate intervention strategies to meet student needs and for infection control measures

Appendix 2: Recommended Monthly Schedule for Albemarle County School Nurses

August/September

1. Put clinic in order – supplies, forms.
2. Check floor stock epinephrine for cloudiness and expiration date. Order replacement if necessary.
3. Check health physical forms and immunizations on all new students to ensure they are up-to-date upon entering school.
4. Record immunizations in Power School
5. Attend faculty meeting and introduce yourself to new staff; go over clinic procedures.
6. Review all emergency information (school specific either yellow cards or registration forms) and make lists of special health needs (i.e. health conditions, allergies, medications). Share pertinent information with appropriate staff (this information differs from that which might be considered confidential such as the information contained on the School Entrance Health Form). Contact parents/guardians with any concerns/questions.
7. Acquire proper documentation for all medications to be dispensed.
8. Submit list of children with food allergies and other food issues to cafeteria staff.
9. Enter health conditions in Power School.
10. Write care plans when needed or update previous care plans. Obtain parental consent to share care plans with other school staff. All students with diabetes, food allergies, seizure disorders, or any other “medically fragile” condition should have a care plan.
11. Submit Aug/Sep monthly clinic report.

October

1. Schedule and conduct health screenings, re-check and refer as needed. Record on blue screening card in cumulative folder and in Power School. In elementary schools it is usually the responsibility of the nurse to conduct vision screening. In the middle and high school the nurse usually conducts or arranges screenings for vision, hearing, and sometimes height/weight. Find out from your school’s administrator whose responsibility screenings are.
2. Prepare chronic conditions report for VDOE when requested. Request will come from central office.
3. Prepare immunization compliance report for VDH when requested. Request will come from central office.
4. Continue follow-up on students who need further immunizations.
5. As new students enroll, check health physical and immunization records. Conduct screening on new students within 60 business days.
6. Attend faculty meeting where appropriate and request time on agenda when needed.
7. Submit monthly report.

November

1. Follow up on health screening referrals.
2. Plan classroom teaching as applies – nutrition, good hygiene, safety, specific requests of teachers, students, families including family life if requested by administrator.

3. Prepare chronic conditions report for VDOE if not already done.
4. Prepare immunization compliance report for VDH if not already done.
5. As new students enroll, check health physical and immunization records; arrange screenings within 60 days of initial enrollment on new students.
6. Submit monthly report.

December

1. Continue follow up on students who need further immunizations.
2. As new students enroll check health physical and immunization requirements, arrange screenings within 60 days of initial enrollment.
3. Submit monthly report.

January

1. Follow up on health screening referrals.
2. Continue checking records of new students and conducting screenings.
3. Submit monthly report.

February

1. Continue follow up on students who need further immunizations.
2. As new students enroll continue checking health and immunization records and conducting screenings.
3. Submit monthly report.

March

1. Confer with administrators/teachers to plan desired changes for next school year.
2. Begin preparing clinic supplies reorder list.
3. Submit monthly report.

April

1. Review health records of 5th/eighth grade students to insure proper records and update as necessary.
2. Ask to be included in Child Study, IEP, or 504 meetings for children with medical needs.
3. Continue compiling clinic supply list.
4. Submit monthly report.

May

1. Follow-up on all previous referrals.
2. Complete documentation of all health records in cumulative folder.
3. Order clinic supplies for next school year.

4. Attend IEP, child study, or 504 meetings when appropriate.
5. Send letter of reminder or disposal to parents of students with medications in the clinic.
6. Submit monthly report.

June

1. As parent/guardian picks up student's medication, make notations and ensure that controlled medications are counted and properly signed out.
2. Dispose of medications not picked up by prescribed date.
3. Make sure all screening results are recorded and all health components of school record are in cumulative folder and Power School.
4. Submit May/June report.
5. Close up clinic – secure supplies, equipment, and records; send audiometer for calibrations and other equipment for repair.

Throughout the year:

- Make submissions to school newsletter. Suggested topics include: colds & flu, pertussis, lice, keeping children home with fevers, the difference between bacterial and viral infections, health snack options to send to school, tips for good nutrition and exercise, etc.
- Attend faculty meetings as requested by administrator. Suggested topics: health care plans, universal precautions, health issues as they arise such as lice, pertussis, etc.
- Attend meetings, training sessions and conferences as needed and permitted.
- Follow all directives from health department for managing outbreaks of infectious illnesses. Notify school nurse coordinator or central office of infectious illness outbreaks.

Appendix 3: Emergency Procedure

In case of actual or potential/suspected medical emergency please follow the procedure below:

- 1) Notify the office immediately by:
 - a. Phone or intercom if available
 - b. Radio if available
 - c. Send responsible person for the administrator or school nurse
- 2) The school nurse, administrator, or designee will call 9-1-1, if necessary.
- 3) The student should not be moved unnecessarily while waiting for the administrator or nurse.
- 4) If necessary, suspend all other class activities until the ill/injured student has been attended.
- 5) Only approved First Aid techniques* may be used by teacher to halt excessive bleeding of an injury.

For all calls to EMS / 9-1-1 school personnel should do the following:

- 1) The school nurse or other trained person will stay with the injured/ill student or staff member and administer first aid and support as needed.
- 2) Delegate call to 9-1-1. State specifically the reason for the call (i.e. diabetic emergency, injury from a fall, etc.).
- 3) Provide or delegate the provision of a copy of the yellow Emergency Information card (both front and back) or registration sheet to give to EMS personnel.
- 4) Station somebody near entrance of school to direct EMS personnel.
- 5) Make every attempt to reach parent/guardian.
- 6) Remain calm.
- 7) Remove other students and unnecessary staff from the scene.
- 8) Determine in advance with administrator which school personnel will accompany student in ambulance if parents cannot be reached.
- 9) Provide a report of the history of incident.
 - a. Time of onset and precipitating factors.
 - b. Significant health history, if known, including present medications.
 - c. If student lost consciousness and for how long.
 - d. Note characteristics of seizure or other incidents.
 - e. Any medication given or other intervention and time administered
 - f. Other relevant information.
 - g. Give transport personnel name and contact information of school personnel should ER personnel need more information.

* Utilizing Universal Precautions, staff will don protective gloves and will put pressure on the bleeding wound using sterile gauze if available, or paper towels, tissues, napkins, or clean cloth if not. Blood spills need to be cleaned following OSHA standards.

Appendix 4: Frequently Asked Questions

How do I determine when to send a student home?

This can be a challenge for any school nurse. In general, children should be sent home when they present with a fever (≥ 100 F +/-), are vomiting, experiencing diarrhea or feeling ill. Discerning the cut-off can be difficult, especially if the nurse is not familiar with the student. Vague complaints in the absence of a fever are generally a judgment call. One can always try to call a parent and report the complaint with a comment such as “Johnny is complaining of a stomachache, it began midmorning during Science. He does not have a fever, is not feeling hungry, and feels slightly nauseous. I am calling to see how you want me to handle this.” In time, it becomes evident whether the child has frequent complaints, has parents who want to be notified no matter what, or has parents who do not want to be notified except under dire circumstances. Sometimes a teacher will report that the child is really not himself and request that you call a parent.

Can I compel parents to pick up a student if the parents says they can't or won't?

You can compel a parent if the child has a fever, is vomiting and doesn't have an explanation such as motion sickness, a reaction to a nauseating stimulus, etc. or is really injured and requires medical attention. Report the situation to an administrator if the parent refuses under these sorts of conditions. Short of these situations, parents may chose for their child to remain at school.

Can I give medication without parent permission?

No, in Albemarle County parent permission is required for all medication. If a child has a high fever (over 104) Ibuprofen or Tylenol can be administered with parent permission over the phone. Check the emergency card and/or health form to see that the child is not allergic to the medication before administering. This also applies if a student has hives or other signs of a serious allergic reaction -- with parent phone permission you may administer Benadryl. In both cases parents need to pick the student up and then can sign the permission form. Schools do have standing orders for the administration of epinephrine in the event that anaphylaxis is suspected. Parent permission is not necessary but the parent must be notified.

What should I do if I have a sick or injured child and cannot reach a parent?

Parents/guardians are supposed to provide emergency contacts – individuals who have permission to pick-up a student if parents can't be reached. Many nurses do not call emergency contacts for routine illnesses. Often a student will remain in the school clinic for quite some time until a parent is reached.

What if I suspect child abuse?

A school administrator should be notified. He/she may be able to provide a history and can help decide if Child Protective Services (972-4010) should be called.

My clinical experience is in hospital nursing. Do you have any tips I might find helpful in the school setting?

Assessment of a complaint might be a bit different in this setting. The one piece of objective data you can obtain for any illness complaint is temperature. See above for school exclusion for fever. Beyond that you might consider the following:

- When did it start? This is a great way to determine how acute the problem is. If the student says 6 months ago, the situation probably isn't too pressing.
 - On a scale of 1 to 10 how much does it hurt?
 - Where does it hurt?
 - Does this happen often? What do you usually do to manage it?
-

FORMS AND POLICIES

See School Board Policies: JHC, JHCA, JHCB, JHCC and JHCD

<http://esb.k12albemarle.org/com/browse.aspx>

See the Virginia Department of Education's Health Services site for state forms and other information http://www.doe.virginia.gov/support/health_medical/index.shtml

See Minimum Immunization Requirements, Monthly Report, Screening Check-Lists, Standing Order for Epinephrine on website; www.k12albemarle.org/schoolnurses