



2024

SCHOOL HEALTH SERVICES

And the Systems Necessary to Promote Healthy Student Outcomes

A GUIDEBOOK

For School Administrators, Nurses, and Personnel

Presented by ESD 105 School Nurse Corps
Revised 2024

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INTRODUCTION

PREFACE

This manual, presented by the Washington State School Nurse Corps, was created to assist school district staff in the provision of essential health services to students in compliance with state statutes. School districts should always refer to the most updated version of the specific Revised Code of Washington (RCW) for current legislation, Washington Administrative Code (WAC), and the Office of Civil Rights (OCR) regarding accommodations for students with disabilities. General recommendations made in these guidelines should never be substituted for legal counsel in a particular situation. Sometimes the law is silent and or may be unclear. In these instances, it is prudent to consult with your district's legal counsel and risk management consultant. Always consider district policy and procedures when providing school health services.

“

In the school setting, it is essential to aggressively manage all health problems that are likely to compromise daily learning readiness and student safety.

”

INTRODUCTION

PURPOSE OF THIS MANUAL

PURPOSE OF THIS MANUAL: SUPPORTING STUDENT HEALTH FOR OPTIMAL LEARNING

School health services have become an integral part of public education. Greater numbers of students are coming to school with increasingly complex health conditions. Professional school nurses and educators work together to assure that all students are safe and able to learn at school.

This manual is based on the best work of ESD 105 member districts and school nurses across the state of Washington. It illustrates the link between health and learning at the school level. It highlights the collaboration between educational professionals and health professionals as they work together to promote student success and academic achievement by:

- Enhancing communication between the language and perspectives of education and health.
- Assisting with the design of health services delivery within an educational setting.

This manual is a communication tool. It provides guidelines for the school administrator and school nurse to:

- Outline ways to reduce risk for students and reduce liability for the district.
- Review and implement mandated health services in school.
- Review tasks, systems, and policies.
- Highlight and plan to make effective use of registered nurse time allocated for the school.

This manual is a planning tool. It provides guidelines for the school administrator and school nurse to:

- Review student health data as it impacts school improvement and student learning.
- Incorporate health activities into the annual school calendar.
- Assign roles to all staff to efficiently and effectively carry out health service activities/tasks outlined in the school calendar.
- Review the planning and implementation of health services annually to assure positive student health outcomes and promote student success.

The creators of this manual are making the following assumptions:

- The school setting is not a health care setting, but an educational institution setting;
- This manual is a compilation of ideas and practices that describe health services *systems* that "work" in different school settings;
- Each school district will develop systems that fit its school policy and procedures. It is important for school administrators and school nurses to work closely together to clarify student needs, medical risks, and liability for the individual school district.

INTRODUCTION

PURPOSE OF THIS MANUAL

The following chapters contain guidelines for school health services. The guidelines are a summarization of procedural strategies to assist administrators and school nurses to plan for health services throughout the school year.

This manual is divided into four sections:

- **INTRODUCTION:** a general discussion of health care in schools and a brief description of the role of the school nurse.
- **TASKS:** descriptions of specific tasks that are mandated by RCW or overseen by OCR to be completed for each school year
- **DISTRICT SYSTEMS:** description of health-related *systems* that must be in place for health tasks to be completed in the school setting.
- **APPENDICES**



INTRODUCTION

SCHOOL NURSING: AN ESSENTIAL SERVICE

THE LAWS MANDATING SPECIFIC SCHOOL HEALTH SERVICES THAT REQUIRE A REGISTERED NURSE

Education Law:

[Title 28A RCW](#) - **Common School provisions** contain the bulk of the education laws that apply to the Pre-K-12 school setting. Chapter [28A.210 RCW](#) contains most of the educational laws related to provision of health care in the school setting.

- [RCW 28A.210.305](#) **An act relating to clarifying the authority of a nurse working in a school setting.** An RN or an ARNP working a school setting is authorized and responsible for the nursing care of students to the extent that the care is within the practice of nursing. [...] Such practice includes the administration of medication pursuant to a medication or treatment order and the decision to summon emergency medical assistance.

- [RCW 28A.210.260](#) **Public and Private Schools—Administration of medication - Conditions.** The Board of Directors shall designate a professional person licensed pursuant to chapter 18.71 RCW or chapter RCW 18.79 as it applies to **registered nurses** and advanced registered nurse practitioners, to delegate, to train, and to supervise the designated school district personnel in proper medication procedures.

- [RCW 28A.210.280](#) **Catheterization of public and private school students.** School districts must provide for Clean Intermittent Catheterization of students [...] if the catheterization is provided for in substantial compliance with: (a) Rules adopted by the state nursing care quality assurance commission on the instructions of a **registered nurse** issued under such rules [...].

- [RCW 28A.210.28A.210.320](#) **Children with life-threatening health conditions -- Medication or treatment orders -- Rules.** (5) As used in this section, "medication or treatment order" means the authority a **registered nurse** obtains under RCW [18.79.260](#) (2).

A life threatening condition is defined as "a health condition that will put a child in danger of death during the school day if a medication or treatment order and a nursing plan are not in place." Nursing practice statutes that pertain to components of developing nursing plans and the implementation process are [RCW 18.79.040](#), [RCW 18.79.260](#), [WAC 246-840-010](#) (10) and (11) and [WACs 246-840-700](#) and [710](#).

- [RCW 28A.210.370](#) **Students with asthma [and anaphylaxis]**

(1) The superintendent of public instruction and the secretary of the department of health shall develop a uniform policy for all school districts providing for the in-service training for school staff on symptoms, treatment, and monitoring of students with asthma and on the additional observations that may be needed in different situations that may arise during the school day and during school-sponsored events. The policy shall include the standards and skills that must be in place for in-service training of school staff.

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SCHOOL NURSING: AN ESSENTIAL SERVICE

b) The student has demonstrated to the health care practitioner, or the practitioner's designee, and a **professional registered nurse at the school**, the skill level necessary to use the medication and any device that is necessary to administer the medication as prescribed.

- **[RCW 28A.210.380](#) Anaphylaxis-Policy guidelines-Procedure-Reports.**

(1) The office of the superintendent of public instruction, in consultation with the department of health, shall develop anaphylactic policy guidelines for schools to prevent anaphylaxis and deal with medical emergencies resulting from it. The policy guidelines shall be developed with input from pediatricians, school nurses, and other health care providers, parents of children with life-threatening allergies, school administrators, teachers, and food service directors. The policy guidelines shall include, but need not be limited to:

a) A procedure for each school to follow to develop a treatment plan including the **responsibilities for [of] school nurses** and other appropriate school personnel responsible for responding to a student who may be experiencing anaphylaxis.

- **[RCW 28A.210.383](#) Epinephrine Auto-injectors (Epi-pens) — School supply—Use.**

(1) School districts and nonpublic schools may maintain at a school in a designated location a supply of epinephrine auto-injectors based on the number of students enrolled in the school. (3)(a) When a student does not have an epinephrine auto-injector or prescription for an epinephrine auto-injector on file, the **school nurse** may utilize the school district or school supply of epinephrine auto-injectors to respond to an anaphylactic reaction under a standing protocol according to [RCW 28A.210.380](#).

- **[RCW 28A.210.330](#) Students with diabetes -- Individual health plans -- Designation of professional to consult and coordinate with parents and health care provider -- Training and supervision of school district personnel.**

(1)(b) The board of directors, in the course of developing the policies in (a) of this subsection, shall seek advice from one or more licensed physicians or **nurses** or diabetes educators who are nationally certified.

(3) The board of directors shall designate a professional person licensed under chapter [18.71](#), [18.57](#), or [18.79](#) RCW as it applies to **registered nurses** and advanced registered nurse practitioners, to consult and coordinate with the student's parents and health care provider, and train and supervise the appropriate school district personnel in proper procedures for care for students with diabetes to ensure a safe, therapeutic learning environment. Training may also be provided by a diabetes educator who is nationally certified.

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SCHOOL NURSING: AN ESSENTIAL SERVICE

▪ **RCW 28A.210.350 Students with diabetes -- Compliance with individual health plan -- Immunity.** A school district, school district employee, agent, or parent-designated adult (PDA) who, acting in good faith and in substantial compliance with the student's individual health plan and the instructions of the student's licensed health care professional, provides assistance or services under RCW [28A.210.330](#) shall not be liable in any criminal action or for civil damages in his or her individual or marital or governmental or corporate or other capacities as a result of the services provided under [RCW 28A.210.330](#) to students with diabetes.

WAC 181-87-070 Unauthorized professional practice. Any act performed without good cause that materially contributes to one of the following unauthorized professional practices is an act of unprofessional practice.

(1) The intentional employment of a person to serve as an employee in a position for which certification is required by rules of the state board of education when such person does not possess, at the time of commencement of such responsibility, a valid certificate to hold the position for which such person is employed.

(2) The assignment or delegation in a school setting of any responsibility within the ***scope of the authorized practice of nursing***, physical therapy, or occupational therapy to a person not licensed to practice such profession unless such assignment or delegation is otherwise authorized by law, including the rules of the appropriate licensing board.

(6) Provided, That for the purpose of this section, good cause includes, but is not limited to, exigent circumstances where immediate action is necessary to protect the health, safety, or general welfare of a student, colleague, or other affected person.

Nursing Law:

▪ **RCW 18.79.030 Licenses Required—Titles.** (1) It is unlawful for a person to practice or to offer to practice as a registered nurse in this state unless that person has been licensed in this state.

▪ **RCW 18.79.040 “Registered nursing practice” defined—Exceptions.**

(1) “registered nursing practice” means the performance of acts requiring substantial specialized knowledge, judgment, and skill based on the principals of the biological, physiological, behavioral, and sociological sciences in either: [...]. (b) The performance of such additional acts requiring education and training that are recognized by the medical and ***nursing professions*** as proper and recognized by the commission to be performed by registered nurses licensed under this chapter and are authorized by the commission through its rules; (c) the administration, supervision, delegation, and evaluation of ***nursing practice***.

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- [WAC 246-840-700](#) **Standards of nursing conduct or practice.** The purpose of defining standards of nursing practice through WAC 246-840-700 and 246-840-710 is to identify responsibilities of the nurse in health care settings and as provided in the Nurse Practice Act, chapter 19.79 RCW. Violation of these standards may be grounds for disciplinary action pursuant to chapter 18.130 RCW. Each individual, upon entering the practice of nursing, assumes a measure of responsibility and public trust and the corresponding obligation to adhere to the standards of nursing practice. ***The nurse shall be responsible and accountable for the quality of nursing care given to clients. This responsibility cannot be avoided by accepting orders or directions of another person.*** The standards of nursing conduct or practice include, but are not limited, to the following:
 - **For registered nurses: (2) Delegation and supervision:** the registered nurse shall be accountable for the safety of clients receiving nursing service by: **(a) Delegating** selected nursing functions to others in accordance with their education, credentials, and demonstrated competence. **(b) Supervising** others to whom she/he has delegated nursing functions. (g) The registered nurse shall report unsafe nursing acts and practices, and illegal acts as defined in WAC 246-840-730.
- [RCW 18.79.120](#) **Application of Uniform Disciplinary Act.** The Uniform Disciplinary Act, chapter [18.130](#) RCW, governs unlicensed practice, the issuance and denial of licenses, and the discipline of licensees under this chapter.
- [RCW 18.130.190](#) **Practice without license -- Investigation of complaints -- Cease and desist orders -- Injunctions -- Penalties.**
 - (5) Neither the issuance of a cease and desist order nor payment of a civil fine shall relieve the person so practicing or operating a business without a license from criminal prosecution therefore, but the remedy of a cease and desist order or civil fine shall be in addition to any criminal liability. The cease and desist order is conclusive proof of unlicensed practice and may be enforced under [RCW 7.21.060](#). This method of enforcement of the cease and desist order or civil fine may be used in addition to, or as an alternative to, any provisions for enforcement of agency orders set out in chapter [34.05](#) RCW.
 - (6) The attorney general, a county prosecuting attorney, the secretary, a board, or any person may in accordance with the laws of this state governing injunctions, maintain an action in the name of this state to enjoin ***any person practicing a profession or business for which a license is required*** by the chapters specified in [RCW 18.130.040](#) without a license from engaging in such practice or operating such business until the required license is secured. However, the injunction shall not relieve the person so practicing or operating a business without a license from criminal prosecution therefore, but the remedy by injunction shall be in addition to any criminal liability.

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- (7) **Unlicensed practice of a profession** or [...], unless otherwise exempted by law, constitutes a gross misdemeanor for a single violation. Each subsequent violation, whether alleged in the same or in subsequent prosecutions, is a class C felony. All fees, fines, forfeitures, and penalties collected or assessed by a court because of a violation of this section shall be remitted to the health professions account.

- **RCW 18.79.260 Registered nurse -- Activities allowed -- Delegation of tasks.**

(2) A registered nurse may, at or under the general direction of a licensed physician and surgeon, dentist, osteopathic physician and surgeon, naturopathic physician, podiatric physician and surgeon, physician assistant, osteopathic physician assistant, or advanced registered nurse practitioner acting within the scope of his or her license, administer medications, treatments, tests, and inoculations, whether or not the severing or penetrating of tissues is involved and whether or not a degree of independent judgment and skill is required. Such direction must be for acts which are within the **scope of registered nursing practice**.



INTRODUCTION

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BULLETINS – Office of Superintendent of Public Instruction:

- **RCW 28A.210.270 - Public & private schools - Administration of medication-Immunity from liability- Discontinuance, procedure.**

In order for the district to receive immunity from liability based upon substantial compliance with the statute, non-nurse school staff must be trained and supervised by a registered nurse or MD.

- **OSPI Memorandum 064-12M Secondary Education and Student Support House Bill 2247 – Amending RCW 28A.210.260 and RCW 28A.210.270. Public and Private schools — Administration of oral medication by — Conditions & Immunity from Liability – Discontinuance procedure**

- HB 2247 expands the types of medication that a ***registered nurse or advance registered nurse practitioner*** may delegate to a public or private school employee to administer. It amends RCW 28A.210.260 to include **topical medication, eye drops, and ear drops.**
- OSPI Memorandum **013-14M Secondary Education and Student Support (March, 2014)**

RCW 28A.210.383 (ESB 5104) – K-12 schools-Epinephrine Auto injectors

- ESB 5104 allows schools to maintain a supply of epinephrine auto injectors to treat anaphylaxis.

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SCHOOL NURSING: AN ESSENTIAL SERVICE

(WASHINGTON) BOARD OF NURSING OPINIONS AND INTERPRETIVE STATEMENTS:

Registered nurses in school settings function under a special provision which allows them to delegate and supervise the administration of medications to unlicensed school personnel. The Commission assumes that the **registered nurse uses the nursing process** to assess the care needed, verify orders, individualize standard guidelines based on student's needs, and that certain tasks will not be delegated when the **registered nurse determines that care is too complex**. See also [Practice Guidance | Washington State Board of Nursing](#)

- [Standing Orders and Verbal Orders \(September, 2014\)](#)
- [Registered Nurse Delegation in School Settings \(January, 2022\)](#)
- [RN Coordinating Seizure Management \(2005\)](#)
- [Out of State Field Trips](#)
- [Job Titles/License Titles: Can a registered nurse work as a licensed practical nurse or a Nursing Assistant?](#)
- Registered Nurse and Licensed Practical Nurse (September 2019)
[Scope of Practice](#)

OTHER RESOURCES:

[Staff Model for the Delivery of School Health Services](#) Washington State Nursing Care Quality Assurance Commission and Washington State Office of Superintendent of Public Instruction.
April, 2000.

C.A. Rescha, V.L. Taliaferro and E.C. Gilsbach. 2017 [Legal Resource for School Health Services](#)

INTRODUCTION

ANNUAL SCHOOL NURSING ACTIVITIES

SCHOOL NURSING ACTIVITIES: BY THE MONTH

A sample calendar of activities that are outlined by month to assist in the planning and evaluation of school health services.

The calendar of activities on the following pages is useful for the registered school nurse and the school administrator to review, plan, and incorporate health activities into the regular academic school calendar. Planning should be done in spring, when the school calendar for the following year is being developed and it is most appropriate to review the health services budget and approved expenditures.

The dates and months of the following activities are only a guide. The actual months of these activities may need to be adjusted according to individual school systems.

The broad scope of school nursing is to support students' physical, emotional, social, intellectual, and spiritual well-being. The registered nurse's educational background provides a theoretical base for the skills to devote to holistic well-being, not solely to address physical illness and injury. However, school nurse time is often limited; therefore, the district must make use of the nurse in the most effective and efficient manner.

Prioritization: Health services may be limited based on the school district's capacity to provide registered nursing services. Priority must be given to situations that represent a safety risk to the student. Mandated services are required by law to be completed during the school year. However, some mandated services, although important to student health, do not necessarily represent a potential emergency situation for a student. It is prudent for the school district to explore other options to use unlicensed school staff to perform (under nursing oversight) some mandated services that do not require a registered nurse (e.g., vision and hearing screenings). The district might also consider providing clerical support to assist the nurse to complete mandated documentation and reports.



INTRODUCTION ANNUAL SCHOOL NURSING ACTIVITIES

AUGUST



AUGUST – Before students arrive:

1. Case Finding: Identify and prioritize students with special health care needs:

- Review new health registration forms.
- Compile and document health problems in student database.
- Prioritize health problems:
 1. Students with life threatening conditions (such as diabetes, epilepsy, anaphylaxis, and asthma).
 2. Students with emergency medications.
 3. Students who need Emergency Care Plans and/or Individualized Health Plans.

2. Assess status of students who require continuous access to licensed nursing care:

- Determine staffing requirements to meet student needs.
- Contracting for additional licensed nursing care may be needed.
(See [Staff Model for the Delivery of School Health Services](#) for guidance)

3. Plan, develop, revise, and/or update Emergency Care Plans and evaluate need for Individual Health Care Plan or 504 Plan *(All students with life threatening conditions including diabetes must have an ECP):*

- Contact parents to obtain or update health condition assessment.
- Obtain medication and/or treatment authorization form.
- Obtain emergency medications and/or other equipment detailed in authorization forms.
- Develop/update Emergency Care Plans and Individual Health Plans as needed. Collaborate with district 504 Plan Coordinator if 504 plan is indicated.
- Distribute Emergency Care Plans to appropriate staff (teachers, playground staff, bus drivers, coaches, etc.) and provide related training.

4. Notify food services personnel about students with anaphylaxis to avoid exposure to food allergens during meals, snacks, field trips, parties etc.

5. Set up health room:

- Check and put away supplies.
- Prepare health room visit documentation and train first aid staff about legal documentation.
- Distribute supplies to classrooms and playground staff (plastic bags, non-latex gloves, Band-Aids etc.

INTRODUCTION ANNUAL SCHOOL NURSING ACTIVITIES

AUGUST



AUGUST...continued– Before students arrive:

6. Plan for Emergency Drills:

- Remember to set up systems for emergencies and drills (e.g., fire drills) to evacuate emergency care plans, medications, student medical supplies, and equipment from the building. In a real emergency it is critical for students with special health care needs to have access to their equipment and medications.

7. General training for school staff for non-delegated nursing tasks:

- Annual training on diabetes, asthma, anaphylaxis, and other life-threatening student health needs.
- Training on evacuation plan for students with special health care needs (i.e. medications, supplies, and equipment) during fire and other safety drills.
- Provide or facilitate staff training for first aid and CPR.
- Provide or facilitate blood-borne pathogen training.
- File staff training documentation.

(See [Washington State School Staff Training Guide](#))

8. Detailed, specific training and delegation for selected school staff (delegation in the school setting may only be provided by a registered nurse per [Washington State Nursing Care Quality Assurance Commission Advisory Opinion](#))

- Train staff on student-specific Emergency Care Plans (be sure to consider staff such as Counselors, Librarian, Music teacher, Resource Room, Before & After School Program personnel, Nutrition personnel, Bus drivers, etc.).
- Delegation of nursing tasks:
- Delegate emergency medication administration.
- Delegate routine medication administration.
- Delegate nursing procedures (Gastrostomy tubes, clean intermittent catheterization).
- Documentation of delegated activities (nurse and delegate signature and date) and file.

9. Immunizations:

Consult with secretarial staff or registrar regarding immunizations (pre-school, kindergarten, new vaccine requirements, new to district). Send out reminders that students will not be able to start school until vaccinations are up to date.

For more information regarding immunization requirements in schools, review the [Washington State Immunization Information System School Module](#) or [The Washington State Dept. of Health School and Child Care Immunization](#) page.

AUGUST/SEPTEMBER

1. Review medication system:

- Medication count of all scheduled drugs coming to school.
- Assure medical orders are obtained and correct for all medications.
- Prepare documentation for medication administration.
- Provide information to teachers about specific students taking medications if appropriate.

2. Ensure that students with inhalers and/or epinephrine auto-injectors are capable of self-carry and/or self-administration:

- Identify students with inhalers and/or epinephrine auto-injectors.
- Obtain family permission and licensed health care provider authorization for student to self-carry and self-administer inhalers and/or epinephrine auto-injectors.
- Evaluate competency and responsibility of student to self-carry and self-administer inhalers and/or epinephrine auto-injectors.
- Document and file evaluation and recommendation of registered nurse for student to (or not to) self-carry and/or self-administer inhalers and/or epinephrine auto-injectors.
- Provide feedback to parent regarding nurse decision and plan for student to self-carry and/or self-administer.

3. Continue to develop and/or update Emergency Care Plans (ECPs) and Individualized Health Care Plans (IHPs):

- Care Plans for students with diabetes (all students with diabetes must have both an ECP and an IHP).
- ECPs for those students with potential emergency health needs during school.
- IHPs for students with delegated nursing tasks (Gastrostomy tube, CIC, etc.).
- IHPs for students with special health care needs, prioritized by registered nurse.

4. Reminder:

- Registered school nurse must keep school administrator(s) informed of the status of any unmet student health need particularly life-threatening health conditions.

INTRODUCTION ANNUAL SCHOOL NURSING ACTIVITIES



OCTOBER

1. Vision and hearing – facilitate vision and hearing screening:

(See Visual and Auditory Health Screening)

(Note: Although vision and hearing are mandated services, the registered nurse should prioritize time to address the most critical health needs of students.

Completing emergency care plans and ensuring that staff are prepared to respond in an emergency are the highest priorities).

2. Immunizations:

- Continue consultation for central registration, building registrars, and/or front office staff,
- pre-school and K-12.
- State immunization report finished and reviewed by end of October.

Meningococcal and Human Papilloma Virus (HPV) disease and vaccine information to be provided to families of students in Grades 6 through 12 per state mandate.

NOVEMBER

1. Immunizations:

- Ensure completion and submission of state immunization reports for preschool and K-12 to DOH by date specified for the current school year.
Encourage adult health immunization program for staff, students and families (influenza, etc.)

2. Vision and Hearing:

Continue follow-up and referrals as needed.

DECEMBER

1. Vision and Hearing:

- Continue follow-up and referrals as needed.

INTRODUCTION

ANNUAL SCHOOL NURSING ACTIVITIES

JANUARY



1. Vision and hearing:

- Continue Follow -ups and referrals as needed.

2. Review need for retraining/new training of Emergency Care Plans:

- *Reminder: Middle School and High School students will most likely have a new set of teachers in the second semester and they will need copies of ECPs and training.*

Reminders:

- Ongoing supervision of all delegated nursing tasks is required and should be documented appropriately;
- Registered school nurse must keep school administrator(s) informed of the status of any unmet student health need particularly life-threatening conditions.

FEBRUARY

1. Health room supplies:

- Conduct inventory for ordering supplies.
- Ensure adequate stock of printed forms (Medication administration forms, emergency care plan forms, field trip forms, etc.)

2. Health education:

- Provide, assist, or consult with school staff regarding the health education curriculum.

3. Kindergarten registration or Child Find:

- Develop/review procedures to identify health concerns for incoming students at time of registration, and to meet families to assess health conditions and educate about health care at school.

INTRODUCTION ANNUAL SCHOOL NURSING ACTIVITIES



MARCH

MARCH

1. Field trips: (See Field Trips, Off campus Activities, and After-Hours section)

- Remind teachers, secretaries, and principals that the registered nurse must train any staff that accompany children who have emergency care plans or may need medication or medical treatments.
- Ensure system is in place for nurse to be notified in a timely manner at least 2 weeks BEFORE field trips are scheduled.

2. Overnight Field Trips and Camps: **BEGIN EARLY!**

- For large annual camps when students will be staying overnight, begin preparations early! ***If it is an out-of-state field trip, check with the nursing commission in the state that students are visiting to determine if your nursing license and related delegation is accepted or if other arrangements are needed.***

3. Immunization:

- Prepare mailing for 6th graders with information needed to obtain necessary vaccine(s) for student entry into 7th grade.
- Prepare information for parents regarding meningococcal disease and HPV vaccines to be distributed at the beginning of every school year for students grade six and above. (Can be by letter, in school newsletter, district or school website, etc.)

5. Health education:

- Provide classes OR consult when requested regarding human growth/development/comprehensive sexual health education
- ***Work with administration to ensure annual HIV/AIDS curriculum requirements have been met.***

6. Information Management:

- Complete the District Assessment

INTRODUCTION

ANNUAL SCHOOL NURSING ACTIVITIES

APRIL

APRIL

1. Field trips:

- Remind staff to notify the school nurse **at least 2 weeks** before the field trip is scheduled.
- Provide training/delegation to staff that will accompany students on field trips, including transportation staff.

2. Spring camps (overnights):

- Continue to prepare staff for student needs on overnight trips. ***If it is an out-of-state field trip, check with the nursing commission in the state that students are visiting to determine if your nursing license and related delegation is accepted or if other arrangements are needed.***

3. Kindergarten Registration:

- Develop/review procedures to identify health concerns for incoming students at time of registration, and to meet families to assess health conditions and educate about health care at school.

4. Begin planning with administration for next year:

- Schedule an appointment with administration.
- Review the budget report and recommendations.
- Review and update policies and procedures as necessary to submit for School Board approval.
- Provide written and oral review of summary of year with focus data from the District Assessment, student outcomes and any specific recommendations for coming year.



INTRODUCTION ANNUAL SCHOOL NURSING ACTIVITIES



MAY

1. Preparation to develop Emergency Care Plans for students with life threatening conditions:

- Notify families of the need to have emergency care plans in place at school ***before the first day of the following school year.***
- Send packet or direct families to website for forms to complete and return before the next school year. Include:
 1. Form for parent to update specific health condition history.
 2. Consent to share emergency information with school staff.
 3. Medication authorization form.
 4. Consent to allow exchange of information with health care provider (if needed).
 5. Self-carry forms for inhalers and epi-pens
 6. Diet prescription form for students with anaphylaxis
- Remind families to set up an appointment with the school nurse one week before the beginning of the following school year to finalize the Emergency Care Plan.

2. Field trips and spring camps (overnights):

- Remind staff to notify nurse ***at least 2 weeks*** before field trip scheduled.
- Provide training/delegation to staff that will accompany students on field trips, including transportation staff.

3. Immunizations:

- Notify families of 6th grade students about vaccines necessary for 7th grade entry.
- Send letter to graduating seniors, with a copy of their CIS, encouraging them to update immunizations as needed.

4. Health room equipment:

- Ensure equipment is functioning appropriately.
- Calibrate audiometer annually.
- Check vision equipment.
- Calibrate sphygmomanometers (as necessary).
- Calibrate scales (as necessary).
- Replace/order batteries/bulbs for examination lights (otoscopes if applicable).

INTRODUCTION ANNUAL SCHOOL NURSING ACTIVITIES



MAY... *continued*

5. Plan for summer school or extended year session:

- Identify students with health care needs who will attend summer or extended school session.
- Notify administration of student needs for routine health care and emergency safeguards necessary during summer school or extended year session.
- Provide for health care during summer school or extended year session according to administration decision regarding registered nurse availability.

JUNE

1. Field trips/overnight trips:

- Remind staff to notify nurse **at least 2 weeks** before trip scheduled.
- Provide training/delegation to staff that will accompany students on field trips, including transportation staff.

2. Medications:

- Notify families of students with medication at school to pick up medications.
- Sign out all medication released to families (including count and family signature).
- ***No medication should remain in the building over the summer unless needed for summer school.***
- Notify families that they must obtain authorization from health care provider (include medication authorization form) for medications and/or treatments to be given at school the following school year. This may be done by letter, website or other communication resources.
- Ensure medication related forms on the website are up-to-date for the coming school year.

3. Information management:

- Compile documentation forms and arrange for filing, storage, and/or archives (e.g. medication logs, health room passes).
- Store personal notes only for nurse access.
- Prepare plans to accompany students who will transfer to another building or school district (obtain signed family permission if student leaving district).
- Check and transfer health files, especially for special education students.

JUNE...continued

4. Schedule and plan for next school year with school administration:

- General staff training (faculty, secretaries, bus drivers, playground staff, etc.).
- Delegation training (as above as needed).
- Health screenings (vision, hearing,).
- Health education for students, especially to include required HIV/AIDS curriculum.
- Any known school outings (annual spring camp, field trips, etc.).
- Summer school coverage.
- Plan and budget for focused professional development opportunities for school nurse and other staff who deliver school health services based on staff evaluation and professional goals.

ONGOING ACTIVITIES

Be present in school buildings as much as possible and on-call for emergencies (not necessarily for minor first-aid).

To work efficiently, the nurse needs to have a quiet workspace to allow him/her to address the most critical student health care needs and maintain confidentiality when speaking with parents or providers.

Schedule regular meetings with administration:

Consider frequent meetings with building administrators and periodic meetings with district administrators:

- Give current information on activities and issues of health services delivery.
- Always give some positive information, especially progress on completion of mandated services.
- When presenting problems, offer recommendations for solutions and resolutions.

Schedule regular meetings with:

- School staff who deliver health services for feedback and evaluation.
- School staff who provide delegated nursing tasks.



ONGOING ACTIVITIES...continued

The training, supervision, and monitoring activities of school staff for all delegated nursing tasks including medication administration may include:

Identify new students with health problems:

- Assessments
- Plans
- Interventions
- Training of staff

Immunizations:

- Identify students who are in conditional status and notify family in writing of next steps and required dates. Work with school staff members on resolving conditional status of students.

Communication and networking with school/district team:

- Students
- Faculty and staff
- Families
- Building and district administration
- Coordinated School Health or School Health Advisory Committee team(s)
- Community services/agencies (stakeholders in health and education)
- Local Health Jurisdiction
- Health care provider offices, clinics, hospitals, specialty services
- Medical assistance
- Child Protective Services
- Other as needed or specific to district and/or community

ONGOING ACTIVITIES...continued

Documentation:

- Electronic health record system
- Medication logs
- Health room documentation system
- Individual health care plans
- Emergency care plan
- Delegation activities

Work with School Teams, Special Education Services, Counselor, and 504

Coordinator to:

- Provide health/nursing assessments and interventions for students with special health care needs.
- Participate in social-emotional screening as needed.
- Participate in development of IEPs.
- Participate in development of 504 plans.

Work with school personnel and offer assistance with health education classes:

- Handwashing and hygiene for health promotion.
- Wellness promotion.
- Stress reduction.
- Other topics as requested.

Contribute nursing expertise to develop and implement health and safety policies and plans:

- Safety Committee
- Crisis Planning
- Wellness Policies
- School Improvement Plan (District and Building)
- Coordinated School Health Program

Attend parent meetings & Parent/Teacher conferences.

Participate in professional development opportunities as appropriate.

INTRODUCTION

ROLE OF THE SCHOOL NURSE

ROLE OF THE SCHOOL NURSE:

In 2017, the National Association of School Nurses (NASN) together with the American Nursing Association (ANA), defined school nursing as:

[A] specialized practice of nursing [which] 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 potentials (ANA & NASN, 2017). School nursing is further outlined in the School Nursing Practice Framework emphasizing student centered, evidence-based care (NASN 2024)

The National Association of School Nurses' (NASN's) School Nursing Practice Framework provides structure and focus for the key principles and components of current day, evidence-based school nursing practice.

School Nursing Practice Framework™

Supporting Students to be Healthy, Safe and Ready to Learn



Updated in 2024!
Click image to go to
the NASN Resources
page

INTRODUCTION

ROLE OF THE SCHOOL NURSE

School Nursing Practice Framework™ Supporting Students to be Healthy, Safe and Ready to Learn



Care Coordination

- Provide direct care for emergent, episodic, and chronic mental and physical health needs.
- Connect student and family to available resources.
- Collaborate with families, school community, mental health team (including school counselors, social workers, and psychologists), and medical home.
- Develop and implement plans of care.
- Foster developmentally appropriate independence and self-advocacy.
- Provide evidence-based health counseling.
- Facilitate continuity of care with family during transitions.

Leadership

- Direct health services in school, district, or state.
- Interpret school health information and educate students, families, school staff, and policymakers.
- Advocate for district or state policies, procedures, programs, and services that promote health, reduce risk, improve equitable access, and support culturally appropriate care.
- Engage in and influence decision-making within education and health systems.
- Participate in development and coordinate implementation of school emergency or disaster plans.
- Champion health and academic equity.
- Share expertise through mentorship/preceptorship.
- Practice and model self-care.

Quality Improvement

- Participate in data collection for local, state, and national standardized data sets and initiatives.
- Transform practice and make decisions using data, technology, and standardized documentation.
- Use data to identify individual and population level student needs, monitor student health and academic outcomes, and communicate outcomes.
- Engage in ongoing evaluation, performance appraisal, goal setting, and learning to professionalize practice.
- Identify questions in practice that may be resolved through research and evidence-based practice processes.

Community/Public Health

- Provide culturally sensitive, inclusive, holistic care.
- Conduct health screenings, surveillance, outreach, and immunization compliance activities.
- Collaborate with community partners to develop and implement plans that address the needs of school communities and diverse student populations.
- Teach health promotion, health literacy, and disease prevention.
- Provide health expertise in key roles in school, work, and community committees/councils/coalitions.
- Assess school and community for social and environmental determinants of health.

Standards of Practice

- Ensure practice consistent with the scope and standards of school nursing practice, health and education laws (consider the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act of 1973, Nurse Practice Act, state laws regarding school nursing practice and delegation), federal/state/local policies and regulations, and NASN position statements and code of ethics.
- Employ clinical judgment and critical thinking outlined in nursing process and prioritization.
- Integrate evidence and best/promising practices (consider multi-tiered systems of support, clinical practice guidelines).
- Safeguard privacy of students and data (consider Health Insurance Portability & Accountability Act, Family Educational Rights and Privacy Act).



The American Academy of Pediatrics, Healthy People 2020, The American Federation of Teachers, The National Association of School Nurses, and the School Nurse Organization of Washington all recognize the contributions of the school nurse to student well-being and academic success.

The role of the school nurse is broad, as defined above, and makes significant contributions to healthy youth and the **Whole School, Whole Community, Whole Child** model pictured below. (Developed by the ASCD (Association for Supervision and Curriculum Development) and Centers for Disease Control and Prevention)



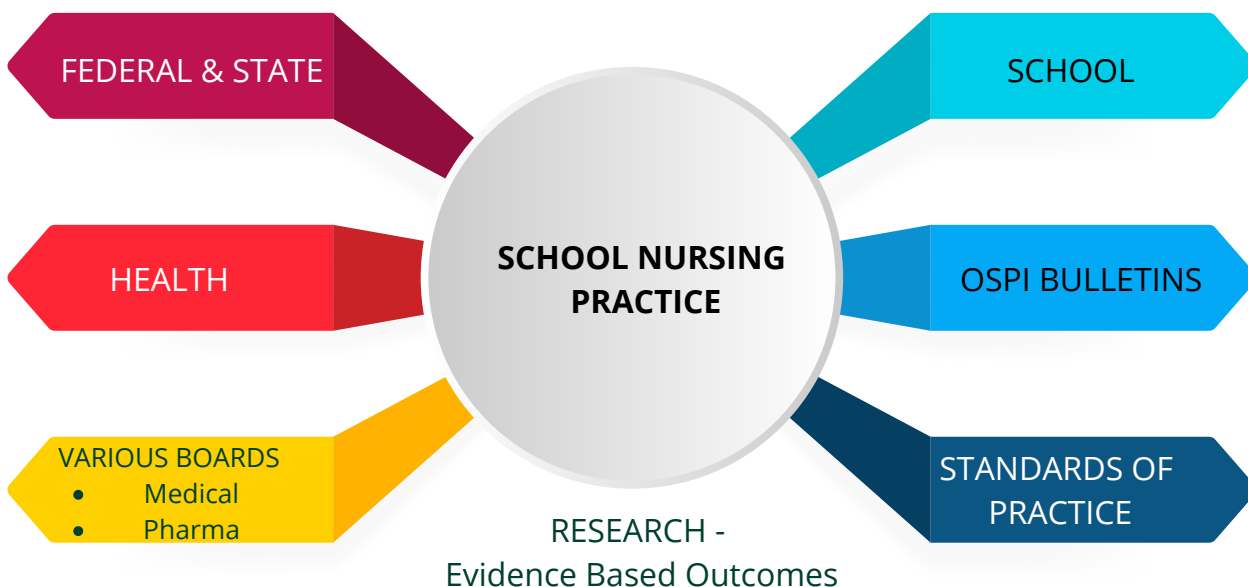
INTRODUCTION

ROLE OF THE SCHOOL NURSE

This manual focuses on the delivery of the **Health Services** component of the model. It guides the planning of school health services to align with the basic mandates of federal and state law.

- Professional Registered Nurses use a public health, population-based practice to manage resources appropriately for primary and secondary prevention as well as targeted care for students with critical health care needs.
- Nursing practice in school is autonomous and unique, addressing both physical and mental health needs of students and staff.
- Services include health promotion, access or referrals to health care providers, prevention and control of communicable diseases, chronic disease management, emergency care, mental health support, and educational opportunities for students, staff, families, and the community.

School nurse practice is regulated by many layers of legislation, professional boards, guidance from administrative agencies, and professional practice standards.



INTRODUCTION

ROLE OF THE SCHOOL NURSE

Throughout this manual, there are references to the various regulations depicted above to clarify specific requirements of school health services. The documents below are essential for school nurses to follow and school administrators to understand:

- School Nursing: [Scope and Standards of Practice, 4th edition](#) (2022) National Association of School Nurses and American Nurses Association; Nurses Books Org. The Publishing Program of the American Nurses Association, Silver Spring, MD.
- [Code of Professional Conduct](#) (2014) State of Washington; Chapter 181-87 WAC, Professional Educator Standard Board and Office of Professional Practices at OSPI.

Delegation of nursing care by the school nurse to unlicensed school staff holds the most risk for:

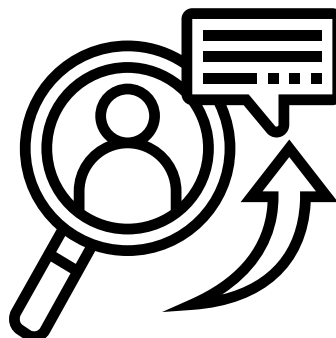
- Student health and safety
- District liability
- Registered nurse's professional practice

In effect, during delegation, the registered nurse transfers nursing tasks to an unlicensed person. Registered nurses do not transfer nursing care, but rather nursing tasks and therefore must still supervise the Unlicensed Assistive Personnel (UAP). The registered nurse provides delegation because the nurse is unable to be on site to provide the task. The registered nurse maintains the responsibility of ongoing clinical supervision and accountability for nurse delegation. For more information about registered nurse delegation in the school setting, see page section on delegation.

The Law Relating to Nursing Care and Regulation of Health Professions—Uniform Disciplinary Act [RCW 18.79](#) and [RCW 18.130](#) define registered nurse practice in the state of Washington and specifically regulate nurse delegation.

REFERENCES AND RESOURCES

- **Washington State Board of Nursing**
[Registered Nurse Delegation in School Settings \(2022\)](#)
- **National Association of School Nurses**
[School Nursing Practice Framework](#)
- **National Association of School Nurses**
Position Statement: [School Nurse Workload: Staffing for Safe Care](#), 2020
- **School Nurse Resource Guide**
<https://www.nwesd.org/snc/resource/>
- **United States Department of Health and Human Services**
Healthy People 2030 <https://health.gov/healthypeople>
- **American Academy of Pediatrics**
Position Statement: The Role of the School Nurse in Providing School Health Services <http://pediatrics.aappublications.org/content/121/5/1052.full>
- **Washington State Nursing Care Quality Assurance Commission and Office of the Superintendent of Public Instruction**
Staff Model for the Delivery of School Health Services (2000)
<http://www.k12.wa.us/sites/default/files/public/healthservices/pubdocs/schhealth.pdf>
- **OSPI Health Services**
<https://www.k12.wa.us/student-success/health-safety/school-health-nursing-services/health-services-resources>



INTRODUCTION

DELEGATION OF NURSING TASKS

DELEGATION

This guide outlines procedural guidance for many tasks the registered nurse may delegate in the school setting. It is important to note what is **NOT** allowed to be delegated by registered nurses.

WHAT CAN AND CANNOT BE DELEGATED BY THE REGISTERED NURSE:

The following is outlined in The Washington State Nurse Practice Act [RCW 18.79.260](#):

What MAY BE DELEGATED by the Registered Nurse in the school setting (if, within nurse's clinical judgment, the task may be safely delegated to an unlicensed person):

Exceptions to Nurse Practice Act in School Law and Nursing Commission Opinion:

- Administration of oral, topical, eye drops, ear drops and nasal spray medication in school ([RCW 28A.210.260 TO 270](#)).
- Gastrostomy tube feedings (Unlicensed Guidelines: March 1991).
- Administration of epinephrine to prevent anaphylactic shock in students with known allergic reactions (WASDA Policy 3416).

What MAY NOT BE DELEGATED by the Registered Nurse:

The registered nurse may not:

- Delegate the administration of rectal medications or injections (see exception above).
- Delegate acts requiring substantial skill.
- Delegate piercing or severing of tissues (except by epinephrine auto-injector).
- Delegate acts that require nursing judgment.

Some common requests in school that shall NOT be delegated by Registered Nurse:

- Administration of rectal or injectable (except epinephrine using auto-injectors) medication. These can only be administered by a student's adult family members, registered nurses, licensed practical nurses, or official Parent-Designated adult (PDA).
- Medical procedures that the registered nurse determines are not in the best interest of the student.
- Testing a student's blood glucose level (exceptions may be made in regards to delegating to NAC/NARs).
- Administering insulin or glucagon

INTRODUCTION

DELEGATION OF NURSING TASKS

DELEGATION

Why:

- The registered nurse is accountable to ensure safety of the student by assessment, critical analysis of data, clinical decision-making, planning, interventions, and client outcome of nursing care.
- The registered nurse may delegate specific tasks, allowed by law, after determining safety for the client.
- The registered nurse must always ask the question, “Am I willing to take responsibility for my actions?” before performing or delegating nursing care.

For Whom:

- Any student for whom the registered nurse is accountable for nursing care.
- Any non-licensed person who receives delegation from the registered nurse.

When:

- When a student is participating in school-sponsored activities, the school nurse is responsible as an employee or a contractor of the district. School-sponsored activities may occur during the school day, during non-school hours, on-campus activities, and off-campus activities.

PROCEDURAL GUIDELINES, ROLES AND RESPONSIBILITIES

Procedures to occur at any time:

- Family responsibilities:
 1. Family requests and gives written authorization for medical orders to be performed at school.
 2. Family obtains and brings signed orders and directions from their health care provider.
 3. Family (or other adult) brings medication/equipment/supplies to school.
- **School staff** accepts and documents the receipt of medication/equipment/supplies.
- **Registered nurse** assesses student health status and need for medication/procedure at school.
- **Registered nurse** confirms appropriate orders of medication/procedure.
- **Registered nurse** develops and completes a written care plan that describes explicit step-by-step actions of the procedure, signs of problems that might occur with the procedure, and what actions to take if problems occur.
- **Registered nurse** completes or ensures that medication/procedure log matches health care provider orders.

INTRODUCTION

DELEGATION OF NURSING TASKS

DELEGATION

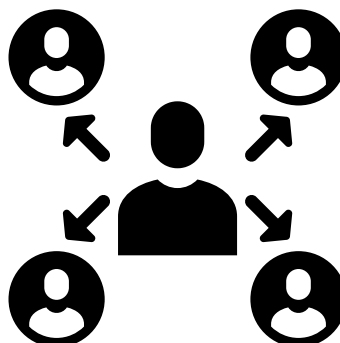
PROCEDURAL GUIDELINES, ROLES AND RESPONSIBILITIES

Procedures to occur at any time...continued:

- **If Registered nurse** determines that delegation IS NOT APPROPRIATE for the administration of medication or performance of medical procedure:
 1. **Registered nurse** performs or designates another registered nurse or a licensed practical nurse (LPN) to perform the procedure or administer the medication.
- **If Registered nurse** determines that delegation IS APPROPRIATE for the administration of medication or performance of medical procedure:
 - **Registered nurse**, in collaboration with **building administrator**, identifies appropriate, competent, available, and willing school staff to accept responsibility to administer oral medication or perform procedure for student.
 - **School Staff**, without coercion by the employer will submit a voluntary, written, unexpired letter of intent stating their willingness to administer the new medicine or nursing service, not previously recognized in law per [RCW 28A.210.275](#).
- **Registered nurse** delegates (one-on-one) for school staff to administer medication or perform procedure with written, explicit instructions that includes step-by-step actions of the procedure, signs of problems that might occur with the procedure, and what actions to take if problems .

Medication and/or medical treatments may not be administered by school staff before Registered Nurse delegation process is complete.

- **Registered nurse** provides and documents ongoing monitoring and supervision of staff members who perform nursing procedures under nurse delegation.



INTRODUCTION DELEGATION OF NURSING TASKS

DELEGATION

REFERENCES & RESOURCES

- [Registered Nurse Delegation in School Settings \(2022\)](#)
[RCW 18.79](#) and [RCW 18.130](#)
- National Council of State Boards of Nursing: Delegation Position Statement
<https://www.ncsbn.org/1625.htm>



STAFF MODEL FOR THE DELIVERY OF SCHOOL HEALTH SERVICES

The Washington State Staff Model for the Delivery of School Health Services is available for download from the Office of Superintendent of Public Instruction (OSPI) Web page at

<https://www.k12.wa.us/sites/default/files/public/healthservices/pubdocs/schhealth.pdf>. The document, sponsored by OSPI and the Washington State Nursing Quality Assurance Commission (NCQAC), outlines staffing needs for nursing care in schools. It describes the different levels of staff that may provide health services because of their training, education, licensure, certification, and responsibility.

According to the **Staff Model**, staffing for school health services is based on registered nursing assessment of the student population to:

- identify special health care needs;
- prioritize those students with the highest need; and
- determine the levels of nursing care required for individual students.

The model is used to predict the nursing care and staff needs of individual schools and individual school districts.

The nursing assessment of the student population is an **ongoing process**. When students are identified with new conditions or their health conditions change, they require nursing assessment and clinical judgment that determines the level and type of nursing care required and appropriate staffing.

The model also describes the role of the certificated school nurse in the state of Washington. The knowledge and skills acquired through the certification process ([WAC 181-79A-223\(1\)](#)) are over and above the knowledge and skills required for licensure as a registered nurse and are generally not obtained in a bachelor's of science in nursing (BSN) degree program. Registered nurses employed with the classification as certificated or "Educational Staff Associate" are required to have a ESA certificate through OSPI ([WAC 181-86](#)).

In Class II school districts, the statute ([RCW 28A.210.300](#)) states that a "...school district of the second class may employ a regularly licensed physician or a licensed public health nurse [...] for the purpose of protecting the health of the children in said district."

STAFF MODEL FOR THE DELIVERY OF SCHOOL HEALTH SERVICES...*continued*

The model describes roles and possible duties of all school staff providing health services:

- Certificated (registered) school nurses.
- Non-certificated registered nurses.
- Licensed practical nurses.
- Health room assistants.
- Clerical staff.

ESA certificated (registered) school nurses are responsible for assessing the health needs of the student population, allocating available health services resources, and managing the delivery of health services in schools.

Non-ESA certificated (registered) nurses may be responsible for those activities described above. In addition, non-ESA certificated (registered) nurses may work under the guidance and oversight of ESA certificated (registered) school nurses depending on district employee policies, procedures and contracts. As with all licensed nurses, non-ESA certificated (registered) nurses are responsible for their own practice under their own license.

Licensed practical nurses may work in any school district under the supervision and guidance of the registered nurse. Licensed practical nurses are also responsible for their own practice under their own license.

Unlicensed school staff (i.e., health room assistants and clerical staff) providing nursing tasks in a school must do so only after the delegation, training and ongoing supervision of a registered nurse. Although not specifically mentioned in the **Staff Model**, unlicensed staff in Washington State schools that provide health services may also include administrators, teachers, classroom paraprofessional educators, front office staff, bus drivers, coaches, and others.

The recommendation is that the school nurse and the school administrator review and discuss the **Staff Model**, student health needs, and plan for health services and appropriate staffing.

PRIORITIZATION OF SCHOOL NURSE SERVICES

In the state of Washington, OSPI, and the Nursing Care Quality Assurance Commission currently recommend nurse staffing for schools as:

One school nurse to 1,500 regular education students who are not *nursing dependent, *medically fragile, or *medically complex (*see **Staff Model** for definitions of severity coding). Additional licensed nursing services are recommended to meet the special needs of students with more acute conditions.

The [National Association of School Nurses](#) (NASN), in their position statement, [School Nurse Workload: Staffing for Safe Care revised 2020](#) states:

“NASN and the National Association of State School Nurse Consultants (NASSNC) (2012, 2014) assert that every student needs direct access to a school nurse so that all students have the opportunity to be healthy, safe, and ready to learn. In order to achieve adequate school nurse staffing, NASN recommends:

- Using a multifactorial health assessment approach that includes not only acuity and care but also social determinants of health to determine effective school nurse workloads for safe care of students.
- Developing evidence-based tools for evaluating factors that influence student health and safety and for developing staffing and workload models that support this evidence.
- Conducting research to determine the best models for school nurse leadership in school health, such as RN only, RN-led school health teams, and RNs certified in the specialty practice of school nursing.
- Increasing involvement of school nurses at national, state, and local levels in policy decisions that affect the health of students.”

When the numbers of students who are identified with serious, complex, and fragile health conditions increase, more school nurse time is required for the health and safety of those students. The number of students with critical health needs is increasing. School nurses must prioritize their time by first addressing the most critical needs to keep students safe at school.

The American Academy of Pediatrics released a 2016 Policy Statement titled [Role of the School Nurse in Providing School Health Services](#) in which they recommend that there is a minimum of one full-time professional school nurse in every school.

INTRODUCTION

STAFF MODELS FOR SCHOOL HEALTH

RESPONSE TO INTERVENTION MODEL

The Response to Intervention (RTI) model matches public health models of prevention.

- The bottom level illustrates **PRIMARY PREVENTION** activities, or **UNIVERSAL** approaches, aimed at **ALL** students to create a safe and supportive learning environment.
- The second level depicts **EARLY INTERVENTIONS** aimed at **SOME** students who show signs of risk for greater problems.
- The third level describes **INTENSIVE, TIME-CONSUMING, AND TARGETED INTERVENTIONS** aimed at students who have serious health problems.

The following model represents the broad scope of school nursing practice and the contributions that school nurses make in all levels of health services: Primary Prevention, Early Intervention, and Intensive, Targeted Intervention. Nursing interventions in the areas of primary prevention and early intervention are clearly associated with student academic success. However, nurses must prioritize their work, targeting the top level of students who are already in need of critical health services. School nurses value prevention and early intervention, and they strive to provide those services as much as possible within their time constraints.



INTRODUCTION

PARTNERSHIPS WITH FAMILIES



Family is the constant in a child's life. Family engagement in school is one of the major predictors of student academic success. School nurses have direct contact with families of students with special health care needs on a regular basis. Families look to school nurses for understanding as well as practical help. School nurses contribute to the climate of welcoming and honoring families and their role and involvement in their student's health at school.

School nurses balance decision-making regarding health services in school among the interests of the health and learning needs of the student, the preferences and choice of the family, the orders of the health care provider, and the legal mandates and capacity of the school system. Communication and negotiation are essential.

Families report feeling engaged and honored when professionals:

- Provide trust.
- Display clinical competence.
- Demonstrate care – “being there.”
- See the child as a whole person.
- Recognize and enhance family choice and power.

Parents of students with chronic health care needs attending school are responsible for:

- Notifying the school of the student's medical needs.
- Supplying the school with orders from the health care provider for any medication or special health related procedures that are required at school.
- Supplying the school with written permission for the school to provide nursing care at school.
- Supplying the school with the medication, equipment, and supplies necessary for nursing care to be provided at school.



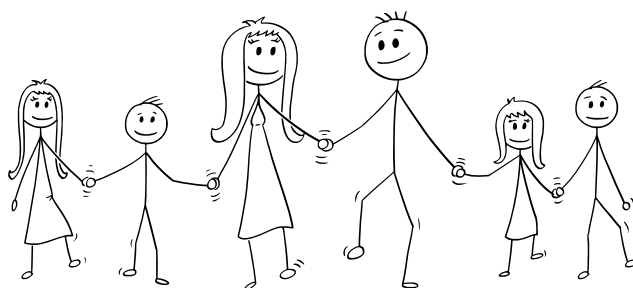
INTRODUCTION

PARTNERSHIPS WITH FAMILIES



Berlin and Fowkes' LEARN Model guides the professional school nurse in implementing a trusting, culturally competent, caring practice with families. The acronym **LEARN** represents the process of ***listening, explaining, acknowledging, recommending, and negotiating.***

- The nurse must first listen to the family-student perception of the problem. This listening must be done in a non-judgmental manner, using encouraging comments such as, "Tell me more."
- The second step is for the nurse to explain his/her perception of the problem.
- The next key step is for the nurse to acknowledge not only the differences between the two perceptions of the problem, but the similarities as well. In developing a culturally responsive approach to care, the nurse must recognize differences and build upon similarities.
- The fourth step is to make recommendations that involve the family-student expression of perspectives and preferences.
- The final step is to negotiate a treatment plan, considering that it is beneficial to incorporate selected aspects of the family-student's culture into the plan.



TASKS

INTRODUCTION

MANDATED SERVICES BY RCW

MANDATED HEALTH SERVICES BY RCW:

The Washington State Legislature has created laws that require schools to provide specific health services. These services are *mandated*. Washington State titles the statutes the “Revised Code of Washington” (RCW) and supported by rules titled Washington Administrative Code (WAC).

Students need health safeguards in place. In addition, by law, students with specific health care conditions must receive specific services in school or at school-sponsored activities.

The school district is under **legal obligation** to provide the services that have been legislated if the student and family meet specific criteria.

The following components describing nursing care in this segment of the manual are required by RCW:

- **Life Threatening Conditions**
- **Students with Diabetes**
- **Students with Asthma**
- **Students with Anaphylaxis**
- **Students with Epilepsy**
- **Clean Intermittent Catheterization**
- **Immunizations**
- **Visual and Auditory Health Screening**

Other mandated health related tasks indirectly affect student health services. However, these mandates relate to staff training (like Blood-Borne Pathogens and First Aid/CPR). Only those mandates that require care for the student by the registered nurse are covered in-depth in this manual.

LIFE THREATENING CONDITIONS

A “life threatening condition” is defined in [RCW 28A.210.320](#) as “health condition that will put the child in danger of death during the school day if a medication or treatment order and nursing plan are not in place.” A “school day” is defined under [RCW 28A.150.203](#).

WHAT IS REQUIRED?

The following requirements are outlined in [RCW 28A.210.320](#) and [WAC 392-380-005 to 080](#):

- Identification of Students with Life Threatening Conditions.
- Medical Authorizations.
- Emergency Medications and/or Equipment.
- Nursing (emergency) Care Plans.
- Evaluate for necessary 504 accommodations (See section on American Disabilities Act 504)

Because the State RCW 28A.210.320 defines “life threatening condition” as a “health condition that puts a student in danger of death during the school day if a medication or treatment order and a nursing care plan are not in place,” by definition, a student with a “life threatening health condition” has a physical or mental impairment that substantially limits a major life activity, and qualifies as a disabled student under Section 504 for purposes of [Free Appropriate Public Education](#) (FAPE).

Why:

- To protect every student with a life threatening condition
- To prepare and protect school staff members as they respond to anticipated emergencies

For Whom:

- For the school district to establish criteria and/or a process to determine elements and apply those criteria consistently to all students with potentially life threatening conditions
- For every student with a life threatening condition, if a medication or treatment order and a nursing plan are not in place
- For school staff: in-service training to prepare staff to provide care for students with life threatening conditions

LIFE THREATENING CONDITIONS...continued**When:**

- Beginning of each school year, family completes a medical history form (Washington State School Directors Association (WSSDA) model policy 3414)
- Before any student with a life threatening condition attends school
- Annual assessment to create new or update Emergency Care Plans that were developed in the previous school year

How:

- Identify health concerns within the student body (student population assessment)
- Determine acuity of health concerns to determine "Life Threatening"
- Obtain medical authorization, family consent, medications, and/or equipment necessary
- Develop Emergency Care Plan and if needed, an Individual Health Plan
- Implement plan with distribution, notification, training of staff, and delegation to specific staff
- Document distribution, training and delegation of related procedures, and ongoing supervision
- **Due process must be in place governing exclusion of students covered by RCW, WAC, 504, IDEA, and district policy**

Regularly Review:

- Identify staff members that are new or that need review of emergency care plans.
- Practice *again* the school systems in place to prevent anaphylaxis (reduce exposure risk to foods, bees, etc.).
- Practice ECP implementation.
- Practice *again* for staff who must administer inhalers and epinephrine auto-injectors in an emergency.



PROCEDURAL GUIDELINES, ROLES AND RESPONSIBILITIES

Sequence of procedures:

1. **School staff** members review health registration form and note any health concern identified by family. This form is also known as student health information, and student health history.
2. **School staff** members give specific health-condition form to applicable families for completion.
3. **Registered nurse** contacts family to review health history, assess acuity of health condition, and to learn family concerns/preferences regarding student's health and best methods to assist at school.
4. **Registered nurse** meets with student to assess self-management and student's health goals.
5. **Registered nurse** initiates medical authorization process for administration of emergency medication and/or treatment at school.
6. **School staff** members accept medical authorization forms for administration of routine and/or emergency medication at school.
7. **School staff** members accept emergency medications at school from an adult (consider using a sign-in sheet for counting and tracking medications).
8. **Registered nurse** assesses student health and functioning to determine if medication and order is appropriate for student.
9. **Registered nurse** reviews emergency medication orders to determine issues that are in the best interest for the student to receive medication at school.
10. **Registered nurse** ensures that information on the medical authorization, the medication label, and the medication administration record at school are identical.
11. **Registered nurse** creates a system of storage for emergency medication so that there is immediate access to medication in case of emergency.
12. **Registered nurse** develops and completes a written emergency care plan that describes explicit step-by-step actions to take, signs of problems that might occur with the procedure, and what actions to take if problems occur.
13. **Registered nurse**, in collaboration with **building administrator**, identifies appropriate school staff members who are competent, available, and willing to accept responsibility to assist student by following the emergency care plan.

PROCEDURAL GUIDELINES, ROLES AND RESPONSIBILITIES*...continued****Sequence of procedures:***

14. **Registered nurse** delegates as appropriate, the administration of emergency medication to unlicensed school staff for the identified student.

- A registered nurse may not delegate nursing activities that include:
 1. The core of the nursing process (assessment, diagnosis, planning, and evaluation) or procedures that require specialized knowledge, judgment, and/or skill.
 2. The registered nurse holds responsibility for all delegated activities and therefore the registered nurse must decide what may be delegated and what may not be delegated according to professional nursing assessment.

15. **Registered nurse** documents training and delegation.

16. **School staff** members document receiving and accepting delegation responsibilities by signing delegation form.

17. **Registered nurse** files documentation of nurse delegation and staff signature in training/delegation file.

18. **Registered nurse** regularly monitors student's health status, evaluates systems and plans, and modifies plans as necessary.

19. **Registered nurse** provides and documents ongoing monitoring and supervision of staff members who provide emergency medication under nurse delegation.

20. **Registered nurse** notifies building principal of any students with life threatening conditions who are not safe at school due to any requirements that are lacking in this process.

21. **Chief Administrator for the school** *is responsible for enforcing exclusion from school* per [RCW 28A.210.320](#), following district policy, procedures, and forms.

22. **Protocols** must be in place to ensure **substitute teachers** are informed of the student's life threatening condition, the location of the ECP and duties associated with implementing the ECP.

For More Information on ... LIFE THREATENING CONDITIONS

- **OSPI Bulletin No. 61-02 Learning and Teaching Support**

September 18, 2002

<https://www.k12.wa.us/sites/default/files/public/healthservices/pubdocs/shb2834-essb6641/b061-02.pdf>

STUDENTS WITH DIABETES MELLITUS (DM)

The plan of care for students with diabetes is developed by a designated professional school nurse who consults and coordinates with the student, family, and health care providers. The professional school nurse also provides the training and supervision of school district personnel who provide care for students with diabetes in school (excluding specialized training required for a Parent-Designated Adult or PDA).

WHAT IS REQUIRED?

The following requirements are outlined in [RCW 28A.210.330 to 350](#).

- School policy for the Care of Student with Diabetes, including but not limited to:
 1. Accommodations.
 2. Annual All-Staff Training by a registered nurse, advanced registered nurse practitioner or a diabetes educator who is nationally certified.
- Identification of Students with Diabetes.
- Parental Consents, Parental Authorizations, Medical Authorizations.
- Medications and/or Equipment at school.
- Nursing Care Plans – BOTH Emergency Care Plans and Individual Health Care Plans/504 plan (See American Disability Act—504).

Why:

- Provide safe medical management for students with diabetes, protect students from untoward effects of diabetes, and provide a safe and healthy learning environment for those students.
- To prepare and protect school staff members as they provide care for students with diabetes.

For Whom:

- For all students with diabetes mellitus enrolled in school.
- For school staff: in-service training on symptoms, treatment, and monitoring of students with diabetes.

When:

- Beginning of each school year, family completes a medical history form (WSSDA model policy 3414).
- At the beginning of the school year, school systems must be in place.
- Prior to students attending school:
 1. Staff training is complete.
 2. Emergency medication and all authorizations are at school.
 3. Care plans are written, training provided, and the plans distributed to staff that need to know how to respond to student needs, especially in an emergency.

STUDENTS WITH DIABETES MELLITUS (DM)...continued**How:**

- Identify students with diabetes mellitus.
- Obtain medical authorization and treatment plan, family consent, medications, and equipment.
- Develop IHPs, ECPs, and 504s.
- Implement individualized plans with distribution, notification, and specific staff training on each individual student plan.
- Provide and document general diabetes in-service to all staff. ([See Washington State School Staff Health Training Guide](#))
- Incorporate the role of parent-designated adult (PDA) if the family requests and assigns a PDA.
- Ensure student accommodations regarding accessibility to snacks and medication, school meals, scheduling of exercise, planning for field trips, and possible disaster (transferring student to different location or shelter in place). For more information about 504 accommodations refer to "[Parent and Educator Guide to Free Appropriate Public Education](#)" (FAPE).
- **Due process must be in place governing exclusion of students covered by RCW, WAC, 504, IDEA, McKinney-Vento and district policy.**

PROCEDURAL GUIDELINES, ROLES AND RESPONSIBILITIES***Sequence of procedures:***

1. **School staff** members (secretary, registrar, para-educator, etc.) review health registration forms and identify students with diabetes.
2. **School staff** members provide family with diabetes history form to complete (updated annually).
3. **Registered nurse** contacts family to review health history, assess acuity of diabetes, and learn family concerns/preferences regarding student's health status and best methods to assist at school.
4. **Registered nurse** meets with student to assess self-management and student's health goals.
5. **Registered nurse** initiates medical authorization process.
6. **School staff** members accept medical authorization forms for administration of routine and/or emergency medication at school.
7. **School staff** members accept medications at school from an adult (consider using a sign-in sheet for counting and tracking medications).
8. **Registered nurse** assesses student health and functioning to determine if medication and medical authorization are appropriate for student.

PROCEDURAL GUIDELINES, ROLES AND RESPONSIBILITIES***Sequence of procedures continued:***

9. **Registered nurse** reviews medical orders to determine issues that are in the best interest for the student to receive medication at school.
10. **Registered nurse** ensures that information on the medical authorization, the medication label, and the medication administration record at school are exactly the same.
11. **Registered nurse** prepares a comprehensive, individualized health care plan (IHP) to assist school staff members to monitor and support student to achieve optimum health and ability to learn throughout the school day and at school-sponsored activities. The IHP is to include instructions to assist in the daily management of student's diabetic needs for:
 - Accessibility to medications and equipment.
 - Permission to monitor glucose and self-medicate as needed in any location.
 - Timing of physical exercise.
 - Plans for food services accommodations.
 - Plans for timing of meals, snacks, and counting carbohydrates.
 - Plans for transportation accommodations.
 - Plans for school-sponsored activities.
12. **Registered nurse** prepares explicit, unambiguous instructions in the Emergency Care Plan (ECP) for staff to follow in case of an emergency at school.
13. **Registered nurse** collaborates with 504 Accommodations Coordinator in the school/district in development of 504 Plan, that for students with diabetes, will include both the ECP and IHP.
14. **Registered nurse** identifies appropriate school staff members who are competent, available, and willing to accept responsibility to assist student by following the individual health plan (IHP) and the emergency care plan (ECP).
 - A registered nurse may not delegate nursing activities that include the core of the nursing process (assessment, diagnosis, planning, and evaluation) or procedures that require specialized knowledge, judgment, and/or skill.
 - The registered nurse holds responsibility for all delegated activities and therefore the registered nurse must decide what tasks may or may not be delegated according to professional nursing assessment.
15. **Registered nurse** works with PDA, if assigned by the parent, to incorporate the roles and responsibilities of the PDA, school staff, and the registered nurse in the ECP, IHP and 504 Plan so a seamless and coordinated system of care exists in school for the student with diabetes.

PROCEDURAL GUIDELINES, ROLES AND RESPONSIBILITIES*Sequence of procedures continued:****When parents request and assign a Parent-Designated Adult (PDA):***

[RCW 28A.210.330-350](#) allows parents to designate an adult through proper legal procedures to assist the student in managing his or her diabetes. The statute defines a Parent-Designated Adult as:

- Parent-Designated Adult (PDA) - A volunteer, who may be a school employee, who receives additional training from a health care professional or expert in diabetic care selected by the parents (not school personnel), and who provides care for the child consistent with the individual health plan.

Key points to consider when parents request a PDA ([See Appendix D](#)):

- By law, PDA's only provide care for students with diabetes and per [RCW 28A.210.260](#), students with seizures. PDA's do not provide care for students with other health conditions.
- The district's professional **registered nurse** in the school is not responsible for the supervision of the PDA for those procedures authorized by the parent that cannot be delegated by the **registered nurse** in the school setting.
- Parents are responsible for finding and arranging the training and supervising of the PDA.
- The district's professional **registered nurse** is responsible for assessing, monitoring, responding to, and reporting the student's health status in school, to school administration, including outcomes associated with care provided by the PDA, etc.
- **Building principal** and **registered nurse** meet with family to discuss legal responsibilities of the school, family, and PDA.
- **Building principal** ensures that all documentation required for PDA (including required training) is completed before PDA may function in the school setting.
- **PDAs** should renew their training annually in order to remain aware of updated technology and medical best practice related to diabetes care.

PROCEDURAL GUIDELINES, ROLES AND RESPONSIBILITIES

Sequence of procedures for student's first day of school:

1. **Registered nurse** notifies building principal of any students with diabetes that meet criteria of the life threatening conditions [RCW 28A.210.320](#) and who are not safe at school due to any requirements that are lacking in this process...
2. **Chief Administrator for the school** is responsible for enforcing exclusion from school per RCW 28A.210.320, following district policy, procedures, and forms.

Sequence of procedures for beginning of school and annually:

1. **Registered nurse** provides specific training to staff to follow IHP and ECP.
2. **Registered nurse** provides or arranges general training for all school staff regarding symptoms, treatment, and monitoring of students with diabetes.

Sequence of procedures throughout the school year:

1. **Registered nurse** regularly monitors (may need once daily or multiple times during the school day) student's health status, evaluates systems and plans, and modifies plans as necessary.
2. **Registered nurse** provides ongoing training and support to staff members who assist with care of students with diabetes.
3. **Registered nurse** provides and documents ongoing monitoring and supervision of staff members who provide or assist with medication and treatments under nurse delegation.
4. **Protocols** must be in place to ensure substitute teachers are informed of the student's life-threatening condition, the location of the ECP and duties associated with implementing the ECP.

For More Information on ... STUDENTS WITH DIABETES

- [RCW28A.210.330](#)
- [Guidelines for Care of Students with Diabetes](#)
- Helping the Student with Diabetes Succeed: A Guide for School Personnel (Reviewed May 2020)
- <https://www.niddk.nih.gov/health-information/health-communication-programs/ndep/health-care-professionals/school-guide/pages/publicationdetail.aspx>
- Curriculum Standards for Developing Curricula to Train Parent-Designated Adults Working with Diabetes, (2009):
<https://www.k12.wa.us/sites/default/files/public/healthservices/pubdocs/pdacurriculumstandards.pdf>
- [Washington State School Staff Health Training Guide](#)

STUDENTS WITH ASTHMA

The plan of care for students with asthma is developed by a designated registered nurse who consults and coordinates with the student, family, and health care providers. The registered nurse also provides the training and supervision of school district personnel who provide care for students with asthma in school.

WHAT IS REQUIRED?

The following requirements are outlined in [RCW 28A.210.370](#):

- School Policy for the Care of Students with Asthma in School.
- Yearly Staff Training Regarding Asthma Care at School Asthma Rescue Procedures.
- Parental Consent and Medical Authorizations.
- Emergency Medication at School.
- Demonstration of Competency by Student to School Nurse for Student to Self-Carry and Self-Administer Rescue Medications.

Why:

- Provide safe medical management for students with asthma, protect students from untoward effects of asthma, and provide a safe and healthy learning environment for those students.
- To prepare and protect school staff members as they provide care for students with asthma.

For Whom:

- For every student with asthma who needs rescue medications at school.
- For school staff: in-service training on symptoms, treatment, and monitoring of students with asthma by a Registered Nurse (RN), Advanced Registered Nurse Practitioner (ARNP), Registered Respiratory Therapist (RRT), Medical Doctor (MD), Doctor of Osteopathy (DO), or Certified Asthma Educator (CAE).

When:

- Beginning of each school year, family completes a medical history form (WSSDA model policy 3414).
- At the beginning of the school year, school systems are in place.
- Prior to students attending school:
 1. Staff training is complete.
 2. Emergency medication and all authorizations are at school.
 3. Emergency care plans are written, training provided, and the plans distributed to staff that need to know how to respond to an emergency.

STUDENTS WITH ASTHMA

How:

- Identify students with asthma.
- Obtain asthma history, medical authorization, and asthma action plan developed by the health care provider, family consent, medications, and equipment.
- Demonstration of competency by student to registered school nurse for student to self-carry and self-administer rescue medications (including inhalers and Epi-Pens).
- Develop ECPs, IHPs and 504 plans.
- Implement individualized plans with distribution, notification, and specific staff training on each individual student plan.
- Provide and document general asthma in-service to all staff.
(See [Washington State School Staff Health Training Guide](#))
- Ensure student accommodations regarding accessibility to medication, scheduling of exercise, planning for field trips, and possible disaster (transferring student to different location or shelter in place). For more information about 504 accommodations, refer to "[Parent and Educator Guide to Free Appropriate Public Education](#)".
- **Due process must be in place governing exclusion of students covered by RCW, WAC, 504, IDEA, McKinney-Vento and district policy.**

SYSTEMS, ROLES, AND RESPONSIBILITIES:

Sequence of procedures:

1. **School staff** members (secretary, registrar, para-educator, etc.) review health registration forms and identify students with asthma.
2. **School staff** provides family with asthma history to complete (updated annually).
3. **Registered nurse** contacts family to review health history, assess acuity of asthma, and learn family concerns/preferences regarding student's health status and best methods to assist at school.
4. **Registered nurse** meets with student to assess self-management and student's health goals.
5. **Registered nurse** initiates medical authorization process.
6. **School staff** members obtain/accept medical authorization forms for administration of emergency medication at school.
7. **School staff** members accept routine and emergency medications at school from an adult and use a sign-in sheet for counting medications.
8. **Registered nurse** assesses student health and functioning to determine if medication and order are appropriate for student.

STUDENTS WITH ASTHMA

SYSTEMS, ROLES, AND RESPONSIBILITIES:

Sequence of procedures...continued:

9. **Registered nurse** assesses student ability to self-manage, self-carry, and self administer asthma medication at school.
10. **Registered nurse** reviews emergency medication orders to determine issues that are in the best interest for the student to receive medication at school.
11. **Registered nurse** ensures that information on the medical authorization, the medication label, and the medication administration record at school are identical.
12. **Registered nurse** creates a system of storage for emergency medication so that there is immediate access to medication in case of emergency.
13. **Registered nurse** prepares individualized, explicit, unambiguous instructions on an Emergency Care Plan for staff to follow in case of an emergency at school.
14. **Registered nurse**, in collaboration with the building administrator, identifies appropriate school staff members who are competent, available, and willing to accept responsibility to assist student by following the emergency care plan.
15. **Registered nurse** delegates as appropriate, the administration of emergency medication to unlicensed school staff for the identified student.
 - A registered nurse may not delegate nursing activities that include the core of the nursing process (assessment, diagnosis, planning and evaluation) or procedures that require specialized knowledge, judgment, and/or skill.

The registered nurse holds responsibility for all delegated activities and therefore the registered nurse must decide what tasks may be delegated and what may not be delegated according to professional nursing assessment.

16. **Registered nurse** documents training and delegation.
17. **School staff** members document receiving and accepting delegation responsibilities by signing delegation form.
18. **Registered nurse** files documentation of nurse delegation and staff signature in training/delegation file.

Sequence of procedures for student's first day of school:

1. **Registered nurse** notifies building principal of any students with asthma that meet criteria of the life threatening conditions [RCW 28A.210.320](#) and who are not safe at school due to any requirements that are lacking in this process, then...
2. **Chief Administrator for the school** is responsible for enforcing exclusion from school per RCW 28A.210.320, following district policy, procedures, and forms.

STUDENTS WITH ASTHMA**SYSTEMS, ROLES, AND RESPONSIBILITIES:*****Sequence of procedures for beginning of school and annually:***

1. **Registered nurse** provides specific training to staff to follow each student's ECP.
2. **Registered nurse** provides or arranges general training for all school staff regarding symptoms, treatment, and monitoring of students with asthma.

Sequence of procedures throughout school year:

1. **Registered nurse**, with other school staff members, remains alert to prevent student contact with triggers generating asthma symptoms or an asthma attack.
2. **Registered nurse** regularly monitors (may need once daily or multiple times during the school day) student's health status, evaluates systems and plans, and modifies plans as necessary.
3. **Registered nurse** provides and documents ongoing monitoring and supervision of staff who provide or assist with asthma medication under nurse delegation.
4. **Protocols** must be in place to ensure substitute teachers are informed of the student's life-threatening condition, the location of the ECP and duties associated with implementing the ECP.

For More Information on ... STUDENTS WITH ASTHMA

- American Academy of Allergy, Asthma and Immunization <http://www.aaaai.org/>
- Asthma and Allergy Foundation of America <http://www.aafa.org/>
- Centers for Disease Control and Prevention <https://www.cdc.gov/asthma/>
- Taking Asthma Care to School Asthma Management in Educational Settings revised 2013 .
https://www.k12.wa.us/sites/default/files/public/healthservices/pubdocs/asthma_manual.pdf
- OSPI Uniform Staff Training Policy: Students with Asthma (September 2008).
- Washington State School Staff Health Training Guide



STUDENTS WITH ANAPHYLAXIS

The plan of care for students with anaphylaxis is developed by a designated registered nurse who consults and coordinates with the student, family, and health care providers. The registered nurse also provides the training and supervision of school district personnel who provide care for students with anaphylaxis in school.

WHAT IS REQUIRED?

The following requirements are outlined in [RCW 28A.210.380](#), [RCW 28A.210.370](#)

- School Policy for the Care of Students with Potential Anaphylaxis in School to include:
 1. Annual Staff Training Regarding Anaphylaxis Care at School by a Registered Nurse, (RN), Advanced Registered Nurse Practitioner (ARNP) or Licensed Healthcare Provider (LHCP).
 2. Anaphylaxis Rescue Procedures and development of an emergency care plan.
 3. Communication plan for the school to gather and disseminate information on students with the potential for anaphylaxis.
 4. Strategies for risk reduction
- Parental Consent and Medical Authorizations.
- Emergency Medication at School.
- Demonstration of Competency by Student to School Nurse for Student to Self-Carry and Self-Administer Rescue Medications.

WHAT IS RECOMMENDED?

From OSPI's [Guidelines for Care of Students with Anaphylaxis](#):

It is recommended school districts follow these guidelines when addressing the treatment of anaphylaxis during the school day:

1. If a student, known to have anaphylaxis, has an exposure or a suspected exposure to an allergen, epinephrine is to be given immediately and the EMS (911) system activated.
2. If a LHP orders the administration of an antihistamine and/or epinephrine, the R.N. may use the Scope of Practice Decision Tree, to determine if a non-licensed staff member may carry out the ECP in accordance with [RCW 18.79.040](#).
Nurses cannot delegate to unlicensed school staff, nursing assessment/judgement such as “watching and waiting” for progression of symptoms. Giving epinephrine immediately and activating EMS/911 is the standard of care for any student with exposure or suspected exposure to their life-threatening allergen.

STUDENTS WITH ANAPHYLAXIS

WHAT IS RECOMMENDED...continued?

It is important to address the unique circumstances for each student while retaining adherence to the scope of nursing practice.

Legislation passed in 2013 allows schools to keep a supply of epinephrine auto-injectors in a designated location based on the number of students enrolled. [RCW 28A.210.383](#).

OSPI has provided guidance for the implementation of this new law which can be found on their [Health Services webpage](#):

- [Guidelines for Medication Administration in Schools](#)
- [Standing Order for the Administration of School Supplied Stock Epinephrine Auto-injectors for Potentially Life-Threatening Allergic Reactions \(Anaphylaxis\) in Individuals Pursuant to RCW 28A.210.383](#)

Key information from this guidance:

- 1.(1) School districts and nonpublic schools may maintain at a school in a designated location a supply of epinephrine and epinephrine autoinjectors based on the number of students enrolled in the school. (2) A licensed health professional with the authority to prescribe epinephrine, including, but not limited to, the secretary of health or the secretary's designee may prescribe epinephrine, including epinephrine autoinjectors, in the name of the school district or school to be maintained for use when necessary.
2. There are no changes to current prescription or self-administration practices for children with existing epinephrine auto-injector prescriptions or a guided anaphylaxis care plan.
3. When a student **has** a prescription for epinephrine or an epinephrine auto-injector on file, the school nurse or designated trained school personnel may utilize the school district or school supply of epinephrine or epinephrine auto-injectors to respond to an anaphylactic reaction under a standing protocol.
4. When a student **does not** have an epinephrine or epinephrine auto-injector prescription on file, the school nurse may utilize the school district or school supply of epinephrine or epinephrine auto-injectors to respond to an anaphylactic reaction under a standing protocol.

STUDENTS WITH ANAPHYLAXIS**Why:**

- Provide safe medical management for students with or without anaphylaxis, protect students from untoward effects of anaphylaxis, and provide a safe and healthy learning environment for all students.
- To prepare and protect school staff members as they provide care for students with anaphylaxis.

For Whom:

- For every student with or without known anaphylaxis who needs rescue medications at school.
- For school staff: in-service training on symptoms, treatment, and monitoring of students with anaphylaxis.

When:

- Beginning of each school year, family completes a medical history form (WSSDA model policy 3414).
- At the beginning of the school year, school systems are in place.
- Prior to students attending school:
 1. Staff training is complete;
 2. Emergency medication and all authorizations are at school;
 3. Emergency care plans are written, training provided, and the plans distributed to staff that need to know how to respond to an emergency.

How:

- Identify students with anaphylaxis.
- Obtain allergy history, medical authorization and anaphylaxis action plan developed by student's health care provider, family consent, medications and equipment.
- Demonstration of competency by student to registered school nurse for student to self-carry and self-administer rescue medications (including injected epinephrine).
- Develop ECPs, IHPs and 504s.
- Implement individualized plans with distribution, notification, and specific staff training on each individual student plan.
- Provide and document general anaphylaxis in-service to all staff.
- Ensure student accommodations regarding accessibility to medication, scheduling of exercise, planning for field trips, and possible disaster (transferring student to different location or shelter in place). For more information about 504 accommodations, refer to "[Parent and Educator Guide to Free Appropriate Public Education](#)"
- Due process must be in place governing exclusion of students covered by RCW, WAC, 504, IDEA, McKinney-Vento and district policy.

STUDENTS WITH ANAPHYLAXIS**SYSTEMS, ROLES, AND RESPONSIBILITIES:*****Sequence of procedures:***

1. **School staff** members (secretary, registrar, para-pro, etc.) review health registration forms and identify students with potential anaphylaxis.
2. **School staff** members provide family with severe allergy history form to complete (updated annually).
3. **Registered nurse** contacts family to review health history, assess acuity of severe allergy, and learn family concerns/preferences regarding student's health status and best methods to assist at school.
4. **Registered nurse** informs school staff immediately (classroom teacher, food services, etc.) to prevent allergen from coming into contact with student to **PREVENT** anaphylaxis.
5. **Registered nurse** meets with student to assess self-management and student's health goals.
6. **Registered nurse** initiates medical authorization process.
7. **School staff** members obtain/accept medical authorization forms for administration of emergency medication at school and avoidance of allergen & necessary dietary substitutions for Food Services dept. and give to RN.
8. **School staff** members accept routine and emergency medications at school from an adult (consider using a sign-in sheet for counting and tracking medications).
9. **Registered nurse** assesses student health and functioning to determine if medication and order is appropriate for student.
10. **Registered nurse** assesses student ability to self-manage, self-carry, and self administer anaphylaxis emergency medication at school.
11. **Registered nurse** reviews emergency medication orders to determine issues that are in the best interest for the student to receive medication at school.
12. **Registered nurse** ensures that information on the medical authorization, the medication label, and the medication administration record at school are exactly the same.
13. **Registered nurse** creates a system of storage for emergency medication so that there is immediate access to medication (both individually prescribed and the school supply of epinephrine auto-injectors) in case of emergency.
14. **Registered nurse** prepares individualized, explicit, unambiguous instructions on an Emergency Care Plan (ECP) for staff to follow in case of an emergency at school.
15. **Registered nurse**, in collaboration with the **building administrator**, identifies appropriate school staff members who are competent, available and willing to accept responsibility to assist student by following the emergency care plan.

STUDENTS WITH ANAPHYLAXIS**SYSTEMS, ROLES, AND RESPONSIBILITIES *continued*:*****Sequence of procedures:***

16. **Registered nurse** delegates as appropriate, the administration of emergency medication to unlicensed school staff for the identified student. The registered nurse holds responsibility for all delegated activities and therefore the registered nurse must decide what may be delegated and what may not be delegated according to professional nursing assessment.
- A registered nurse **may not delegate** nursing activities that include:
 - The core of the nursing process (assessment, diagnosis, planning and evaluation) or procedures that require specialized knowledge, judgment, and/or skill.
 - The administration of the school supply stock epinephrine auto-injector to a student without a diagnosed known severe allergy
17. **Registered nurse** documents training, delegation and supervision.
18. **School staff** members document receiving and accepting delegation responsibilities by signing delegation form.
19. **Registered nurse** files documentation of nurse delegation and staff signature in training/delegation file.

Sequence of procedures for student's first day of school:

1. **Registered nurse** notifies building principal of any students with potential anaphylaxis that meet criteria of the life threatening conditions [RCW 28A.210.320](#) and who are not safe at school due to any requirements that are lacking in this process, then...
2. **Chief Administrator for the school** *is responsible for enforcing exclusion from school per RCW 28A.210.320*, following district policy, procedures, and forms.

Sequence of procedures for beginning of school and annually:

1. **Registered nurse** provides specific training to selected school staff to follow the ECP.
2. **Registered nurse** provides or arranges general training for all school staff regarding symptoms, treatment (including epi-pen training) and monitoring of students with potential anaphylaxis.



STUDENTS WITH ANAPHYLAXIS

Sequence of procedures throughout school year:

1. **Registered nurse** regularly monitors (may need once daily or multiple times during the school day) student's health status, evaluates systems and plans, and modifies plans as necessary.
2. **Registered nurse**, with other team members, is alert to prevent student contact with any allergen that causes anaphylaxis.
3. **Registered nurse** provides and documents ongoing monitoring and supervision of staff members who provide or assist with anaphylaxis medication under nurse delegation.
4. **Protocols** must be in place to inform substitute teachers of the student's life-threatening allergy, the location of the ECP and duties associated with implementing the ECP.
5. **Field Trips** must be planned carefully to ensure that the student is NOT EXPOSED to the allergen and that accommodations, medications, staff training and delegation have been completed.

Additional Information on ... STUDENTS WITH ANAPHYLAXIS

- Accommodating Children with Disabilities in the School Meal Programs (2017)
- OSPI Child Nutrition Programs
- CDC Food Allergies in School <http://www.cdc.gov/healthyyouth/foodallergies/>
- Food Allergy Research and Education (FARE) <http://www.foodallergy.org/>
- Guidelines for the Care of Students with Anaphylaxis
<https://www.k12.wa.us/sites/default/files/public/healthservices/pubdocs/2021-Guidelines-for-Care-of-Students-with-Anaphylaxis-UD.pdf>
- Washington State School Staff Health Training Guide
<https://www.k12.wa.us/sites/default/files/public/healthservices/pubdocs/Washington-State-School-Health-Training-Manual-2022.pdf>

STUDENTS WITH EPILEPSY

The plan of care for students with epilepsy is developed by a designated registered nurse who consults and coordinates with the student, family, and health care providers. The registered nurse also provides the training, delegation and supervision of school district personnel who provide care for students with epilepsy in school.

WHAT IS REQUIRED?

Some students with epilepsy may have a life-threatening health condition as defined in [RCW 28A.210.320](#) (See Life Threatening Health Condition).

Additionally, [RCW 28A.210.260](#) (section 5) addresses the requirements for the administration of legend nasal spray emergency medication for seizure management. Other requirements for individual health plans went into effect for the 2022-23 school year [RCW 28A.210.355](#).

- Identification of Students with Epilepsy.
- All students with epilepsy or other seizure disorder should have an individual healthcare plan updated yearly.
- School Policy for the accommodations and care of students with Epilepsy or other seizure disorders in school. (WSSDA policy #3411)
- Individual Healthcare plans and emergency care plans for students with seizures
- Parental Requests, Instruction, Consent and Medical Authorizations for the monitoring and treatment of seizures while the student is at school.
- Provision and storage of Emergency Medication and/or Equipment at School.
- School policy exception necessary to accommodate the students' needs
- Staff Training regarding seizure care at school by registered nurses and advanced registered nurse practitioners or by a national organization that offers training for school nurses for managing students with seizures and seizure training for school personnel.
- Parent-designated adults and associated legal documents.

STUDENTS WITH EPILEPSY***Why:***

- Provide safe medical management for students with epilepsy, protect students from untoward effects of epileptic seizures, and provide a safe and healthy learning environment for those students.
- To prepare and protect school staff members as they provide care for students with epilepsy.

For Whom:

- For every student with epilepsy or a seizure disorder.
- For school staff: in-service training on symptoms, treatment, and monitoring of students with epilepsy.

When:

- Beginning of each school year, family completes a medical history form (WSSDA model policy 3414).
- At the beginning of the school year, school systems are in place.
- Prior to students attending school:
- Staff training is complete;
- Emergency medication and all authorizations are at school;
- Emergency care plans are written, training provided, and the plans distributed to staff that need to know how to respond to an emergency.

How:

- Identify students with epilepsy.
- Obtain seizure history, medical authorization and treatment plan, family consent, medications, and equipment.
- Develop IHPs, ECPs, and 504s.
- Implement individualized plans with distribution, notification, and specific staff training on each individual student plan.
- Provide and document general seizure management in-service to all staff.
- Incorporate the role of parent-designated adult (PDA) if the family requests and assigns a PDA.
- Ensure student accommodations regarding necessary medication, emergency school health services, planning for field trips, and possible disaster (transferring student to different location or shelter in place). For more information about 504 accommodations refer to "[Parent and Educator Guide to Free Appropriate Public Education](#)" (FAPE).
- **Due process must be in place governing exclusion of students covered by RCW, WAC, 504, IDEA, McKinney-Vento and district policy.**

STUDENTS WITH EPILEPSY**SYSTEMS, ROLES, AND RESPONSIBILITIES:*****Sequence of procedures:***

1. **School staff** members (secretary, registrar, paraprofessional, etc.) review health registration forms and identify students with epilepsy.
2. **School staff** members provide family with seizure history form to complete (updated annually).
3. **Registered nurse** contacts family to review health history, assess acuity of seizures, and learn family concerns/preferences regarding student's health status and best methods to assist at school.
4. **Registered nurse** initiates medical authorization process.
5. **School staff** members obtain/accept medical authorization forms for administration of emergency medication at school.
6. **School staff** members accept routine and emergency medications at school from an adult (consider using a sign-in sheet for counting and tracking medications).
7. **Registered nurse** assesses student health and functioning to determine if medication and order is appropriate for student.
8. **Registered nurse** reviews emergency medication orders to determine issues that are in the best interest for the student to receive medication at school.
9. **Registered nurse** ensures that information on the medical authorization, the medication label, and the medication administration record at school are exactly the same.
10. **Registered nurse** creates a system of storage for emergency medication so that there is immediate access to medication in case of emergency.
11. **Registered nurse** prepares individualized, explicit, unambiguous instructions on an Emergency Care Plan (ECP) for staff to follow in case of an emergency at school.
12. **Registered nurse**, in collaboration with the **building administrator**, identifies appropriate school staff members who are competent, available and willing to accept responsibility to assist a student by following the emergency care plan.
13. **Registered nurse** delegates as appropriate, the administration of emergency medication to unlicensed staff for the identified student.
 - A registered nurse may not delegate nursing activities that include:
 - The core of the nursing process (assessment, diagnosis, planning and evaluation) or procedures that require specialized knowledge, judgment, and/or skill.
 - The registered nurse holds responsibility for all delegated activities and therefore the registered nurse must decide what may be delegated and what may not be delegated according to professional nursing assessment.

STUDENTS WITH EPILEPSY

SYSTEMS, ROLES, AND RESPONSIBILITIES:

14. **Registered nurse** documents training, delegation and supervision
15. **School staff** members document receiving and accepting delegation responsibilities by signing delegation form.
16. **Registered nurse** files documentation of nurse delegation and staff signature in training/delegation file.

When parents request and assign a Parent-Designated Adult (PDA):

[RCW 28A.210.260](#) and [RCW 28A.210.355](#) allows parents to designate an adult through proper legal procedures to assist the student in managing his or her epilepsy. The statute defines a Parent-Designated Adult as:

- Parent-Designated Adult (PDA) - A volunteer, who may be a school employee, who receives additional training from a health care professional or expert in epilepsy or other seizure disorder care, authorized by the parents, and who provides care for the child consistent with the individual health plan.

Key points to consider when parents request a PDA (See Appendix D):

- By law, PDA's only provide care for students with epilepsy or diabetes (PDA's do not provide care for students with other health conditions).
- The district's professional **registered nurse** in the school is not responsible for the supervision of the PDA for those procedures authorized by the parent for the PDA to provide, and cannot be delegated by the **registered nurse** in the school setting.
- The district's professional **registered nurse** is responsible for the overall care and safety of the student with epilepsy or diabetes, responding to, and reporting the student's health status to school administration, including outcomes associated with care provided by the PDA, etc.
- **Building principal** and **registered nurse** meet with family to discuss legal responsibilities of the school, family, and PDA.
- **Building principal** ensures that all documentation required for PDA (including required training) is completed before PDA may function in the school setting.
- **PDAs** should renew their training annually in order to remain aware of updated technology and medical best practice related to seizure care.

STUDENTS WITH EPILEPSY**SYSTEMS, ROLES, AND RESPONSIBILITIES:*****Sequence of procedures for student's first day of school:***

1. **Registered nurse** notifies building principal of any students with epilepsy that meet criteria of the life threatening conditions [RCW 28A.210.320](#) and who are not safe at school due to any requirements that are lacking in this process, then...
2. **Chief Administrator for the school** is responsible for enforcing exclusion from school per RCW 28A.210.320, following district policy, procedures, and forms.

Sequence of procedures for beginning of school and annually:

1. **Registered nurse** provides specific training to selected school staff to follow the ECP.
2. **Registered nurse** provides or arranges general training for all school staff regarding symptoms, treatment and monitoring of students with epilepsy.

Sequence of procedures throughout school year:

1. **Registered nurse** regularly monitors (may need once daily or multiple times during the school day) student's health status, evaluates systems and plans, and modifies plans as necessary.
2. **Registered nurse** provides ongoing monitoring and supervision of staff members who provide or assist with seizure management under nurse delegation.
3. **Protocols** must be in place to ensure substitute teachers are informed of the student's life-threatening condition, the location of the ECP and duties associated with implementing the ECP.

For More Information on ... STUDENTS WITH Epilepsy

- Centers for Disease Control and Prevention: Epilepsy in Schools
<https://www.cdc.gov/healthyschools/npao/epilepsy.htm>
- Epilepsy Foundation Education Programs: School Nurses
<http://www.epilepsy.com/get-help/services-and-support/education-programs>
- [Washington State School Staff Health Training Guide](#)
- Guidelines for Medication Administration in Schools:
<https://www.k12.wa.us/sites/default/files/public/healthservices/pubdocs/Guidelines-for-Medication-Administration-in-Schools2022.pdf>

CLEAN INTERMITTENT CATHETERIZATION

The insertion of a clean catheter into the urinary bladder to empty urine several times during the day for students who do not have functional bladder emptying.

WHAT IS REQUIRED?

The following requirements are outlined in [RCW 28A.210.280](#), [WAC 246-840-820](#) and [RCW 18.79.290](#)

- Clean Intermittent Catheterization – Assisted Self-Catheterization.
- Clean Intermittent Catheterization – Catheterization by School Staff.
- Training and Supervision of Unlicensed Staff.
- Parental Consent and Medical Authorizations.

Why:

Most people empty their bladders by going to the bathroom four or five times a day. When the bladder is not emptied, infections or other problems may occur. Some medical conditions interfere with the sensation and ability to empty the bladder. Clean Intermittent Catheterization (CIC) can prevent serious consequences of bladder dysfunction.

- To provide safe medical management for students needing CIC, protect students from untoward effects of CIC, and provide a safe and healthy learning environment for those students.
- To prepare and protect school staff members as they provide care for students needing CIC.

For Whom:

- For every student who requires CIC at school.
- For school staff who assist with or perform CIC: in-service training and ongoing supervision on procedures and symptoms of complications of CIC.

When:

- Whenever family and health care provider requests CIC to be performed at school.
- Prior to staff performing or assisting with CIC, staff has training and supervision by RN.
- Prior to delegation process being completed and staff being prepared to provide CIC, family may come to school to perform CIC.

CLEAN INTERMITTENT CATHETERIZATION

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Sequence of procedures (to be performed at any time):

1. **Family** responsibilities:
 - Requests CIC at school and gives written authorization for CIC to be performed in school.
 - Obtains and brings signed medical authorization signed by health care provider with information about the procedure and orders for the procedure to be performed at school, including directions and frequency of CIC treatment.
2. **Registered nurse** initiates medical authorization process if not completed by family.
3. **School staff** members accept medical authorization for CIC at school and give to registered nurse.
4. **Registered nurse** assesses student health and functioning (with student and parent) to determine if CIC and order is appropriate for student.
5. **Registered nurse** reviews CIC orders to develop instructions specific to the needs of the student to receive CIC at school.
6. **Registered nurse** develops an Individual Health Plan (IHP) consistent with health care provider orders. IHP describes explicit step-by-step actions of the procedure, signs of problems that might occur with the procedure, and what actions to take if problems occur.
7. **Registered nurse** develops format for documentation of CIC procedure consistent with health care provider orders. Form is to be completed by **school staff** members trained to perform CIC.
8. **Registered Nurse** develops or ensures that documentation of care form is consistent with health care provider orders.
9. **Registered nurse**, in collaboration with **building administrator**, identifies appropriate school staff members who are competent, available, and willing to accept responsibility to provide or assist with CIC for student.
10. **Registered nurse** delegates specific school staff to perform or assist with CIC for a specific student. The registered nurse holds responsibility for all delegated activities and therefore the registered nurse must decide what may be delegated and what may not be delegated according to professional nursing assessment.

A registered nurse may not delegate nursing activities that include:

- The core of the nursing process (assessment, diagnosis, planning and evaluation) or procedures that require specialized knowledge, judgement, and/or skill.
11. The **registered nurse** documents training and delegation.
 12. School staff members document receiving and accepting delegation responsibilities by signing delegation form.

CLEAN INTERMITTENT CATHETERIZATION

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Sequence of procedures (to be performed at any time) continued:

13. **Registered nurse** files documentation of nurse delegation and staff signature i in training/delegation file.
14. **Registered nurse** regularly monitors (often daily) student's health status, evaluates systems and plans, and modifies plans as necessary.

Sequence of procedures for student's first day of school:

1. **Registered nurse** ensures that appropriate staff are trained and that all necessary forms and equipment are in place so that student can safely attend school.

Sequence of procedures throughout school year:

1. **Registered nurse** regularly monitors (may need once daily or multiple times during the school day) student's health status, evaluates systems and plans, and modifies plans as necessary.
2. **Registered nurse** provides ongoing monitoring and supervision of staff members who provide or assist with clean intermittent catheterization under nurse delegation. Supervision is documented.

For More Information on ... CIC

- Catheterization of public and private school students [RCW 28A.210.280](#)
- Provision for clean, intermittent catheterization in schools [WAC 246-840-820](#)
- Catheterization of students — Rules [RCW 18.79.290](#)
- [Washington State School Staff Health Training Guide](#)

IMMUNIZATIONS

It is the judgment of the legislature that it is necessary to protect the health of the public and individuals by providing a means for the eventual achievement of full immunization of school-aged children against certain vaccine-preventable diseases.

WHAT IS REQUIRED?

- The requirements are outlined in [RCW 28A.210.060 to 170](#) and [WAC 180-38-005 to 070](#). Each year, the Washington State Department of Health publishes the Required Vaccines for School Attendance for the upcoming school year. It is the school's responsibility to know the requirements and to adequately screen the students for compliance.
- Per [WAC 246-105-050](#) all immunization documentation needs to be medically verified. Parents must turn in a certificate of immunization using one of the approved methods outlined in [Acceptable Versions of a Certificate of Immunization Status](#).
- Per [RCW 28A.210.080](#) and [WAC 392-380-045](#) attendance of every child at every public and private school shall be conditioned upon the presentation before or on the first day of school, proof of full immunization, the initiation of a schedule of immunization or a certificate of exemption. In addition, the chief administrator of each public school shall prohibit the further presence at school for each student who has failed to provide proof of immunization. Students who are covered under the [McKinney-Vento Act](#) may not be excluded. Written notice of exclusion must be provided as set forth in [WAC 392-380-050](#).
- For specific guidance about implementation of Immunization Exemption Law, visit the Department of Health Immunization Program: [School and Child Care Exemptions from Immunization Requirements](#).
- Children who are in the process of completing their required immunizations may remain in school in what is called a conditional status. [Conditional Status Attendance](#).



TASKS

MANDATED SERVICES BY RCW

IMMUNIZATIONS

IMMUNIZATIONS

Why:

- Protection of students and staff from vaccine-preventable illness.

For Whom:

- Washington State immunization requirements apply to every student enrolled in school.

By Whom:

- The School Nurse plays an important role in educating staff and parents and interpreting immunization data to meet State immunization requirements, however, a team of staff designated by a school administrator is necessary for the collection, recording and filing of pertinent and current student immunization data.

When:

- Before any student attends school.
- Annual notification to families of students in selected grades regarding specific diseases and resources. See [RCW 28A.210.080](http://www.wa.gov/RCW/28A.210.080)
 1. Beginning with sixth grade entry, every public and private school in the state shall provide parents and guardians with information about meningococcal disease and the meningococcal vaccine at the beginning of every school year.
 2. Beginning with sixth grade entry, every public school in the state shall provide parents and guardians with information about human papillomavirus and the HPV vaccine at the beginning of every school year.
- On November 1st of each school year, unless otherwise notified, the annual immunization report is due to Washington State Department of Health.
<http://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/SchoolStatusReporting>.
- The School Module is the preferred reporting method:
<https://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/SchoolModule>



IMMUNIZATIONS

How:

- Family presents immunization record at initial registration and/or before student attends school.
- Documentation of required immunizations on Certificate of Immunization Status (CIS) form completed by the family and accompanied by medically verified information OR.
- School staff may generate a student's electronic record system CIS form from the Washington State Immunization Information System (WSIIS). For more information about WSIIS: <https://wais.doh.wa.gov/iweb/> OR
- Parents and families may register at [MyIR](#) to obtain a printed CIS.
- Family signature on CIS form is only required if the student enters in conditional status or if data from the WSIIS system will be entered onto the CIS from the school module.
- Information is given to families of students in specific grades as required by legislation.
- **Due process must be in place governing exclusion of students covered by RCW, WAC, 504, IDEA, McKinney-Vento, and district policy.**

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Annually:

- **Review current immunization statutes** and rules for schools (may change annually) and develop a plan for implementation and compliance with the statutes. [School and Child Care Immunizations Information for Families](#)
- **School staff** members ensure that current laws regarding family notification of specified diseases and resources are carried out.

Procedures at registration:

- **Family** completes, signs, and dates [Certificate of Immunization Status](#) (CIS) and provides validated records of vaccination or a copy of the CIS can be printed from the IIS by either the school staff or parent, as listed above.
- **School staff** members review CIS immunization record completed by family for accuracy and compliance.
- **School staff** members notify family of student immunizations requirements that are not compliant with school district policy and procedures and state immunizations requirements for schools.
- **School staff** members transfer immunization information into electronic student database or, for schools participating in the DOH School Module, verify school module for completed immunization information. If school module immunizations are not complete for student, school staff requests validated records from family for entry into the module.

IMMUNIZATIONS

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Procedures at registration continued...

- **School staff** members inform families of immunization resources in the community if needed.
- **Registered nurse** is available to consult with school staff regarding any questions about immunization records.
- **School staff** members notify building principal and school nurse of any students out of compliance.
- **Chief Administrator for the school** is responsible for enforcing exclusion from school per [RCW 28A.210.080](#) and [WAC 392-380-045](#) following district policy, procedures, and forms.

Sequence of procedures on November 1st:

1. **Designated school staff** member or school nurse submits annual immunization report to the Department of Health. Schools participating in the DOH School Module will have the report automatically generated.
2. **Department of Health Immunization Program** notifies schools of any changes in report requirements or timing of report submission.

Sequence of procedures in case of student with compromised immunological status in school:

1. **Registered nurse** notifies principal and classroom teacher that immunocompromised student could be at risk if they are exposed to un-immunized or under-immunized students.
2. **Registered nurse, health care provider, family, teacher, and principal** determine risk and develop plan for immunocompromised student's safety against vaccine-preventable illness.

Sequence of procedures in case of disease outbreak:

1. **County medical officer or state medical officer** determines disease outbreak status.
2. **Registered nurse** reviews immunization status for student body and staff to identify persons who are not adequately immunized. Individuals with known impaired immunity due to disease or medical treatments will be included in the School Susceptible List.
3. **Registered nurse** collaborates with **county medical officer or state medical officer** and communicates with district administration.

IMMUNIZATIONS

Sequence of procedures in case of disease outbreak continued:

4. **County medical officer or state medical officer** may order student(s) and/or staff member(s) who do not have documentation of adequate immune status from vaccine-preventable diseases to be excluded from school.
5. **County medical officer or state medical officer** may order school closure.

For More Information on ... IMMUNIZATIONS

- Immunization Manual for Schools, Preschools, and Child Care Facilities; Department of Health,
http://www.doh.wa.gov/Portals/1/Documents/Pubs/348-124_ImmunizationSchoolManual.pdf
- Washington State Immunization Information System (WAIIS), (formerly Child Profile Immunization Registry). If your school is not currently enrolled in the WAIIS system, the process is outlined on their website,
<https://waiis.doh.wa.gov/iweb/>
- School Immunization Status Reporting
<http://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/SchoolStatusReporting>
- Vaccine Safety -
<http://www.doh.wa.gov/YouandYourFamily/Immunization/VaccineSafety>



VISUAL AND AUDITORY SCREENINGS

Every Board of school directors shall have the power, and it shall be their duty, to provide screening of the visual and auditory acuity of all children attending schools in their districts to ascertain which, if any, of such children have defects sufficient to impact their ability to learn.

WHAT IS REQUIRED?

The requirements are outlined in [RCW 28A.210.020](#) and [WAC 246-760-001-100](#).

Note: Before screening, students with previously identified visual or auditory problems should be contacted to ensure they have had the necessary follow-up and appropriate corrective lenses or hearing aids. Teachers should be alerted to ensure students are using their corrective devices at school. Children with corrective lenses for distance viewing should be screened **wearing their corrective lenses**.

Why:

- Early identification and referral for correction of vision and/or auditory problems that may interfere with learning and to prevent long-term effects from any deficits.

For Whom:

- All students in grades K, 1, 2, 3, 5, and 7 annually (except those who are under medical care and have had a recent evaluation).
- Any student showing signs or symptoms of possible lack of auditory or visual acuity referred to the district by parents, guardians, school staff, or student self-report.
- If resources and time permit, schools shall annually screen students at other grade levels.

When:

- As early as possible in the school year and if at all possible, within the first half of the year (for both vision and auditory screenings).
- Vision rescreening timing is not regulated by state guidelines. Rescreening is necessary if the first screening is performed by a lay person. It may be done immediately, within two weeks, or as soon as possible before referring to a licensed vision care professional for students who did not meet “pass” criteria on initial vision screening. Auditory rescreening must be done within 6 weeks of initial auditory screen for students who did not meet “pass” criteria.
- **Calibrate audiometer annually.**

VISUAL AND AUDITORY SCREENINGS**How:**

- Clarify registered nurse role in screening (serving as consultant for re-screens and referrals).
- Identify and train screening team (may use school staff and/or volunteers).
- Work with Lions Club and other local resources for vision resources.
- Finalize schedule for vision/hearing screenings (grades K, 1, 2, 3, 5, and 7).
- Prepare paperwork for screenings: classroom lists, etc.
- Ensure completion of screenings.
- Complete re-screenings and referrals (staff assists with documentation of screening results and mailing referral letters to parents).
- Set up procedure school-wide (preferably schedule when the school calendar is being developed at the end of the previous school year) to minimize interruption of learning.
- Conduct screenings in an environment free of extraneous noise and distraction.
- Screen and document findings for each student as “pass/fail” or indicate the actual numeric results.
- Re-screen students who do not “pass” initial vision screen when the first screening is done by a lay person. Vision rescreening is at the discretion of the school nurse, principal, or principal designee when the first screening is done by the school nurse.
- Document results of the re-screen or reason for referral if other than screening results.
- Notify teachers of students who meet referral criteria so that the teacher can provide classroom accommodations until the student has further assessment of the vision or auditory concern.
- Notify families in writing to seek a vision and/or auditory examination for all students who meet referral criteria.
- In addition, if school personnel observe a child with other signs or symptoms related to vision or hearing problems, and if the signs and symptoms negatively influence the child in his or her studies, school personnel shall make a referral to the school nurse for evaluation.
- Follow up with families and teachers regarding students who need vision and/or auditory assistance.



VISUAL AND AUDITORY SCREENINGS

VISION SCREENING ROLES AND RESPONSIBILITIES:

Visual and auditory screening of pupils — Rules and regulations. [RCW 28A.210.020](#)

Persons performing visual screenings may include (but are not limited to) ophthalmologists, optometrists, and opticians who donate their professional services to schools or school districts. If a vision professional who donates his or her services identifies a vision defect sufficient to affect a student's learning, the vision professional must notify the school nurse and/or school principal in writing and may not contact the parents or guardians directly. A school official shall inform parents or guardian of student, in writing, recommending further visual examination; however, the name or contact information of the vision professional donating time and conducting the screening may not be communicated.

PROCEDURAL GUIDELINES:

Sequence of procedures at beginning of school:

1. **School Staff** coordinate with all teachers, including special education, to set up screening schedules.
2. **School staff** members schedule training for school staff or volunteers who do initial screens.
3. **Registered nurse** or community vision professional volunteer train volunteers and/or school staff on screening techniques and competencies.
4. **School staff** members prepare equipment, paperwork, location, and times for screening to be completed.

Sequence of procedures on day of initial screening:

1. **School staff** members and volunteers organize, oversee, perform, and document initial screening results.

Sequence of procedures after initial screen:

1. **Registered nurse** completes vision re-screens of those students not meeting "pass" criteria – either immediately, within two weeks or as soon as possible after initial screen if initial screening was done by a lay person. For students who do not meet "pass" criteria when the initial screener is the school nurse, principal, or designee, then student may be referred immediately or re-screened at the discretion of the school nurse.
2. **Registered nurse** completes auditory re-screens within 6 weeks of initial auditory screen.

VISUAL AND AUDITORY SCREENINGS

PROCEDURAL GUIDELINES:

Sequence of procedures after initial screen continued:

3. **Registered nurse** notifies and works with teachers regarding students who meet referral criteria.
4. **Under the school nurse, principal, or designee's direction, school staff** members notify families of students who do not pass vision and/or auditory rescreen and refer for professional evaluation. For vision referrals, a written referral shall indicate that school-based vision screening is not a substitute for a comprehensive eye examination and recommend that the parent or guardian take the child for a comprehensive vision examination.
5. **School staff** members document referrals and follow-up.
6. **Registered nurse** assists families in health care access and any other barriers to completing referral and acquiring vision or auditory corrections or treatment.

Sequence of procedures after corrective devices are obtained:

1. **Registered nurse** works with teachers and students to ensure vision and/or auditory corrective devices are available and used at school.
2. **Registered Nurse** works with Special Ed. Director and 504 team to determine and write 504 accommodations if necessary.

INTRODUCTION

This segment of the manual briefly describes the role of Section 504 of the Rehabilitation Act of 1973 and Special Education laws as it applies to a public school district's duty to provide a Free Appropriate Public Education ([FAPE](#)) for students with disabilities.

Section 504 of the Rehabilitation Act of 1973

Section 504 is a federal civil rights law designed to eliminate disability discrimination in programs and activities receiving federal funding. Therefore, all public school districts that receive federal funds must comply with Section 504.

A school-aged student is considered disabled under 504 if the student has a **physical or mental impairment that substantially limits one or more major life activities**.

Description of terms, roles and responsibilities and the process for referral and evaluation of students for consideration of Section 504 Accommodations plan in school is outlined in: "[A Parent & Educator Resource Guide to Free Appropriate Public Education \(under Section 504 of the Rehabilitation Act of 1973\)](#)". This guide reflects the Federal 2008 amendment that significantly broadened the definition of what constitutes a "disability." With the expanded definitions, many students with health care needs qualify for consideration of Section 504 Accommodation plans at school.

A 504 plan is a written plan that describes the educational and related aids and services that a district 504 team determines a disabled student needs to receive a FAPE. The content of a Section 504 Plan may change within a school year or between school years as a student's needs and services change. A district must provide the services identified in a student's Section 504 plan.

The U.S. Department of Education enforces Section 504 through the [Office of Civil Rights](#). In determining reasonable accommodations, OCR is a resource for both the district and the family.

Special Education Law

The Federal "Individuals with Disabilities Education Act" ([IDEA](#)) ensures that children with disabilities have access to a free appropriate public education (FAPE). IDEA is focused on improving educational results for children with disabilities. [RCW 28A.155](#) provides the statutory basis for special education services in Washington, and [WAC 392-172A](#) provides the regulatory basis for both IDEA and RCW 28A.155.

INTRODUCTION *continued....*

In the Supreme Court Case of **CEDAR RAPIDS COMMUNITY SCHOOL DIST. v. GARRET F. (96-1793)** 526 U.S. 66 (1999) <http://www.law.cornell.edu/supct/html/96-1793.ZS.html>, "The IDEA requires the school district to provide [the student] with the nursing services he/ [she] requires during school hours. [...] The IDEA's 'related services' definition broadly encompasses those supportive services that 'may be required to assist a child with a disability to benefit from special education.' Furthermore, 'related services' [... are not...] 'medical services.' [...] The Secretary of Education had reasonably determined that 'medical services' refers to services that must be performed by a physician and not to school health services."

In a more recent case known as *Endrew F. v. Douglas County School District*, the U.S. Supreme Court clarified the intent of Congress by affirming a high standard for the Individuals with Disabilities Education Act (IDEA). This March 2017 ruling found that public schools must provide students with disabilities more than a minimal benefit: [Summary of Endrew v. Douglas County](#) and [Supreme Court FAPE Ruling March 2017](#)

Nursing Care Services for Students

A variety of nursing care services may be necessary for students with both Section 504 Accommodation AND Special Education plans in schools. Some of the nursing care services are addressed in this manual:

- Life-Threatening conditions (See Life-Threatening Conditions)
- Clean Intermittent Catheterization (See Clean Intermittent Catheterization)
- Medication in Schools (See Medication in Schools)
- Gastrostomy Tube Feedings (See Gastrostomy Feedings)

Other nursing services which may be necessary for students in school and are not discussed in detail in this guidebook include:

- Tracheostomy care
- Assisted ventilation
- Central venous catheters
- Oxygen
- Rectal medication

School settings need to adapt to meet the educational and health needs of students assisted by medical technology. School nurses have the licensure and education to determine the need for access to specialized nursing care and to provide services and facilitate systems that foster social, emotional, physical, cognitive, and spiritual wellness.

MEDICATION IN SCHOOL

[RCW 28A.210.260](#) *Public and Private Schools: Administration of Medication--Conditions* allows school districts and private schools which conduct any of grades kindergarten–twelfth to provide for the administration of oral medication, topical medication, eye drops, ear drops or nasal spray of any nature to students who are in the custody of the school district or school at the time of administration, **but are not required to do so. Sunscreen is now considered an exception to this RCW.**

[RCW 28A.210.270](#) *Public and Private Schools: Administration of Medication—Immunity from Liability, Discontinuance, Procedure* states that when the conditions specified in RCW 28A.210.260 have been substantially complied with, then the employee, the school district or school, and the members of the governing board, shall not be liable in any criminal action or for civil damages as a result of the administration of the medication.

WHAT IS REQUIRED?

The following requirements are outlined in [RCW 28A.210.260 and 270](#):

- Administration of Medication
- Training, Delegation, and Supervision of Unlicensed Staff
- Parental Consent and Medical Authorizations
- Safeguarding Legend Drugs
- Parent-Designated Adult
- Immunity from Liability

Why:

- To accommodate students with health needs who require medication during the school day or during school-sponsored events.
- To provide safe medical management for students receiving medication at school, protecting students from untoward effects of medication, and contributing to a safe and healthy learning environment for those students needing medication in the course of the school day or during participation in school-sponsored activities.
- To prepare and protect school staff members as they provide care for students receiving medication at school.

For Whom:

- For any student who needs medication during the school day and/or school-sponsored events.
- For unlicensed staff administering medications to students.

MEDICATION IN SCHOOL

When:

- When family requests medication to be administered at school.
- Before unlicensed school staff can administer medication, the registered nurse must assess and determine that it is appropriate to delegate and then provide necessary training.
- Before the delegation process is completed and until staff is prepared to administer medication, family may come to school to administer medication if a licensed nurse is not available to do so.

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES

Sequence of procedures at any time:

1. **Family** responsibilities:
 - **Family** requests and gives written authorization for medication to be administered at school. This must be done each school year
 - **Family** obtains and brings signed health care provider authorization with information about the medication and specific directions for administration. Authorizations are only valid for one school year.
 - **Family (or other adult)** brings medication to school in original, labeled container.
 - **Family (or other adult)** counts and signs for amount of medication brought to school (consider using a sign- in form to count and track medications brought to school).
 - **Family (or other adult)** provides only one-month's supply (approximately 20 school days) plus 3 days of disaster supply medication to be stored at school.
2. **School staff** member accepts medication, checks expiration date, **MUST COUNT Medication** brought to school, and signs form with adult who confirms count.
3. **School staff** members **ensure that medications are kept in a secure, locked cabinet**. Back-up emergency medications for anaphylaxis and asthma must be kept in a location to which the student has immediate access in the event of an asthma or anaphylaxis emergency. [RCW 28A.210.370](#)
4. **Registered nurse** assesses student health and functioning to determine if medication and order are appropriate for student. For students who self-carry their medication, this assessment should include an evaluation of the student's ability to carry and administer his/her own medicine safely at the time needed and without adult supervision.
5. **Registered nurse** reviews medication orders to determine if there are any issues that need to be addressed so that the student is able to receive medication safely at school.

MEDICATION IN SCHOOL

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES

Sequence of procedures at any time continued...

6. **Registered nurse** ensures that information on the medical authorization, the medication label, and the medication administration record at school are identical.
7. **Registered nurse** creates a system of storage for emergency medication so that there is immediate access to medication in case of emergency.
8. **Registered nurse**, in collaboration with **building administrator**, identifies appropriate school staff members who are competent, available, and willing to accept responsibility to administer medication to student.
9. **Registered nurse** trains and then delegates to selected school staff members the authority to administer medication to specific student. **The registered nurse holds responsibility for all delegated activities and therefore the registered nurse must decide what may be delegated and what may not be delegated (and to whom) according to professional nursing assessment and [RCW 28A.210.260](#).** A registered nurse **may not delegate** nursing activities that include the core of the nursing process (assessment, diagnosis, planning and evaluation) or procedures that require specialized knowledge, judgment, and/or skill.
10. **Registered nurse** describes required methods of administration of medication using the Six Rights:
 - **Right Student**: Student says name or staff checks student picture on medication log.
 - **Right Medication**: Student names the medication and staff double-checks name of medication on medication log and medication container.
 - **Right Dose**: Student states the dose and staff double-checks the dose of medication on medication log and medication container.
 - **Right Route**: Student states the route [method of administration, e.g. by mouth] and staff double-checks the route of medication on medication log and medication container.
 - **Right Time**: Student states the time the medication is to be given and staff double-checks the time of medication administration on medication log and medication container.
 - **Right Documentation**: Staff correctly documents medication administration as soon as possible on the student's medication record (log).
11. **Any violation of the above Six Rights** requires that a medication error process be initiated, including appropriate documentation.
12. **Registered nurse** documents training and delegation.

MEDICATION IN SCHOOL

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES

Sequence of procedures at any time continued...

13. **School staff** members document receiving and accepting delegation responsibilities by signing delegation form.
14. **Registered nurse** files documentation of nurse delegation and staff signature in training/delegation file.

Sequence of procedures throughout the School Year

1. **Registered nurse** regularly monitors (daily, if necessary) student's health status, evaluates systems and plans, and modifies plans as necessary.
2. **Registered nurse** provides ongoing monitoring and supervision of staff who administer medications under nurse delegation and documents his/her findings, additional training that is provided or other related action.
3. **School Staff** - monthly- notify families when routine medication supply must be refilled. This is necessary to ensure that students consistently receive their medication at school.
4. **At the end of the school year**, the **school staff** notifies families to pick up any remaining medication(s) so that none remains at school over the summer break. However, if a student will be attending summer school and will need medication as supplied and ordered, family notification may be delayed until the completion of summer school.



MEDICATION IN SCHOOL

For More Information on Medication in School

Washington State Law:

- [RCW 28A.210.260](#) - Public and Private Schools: Administration of Medication—Conditions
- [RCW 28A.210.270](#) - Public and Private Schools: Administration of Medication—Immunity from Liability, Discontinuance, Procedure
- [RCW 28A.210.275](#) - Administration of medications by employees not licensed under chapter 1879 RCW—Requirements—Immunity from liability
- [RCW 28A.210.320](#) - Children with life-threatening health conditions - Medication or treatment orders - Rules
- [RCW 28A.210.370](#) - Students with Asthma
- [RCW 28A.210.380](#) - Anaphylaxis—Policy guidelines—Procedures—Reports
- [RCW 69.51A.060](#) - Crimes—Limitations of chapter. (medical marijuana use in schools)
- [RCW 28A.210.383](#) - Epinephrine auto injectors (Epi pens) - School supply - Use
- [RCW 28A.210.330](#) - Students with Diabetes
- [RCW 28A.210.355](#) - Students with Epilepsy

Manuals and Guidance Documents:

- [Attorney General Memorandum \(2/9/89\): Administration of Medication](#)
- [OSPI Guidelines for Medication Administration in Schools 2022](#)
- [OSPI Guidelines for the Care of Students with Anaphylaxis](#)
- [Registered Nurse Delegation in School Settings \(2022\)](#)
- [Opioid-Related Overdose Policy Guidelines & Training in the School Setting](#)

GASTROSTOMY (G TUBE) TUBE FEEDINGS:

Fluids, liquid nutrition or medications given through a tube surgically placed directly into the stomach.

These feedings may be intermittent for specific times of the day (usually by gravity), or they may be given continuously by a mechanized pump.

WHAT IS REQUIRED?

- If the student qualifies as disabled under Section 504 of the Rehabilitation Act of 1973, the provision of gastrostomy tube feedings at school may be a necessary accommodation.
- The **registered nurse** may provide or delegate gastrostomy tube feedings at school if following a registered nursing assessment, it is safe to do so (Unlicensed Practice Task Force Recommendations, Nursing Care Quality Assurance Commission - March, 1991). **The registered nurse holds responsibility for all delegated activities and therefore must decide what nursing activity may be delegated and what may not be delegated (and to whom) according to professional nursing assessment.** A registered nurse **may not delegate** nursing activities that include the core of the nursing process (assessment, diagnosis, planning and evaluation) or procedures that require specialized knowledge, judgement, and/or skill. **Parental Consent and Licensed Health Care Provider (LHP) Authorization are required.**

Why:

Some students are unable to ingest adequate hydration and/or nutrition by swallowing.

- To provide safe medical management for students needing G Tube feedings or hydration - including protection from untoward effects of G Tube feedings or hydration, and to contribute to a safe and healthy learning environment for students needing G Tube medical management at school or school sponsored activities.
- To prepare and protect school staff members as they provide care for students needing G Tube feedings.

GASTROSTOMY (G TUBE) TUBE FEEDINGS *continued*:***For Whom:***

- For every student who requires G Tube feedings at school.
- For school staff who assist with or perform G Tube feedings: in-service training and ongoing supervision of procedures and symptoms of complications of G Tube feedings.

When:

- When family and LHP request G Tube feedings be given at school.
- Before staff may perform or assist with G Tube feedings the registered nurse must provide training and delegation and thereafter, ongoing supervision.

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:***Sequence of procedures at any time:*****1. Family responsibilities:**

- Requests G Tube feedings or hydration at school and gives written authorization for feedings or hydration to be performed at school.
- Obtains and brings signed LHP authorization with information about the procedure and orders for the procedure to be performed at school.

2. Registered nurse initiates LHP authorization for G Tube feeding at school (if not done by family).**3. School staff** members accept LHP authorization for G Tube feeding at school and give to registered nurse for review.**4. Registered nurse** assesses student health and functioning to determine if G Tube feeding order is appropriate for student at school.**5. Registered nurse** reviews G Tube feeding order to determine if it is in the best interest for the student to receive feeding at school.**6. Registered nurse** develops an Individual Health Plan (IHP) consistent with health care provider orders. IHP describes explicit step-by-step actions of the procedure, signs of problems that might occur with the procedure, and what actions to take if problems occur.**7. Registered nurse** develops format for documentation of G Tube procedure consistent with LHP orders. Form is to be completed by school staff members trained to perform G Tube feeding/hydration.**8. Registered nurse** develops or ensures that documentation of care form is consistent with LHP orders.**9. Registered nurse** in collaboration with **building administrator**, identifies appropriate school staff members who are competent, available, and willing to accept responsibility to provide or assist with G Tube feeding/hydration for student.

TASKS

AMERICAN DISABILITIES ACT - 504

GASTROSTOMY (G TUBE) TUBE FEEDINGS *continued*:

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Sequence of procedures at any time:

10. **Registered nurse** delegates specific school staff to perform or assist with G Tube for a specific student. The RN holds responsibility for all delegated activities and therefore the registered nurse must decide what may be delegated and what may not be delegated according to professional nursing assessment. A registered nurse may not delegate nursing activities that include:
 - The core of the nursing process (assessment, diagnosis, planning and evaluation) or procedures that require specialized knowledge, judgement, and/or skill.
11. **Registered nurse** documents training, delegation and ongoing supervision of staff.
12. **School staff** members document receiving and accepting delegation responsibilities by signing delegation form.
13. **Registered nurse** files documentation of nurse delegation and staff signature in training/delegation file.
14. **Registered nurse** regularly monitors (often-daily) student's health status, evaluates systems and plans, and modifies plans as necessary.

Sequence of procedures for student's first day of school:

1. **Registered nurse** ensures that staff is prepared and that all necessary forms and equipment are in place so that student can safely attend school.

Sequence of procedures throughout the school year:

1. **Registered nurse** provides ongoing monitoring and supervision of staff to provide or assist with G Tube feeding under registered nurse delegation.

TASKS

AMERICAN DISABILITIES ACT - 504

ADA- 504,
GASTROSTOMY
TUBE FEEDINGS

GASTROSTOMY (G TUBE) TUBE FEEDINGS *continued*:

For More Information on Gastrostomy in School

- Registered Nurse Delegation in School Settings: Kindergarten-Twelve (K-12) Grades, Public and Private Schools. Department of Health Nursing Care Quality Assurance Commission Advisory Opinion NCAO 15.00
<https://www.doh.wa.gov/Portals/1/Documents/6000/NCAO15.pdf>
- Seattle Children's information on gastrostomy tube care and feeding:
<https://www.seattlechildrens.org/globalassets/documents/for-patients-and-families/pfe/pe1700.pdf>
- <https://www.seattlechildrens.org/globalassets/documents/for-patients-and-families/pfe/pe1698.pdf>

DISTRICT SYSTEMS TO SUPPORT DELIVERY OF SCHOOL HEALTH SERVICES

This section of the manual describes the systems that are necessary to safely deliver health services within educational settings to meet the health and safety needs of students and staff and to comply with state health and education laws and regulations. These systems provide:

1. An infrastructure of policies, procedures, roles, and responsibilities;
2. A schedule and process for routine, ongoing review and evaluation of the infrastructure and practices in school health services delivery.

A district's health care delivery system is not dependent upon one person (nurse, administrator, secretary, etc.). The structure and components of the system are district-wide, and all staff members should be familiar with the expectations and procedures that follow.

The system should be understood and implemented by:

- **All district-wide departments:** administrators, central registration, human resources, etc.
- **All school building personnel:** principals, front office staff, athletic directors and coaches, teachers, para-educators, nutrition services personnel, counselors, school nurses, custodial and maintenance staff, transportation staff and any building itinerant staff.

Everyone must know, understand, and implement these procedures, and have an opportunity for input in the systems review process.

This section describes the following components of a district-wide systems approach to support health service delivery in schools:

- **Accidents at School**
- **Automated Electronic Defibrillators (AEDs)**
- **Child Abuse and Neglect**
- **Confidentiality**
- **Field Trips, Off-Campus Activities, and After Hours**
- **Food Services**
- **Head Injuries**
- **Illness and Injury**
- **Job Descriptions - Health Services**
- **Migrant Nurse Case Management**
- **Quality Assurances**
- **Required Blood-Borne Pathogen Plan**
- **School Staff Training (OSHA and L&I/WISHA required)**
- **Transportation**

ACCIDENTS AT SCHOOL

When an accidental injury occurs with a student/staff/visitor, for legal purposes and district liability, there are accepted procedures for care and documentation.

WHAT IS REQUIRED?

Consult with district liability insurance carrier for guidelines and forms required by that carrier.

- **For Students:**
 1. **Student accident report form (per district policy).**
 2. **Guidance for when to complete a Student Accident Report (per district policy).**
- **For Staff:**
 1. **District incident report form (per district policy).**
 2. **Medical claim form (per district policy).**

Why:

- To prevent accidents when possible.
- To provide expected standard of care for a student, staff member, or visitor following an accident.
- To create legal medical records to document accidents, including nature of injuries and the steps taken to manage those injuries.
- To analyze documentation data (above) to institute measures to prevent future incidents.

For Whom:

- For all students, staff, and visitor injuries that need immediate and emergent response.
- For all staff and visitor injuries that require medical attention for additional treatment/management of the injury.

When:

- Immediately following the accident.

ACCIDENTS AT SCHOOL

STUDENT ACCIDENTS – PROCEDURES

School nurse role in first aid:

Nurse role for **minor first aid**: Talking Points:

- Students need to be in class.
- Each teacher should keep student in class if possible.
- Each teacher has Band-Aids, gloves, tissues, etc.
- Develop a system to document the concerns that initiates being sent to the health room. This system includes documentation by each adult who interacts with the student starting with the teacher or other person who sends the student to the health room. This documentation is a legal record and should be maintained with other health records and maintained as outlined in state guidelines.

One method is:

- If teacher sends student to health room, the teacher begins the documentation form to be used as a pass for the health room. The teacher writes on the pass: student name, student complaint or teacher concern, remedies offered in the classroom, date and time sent to health room, and teacher initials.
- The health room pass becomes legal documentation and nurse or first aid-trained staff completes documentation on the pass with results of activities in the health room and disposition of student. Note: all documentation is a legal part of the students' educational record and must be maintained and retained per [Public Schools Record Retention Schedule](#).
- If the registered school nurse is available, he/she always responds to ill or injured students who need nursing assessment and nursing clinical judgment using established criteria.

Planning

- Ensure first responders in each building have current First Aid/CPR training.
- District policies and procedures written to guide documentation of accidental injury at school.
- District forms available for documenting and reporting accidents.
- District forms available for medical claims.
- District maintains a supply of these forms.
- Staff receives training on procedures and forms.

ACCIDENTS AT SCHOOL

STUDENT ACCIDENTS – PROCEDURES *continued*

Prevention

- **All staff** report known risk areas and activities to principals and to the Safety Committee.
- **Registered nurse** may assist in the analysis of accident data with designated district staff and reports patterns of injuries minor and major. This information is shared with building principals and safety committees.
- **All staff** work to reduce risks as they become known.

Responding to a Student Accident

- First aid will be provided as described in the DOH booklet, [“How to Respond: Injury and Illness at School.”](#)
- If necessary, **staff** will immediately call 911 for help.
- **School staff** will notify school nurse.
- **School staff** will notify the principal.
- **School staff** will notify the family member(s).

Documentation

- **School staff providing care** will use the district-wide documentation system to describe accidents (forms/procedures) and care provided.
- **School staff providing care** will complete a Student Accident Report per district policy.
- **Principal** signs the completed Student Accident Report.
- Completed Student Accident Reports are filed as follows:
 1. Copy filed by **registered nurse** with a copy of the district documentation form in Student Accident file.
 2. Copy sent to district office.
 3. Copy sent to school insurance carrier per district policy.
 4. Copy sent to Migrant Records clerk or Migrant Nurse Case Manager if enrolled in Migrant Program (Migrant clerk can assist family if they are eligible for financial assistance with medical costs through the Migrant Program).

ACCIDENTS AT SCHOOL

STUDENT ACCIDENTS – PROCEDURES *continued*

Follow-up

- **Registered nurse** contacts family member(s) and/or student regarding student condition following accident.
- **Registered nurse** debriefs with all staff members who were involved (to maintain confidentiality and comply with “need to know” guidelines) to review the incident response for effectiveness and then, if necessary, modifies the response or institutes staff training to improve future responses.
- **Principal** confirms that changes are made as needed to prevent future occurrences.
- **Registered nurse** presents incident (maintaining student confidentiality) to the Safety Committee.

STAFF ACCIDENTS – PROCEDURES

Planning

- See DOH Booklet: “[How to Respond: Injury and Illness at School.](#)”
- District policies and procedures are written to guide documentation of accidental injury at school.
- **School district** has forms available for documenting and reporting incidents and accidents.
- **School district** has forms available for medical claims.
- **School district** maintains a supply of these forms.
- **School staff** receives training on procedures and forms.

Prevention

- **Registered nurse** reports known risk areas and activities to principals and to the Safety Committee.
- **Registered nurse** may assist the district in the analysis of data and reporting of patterns of injuries (minor and major) to principals and to the Safety Committee.
- **All staff** work to reduce known risks as they become known.

ACCIDENTS AT SCHOOL

STAFF ACCIDENTS – PROCEDURES *continued*

Responding to a Staff Accident

- Emergency care is provided as described in the DOH Booklet: “[How to Respond: Illness and Injury at School.](#)”
- **School staff** providing care to the injured staff notifies staff member’s supervisor if staff member has not or is not able to do so.
- **Supervisor** notifies staff member’s emergency contact(s) if staff member is unable to do so.

Documentation

- **School staff providing care** uses the district-wide documentation system to describe incident (forms/procedures) and care provided.
- **Injured staff member or staff member’s supervisor** completes an incident form per district policy (if injured staff member is unable to do so).
- **School staff member’s supervisor** reviews and signs the completed incident form (per district policy).
- Completed incident forms (per district policy) are filed as follows:
 1. Original sent to district office.
 2. Copy filed by registered nurse with a copy of the incident’s documentation record in Staff Accident file.
 3. Copy kept by staff member.
 4. If staff member seeks medical attention for the injury, he/she completes district claim form per district policy.

Follow-up

- **Registered nurse** debriefs with all staff members involved in the accident to review the incident response for effectiveness and then, if necessary, modifies the response or institutes staff training to improve future responses.
- **Principal** confirms that changes are made as needed to prevent future occurrences.
- **Registered nurse** (or other designated staff member) presents incident description (maintaining staff confidentiality) with the Safety Committee.



AUTOMATED EXTERNAL DEFIBRILLATOR (AED) :

A device that analyzes the heart's rhythm for any abnormalities and, if necessary, directs the rescuer to deliver an electrical shock to the victim. This shock may help the heart to reestablish an effective rhythm of its own. In schools, an AED may assist with the immediate cardiac arrest of staff, students, or visitors.

NOTE: For information about implementing an AED Program see "[Guidelines for Implementing an AED Program](#)" from WASBO Risk Management Committee.

The following document addresses the procedures for using an AED. It is essential that the AED user has had prior CPR training and understands CPR procedures. **Use of the AED is authorized for staff trained in performing CPR/AED.** If the AED is not immediately available, perform CPR until the AED arrives on the scene. See publication: "[Response to Cardiac Arrest and Selected Life-Threatening Medical Emergencies - The Medical Response Plan for Schools](#)" and the newly published [2020 Guidelines Update for CPR and ECC](#).

WHAT IS REQUIRED?

- **Automated External Defibrillator (AED) and CPR supplies.**
- **CPR/AED training for designated staff by a nationally recognized training program.**
- **Medical director: licensed physician who authorizes AED for school.**
- **Coordination with local Emergency Medical Services (EMS).**
- **Communication device (phone and/or radio).**

Why:

- To provide basic life support for individuals experiencing cardiac arrest during school and school-sponsored events until EMS arrives.

For Whom:

- For all students, staff, and visitors who experience cardiac arrest in schools.

When:

- If cardiac arrest occurs

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Planning & Responsibilities

- **Registered nurse** collaborates with **principals, athletic director/coaches, maintenance/facilities director, and superintendent** to identify location of AED(s) (i.e. which buildings, where in the building, plan for athletic events on campus and off campus, etc.).
- **Registered nurse** collaborates with **principals, athletic director/coach, maintenance/facilities director, and superintendent** to identify the staff required to have First Aid/CPR/AED training/certification.
- **School district** provides required annual training for specified staff members to obtain initial or maintenance First Aid/CPR/AED certification.
- **Human Resources** office and **building administrator** maintain a list of staff with current First Aid/CPR/AED training/certification.
- **Registered nurse:**
 1. Coordinates the maintenance of the AED, including annual maintenance, repairs, and replacement of supplies as needed.
 2. Maintains communication with the medical director of EMS on issues related to AED program, including post-event reviews.
 3. Communicates and coordinates with local EMS (ongoing).
 4. Maintains all necessary records.
- **Facilities director** maintains AED locations and wall mount boxes, including alarms, lights, and signage.

AED Use for Cardiac Arrest:

- **Trained staff** assess the victim to determine need for activating 911 and CPR per training.
- When additional personnel are present, **trained staff:**
 1. Designate another staff member/bystander to call 911.
 2. Designate an additional staff member/bystander to get the AED.
 3. Administer CPR immediately and attaches AED to victim as soon as it is available.
- If **trained staff member** is alone:
 1. Call 911 and yell for help.
 2. Begin CPR as soon as possible. If the staff member has a mobile phone, activate speaker phone and start CPR while completing the call.
 3. As soon as someone arrives to help, ask the staff member to bring the AED.
 4. Attach the AED to the victim as soon as it is available.
 5. Follow the commands given by AED, including continuing CPR if indicated, until EMS arrives.



PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Documentation:

- Immediately following CPR and/or use of AED, documentation of the event must be completed by the **staff member providing the care**.
 1. **Staff** uses consistent, district-wide documentation system.
 2. Notes by a nurse may be used for documenting details of emergencies.
- Documentation must include:
 1. Name of the victim.
 2. Date.
 3. Time.
 4. Description of event.
 5. Interventions (e.g. CPR, AED shock delivered, etc.) and time of intervention.
 6. Disposition of the victim (e.g. transported to hospital per EMS).
 7. Name/Initials of person providing care.
- Registered nurse will maintain all documents related to any events in a locked file cabinet/or limited access electronic document per confidentiality laws and [RCW 70.02.005 to .904](#).

Follow-up, Management, and Evaluation:

- **Registered nurse** will notify principal of any use of an AED. Conversely, staff will notify nurse if it is used when nurse is not present.
- **Registered nurse** will follow up with victim, parent/guardian, or family member regarding his/her condition following use of the AED.
- **Registered nurse** will notify regional EMS medical director of emergency and provide data regarding use of the AED.
- **Registered nurse** and, as appropriate, **EMS staff**, debriefs with staff members involved to review emergency response for effectiveness and then, if necessary, modifies the response or institutes staff training to improve future responses.

Recommendations:

- **Registered nurse, building administrator, and/or EMS staff** review above data and make recommendations:
 1. Specific staff training.
 2. Environmental changes.
 3. Improved emergency management strategies.
 4. Improved documentation methodology.

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

References:

- [RCW 4.24.300](#) Persons rendering emergency care or transportation – Immunity from liability-Exclusions.
- [RCW 70.54.310](#) Semiautomatic external defibrillator – Duty of acquirer – Immunity from civil liability.
- [Washington State School Health Training Guide](#)



BLOOD-BORNE PATHOGEN (BBP) EXPOSURE PLAN - REQUIRED

Schools, as employers, are regulated by Occupational Safety and Health Administration (OSHA) and Washington Industrial Safety and Health Act (WISHA). The Washington State Program is administered by the Department of Labor and Industries (L&I) and the Division of Occupational Safety and Health (DOSH). These laws require that employers have a written Blood-Borne Pathogen Exposure Plan. The exposure control plan is the employer's written program that outlines the protective measures an employer will take to eliminate or minimize exposure to blood and other potentially infectious materials (OPIM). Districts must provide access to a copy of the district Exposure Control Plan as well as copies of Labor & Industries Chapter [WAC 296-823-12005](#) to their employees identified as requiring this training.

WHAT IS REQUIRED FOR BBP EXPOSURE PLAN?

The following components are required by [WAC 296-823-11010](#).

- **An exposure determination if employees have occupational exposure to blood or other potentially infectious material (OPIM).**
- **The exposure determination must contain:**
 1. A list of job classifications where all employees have occupational exposure.
 2. A list of job classifications where some employees have occupational exposure and a description of all tasks and procedures or groups of related tasks and procedures with occupational exposure for these employees.
- **The exposure control plan**
 1. **Must be designed to eliminate or minimize employee exposure in the workplace.**
 2. **Must contain a procedure for evaluating the circumstances surrounding exposure incidents, including documentation of the routes of exposure, and the circumstances under which the exposure incidence happened.**
 3. **Must be accessible at the workplace when exposed employees are present.**
 4. **Must contain how and when you will implement applicable requirements of this rule.**
 5. **Must document the infection control system used in your workplace to protect employees from exposure to blood or OPIM.**
 6. **Must use universal precautions or other at least as effective infection control systems.**
 7. **Must solicit input in the identification, evaluation, and selection of effective safer medical devices. This input must be solicited from nonmanagerial employees responsible for direct patient care with potential exposure to contaminated sharps.**

BLOOD-BORNE PATHOGEN (BBP) EXPOSURE PLAN - REQUIRED

WHAT IS REQUIRED FOR BBP EXPOSURE PLAN? *CONTINUED*

8. Must document the process you used to solicit input and include the identity of the employees or positions that were involved.
9. Must make sure the exposure control plan is reviewed and updated:
 1. At least annually; and
 2. Whenever necessary to:
 - (i) Reflect new or modified tasks and procedures which affect occupational exposure;
 - (ii) Reflect new or revised job classifications with occupational exposure;
 - (iii) Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens;
 - (iv) Document consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.
- You must make sure a copy of the plan is provided to the employee or their representative within fifteen days of their request for a copy.

In addition, employers must make sure that the hepatitis B vaccination series is available to all employees who have occupational exposure and that it is provided at no cost to the employee per [WAC 296-823-13005](#).

Why:

- For the health and safety of all employees.
- Risk management for the school district.

For Whom:

- Any school district with one or more employees with occupational exposure to blood or other potentially infectious materials is required to comply with the requirements of the blood-borne pathogens standard.

When:

- Review and update of the BBP Exposure Plan at least annually. Responsibility for this task should be outlined in the plan and whenever necessary as outlined above.

BLOOD-BORNE PATHOGEN (BBP) EXPOSURE PLAN - REQUIRED

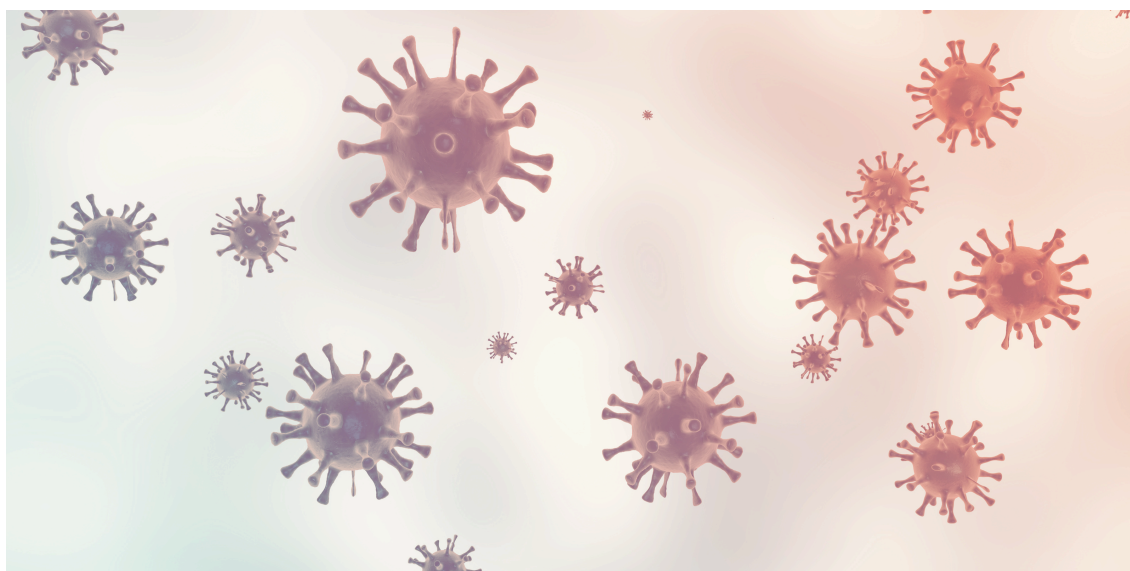
PROCEDURAL GUIDELINES, ROLES AND RESPONSIBILITIES:

Sequence of procedures at all times:

1. **School district** has policies and procedures in place to conform to BBP Standards.
2. **Registered nurse** may collaborate with district administration to develop training, procedures, documentation of certification, etc.

REFERENCES & RESOURCES:

- See District-Specific Blood-Borne Pathogens Exposure Plan
- Division of Occupational Safety and Health
(<http://www.osha.gov/dcsp/osp/stateprogs/washington.html>)
- [Occupational Exposure to Bloodborne Pathogens](#)
- [Washington State School Staff Health Training Guide](#)
- [Guidelines for Implementation of School Employee Training on HIV/AIDS and other Blood-Borne Pathogens \(2011\)](#)
- [OSPI BULLETIN NO. 069-22](#)
- [WAC 296-823-11010](#) Develop and implement a written exposure control plan.
- [L& I Exposure Control Plan Template](#)



CHILD ABUSE AND NEGLECT

MANDATED REPORTING OF CHILD ABUSE OR NEGLECT

MANDATORY REPORTING ([RCW 26.44.030](#))

When any person mandated by law (like school personnel) has reasonable cause to believe that a child has suffered abuse or neglect, he or she SHALL report such incident or cause a report to be made to the proper law enforcement agency or to the Department of Social and Health Services within 48 hours.

DUTY TO REPORT PHYSICAL ABUSE OR SEXUAL MISCONDUCT BY SCHOOL EMPLOYEES ([RCW 28A.400.317](#))

A certificated or classified school employee who has knowledge or reasonable cause to believe that a student has been a victim of physical abuse or sexual misconduct by another school employee, shall report such abuse or misconduct to the appropriate school administrator. The school administrator shall cause a report to be made to the proper law enforcement agency if he or she has reasonable cause to believe that the misconduct or abuse has occurred as required under [RCW 26.44.030](#). During the process of making a reasonable cause determination, the school administrator shall contact all parties involved in the complaint.

As a mandated reporter, you are required by law to report. When you give your name, it will be documented that you have met your legal obligation to report suspected child abuse or neglect. This also makes it possible for CPS to contact you later if additional information is needed.

[DSHS Children's Administration - How to Report Child Abuse or Neglect](#) (July 25, 2017)

WHAT IS REQUIRED?

The following requirements are outlined in [RCW 26.44.010 to 901](#), [RCW 28A.300.160](#), [RCW 28A.230.080](#), [RCW 43.63A.066](#), [RCW 9.69.100](#), [RCW 28A.400.317](#)

- **Oral or written reports to the Child Protective Services or the appropriate law enforcement agency must contain the following information if known:**
 1. **Name, address, and age of the child.**
 2. **Name and address of custodians of child.**
 3. **Nature and extent of injury or injuries, neglect, and/or sexual abuse.**
 4. **Any evidence of previous incidences of abuse or neglect including their nature and intent.**
 5. **Any other information that may be helpful in establishing the cause of the child's injury or injuries, neglect, or death, and the identity of the perpetrator or perpetrators.**

CHILD ABUSE AND NEGLECT

MANDATED REPORTING OF CHILD ABUSE OR NEGLECT

WHAT IS REQUIRED? *continued...*

- Child Protective Services (CPS) may ask for other information that may be of assistance in the investigation, such as time and location where the abuse or neglect occurred or any special needs for communication with the family or child that may be known.
- If a crime has been committed, law enforcement must be notified.
- The name of the person making the report is not a requirement of the Child Abuse and Neglect law. The Department of Social and Health Services encourages responsible reporting and will receive reports with an offer of limited confidentiality. Names of confidential reporters may be released when ordered by the court or as necessary to protect the child or to comply with agency rule and policy.
- Every school district board of directors shall develop a written policy regarding the district's role and responsibility relating to the prevention of child abuse and neglect.
- Training during an employee's orientation and then every three years thereafter.

Why:

- Certain persons or groups of persons who have frequent contact with children and families are required by Washington's state law to report suspected cases of child abuse and neglect. These persons include medical practitioners and professional school personnel (including but not limited to, teachers, counselors, administrators, childcare facility personnel, and school nurses).
- The purpose of this law is to protect children who have been non-accidentally injured, sexually exploited, or deprived of the right to minimal nurture, health, and safety by their family, custodian, or guardian. It is the intent of the law that these designated persons who are in positions to identify children who are at risk from abuse and neglect will report suspected child abuse so that the need for protective services can be assessed.
- The state does not intend to interfere with reasonable family discipline and child-raising practices that are not injurious to the child.

For Whom:

- For any child, legally defined as a person under the age of 18, who has been non-accidentally physically or mentally injured, neglected, or sexually abused.
- For dependent adults and developmentally disabled persons not able to provide for their own protection through the criminal justice system who have been non-accidentally physically or mentally injured, neglected, or sexually abused.

CHILD ABUSE AND NEGLECT

MANDATED REPORTING OF CHILD ABUSE OR NEGLECT

WHAT IS REQUIRED? *continued...*

When:

- At any time a school employee suspects that a child, a disabled adult, or dependent adult has been abused or neglected.
- At the first opportunity, but in no case longer than 48 hours after there is reasonable cause to believe that the child, disabled adult, or dependent adult has suffered abuse or neglect.

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Sequence of procedures at all times:

1. **School District** has policies and procedures in place for reporting and documenting suspected child abuse or neglect by school personnel.
2. **Registered nurse** reviews school district policies and procedures to protect students from abuse and neglect.
3. **Registered nurse** reviews and uses school district protocol for child abuse and neglect reporting.
4. **Registered nurse** confirms with **building administrator** the protocol for that building.
5. In all cases, the **staff person** who has suspicion that abuse or neglect has occurred is mandated to **ensure** that a report has been made to CPS within 48 hours.

REFERENCES & RESOURCES:

- [Protecting the Abused & Neglected Child: A Guide for Recognizing & Reporting Child Abuse & Neglect](#) (DSHS 22-163) (Rev. 4-18)
- [Washington State School Health Staff Training Guide](#)

CONFIDENTIALITY

CONFIDENTIALITY OF STUDENT HEALTH RECORDS:

Individuals have the right to control the privacy of their health information. Washington State requires additional protection of health information in addition to federal confidentiality laws. Health care information is defined as: “Any information, whether oral or recorded in any medium, which identifies or can readily be associated with the identity of a patient and directly relates to the patient’s health care.”

WHAT IS REQUIRED?

The following requirements are outlined by Family Educational Records Privacy Act (FERPA), Health Insurance Portability and Accountability Act (HIPAA), and [RCW 70.02.005 to .904](#):

- **Release of health care information (and sharing of health information) requires informed, written consent.**
- **Washington State Nurse Practice Act ([WAC 246-840-700](#)) requires nurses to practice in accordance with RCW 70.02.**
- **Washington Professional Educators Standards Board ([WAC 181-87-060](#)) defines a code of professional conduct for educational professionals.**
- **Written family (or student) permission to share health information.**

Why:

- The Washington State Legislature finds that health care information is personal and sensitive information that if improperly used or released may do significant harm to patient privacy, health care, or other interests.

For Whom:

- Any family, student, or staff member who has submitted any health information to school.
- Any health care provider identified in RCW 70.02 including registered nurses and licensed practical nurses.
- Any individual, including school staff, who assists a health care provider in the delivery of healthcare services or the gathering of health information.

When:

- When family or student provides written consent to exchange health information between a health care provider or health agency and the school.
- When a school health care provider creates health care information (as described above) at school.
- When family or student provides written authorization to share health care information with specific school staff.

CONFIDENTIALITY

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Sequence of procedures at all times:

1. **School district** has policies and procedures in place to protect private health care information and follow confidentiality laws specified in FERPA, HIPAA, RCWs, and WACs.
2. **Registered nurse** informs and/or clarifies for school administration and staff the additional confidentiality rules for Washington State ([RCW 70.02](#)), including storage and archival information.
3. **Registered nurse** ensures that confidential student health information in **hard copy** is kept in a locked cabinet with access limited to appropriate staff.
4. **Registered nurse** ensures that confidential health information in **electronic format** has access limited to appropriate staff.
5. **Registered nurse** trains and assigns specific staff who then sign an agreement to keep health care information confidential according to RCWs and WACs.
6. **Registered nurse** oversees student health information in accordance with RCWs and WACs.
7. **Registered nurse** is held accountable for confidential health care information by Nurse Practice Act and Professional Educational Standards, RCWs, and WACs.

REFERENCES & RESOURCES

[https://www.sos.wa.gov/_assets/archives/recordsmanagement/public-schools-\(k-12\)-records-retention-schedule-v.8.3-\(june-2020\).pdf](https://www.sos.wa.gov/_assets/archives/recordsmanagement/public-schools-(k-12)-records-retention-schedule-v.8.3-(june-2020).pdf)

*School Districts and Educational Service Districts Records Retention Schedule
Version 8.3 (June 2020)*

Pg. 73-75 refer to health related records

- [Family Education Rights and Privacy Act \(FERPA\)](#) US Department of Education
- [FERPA and the Disclosure of Student Information Related to Emergencies and Disasters](#) (June,2010)
- [Joint Guidance on the Application of the FERPA and the HIPAA to Student Health Records](#) (2019) US Department of Health and Human Services
- [Understanding Health Information Privacy Rules \(HIPPA\)](#) US Department of Health and Human Services

CONFIDENTIALITY

REFERENCES & RESOURCES *continued...*

- Chapter 70.02 RCW [Medical Records, Health Care Information Access and Disclosure](#)
- [Code of Professional Conduct for Education Practitioners](#), OSPI Publication
- Chapter 181-87 WAC [Professional Certification – Acts of Unprofessional Conduct](#)
- Schwab, N., et.al. **Protecting and Disclosing Student Health Information: How to Develop School District Policies and Procedures** (2005), American School Health Association: Kent, OH.
- [HIPAA Guidance Materials](#)



SCHOOL SPONSORED EVENTS, FIELD TRIPS, AND SUMMER SCHOOL



FIELD TRIPS, OFF-CAMPUS ACTIVITIES, AND AFTER HOURS

Field trips, extracurricular activities and summer school provide a valuable educational experience for students. While students participate in school-sponsored events, the same safeguards for health are required as if the student were in the school during a regular school day. Meeting health related RCW's and school district policies and procedures is still required even though the activity may be taking place outside of the normal school day or outside of the school building and grounds. All medication administration and health services available during the normal school day should be available for any school sponsored activities. Section 504 usually applies in any school sponsored event for students with qualifying disabilities. School districts should facilitate all students' participation in all school activities.

Parent/guardians may be asked if they would like to accompany their child to take care of health needs, but they can't be required to come. If it is not possible to accommodate a student with disabilities because of the nature of the student's unstable or fragile condition or distance from emergency care, the school may provide a comparable learning experience at school or in an alternate, safe location.

"Students have a right to a safe environment, and teachers, administrators, and the school board have the duty to provide a safe environment within the limits of their capabilities. The district has the responsibility to protect students under its care, custody, and control as students may be unable to do so (due to mental or physical limitations) or may not be knowledgeable enough (not understanding the potential dangers) to take care of themselves."

- Peggy Sandberg, ESD 112, Director of Risk Management



SCHOOL SPONSORED EVENTS, FIELD TRIPS, AND SUMMER SCHOOL

WHAT IS REQUIRED?

- **Family Consent Form for Field Trip** (to include emergency contact information and current health concerns).
- **Medication Authorization Form(s).**
 1. **For overnight trips or trips longer than the school day, medication not administered during the regular school day may be needed, requiring a new medication authorization form.**
 2. **For summer school, ensure that the medication authorization form has dates that include the summer school session.**
- **Emergency/routine medications and/or equipment carried in a secure container or locked box with immediate availability for emergency medications.**
- **A log to record checking out and checking back in of medications, equipment and associated paperwork.**
- **Emergency care plans and applicable IHPs.**
- **Nursing delegation and training. The nurse may not delegate to volunteers, parent/guardians, or non-school employees.**
- **Emergency Care Plan training.**
- **Medication administration documentation form.**
- **First Aid kit.**
- **Trained First Aid/CPR provider.**
- **Communication device.**

Why:

- For continuation of routine health services to students while student is attending school-sponsored events away from the school or outside of regular school hours and sessions.
- For safety of all students while student is attending school-sponsored events away from the school or outside of regular school hours and sessions.

SCHOOL SPONSORED EVENTS, FIELD TRIPS, AND SUMMER SCHOOL

WHAT IS REQUIRED? *continued...*

For Whom:

- For all students with health conditions requiring routine nursing procedures or medications during regular school hours.
- For safety of students with health conditions that may require emergency response.
- For all students who do not normally receive nursing procedures or medications at school because the care is given at home. If these students are on overnight trips or will be gone from home (at a school-sponsored event) during the time of a scheduled procedure or medication, the registered nurse will delegate the procedure/medication administration to unlicensed school personnel if it is appropriate.

When:

- Before any students with health conditions requiring nursing care:
 1. Leave campus for a school-sponsored event.
 2. Attend an activity outside of regular school hours.
 3. Attend summer school.

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Planning Prior to Field Trip (at least two weeks):

- **School staff** in charge of field trip notifies registered nurse of all students attending field trip *at least two weeks prior to date of trip*. If field trip is out of state or out of country, the registered nurse must be notified with as much time as possible. The nurse must determine if the state is participating in the [nurse licensure compact](#) and, if not, determine if the state grants visiting privileges or if licensure must be obtained for that state. When practicing in other states, including those that are part of NLC, nurses must follow the nurse practice act (NPA) of the state that the student is in. It is your responsibility to ensure that you are following the correct NPA.
- **Teacher** obtains family consent documenting emergency contacts, special health needs, and medications.
- **Teacher** completes a Field Trip Request Form that includes a list of all students attending field trip.

SCHOOL SPONSORED EVENTS, FIELD TRIPS, AND SUMMER SCHOOL

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Planning Prior to Field Trip (at least two weeks): continued

- Two weeks before the field trip date, a form is completed documenting that all the staff below mentioned have been informed of the field trip:
 1. **Principal**
 2. **Registered nurse**, and as special health needs demand:
 3. **SPED director**
 4. **Food services**
 5. **Transportation director**
- **School staff** keeps record of field trips and files forms in a designated folder.
- **Registered nurse** keeps a copy of the Field Trip Request Form and student list in health office.

Registered Nurse Assessment:

- **Registered nurse** reviews list of students to identify those with known health conditions.
- **Registered nurse** reviews consent forms from family to identify students with previously unknown health conditions.
- **Registered nurse** verifies for students needing special health care that their medical authorizations, routine and emergency medications, supplies, and Emergency Care Plans are in place.
- **Registered nurse** works with and assists family to ensure that all authorizations, medications, and equipment are ready for the day of the event.
- **Registered nurse**, if necessary, communicates with family the risk to the student if he/she participates in event without emergency safeguards in place.
- If safeguards are not in place after the above steps, follow Life Threatening Conditions and Medication in School guidelines.

SCHOOL SPONSORED EVENTS, FIELD TRIPS, AND SUMMER SCHOOL

Principal Authorization:

- **Registered nurse** notifies principal and teacher if there are any students who are unsafe to participate in activity due to lack of medications, authorizations, Emergency Care Plans, etc.
- **Registered nurse** presents medical-risk rationale based on clinical judgment and makes recommendations in writing to superintendent designee and teacher regarding any students with specific health conditions who are unsafe to attend the field trip activity.
 - **Superintendent designee** may exclude student from the field trip based on district policy and procedures.
 - **Superintendent designee** notifies family of administrative decision for student not to attend event due to medical risk to the student.
 - **Superintendent designee** works with family and school staff to identify an equivalent educational experience.

Registered Nurse Training/Delegation:

- **Registered nurse** works with **teacher** to designate a responsible staff member(s) who is assigned to each student with special health needs and/or Emergency Care Plans.
- **Registered nurse**, in collaboration with **building administrator**, identifies appropriate school staff members who are competent, available, and willing to accept responsibility to assist student by following registered nurse's explicit instructions.
- **Registered nurse** delegates specific school staff to administer medication or perform nursing tasks for specific student.
 1. **Registered nurse** may not delegate nursing activities that include:
 - The core of the nursing process (assessment, diagnosis, planning, and evaluation).
 - Or procedures that require specialized knowledge, judgment, and/or skill.
 2. **Registered nurse** holds responsibility for all delegated activities, and therefore the:
 - **Registered nurse** must decide what may be delegated and what may not be delegated.
 - **Registered nurse** makes decision according to professional nursing assessment.
 - **Registered nurse or other licensed nurse** may be required to be present for a field trip, extracurricular activity or summer school if the RN is not able to delegate the task.

SCHOOL SPONSORED EVENTS, FIELD TRIPS, AND SUMMER SCHOOL

Registered Nurse Training/Delegation: continued...

- **Registered nurse** documents training and delegation.
- **School staff** documents receiving and accepting delegation responsibilities by signing the delegation form.
- **Registered nurse** files documentation of nurse delegation and staff signature in training/delegation file.

Immediately Prior to Trip/School Activity:

- **Registered nurse** meets with teacher and/or the responsible staff person who has received training/delegation and gives them the necessary medications, supplies, medication log, and/or Emergency Care Plans for each student with special health care needs and/or life-threatening conditions.
- reviews proper, legal medication storage procedures with the teacher.
- **Teacher** obtains first aid kit.
- **Teacher** verifies device for communication to call for help if necessary.

Immediately Following Trip/School Activity:

- **Teacher** returns medications, supplies, completed medication and/or procedure logs, and other paperwork to the registered nurse and signs the check-in sheet.
- **Teacher** reports to registered nurse any medical situations that occurred during field trip/activity.
- **Registered nurse** and **teacher** review the medical situation that occurred to evaluate if planning and training was adequate to prepare staff and keep students safe.

RESOURCES & REFERENCES

- [Guidelines for Medication Administration in Schools, 2022](#)
- [Washington Board of Nursing](#)
- [Updated Nursing Standards for Out of State Field Trips](#)

DISTRICT SYSTEMS TO SUPPORT SCHOOL HEALTH SERVICES

FOOD SERVICES

FOOD SERVICES

District system for standard, nutritious meal preparation and delivery.

The following requirements are outlined by "Accommodating Children with Special Dietary Needs in the School Nutrition Programs."

<https://www.fns.usda.gov/accommodating-children-special-dietary-needs-school-nutrition-programs>



WHAT IS REQUIRED?

Comply with federal guidelines for school nutrition for children with special health care needs.

- **Identify students with health conditions that require nutrition services accommodations.**
- **PRIORITY MUST BE GIVEN TO STUDENTS WITH ANAPHYLACTIC FOOD ALLERGIES.**
- **Review existing individual student plans (504, IEP, ECP, IHP) to ensure accommodations.**
- **Collaboration among all staff working with students who may have special dietary needs.**
- **Prescription diet order.**

Why:

- To meet the nutritional requirements of all students.
- For safety and health of students with special dietary needs and/or food allergies.

For Whom:

- For all students using district nutrition services.
- For all students with special health care needs using district nutrition services.
- Any student with a nutritional health concern even if parent provides meals and snacks.

When:

- Before students use district nutrition services.
- Before school starts annually.
- Before any school-sponsored field trip and/or extracurricular activities using district nutrition services.

FOOD SERVICES

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Planning:

- **Nutrition Services** develops and maintains a system for meal preparation and delivery in school.
- **Nutrition Services**, in cooperation with **registered nurse and/or SPED director**, develops and monitors systems to maintain safety for students with special needs.
- **Nutrition Services** considers electronic systems to identify special dietary needs as student proceeds through cafeteria line or obtains school-prepared food.
- **Nutrition Services** ensures that nutrition services system has ability to “flag” students with special dietary needs.
- **Nutrition Services** staff has been trained to recognize those “flags” and respond accordingly.
 - Considerations: field trip requests, cultural and religious dietary practices, when student has no money for meals or when student is hungry.

Assessment:

- **Registered Nurse/Special Education Director (SPED), Occupational Therapist (OT), Physical Therapist (PT), Speech Language Pathologist (SLP)** identifies students with special dietary needs.
- When a student is identified as having an anaphylactic food allergy, **registered nurse and nutrition services** must be notified immediately.
- **Registered nurse** reviews and updates at the beginning of each year and as needed - individual student plans that require:
 1. Prescription diet order.
 2. Food substitutes.
 3. Food texture.
 4. Utensils.
 5. Menu nutrient calculations.
 6. Tube feedings.

Management and Evaluation:

- Registered nurse and/or SPED director are available for consultation and ongoing support to nutrition services staff.
- Following any adverse nutrition incident, registered nurse debriefs with nutrition services to evaluate effectiveness of procedures and, if necessary, makes revision to prevent recurrence of adverse incidents (including but not limited to modifying procedures and instituting staff training).

Resources: OSPI Child Nutrition, [National School Lunch Program](#)
[School Breakfast Program](#)

HEAD INJURIES

In 2009, the Zachary Lystedt law was passed, which requires policies for the management of concussion and head injury in youth sports. In addition, [RCW 28A.600.192](#), a law requiring reporting of diagnosed student concussions was passed in 2020.

WHAT IS REQUIRED FOR THE ZACHARY LYSTEDT LAW?

The following requirements are outlined in [RCW 28A.600.190](#):

- Each school district's board of directors should work in concert with the Washington Interscholastic Activities Association (WIAA) to develop guidelines and other pertinent information and forms to inform and educate coaches, youth athletes, and their parents and/or guardians of the nature and risk of concussion and head injury including continuing to play after concussion or head injury.
- On a yearly basis, a concussion and head injury information sheet should be signed and returned by the youth athlete and the athlete's parent and/or guardian prior to the youth athlete's initiating practice or competition.
- A youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time.
- A youth athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and receives written clearance to return to play from that health care provider.

The [Washington Interscholastic Activities Association](#) has added an additional requirement for school districts:

- Any non-school youth program that operates on school grounds a statement of compliance form related to management of youth head injuries.

Why:

- To properly evaluate and manage student athlete head injuries to reduce the risk of greater injury and death.
- To reduce district liability.

For Whom:

- For coaches, nurses and athletic trainers involved in the assessment and evaluation of student athletes after a suspected concussion.
- For athletic directors ensuring that requirements are met.
- For student athletes with a suspected head injury.

When:

- Whenever a student has a suspected head injury.

HEAD INJURIES, *continued*

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Planning:

- **School district's board of directors** works with the **athletic director** to develop policies, procedures and other materials in concert with the WIAA to comply with the Zachary Lystedt Law.
- **Registered nurse and athletic trainer** may act as a consultant in the development of these policies and procedures.

Assessment:

- **Registered nurse, athletic trainers, coaches and other staff** may identify students with possible head injuries.

Management:

- When a student is identified with a possible head injury or concussion, the student will be removed from play until they have been evaluated by a licensed healthcare provider trained in the management and evaluation of head concussions.
- A student will not return to play until they have provided written clearance from the licensed health care provider.

WHAT IS REQUIRED FOR THE HEAD INJURY REPORTING LAW?

[RCW 28A.600.192](#) and the [Washington State Department of Health Head Injury Reporting Web Page](#) outline the following requirements for school districts:

- Annual reporting to the Washington State Department of Health about each student concussion sustained during athletics or other school activities, that have been diagnosed by a medical professional with credentials of MD, DO, ARNP, or PA.
- Concussions will be reported using the [The Student Head Injury Reporting Tool \(SHIRT\)](#).
- Information to be collected includes:
 1. If the injury occurred during school or a school sponsored activity or sport.
 2. Whether the concussion was diagnosed by a licensed health care provider (MD, DO, ARNP, or PA).
 3. Student's grade, age, sex and race/ethnicity.
 4. Date and location student received the concussion.
 5. The number of concussions the student has had prior to the current concussion and the approximate date of the last concussion.

HEAD INJURIES, *continued*

WHAT IS REQUIRED FOR THE HEAD INJURY REPORTING LAW?

Information to be collected includes (*continued*):

6. Who initially examined the student at the time of the event.
7. How many days the student was absent from school due to the concussion.
8. The type and level of activity that the student was participating in at the time of the concussion.
9. The type of surface on which the concussion occurred
10. Whether protective equipment was worn on the injured student's head at the time of the concussion.
11. Whether the student was removed from the activity at the time of the concussion.
12. Whether the student had a modified instruction plan for any length of time and whether the student was able to return to their typical learning environment.
13. The date the student returned to their typical learning environment.

Why:

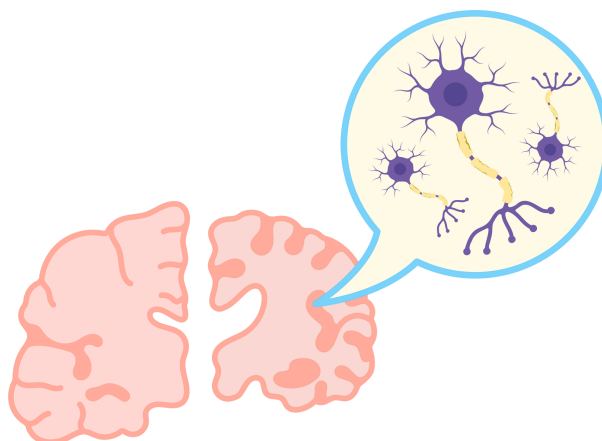
- To collect data on frequency and conditions of diagnosed concussions occurring during school sponsored events.

For Whom:

- For coaches, nurses and athletic trainers involved in the assessment and evaluation of student athletes after a suspected concussion.
- For athletic directors ensuring that requirements are met.
- For student athletes with a suspected head injury.

When:

- Whenever a student has a diagnosed concussion.



HEAD INJURIES, *continued*

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Planning:

- **Registered nurse** collaborates with **superintendent, principals, athletic director, athletic trainer, and other designated administrators** to develop procedures and policies for the collection of concussion data.
- **School district** submits required annual report by June 30.

Reporting:

- **Registered nurse** collaborates with **athletic director, athletic trainer, and other designated staff** to track and collect information on diagnosed head concussions.
- **School district** submits required annual report by June 30.

REFERENCES & RESOURCES

[Washington State Department of Health Head Injury Information Reporting](#)

[WIAA Concussion Management Guidelines](#)

ILLNESS AND INJURY

There will be students and staff who become ill and/or injured while at school. It is imperative that school districts have standardized procedures for responding to illnesses and injuries.

WHAT IS RECOMMENDED?

Response to Cardiac Arrest and selected Life Threatening Medical Emergencies: The Medical Emergency Response Plan for Schools: A Statement for Health Care Providers, Policy Makers, School Administrators, and Community Leaders was developed and endorsed by the American Heart Association and multiple partners, including American Academy of Pediatrics, National Association of School Nurses, American Red Cross, Program for School Preparedness and Planning, and others (<http://circ.ahajournals.org/cgi/content/full/109/2/278>). This document is a standard for school use in developing policies and procedures for emergency response in the school setting. Recently, however, in response to the publication of the International Consensus on CPR and Emergency Cardio Vascular Care (ECC) Science with Treatment Recommendations (2020), the American Health Association released a newly revised **2020 Guidelines Update for CPR and ECC** that should be considered when planning policies and procedures for school-based response to injuries and illness.

The following recommendations for schools are based on **Washington State School Directors Association (WSSDA) Policy Sample 3418 and other WSSDA School Health Policy Samples:**

- **DOH booklet: [How to Respond: Injury and Illness at School](#) (DOH Pub 130-021).**
- **[Infectious Disease Control Guide for School Staff](#)**
- **Staff members trained and certified in First Aid/CPR.**
- **First Aid supplies (readily available).**
- **Communication device (phone and/or radio).**
- **Emergency care plans.**
- **Emergency medications.**
- **Consistent, district-wide documentation system:**
 1. **To document on a medical-legal record for illness and injuries.**
 2. **To document on a medication log a record of medication administration.**

ILLNESS AND INJURY

Why:

- To effectively and efficiently triage illness and injury for immediate needs.
- To support students' presence in class and discourage inappropriate use of the health room.
- To provide expected standard of care for illness/injuries during school and school-sponsored events.
- To manage serious injuries and shock until family and/or EMS arrives.
- To provide basic life support in the event of cardiopulmonary failure until EMS arrives.
- To identify students who verbalize physical symptoms as a manifestation of psychosocial stressors. It is imperative to identify these students for timely and appropriate psychosocial referral and care.

For Whom:

- For all students, staff, and visitors who are ill and/or injured during school and school-sponsored events.
- For students with known health conditions and/or Emergency Care Plans.

When:

- Whenever illness and/or injury occur during school or school-sponsored events.

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Planning:

- **Registered nurse** collaborates with **superintendent, principals, athletic director, transportation director, and other designated administrators** to identify staff required to have First Aid and/or CPR training* and certification.
- **District office** and **building administrators** maintain a list of staff with current First Aid/CPR training and certification.
- **School district** facilitates annual training for specified staff members to obtain or maintain First Aid/CPR certification.
- **Registered nurse** provides support for certified First Aid and CPR members but **registered nurse does not delegate first aid**.
- **Registered nurse** collaborates to develop systems for the delivery of illness and injury care in the absence of the registered nurse.
- **Registered nurse** provides training and delegation of student Emergency Care Plans and medications and/or treatment administration to appropriate staff (See Delegation of Nursing Tasks).

*CPR training should include Automated External Defibrillator (AED) training.

ILLNESS AND INJURY

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Planning continued:

- **Registered nurse** monitors administration of all medications necessary during illness, injury, or emergency.
- **Superintendent and/or building administrator** ensures the following staff are responsible for and will maintain adequate first aid supplies for appropriate building preparedness and response to illness and injury:
 1. **Registered nurse** oversees and/or maintains first aid supply inventory in the building health room.
 2. **Physical Education teachers/coaches** maintain first aid kits to be available during all physical activity practices and events.
 3. **Teachers** in classrooms with potentially hazardous materials/activities (equipment, chemicals, etc.) maintain first aid kits in those classrooms and areas.
 4. **Transportation director** maintains first aid kits for bus garage and all buses.
 5. **Food Services director** maintains first aid kits for kitchen and cafeteria.

First Aid for MINOR or MODERATE Illness and Injury:

- Note: For students with asthma, diabetes, and other health conditions who may have emergent episodes, always ensure that someone responsible accompanies the student to the health room or office.
- **The teacher**, before a student is directed to seek help outside of the classroom,
 - Provides care as appropriate in the classroom (e.g. wash hands, apply bandage, rest head on desk, etc.).
 - Begins the documentation process on the health room pass that includes (or notes):
 - Student name.
 - Teacher name.
 - Date and time.
 - Student complaint(s).
 - Teacher observation and actions (e.g. rested for __ minutes).
- **Teacher** determines if the student requires additional care; the student is sent or accompanied to the health room/office.
- **School staff** assigned to cover the health room reviews request form, gathers more information about student complaint, and continues documentation on the request form.
- Provides first aid according to the DOH booklet [How to Respond: Injury and Illness at School \(DOH Pub 130-021\)](#).
 - Calls family/guardian to take student home or sends student back to class.
- **Principal and other First Aid/CPR trained, certified school staff** assists health room school staff as necessary.

ILLNESS AND INJURY

First Aid / Care for *SERIOUS Illness and Injury* (in the absence of the registered nurse):

- Note: For all students with serious illness and injury, always ensure that someone responsible accompanies the student to the health room.
- **Teacher** escorts or assigns an appropriate adult to escort student to health room or calls trained staff member to the location of the student within the school.
- **School staff** assigned to cover the health room provides first aid according to the DOH booklet **How to Respond: Injury and Illness at School** ([DOH Pub 130-021](#)), and student Emergency Care Plans if applicable.
- **First Aid/CPR trained staff member**

EITHER

- Initiates care and immediately contacts the registered nurse by phone or two-way radio **IF** the registered nurse is *assigned* for consultation.
 - Registered nurse provides direction for management of sickness and injury, and responds to manage care as necessary.
 - Registered nurse or staff member who has had nurse delegation administers emergency medication as needed.
 - Registered nurse and district school staff follows district/building communication protocol for emergencies.
 - Registered nurse or other staff member will contact family members(s) and 911 as needed.
 - Once at the school setting, 911 staff direct and provide care of the injured or ill person.

OR

- Initiates care and immediately calls 911 if the registered nurse is unavailable. Once at the school setting, **911 staff** direct and provide care for the injured or ill person.

First Aid / CPR for *EMERGENCY Illness and Injury*:

(See AED section for additional guidance if AEDs are available or being considered in your district)

- **Registered nurse and district school staff** follows district/building communication protocol for emergencies. Protocols are to include arrangements for:
 1. One **staff** always stays with student or staff person needing emergency care.
 2. **Staff** to call 911 or designate another staff member to place the call.
 3. **Staff** to initiate accepted emergency care procedures or CPR until EMS arrives.
 4. **Staff** to call for registered nurse to come to site (if nurse is available in district).
 5. **Staff** to notify principal.
 6. **Staff** to notify family member(s).
 7. **If registered nurse is present**, he/she attends to sick or injured person; **others** call 911, call parent, attend to environmental control, etc.

ILLNESS AND INJURY

Documentation:

- **School staff member providing first aid and/or CPR care** immediately documents the event, response, and outcome. Check district policy for guidance about when to complete a Student Accident Report.
- **School staff** uses consistent, district-wide documentation system. For Emergency Care Plan, staff may document on the plan and send a copy with EMS. Nurses' notes may be used for documenting details of emergencies.
- Documentation must include:
 1. Name of the person who is sick or injured.
 2. Date.
 3. Time.
 4. Complaint.
 5. Description of sickness or injury.
 6. Registered nurse assessment.
 7. Interventions (medications, pressure, cleaned, bandaged, rest, ice, etc.).
 8. Outcome (improved, same, worsening, etc.).
 9. Disposition of the person who is sick or injured (i.e. back to class, sent home, sent with EMS, etc.).
- 10. Name/Initials of person providing care.
- **Registered nurse** will maintain all **hard copy documents** related to any sickness and injuries in a locked file cabinet in health room per confidentiality laws. Documents in **electronic format** should have access limited to appropriate staff per confidentiality laws (See Confidentiality Section).

Follow-Up:

- **Registered nurse** will ensure that principal has been notified of more serious sickness and injuries, potential communicable disease outbreaks, and emergencies.
- **Registered nurse** will contact local health jurisdiction for reportable diseases (See [Infectious Disease Control Guide for School Staff](#) – OSPI).
- **Registered nurse** will follow up with family/guardian, student, or staff members following more serious sickness and injuries or emergencies.

ILLNESS AND INJURY

Management and Evaluation:

- **Registered nurse** debriefs with staff members to review illness and injury response to determine effectiveness of the system; then, if necessary, makes needed modifications and/or institutes staff training to improve future responses.
- **Registered nurse** analyzes health room data periodically (at least annually) to evaluate health room use and identify patterns of use:
 - Reasons for contact with health service system.
 - Timing and any correlations with specific events (e.g. P. E. class, recess)
 - Times of specific educational topics use (i.e., tries to skip math class).
 - Specific classroom use (i.e., certain teachers send students more often, or classroom may have an environmental risk).
 - Playground injuries (certain playground equipment).
 - Incidence of specific symptoms (e.g. headaches, nausea and vomiting, etc.).
 - Incidence of specific diseases (e.g. asthma, diabetes, etc.).
 - Frequent use of “as needed” medication.

Recommendations:

- Based on data above, make recommendations regarding:
 - Student health: identify students who may be using the health room to relieve stress and institute further assessment and then appropriate interventions for students’ actual problems.
 - Specific staff training.
 - Environmental changes.
 - Improved disease management strategies.
 - Improved documentation methodology.

REFERENCES & RESOURCES

- WSSDA Policy: 3418
- How to Respond: Injury and Illness at School ([DOH Pub 130-021](#)).
Washington State Department of Health DOH Publication 130-021 10/2016

JOB DESCRIPTIONS - HEALTH SERVICES

Any employee of a public school district or private school that performs health services must have a job description that lists all the health services that the employee may be required to perform for students.

WHAT IS REQUIRED?

The following requirements are outlined in [RCW 28A.210.255](#):

- Job descriptions for all school employees who perform health services for students.
- All health services that the employee provides are listed in the job description.

Why:

- To inform employees, administrators, and families of employee roles and responsibilities related to performance of health services.

For Whom:

- For any school staff members who are assigned to perform health services for students.

When:

- For all employees currently working for the school district.

For any newly hired school district employee.

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Sequence of procedures at all times:

1. **School district** has policies and procedures in place to address requirements for job descriptions.
2. **School staff** "right of refusal" to provide health service is legislated in [RCW 28A.210.280](#) for Clean Intermittent Catheterization. Beginning July 1, 2014, a school district employee not licensed under chapter [18.79](#) RCW who is asked to administer medications or perform nursing services not previously recognized in law shall at the time he or she is asked to administer the medication or perform the nursing service file, without coercion by the employer, a voluntary written, current, and unexpired letter of intent stating the employee's willingness to administer the new medication or nursing service. [RCW 28A.210.275](#)
3. **Registered nurse** has responsibility to determine if specific staff members are safe to provide health services and may only delegate to persons who are safe to provide those services. (See [Delegation of Nursing Tasks](#)).
4. **School administrator** is usually the direct supervisor for all staff (including those delivering health services) in the building, but the school nurse is responsible for the supervision of any delegated health tasks.

MIGRANT NURSE CASE MANAGEMENT

The health of migrant students is influenced by a mobile, rural lifestyle. Access to care for health problems may be difficult, and unresolved health issues can be a barrier to learning. Migrant Nurse Case Managers (MNCM) provide supplemental intensive, one-on-one nursing support services (including evening, nights, weekends, or summer Migrant Education Program [MEP] programming) to MEP eligible youth to address the combined health, attendance, and academic needs of students to improve student health and academic status.

WHAT IS REQUIRED?

- Provide parent workshops and attend migrant family events, including back to school events, family nights, that pertain to health topics (i.e. mental health, childhood obesity, worker safety, community resources, hygiene, dental, vaccines, etc.).
- Collaborate with district administrators, teachers and school staff, including special education services pertaining to health (IEP/504 plans), school nurses, health services staff and counselors, to identify migrant students in need of services- including migrant students with high absenteeism and chronic tardiness.
- Identify student and family health needs (physical, social-emotional-behavioral, and other).
- Prioritize students and develop a caseload of 30 – 50 students- in alignment with the Priority for Service Guidance.
- Communicate and collaborate with students, families and district staff regarding student needs and migrant health services.
- Coordinate with community resources as appropriate for student care- including filing the requirements for the migrant physical exams, immunizations, sports physicals, etc. to support engagement in academic activities.
- Document MEP NURSE CASE MANAGER data related to student assessment and interventions in case log and MSIS system, if applicable.
- Meet with district principal, school nurse and school counselor on as needed basis, at least quarterly, for communication and collaboration regarding MEP NURSE CASE MANAGER students and OSPI.
- Attend meetings with the Migrant Education Health Program Supervisor as required and trainings as appropriate for enhancing MEP NURSE CASE MANAGER skills and knowledge.
- Participate in reporting and data collection efforts as required by OSPI.

MIGRANT NURSE CASE MANAGEMENT

WHAT IS REQUIRED?

Why:

- To assist migrant students who have difficulty accessing healthcare due to mobility, poverty, and/or cultural barriers.
- To identify migrant students who have health conditions (including dental).
- To assist the family in accessing care for identified health conditions.

For Whom

- For all eligible migrant students, especially those with suspected health conditions and limited or no access to primary care.

When:

- Upon receipt of referral from MEP or school staff.

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Planning:

- **School staff** complete MNCM referral for MEP eligible students in need of health care follow-up or management.
- **MNCM** works with school staff to identify and support MEP students so that they may have full access to academic instruction.
- **Migrant school staff** works with the school's **migrant records clerk** to draft a list of students who may be eligible to receive case management. This must be generated in the MSIS electronic program.
- **Migrant records clerk** will work with the **MNCM** and **migrant home recruiter** to obtain any required family/guardian consent forms.

REFERENCES & RESOURCES:

- [OSPI Migrant Education Program](#)

QUALITY ASSURANCE

Quality Assurance is a planned and systematic set of activities to ensure that any concerns are clearly identified, assessed, and improved. Collecting critical data to analyze health services guides the development and implementation of improvements to achieve desired outcomes. Analysis of critical data will lead to:

- Enhancing student success and school improvement.
- Exploring solutions to health service challenges.
- Reducing individual and school liability.

Data analysis provides information regarding how work is done so that efficiency, effectiveness, and adaptability increase.

WHAT IS RECOMMENDED?

- School improvement planning includes health data to identify and find solutions for non-academic barriers to learning.
- Identification of emerging health and safety issues and trends in the district for enhancement and/or improvement of school health services.

Why:

- For safety, health, and learning in school.
- For improvement of school functioning to:
 1. Give confidence to staff, families, and students that their needs will be met.
 2. Standardize systems for a consistent approach to operations.
 3. Improve work processes and efficiencies.
 4. Decrease gaps and duplication.

For Whom:

Stakeholders

- Students.
- Families.
- School staff.
- School administration.
- School board members.

When:

- On a daily basis.
- At specified times during the school year.
- At least annually.

QUALITY ASSURANCE

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

School nurses work with administration to develop roles and responsibilities for the following quality assurance activities:

School Improvement Planning:

- **Registered nurse** participates in a School Improvement Team to address areas of school health and student achievement.
- **Registered nurse** increases staff awareness of correlation of student wellness and student success by including health-related goals in the School Improvement Plan.
- **Registered nurse** guides compilation of data that demonstrates how student health influences student academic achievement. Examples include:
 1. Increased attendance for students who have well-managed health conditions.
 2. Increased instructional time by decreased frequency of health room visits for minor first aid that could be managed by student or teacher.
 3. Increased instructional time by nurse assessing psychosocial issues for students presenting physical complaints and referring for appropriate interventions to minimize stress. (Better coping, thus better learning.)
 4. Increased attendance due to nurse evaluation of underlying causes of absenteeism; therefore, providing appropriate interventions for families: i.e. a) family teaching, support, and empowerment; b) providing access to health care; c) providing community resources for basic needs; etc.
 5. Decreased absenteeism by instituting a school-wide hand washing and respiratory etiquette curriculum and program.
 6. Increased student engagement in learning by providing support for self-efficacy, empowerment and overall health.

Documentation:

- **Registered nurse** documents using uniform and standard codes and parameters so that individual data points can be combined.
 1. Use district-wide approved forms.
 2. Provide staff training to document and/or complete forms.
 3. If electronic data is collected, ensure uniform coding and data input.

QUALITY ASSURANCE

Documentation *continued:*

- **Registered nurse** stores data so that information can be retrieved easily for analysis. Types of data may include:
 1. Electronic health record system.
 2. Medication and treatment logs.
 3. Health room documentation system.
 4. Nursing care following the nursing process: assessment, nursing diagnosis, plan, intervention, and outcome.
 5. Individual health care plans.
 6. Emergency care plans.
 7. 504/IEPs.
 8. Attendance.
 9. Grades.
 10. Health screening data.
 11. Medicaid billing.
- Data systems support both student health information and student academic information so that correlation between health and learning is evident.
- Documentation should follow all HIPAA and FERPA guidelines.

Determine Trends of Health Concerns in District:

- **Registered nurse** reviews health data at least annually to determine trends of health concerns in district:
 1. Communicable diseases.
 2. Chronic health conditions
 3. Intentional and unintentional injuries.
 4. Self-harm.
 5. Teen pregnancy.
 6. Suicide.
 7. Health room use (frequent students, times of day, type of problems).
 8. Incidents of emergencies and effectiveness of district staff response.
- **Registered nurse** reviews health data as new issues are identified.
- **Registered nurse** annually completes the OSPI "Assessment of District Student Health Services"
 1. **Registered nurse** identifies strengths and concerns in the review of data.
 2. **Registered nurse** prepares a report of the status of health services in the district for the school board, district and building administrators, parents, OSPI, etc.
 3. **Registered nurse** prepares recommendations for changes based on data trends, emerging health issues, evidence of most pressing health needs of the district (programs, staffing, training, equipment, etc.), and evidence-based practice recommendations.

QUALITY ASSURANCE

Evaluate Systems, Programs, and Staff Performance:

Quality is measurably meeting expectations and requirements.

- **Registered nurse and administration** collaborate so that systems and programs:
 1. Reflect expectations, policies, procedures, job descriptions, roles, and responsibilities.
 2. Are clearly understood by key players in school health service delivery.
 3. Function properly by careful and thoughtful effort.
 4. Are evaluated on a regular basis.

Communicate, Plan, and Implement Changes:

- **Registered nurse** provides regular updates regarding health services to:
 1. School health services staff that deliver health services.
 2. School staff who provide delegated nursing tasks.
 3. School administration.
- **Registered nurse** submits a written report and recommendations for administration and school board review.
- **Registered nurse** plans for next school year based on findings and recommendations. Includes:
 1. Focused professional development opportunities for school nurse and other members of the health services staff.
 2. Improvements and modifications in procedures and systems.
 3. Rearrangement of staffing based on student need.
 4. Increased awareness and information to school staff regarding health services.
- **Registered nurse and administration** build into the evaluation plan: activities, clear expectations, and timelines for completion.

RESOURCE:

Selekman, Janice, *School Nursing a Comprehensive Text*, 3rd Edition. F.A. Davis Company, Philadelphia, 2019.

SCHOOL STAFF TRAINING - OSHA, L&I, WISHA - REQUIRED

Schools, as employers, are regulated by Occupational Safety and Health Organization (OSHA) and Washington Industrial Safety and Health Act (WISHA). The Washington State Program is administered by the Department of Labor and Industries (L&I) and the Division of Occupational Safety and Health (DOSH). There are required topics of **annual training** for selected employees to meet health and safety requirements. There are also other staff trainings required by law such as for AED's, asthma, anaphylaxis, child abuse, concussions, diabetes, seizures and opioid overdose reversal. Please see each individual topic section and the [Washington State School Staff Health Training Guide](#).

Washington Industrial Safety and Health Act (WISHA) and L & I require these topics of employee training:

- Blood-Borne Pathogens (BBP). [WAC 392-198-015](#)
- First Aid Training [WAC 296-800-15005](#).
- COVID-19 ([Basic COVID-19 requirements for all workplaces](#))

The Revised Code of Washington [RCW 70.24.290](#) requires that school employees have training for specific content regarding blood-borne pathogens:

- Transmission.
- Prevention.
- Treatment.

WHAT IS REQUIRED FOR BBP TRAINING?

- [WAC 392-198-030](#) states that newly hired school district employees receive the blood-borne pathogens training prescribed in [WAC 392-198-015](#), with emphasis on basic, essential skills such as handwashing and use of personal protective equipment, prior to assigning tasks where occupational exposure might occur and at least annually and within one year of the previous training, in alignment with [WAC 296-823-12005](#). The rules do not specify that any particular modality be used for the training, but do require that a trainer, knowledgeable about the subject matter is available during the training to answer questions at the time of the training session in-person, via email or telephone. OSPI's [Bloodborne Pathogens Employee Training on HIV and Protection from Bloodborne Pathogens in the Workplace](#) is available online on the Health Services Resource page of their website under the infection control tab and may be used for training. However, any training meeting all the requirements, may also be used.

SCHOOL STAFF TRAINING - OSHA, L&I, WISHA - REQUIRED

WHAT IS REQUIRED FOR BBP TRAINING? *continued...*

The following additional requirements are outlined by [Chapter 392-198 WAC](#) and [WAC 296-823-12005](#)

- Accessibility to agency-specific BBP Exposure Plan and how to obtain a copy, an explanation of the plan and accessibility to [Chapter 392-198 WAC](#).
- Maintenance of training documentation records.
- Conducted during compensated working hours without cost to the employee.
- The content and vocabulary of your training materials need to be appropriate to the educational level, literacy, and language of the employee.
- A general explanation of the epidemiology, symptoms and transmission of bloodborne diseases and how to recognize tasks and other activities that could involve exposure to blood and potentially infectious materials.
- An explanation of the use and limitations of methods that will prevent or reduce exposure including:
 1. Equipment and safer medical devices.
 2. Work practices.
 3. Personal protective equipment, including types, proper use and limitations, selection, location, putting it on and taking it off, handling, decontamination and disposal.
 4. Information about the hepatitis B vaccine including, information about its effectiveness, safety, method of administration, benefits, that it is offered at no cost to the employee.
- Information about what actions to take and persons to contact when exposure to blood or other potentially infectious materials occurs outside the normal scope of work.
- An explanation of the procedure to follow if an exposure incident occurs, including, the method of reporting the incident, the medical evaluation and follow-up that will be available, information about the post-exposure evaluation and follow-up procedure following an exposure incident.
- An explanation of the signs and labeling or required color-coding.



SCHOOL STAFF TRAINING - OSHA, L&I, WISHA - REQUIRED

WHAT IS REQUIRED FOR BBP TRAINING? *continued...*

Why:

- For the health and safety of all employees.
- Risk management for the school district.

For Whom:

- Any school district with one or more employees with occupational exposure to blood or other potentially infectious materials (OPIM) is required to comply with the requirements of the blood-borne pathogens standards.

When:

- Annual training for selected employees.
- Training at time of employment for all new employees prior to assigning tasks where occupational exposure might occur.

WHAT IS REQUIRED FOR FIRST AID TRAINING?

The following requirements are outlined by [WAC 296-800-15005](#) and [WAC 296-307-03920](#)

- First Aid trained personnel (with current certification) are available to provide quick and effective first aid.
- First Aid supplies are available, appropriate to the occupational setting, the response time of the employer's emergency medical services, adequate for the number of employees, easily accessible, stored in clearly marked, protective containers that are unlocked, and easily moved to the injured or ill worker.
- Additionally, first aid training is required for bus drivers ([WAC 392-144-120](#)), coaches (see the [WIAA Handbook](#) for 2024-2025) and maintenance operators during construction work ([WAC 296-155-120](#)). See [Washington State School Staff Health Training Guide](#) for more information.

Why:

- For the health and safety of all employees.
- Risk management for the school district.

For Whom:

- Any employee designated by administration to administer first aid.

When:

- Before the employee's certification as a First Aid provider expires (every two years).

SCHOOL STAFF TRAINING - OSHA, L&I, WISHA - REQUIRED

WHAT IS REQUIRED FOR COVID-19 TRAINING?

OSHA (<https://www.osha.gov/coronavirus/safework>) and

L&I Training

(<https://www.lni.wa.gov/agency/outreach/coronavirus/requirements-and-guidance-for-preventing-covid-19d>) outline COVID-19 training requirements and

should include:

- Basic facts about COVID-19, including how it is spread and the importance of physical distancing (including remote work), ventilation, vaccination, use of face coverings, and hand hygiene.
- Workplace policies and procedures implemented to protect workers from COVID-19 hazards.
- Some means of tracking which workers have received this information, and when.
- Information provided in a language that workers understand.

Why:

- For the health and safety of all employees.
- Risk management for the school district.

For Whom:

- All employees who may be exposed to COVID-19.

When:

- During new employee orientation and as needed.

PROCEDURAL GUIDELINES, ROLES AND RESPONSIBILITIES:

Sequence of procedures at all times:

1. **School district** has policies and procedures in place to conform to BBP and First Aid statutes.
2. **School nurse or designee** collaborates with **district administration** to develop training, procedures, documentation of certification, etc.

DISTRICT SYSTEMS TO SUPPORT SCHOOL HEALTH SERVICES

SCHOOL STAFF TRAINING
(OSHA, L&I, WISHA
REQUIRED)

SCHOOL STAFF TRAINING - OSHA, L&I, WISHA - REQUIRED

REFERENCES & RESOURCES



- [Washington State School Staff Health Training Guide](#)
- See District-Specific Blood-Borne Pathogens Exposure Plan and related policy and procedure
- OSPI's [Guidelines for Implementation of School Employee Training on HIV/AIDS and Other Bloodborne Pathogens.](#)
- [OSPI Bloodborne Pathogens Employee Training on HIS and Protection from Bloodborne Pathogens in the Workplace PPTX](#)
- [Bulletin No. 069-22 Student Engagement and Support: Bloodborne Pathogen Trainings for Employees](#)

TRANSPORTATION



District system for safe transportation of students to and from school and during school-sponsored activities requiring transportation from and returning to school.

WHAT IS REQUIRED?

School districts are responsible for the safe transportation of students. Specific health requirements for district transportation are outlined in the [Washington State School Bus Driver Handbook](#). As in previous chapters, the following health requirements outline procedures to keep all children, including those with special health care needs, safe.

- **General (for all students):**
- **Trained First Aid provider ([WAC 392-144-102\(3\)](#)).**
- **Readily available appropriate first aid kit ([WAC 392-145-041](#)).**
- **Appropriate communication device considering geographic locations and bus routes (e.g. radio, cell phone, etc.).**
- **Special Health Care Needs Students:**
 1. **Know students with identified special health care needs.**
 2. **Review existing individual student plans (e.g. 504, IEP, ECP, and IHP).**
 3. **Health Care Plan delegation and training by appropriate health care professional.**
 - Plan for equipment.
 - Plan for procedures.
 - Plan for routine medications.
 - Plan for emergency medications.

TRANSPORTATION...continued

Why:

- To provide safe transportation of all students.
- To provide continuation of routine health services and emergency response for students with special health care needs.

For Whom:

- For all students using district transportation.
- For all students with special health care needs using district transportation.

When:

- Before students use district transportation system.
- Before school starts annually.
- Before any school-sponsored field trip and/or extracurricular activities using district transportation.

PROCEDURAL GUIDELINES, ROLES, AND RESPONSIBILITIES:

Planning:

- **Transportation director** develops and maintains general health and safety standards for all students.
- **Transportation director** ensures that systems for training are in place for all transportation staff, including regular and substitute bus drivers and dispatchers.
- **Transportation director**, in cooperation with registered nurse and SPED director, develops and monitors systems to maintain safety for students with special health care needs.
 1. **Dispatcher or individual bus driver** has immediate access to current Emergency Care Plans for students riding the bus.
 2. **Transportation director** ensures that students have either immediate access to their emergency medications or functional plans for quick access to emergency medication.

Assessment:

- **Registered Nurse/Special Education (SPED) Director/Occupational Therapist (OT)/Physical Therapist (PT)/Speech Language Pathologist (SLP)** identifies students with special health care needs and reviews their individual plans that require:
 1. Equipment (wheelchair, ramp, glucometer, etc.).
 2. Procedure (G-Tube, transferring, lifting, etc.).
 3. Medication (Epi-Pens, inhalers, oxygen, etc.).

TRANSPORTATION...continued

Assessment: continued

- **Transportation director**, in cooperation with **registered nurse and SPED director**, if relevant, consider:
 1. Appropriate vehicle for special needs.
 2. Length of time on the bus.
 3. Route of bus (i.e. remote, isolated roads, environmental risks, etc.).
 4. Route of child from home to bus stop (i.e. traffic patterns, distance from emergency response, etc.).
 5. Need for adult supervision on the bus in addition to bus driver.

Nurse Training/Delegation:

- **Registered nurse**, in collaboration with **transportation director**, identifies transportation staff members who are competent, available, and willing to accept responsibility to assist students with special health care needs.
- **Registered nurse** delegates one-on-one to transportation staff, any necessary nursing procedures for specific students.
- **Registered nurse** documents training and delegation.
- **Transportation staff members** accept delegation responsibilities by signing delegation form.
- **Registered nurse** files documentation of nurse delegation and staff acceptance of delegation responsibilities.

Management and Evaluation:

- **Registered nurse** and **SPED director** are available for consultation and ongoing support to transportation director and transportation staff.
- **Registered nurse** debriefs with **transportation director** and **transportation staff** following any adverse student health incident involving the transportation system. Debriefing evaluates effectiveness of procedures and recommends any necessary revisions which may include but are not limited to modifying procedures and additional staff training.

REFERENCES & RESOURCES

- [Washington State School Health Staff Training Guide](#)

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Practice of Nursing	<p>RCW 18.79 Nursing care</p> <p>RCW 18.79.260 Registered Nurse-Activities Allowed-Delegation of Tasks</p> <p>RCW 18.130 Regulation of health professions</p> <p>WAC 246-840 Practical and Registered Nursing</p> <p>WAC 246-840-705 Functions of a Registered Nurse and Licensed Practical Nurse</p> <p>WAC 181-87-070 Unauthorized professional practice</p> <p>28A.210.305 Nurses in Schools-Authority</p>	<p>Staff Model for the Delivery of School Health Services 2000 https://www.k12.wa.us/sites/default/files/public/healthservices/pubdocs/schhealth.pdf</p> <p>OSPI Health Services http://www.k12.wa.us/HealthServices/</p>		<p>(Washington) Board of Nursing Registered Nurse Delegation in School Settings:</p> <p>Job Titles-Can a RN work as a LPN?</p> <p>Patient Abandonment</p> <p>Standing and Verbal Orders</p> <p>Camp Nursing Advisory Opinion Number NCA0-2.10</p> <p>Nursing Telehealth Practice: Registered Nurse, Licensed Practical Nurse, Nursing Technician, and Nursing Assistant</p>
ESA Certification <i>No legal requirement - may be contractual</i>	<p>WAC 181-79A-223 Requirement for ESA certification</p>	<p>OSPI ESA School Nurse Certification</p> <p>Code of Professional Conduct for Education Practitioners (2015)</p> <p>Educational Staff Associates</p>		<p>School Nursing Practice Framework</p> <p>American Academy of Pediatrics (AAP) Role of the School Nurse in Providing School Health Services (2016)</p>

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<i>Practice of Medicine</i>	RCW 18.71.011 Definition of practice of medicine			
<i>Job Description of those providing health services in schools</i>	RCW 28A.210.255			
<i>Life Threatening Conditions</i>	RCW 28A.210.320 Children with life- threatening health conditions ttle bit of body text	Bulletin NO. 61-02 09/18/02 Student Immunization And Life Threatening Health	3413-Student immunizations and Life- Threatening Health Conditions	

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Anaphylaxis - Care of Students	RCW 28A.210.370 Asthma (includes piece on anaphylaxis) RCW 28A.210.380 Anaphylaxis RCW 28A.210.383 Epinephrine auto injectors-school supply	Guidelines for the Care of Students with Anaphylaxis (2021).	3419-Self Administration of Asthma and Anaphylaxis Medications 3420- Anaphylaxis Prevention and Response	NCQAC Advisory Opinion NCQAC Advisory Opinion on Standing Orders.
Asthma- Care of Students	RCW 28A.210.370 Students with asthma	Uniform Staff Training Policy: Students with Asthma (2008).	3419-Self Administration of Asthma and Anaphylaxis Medications	WA State DOH- Asthma and Schools Asthma Management in Educational Settings (2013).
Diabetes- Care of Students	RCW 28A.210.330 Students with diabetes RCW 28A.210.340 Inservice training RCW 28A.210.350 Immunity	Guidelines for the Care of Students with Diabetes (2022).	3415- Accommodating Students with Diabetes	Curriculum Standards for Developing Curricula to Train Parent- Designated Adults Working with Students with Diabetes (2009).

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Practice*Seizures -
Care of Students*[RCW 28A.210.260](#)Administration of
medications/PDA[RCW 28A.210.320](#)Children with life
threatening health
conditions[RCW 28A.210.350](#)Students with
diabetes or epilepsy
or other seizure
disorders—
Compliance with
individual health
plan—Immunity.[RCW 28A.210.355](#)Students with
epilepsy or other
seizure disorders—
Individual health
plans—Designation
of professional to
consult and
coordinate with
parents and health
care provider—
Training and
supervision of
school district
personnel—Parent-
designated adults.[BULLETIN NO.
067-21 2021](#)[Substitute House
Bill 1085, an Act
Relating to
Promoting a Safe
Learning
Environment for
Students with
Seizure Disorders](#)3416P-
Medication at
School3411-
Accommodating
Students with
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AEDs	Emergency Treatment			
	RCW 70.54.310 Use of defibrillators-immunity from liability RCW 4.24.300 Immunity from liability		3412-Automated External Defibrillators	WASBO Risk Management Guidelines for Implementing an AED Program (May 2016)
Emergency Treatment	RCW 28A.210.305 Registered nurse or advanced registered nurse practitioner—Duties relating to nursing care of students—Notice to school districts.		3418-Response to student Injuries or Illness 3124-Removal-Release of Student During School Hours	How to Respond to Illness and Injury at School, Washington State Department of Health October 2016
Do Not Attempt Resuscitation orders (DNAR)/Physician's Order for Life Sustaining Treatment (POLST)	70.122.030 Regarding DNAR orders			NCQAC Advisory Opinions: Portable Orders for Life Sustaining Treatment (POLST): POLST NCQAC Frequently Asked Questions about POLST

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<i>First Aid Training for Employees</i>	Emergency Treatment			
	WAC 296-800-15005 First aid trained personal OSHA 29 CFR 1910.151(b) First aid trained personal Americans with Disabilities Act		6511-Staff Safety	
<i>Medication/ Treatment Administration</i>	Medication			
	RCW 28A.210.260 Administration of medications RCW 28A.210.270 Immunity from liability RCW 28A.210.275 Immunity from liability RCW 28A.210.383 School supply of epinephrine auto-injectors RCW 69.51A.060 Medical Cannabis Limitations	Guidelines for Medication Administration in Schools 2022 New Guidance and Training on Opioid Use Disorder Opioid-Related Overdose Policy Guidelines & Training in The School Setting 2022	3416-Medication at School 3424 Opioid Related Overdose Reversal	NCQAC Advisory Opinions: Registered Nurse Delegation in School Settings NCQAC Advisory Opinion on Standing Orders NCQAC Advisory Opinion on Administration of Cannabis/Marijuana Products in School Settings: Kindergarten-Twelve (K-12) Grades, Public and Private Schools

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[RCW 28A.210.325-](#)Medical use of
marijuana infused
productsAdministration by
parent guardian-
School districts to
develop policies.[RCW 69.41.095](#)Opioid overdose
medication[RCW 28A.210.390-](#)Opioid overdose
reversal
medication-
Standing order-
Administration[RCW 28A.210.395-](#)Opioid overdose
reversal
medication-Policy
guidelines and
treatment
requirements-grant
program[RCW 28A.210.278-](#)Topical sunscreen
products-Sun
safety guidelines[NCQAC Advisory
Opinion on Verbal
Orders](#)[Overdose
Prevention,
Recognition, and
Response](#)[Department of
Health who Can
Prescribe and
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State? 2012](#)[Prevention and
Treatment of
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Catheterization[RCW 28A.210.280](#)

Catheterization

[RCW 28A.210.290](#)Immunity from
liability[WAC 246-840-820](#)Provisions for
catheterization

3417-

Catheterization

*Medication/Treatment
Administration by Non-Licensed
School Employees*[RCW 28A.210.255](#)Employee job
descriptions[Guidelines for
Medication
Administration in
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Regarding letter
of intent for non-
licensed school
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Practice**Blood Borne Pathogen
training****Infectious Disease**[WAC 296-823-120005](#) Bloodborne Pathogen Training[WAC 392-198](#) Training for school employees[Chapter 296-823 WAC](#) Safety Standards for Occupational Exposure to Bloodborne Pathogens[RCW 28A.230.070](#) AIDS education in public schools[Bulletin 069-22: Blood Borne Pathogen Training](#)[Bloodborne Pathogens Employee Training on HIV and Protection from Bloodborne Pathogens in the Workplace \(PPTX\)](#)[OSPI Sexual Health Education Program](#)

6511-Staff Safety

5004 Infection Control Program

2126 HIV AIDS Prevention Education

Washington State Department Labor and Industries [Bloodborne Pathogens \(Training Kit\)](#) And [Bloodborne Pathogens-the hazards of bloodborne pathogens in the workplace](#)

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Infectious Disease

[RCW 28A.210.060
thru 170](#)

Immunization
program

[WAC 246-105](#)

Immunization of
Child Care and
School Children
Against Certain
Vaccine-
Preventable
Diseases

[RCW 28A.210.120](#)

Immunization
program –
Prohibiting child's
presence – Notice
to parent, guardian,
or adult in loco
parentis;

[WAC 392-380-045](#)

Public school pupils
– School
attendance
conditioned upon
presentation of
proofs

[Bulletin 057-21](#)

School
Immunization
Requirements
for Students in
Alternative
School Settings

3413 Student
Immunization
and Life
Threatening
Conditions

5004-Infection
Control
Program

DOH
Immunization
Program
[Immunization
Manual for
Schools,
Preschools and
Child Care Centers](#)

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	Health Services Provided by School Districts	Federal & Washington State RCWs/WACs	OSPI Instruction Guidance	WSSDA Policy	Legal Opinions & Standards of Practice
Infectious Disease	Infectious Disease				
		WAC 246-101-420 Notifiable Conditions- Responsibilities of Schools RCW 28A.210.010 Contagious diseases	Infectious Disease Control Guide DOH 2024	3414-Infectious Diseases	Information for Schools and Childcare Providers (flu prevention) Guidance to Prevent and Respond to COVID-19 in K-12 Schools and Child Cares
Abuse and Neglect	Other Federal Laws & State Statutes Relating to School Health				
		RCW 26.44.030 Duty to report RCW 28A.400.317 Physical or sexual abuse by employees-duty to report RCW 28A.300.160 Coordinated program for the prevention of sexual abuse of students, child abuse, and neglect WAC 392-410-150 Sexual abuse prevention curricula	Recommendations for Sexual Abuse Prevention Education in Washington State K-12 School- 2019 Sexual Violence Prevention	3421-Child Abuse and Neglect 4310-District Relations with Law Enforcement and other Government Agencies	Department of Health Protecting the Abused and Neglected Child 2018

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Other Federal Laws & State Statutes Relating to School Health				
Cardiac Arrest - Sudden	RCW 28A.600.195 Sudden cardiac arrest in youth athletes—Online pamphlet and prevention program for coaches		3422- Student Sports- Concussions Head injuries and Sudden Cardiac Death	WIAA Sudden Cardiac Arrest Requirements WIAA Sudden Cardiac Arrest Information Sheet
Concussion	RCW 28A.600.190 Youth Sports, Concussion RCW 28A.600.192 Annual Concussion Reports by Schools	OSPI Memorandum No. 043-09M Engrossed House Bill 1824 Youth Sports-Head Injury Policies	3422- Student Sports- Concussions Head injuries and Sudden Cardiac Death	WIAA Concussion Management Guidelines CDC “Heads Up to Youth Sports” Concussion Guidelines Washington State Department of Health Head Injury Reporting
Confidentiality	RCW 70.02 (030 and 050) Health care information- access and disclosure Family Educational Rights and Privacy Act (FERPA)	Secretary of State Record Retention Schedule Version 8.4 page 72-74	3231-Student Records 3230 Searches of Students and Student Privacy	HIPAA Q & A FERPA and HIPAA-- Joint Guidance When can a minor access health care without parental consent?

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Other Federal Laws & State Statutes Relating to School Health				
<i>Confidentiality... continued</i>	Health Insurance Portability and Accountability Act (HIPAA) Nurse Practice Act WAC 246-840-700 Standards of nursing conduct			Common authorization requirements for obtaining and disclosing student health information
<i>Dietary Accommodations</i>	RCW 28A.235.120-300 Meal Programs-	OSPI Child Nutrition Programs Reference Sheet OSPI's Request for Special Dietary Accommodations		USDA School Meals FAQ's
<i>ESSA - Every Student Succeeds Act</i>	Every Student Succeeds Act	OSPI's ESSA Implementation		

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Health Services Provided by School Districts	Federal & Washington State RCWs/WACs	OSPI Instruction Guidance	WSSDA Policy	Legal Opinions & Standards of Practice
Other Federal Laws & State Statutes Relating to School Health				
Harassment	RCW 28A.600.477 Prohibition of harassment, intimidation, and bullying.	Steps to Effective Bullying Prevention/Intervention Practice	3207- Prohibition of Harassment, Intimidation, and Bullying	
Home/Hospital Instruction Program	RCW 28A.155.090 OSPI's duty to home hospital instruction WAC 392-172A-02100 Home hospital instruction	OSPI Home/Hospital Instruction Program Procedures for School Districts Home/Hospital (H/H) Service Guidelines	2165-Home or Hospital Instruction	
Home Schooling	RCW 28A.200.010- Home-based instruction- duties of parents RCW 28A.200.020- Home-based Instruction-Certain decision responsibility of parent unless otherwise specified.	OSPI's WA State's Laws Regulating Home-based Instruction 2017		


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Other Federal Laws & State Statutes Relating to School Health				
<i>Individuals with Disabilities Education Act (IDEA)</i>	RCW 28A.155 Special Education WAC 392-172A Rules for the provision of special education Office of Special Education and Rehab Services	OSPI Special Education Program	3231	Special Education US Department of Education, IDEA website
<i>Mandated School Staff Health Training</i>	*See Washington State School Staff Health Training Guide for list of laws pertaining to staff training 	Washington State School Staff Health Training Guide 2022		
<i>McKinney-Vento Act</i>	RCW 28A.300.540 Homeless students RCW 7.70.065 Homeless child or youth-Informed consent for patient under the age of majority	OSPI's Homeless Education School Staff Resource 2016	3115- Students Experiencing Homelessness: Enrollment Rights and Services	

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Other Federal Laws & State Statutes Relating to School Health

School Health Screenings	RCW 28A.210.020-040- Health Screenings and Requirements WAC 246-760 Auditory and Visual Standards- School District	Required and Alternate Vision Screening Tools for Washington State Schools May 2017	3410- Student Health	
Section 504	34 CFR Part 104- Section 504 of the Rehabilitation Act of 1990 42 USC 12212 Section 512-Section 504 of the Rehabilitation Act of 1973 RCW 28A.600.485 - Use of restrain or isolation specified in individualized education programs or plans developed under section 504 of the rehabilitation act of 1973... RCW 28A.600.486 - District policy on the use of isolation and restraints...	OSPI Office of Equity and Civil Rights	2162- Education of Students with Disabilities Under Section 504	Parent and Educator Resource Guide to Section 504 in Public Elementary and Secondary Schools 2016 504 Plans and Students with Disabilities

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Mental Health/Suicide Guidance[RCW 71.34](#)Mental health
services for
minors[RCW 43.70.442](#)Suicide
assessment,
treatment, and
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training[RCW 28A.410.226](#)Professional
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suicide training[RCW
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SUMMER SCHOOL CONSIDERATIONS FOR HEALTH SERVICES COVERAGE

If the school nurse is not employed during the summer school, there is no nurse coverage. ***All previous training and delegation is null and void if the nurse that provided the delegation is not available for ongoing supervision and assessment of student health status.*** If that school nurse is employed for the summer, then the initial training and delegation could be used if the nurse is comfortable with the staff training already provided. If a new nurse is hired, new training and delegation must be provided. If there is no nurse available for the summer, the school nurse must send a notification to the parent informing them that they are rescinding their delegation over the summer. ***Training and delegation does not transfer between nurses.***

If there are students with special health care needs who attend summer school when the nurse contract is not actively employed, it is important for the district administrators and school nurse to plan for the following:

For the school nurse:

Obtain a list of students that will be attending summer school. The nurse reviews the list, identifies students with special health care needs, and determines the amount and degree of nurse training, delegation, and supervision that is appropriate/needed for those students.

Provide a description of student needs for health care to the district administrator, including the level of nursing care required and the recommended nursing coverage for those students. ***The nurse needs to clearly state the risk to the student and the risk to the district if a system of care is not in place for summer session.***

Assess what health services are needed by a particular student and determine those services that can be safely delegated to unlicensed staff. Only a registered nurse is allowed to delegate tasks to unlicensed staff within the school setting. ([NCQAC Advisory Opinion: Registered Nurse Delegation in School Settings, 2022](#))

Determine if the delegated nursing care can be safely supervised by an on-call, stand-by, off-campus contract or if the level of nursing care being delivered needs to have ongoing supervision by a nurse on site or in the district.

* "If delegation of [nursing tasks] by a school nurse to unlicensed school staff is based on the premise that the nurse will be immediately available in a crisis (i.e. one that can be reasonably anticipated), then delegation of the [nursing task] ...away from the availability of the nurse to intercede in a crisis – will not be appropriate."

SUMMER SCHOOL CONSIDERATIONS FOR HEALTH SERVICES COVERAGE

Options that the nurse may recommend for summer nurse coverage based on the nursing needs of students:

- On-site nursing services.
- On-call nursing services. On-call is not just “available by phone.” It is a formal contract, and the nurse is paid a specific rate to be in “stand-by mode” and is available to come on site quickly if necessary. Note: this does not replace responsibility of unlicensed staff to initiate emergency medical services when indicated.

For the district administrator:

Provide the school nurse a list of students that will be attending summer school. Nurse will review list, identify students with special health care needs, then assess, determine and recommend the amount and degree of nurse training, delegation, and supervision that is appropriate/needed for those students. There needs to be a plan for on-going monitoring of late enrollments in summer school and those that may occur during the summer months when the school nurse is on leave.

Discuss the nurse’s recommendations for the delivery of health services during summer school based the registered nurse’s assessment of the students’ health care needs and nursing care needed based on their clinical judgment.

The **district administrator** makes the final decision to authorize nursing coverage for summer school based on student needs, nurse recommendations, and district resources.

When it is determined that nursing services for summer school are needed, options to consider for nursing coverage (on-call or on-site) may include:

- Extend the contract with their school nurse if that nurse chooses to work summer hours
- Contract with another nurse who wants summer hours
- Contract with a nursing agency for summer coverage

Negotiate a contract with a nurse or nursing agency based on district resources. There should be a written contract including a statement of work and salary; and the district administrator and nurse or contracting agency should sign the contract.

SUMMER SCHOOL CONSIDERATIONS FOR HEALTH SERVICES COVERAGE

* Direct Reference:

- Schwab, N.C., and Gelfman, M.H.B. (2001) Legal Issues in School Health Services: A Resource for School Administrators, School Attorneys, and School Nurses. Sunrise River Press: North Branch, MN (pp 222-225).

Additional References:

- Washington State Nurse Practice Act: [RCW 18.79](#) and [WACs 246](#)
- [NCQAC Advisory Opinion: Registered Nurse Delegation in School Settings, 2022](#)



CLARIFICATION ON CONFIDENTIALITY FOR "NEED TO KNOW" AND SCHOOL STAFF

*This section is to provide general information and is not to be used as legal guidance.
Specific questions should be referred to the district's legal counsel.*

Background:

All student information in schools that receive funds under an applicable program of the U.S. Department of Education is regulated by the Family Educational and Privacy Rights Act hereafter referred to as FERPA. FERPA requires every school district to have a written policy explaining the standards for keeping education records confidential. This includes student health information. In Washington State, the Revised Code of Washington ([RCW](#) [70.02](#) Medical Records – Health Care Information Access and Disclosure provides **additional requirements for health care providers** in any practice setting that are more restrictive than FERPA.

FERPA privacy rules specifically allow parents the right to inspect and review their student's records and identifies what information may be shared without parental consent. It uses the concept of legitimate educational interest to identify who within the school should have access and to what information. Legitimate educational interest has been further described as a person's legitimate need to know such information to fulfill their professional responsibilities.

Health Care Providers, individuals licensed by Washington Department of Health such as registered nurses, occupational therapists, physical therapists, speech and language therapists, and clinical social workers also are subject to RCW 70.02. This law:

- defines health care information
- describes what and when information can be shared without consent
- describes what should be included in a written consent to share health information form
- describes penalties for breaching these rules

It is important for the school nurse to understand federal and state confidentiality laws and obtain consent from the parent (or the student if age 18 or older) before sharing some health information. Some health problems have specific rules for consent and are described in [Chapter 70.02 RCW](#)

**CLARIFICATION ON CONFIDENTIALITY FOR
"NEED TO KNOW" AND SCHOOL STAFF**

All school staff members who need access to the health care information should be listed on the consent for release of information. These names should be discussed with the parent and documented before the consent is signed. It is not always possible to know the name of each person who needs access to the information so titles or positions may be used. The parent should also be informed that they may rescind or restrict their consent in writing at any time.

- **Emergent Situations in which School Staff “Need to Know What to Do”**

In the case of emergency health care plans, many different people “Need to Know What to Do” because the child may be at risk for a life-threatening problem in any area of the school campus and at off-site school activities (athletic events, field trips, etc.). The school nurse (registered nurse) should only share the health information school staff need to know to perform their responsibilities.

When parental consent cannot be obtained or if the parent refuses to give consent, the school nurse and the school administration need to discuss a plan to keep the student safe while at school. The law allows the school nurse to release specific information to other school staff if the student is at risk for an emergency at school. This step can be taken after documented attempts to reach the parent to try to get consent have occurred.

Forms used by some school districts:

- Health Registration Form (*district-specific*) provides or updates each student’s health status. It is recommended that this form be completed before each school year begins. The form should indicate that information on the form may be shared with school staff to ensure the student’s health and safety. The parent / guardian signature at the bottom of the form gives implied consent for sharing information. This may not stand the test of a court case but is an indication from the parent of the need to share information.

**CLARIFICATION ON CONFIDENTIALITY FOR
"NEED TO KNOW" AND SCHOOL STAFF****Forms used by some school districts:** *continued*

- *Parental Consent to Share Health Information with School District Staff* (sample form on the last page of this appendix) is a way to document consent of parents / guardians for students with specific health conditions such as those identified on the Health Registration Form. The nurse, after assessing the condition and developing an individualized emergency care plan, would decide which staff members need to know about the condition and be trained how to carry out the steps outlined in the plan. With this form, the nurse is requesting written permission from the parent to share information. It may be impossible to identify every staff by name, so job titles are often used. The parent also has the right to identify specific staff that they do not want to be involved.

It is advisable that these types of forms be regularly reviewed by district administration and/or district legal counsel to verify they continue to meet current regulations and standards.

The Bottom Line:

It is imperative that the school nurse share specific health information with school staff regarding a student who has a potentially life-threatening health condition to create a safe learning environment for all students. The school nurse should, with consent of parent or guardian, share other health information with staff that have a legitimate educational interest. It is always best practice to work directly with the student and the family; complete a thorough assessment, obtain consent from the parent/legal guardian, and create a plan in partnership with all staff involved so students with health conditions can be healthy, safe, and fully participate in school.

CLARIFICATION ON CONFIDENTIALITY FOR "NEED TO KNOW" AND SCHOOL STAFF

Specific references:

Chapter 70.02 RCW, Medical Records — Health Care Information Access and Disclosure:

"Health care provider" means a person who is licensed, certified, registered, or otherwise authorized by the law of this state to provide health care in the ordinary course of business or practice of a profession. Revised Code of Washington (RCW) [70.02.010 \(18\)](#)

WAC 246-840-700, Standards of nursing conduct or practice.

The registered nurse [...] shall respect the client's right to privacy by protecting confidential information and shall not use confidential health information for other than legitimate patient care purposes or as otherwise provided in the Health Care Information Act, chapter 70.02 RCW. [Washington Administrative Code \(WAC\) 246-840-700 \(4\)\(e\)](#)

Parental Consent to Share Health Information with School District Staff

You have notified the school nurse that your child:

_____ DOB: _____
has the following health condition(s):

In order to safeguard your child's health and safety during school time, it will be necessary to develop a **plan of action** if your child needs assistance for any health problems that may occur. Other school staff will need to be involved in some situations, especially when the nurse is unavailable.

School staff (and substitutes) will work in partnership with you and the school nurse to *do what is necessary* to assist your child. The following school staff that may "need to know what to do" include, but are not limited to:

- Classroom Teacher
- Office Staff
- Principal
- Playground Monitor
- Bus Driver
- Cafeteria Staff
- Other (specify) _____

If you agree that the above school staff may have as much information as they need in order to respond quickly and appropriately to care for your child's health needs, please sign below:

- I agree that the school nurse may decide who needs to know specific information to assist my child.

Parent Signature

Date

If there is specific school staff you **do NOT want** to know about your child's health problem, please specify by name and sign below:

- I do not want _____ to know health information about my child.

Parent Signature

Date

DIABETES MELLITUS AND EPILEPSY CARE PLANNING WITH PARENT-DESIGNATED ADULT (PDA) IN WASHINGTON SCHOOLS

DIABETES and EPILEPSY

Planning for the care of students with diabetes and epilepsy in schools requires collaboration with everyone involved. All partners share the goal of keeping students healthy and ready to learn. The following sections provide role definitions that may assist the team to develop the plan of care.

PARENT/GUARDIAN ROLE:

Knows student and specific strengths and needs. Parent will be fully involved with planning. The parent may but is not required to choose a Parent-Designated Adult (PDA). If they choose a PDA, the parent also must arrange for the PDA to be trained by a health care professional or expert in diabetic care such as a diabetic educator or expert in seizure care such as from a national organization that offers training for school nurses for managing students with seizures and seizure training for school personnel. The parent cannot provide this training. Training is paid for by parent.

PARENT-DESIGNATED ADULT (PDA) ROLE:

- The PDA is a volunteer and can be a community member or a school staff member.
- The Parent-Designated Adult (PDA) role must be defined in writing and included in the IHP and the ECP. It must be recognized that the PDA is working under requests by the parent, but those activities should be included in the IHP so that everyone knows “who is doing what and when.” Use the “[Guidelines for Care of Students with Diabetes](#)”, [OSPI Bulletin # 61-02](#), September 18, 2002, and [Curriculum Standards for Developing Curricula to Train Parent-Designated Adults Working with Students with Diabetes Mellitus](#) (2009) or [Epilepsy Foundation Seizure Training for School Personnel](#) and [Administration of Emergency Anti-seizure Minimum Standards of Training](#) to read guidelines for specifics of training for PDA and sample forms for documentation of that training.

HEALTH CARE PROVIDER ROLE:

Responsible for medical management and provides medical orders for licensed nursing staff to implement at school. Licensed nurses can only take orders from persons with prescriptive authority. Medical orders cannot be taken from parents.

DIABETES MELLITUS AND EPILEPSY CARE PLANNING WITH PARENT-DESIGNATED ADULT (PDA) IN WASHINGTON SCHOOLS

DIABETES and EPILEPSY...continued

REGISTERED NURSE ROLE:

- Comprehensive nursing assessment; review medical records; interview parent; interview student; interview staff members who have been working with the student.
- Develop Emergency Care Plan.
- Develop Individual Health Care Plan/504 Plan.
- Train school personnel on signs and symptoms of hypoglycemia/hyperglycemia and/or seizure care, triggers, etc. and their role in the Emergency Care Plan.
- Monitor student's health status on a regular (sometimes daily) basis.
- Modify care plans when needed.
- Support child and family within scope of practice.
- Provide ongoing, selected school staff training and support for care of specific student needs.
- Conduct annual all-staff training on management of diabetes and seizures in the school setting.

LICENSED PRACTICAL NURSE ROLE:

- Work under direction of the professional school nurse
- Contribute to assessment
- Carry out care plan on a day-to-day basis
- Collect and document data
- Report any changes to RN and
- Support child and family within scope of practice.

REGISTERED NURSE ROLE RELATED TO PARENT-DESIGNATED ADULT:

- Registered nurse (RN) develops and monitors comprehensive health care plan that outlines daily management of diabetes or seizures at school, support to student, and facilitation of self-management by student.
- Parent-Designated Adult performs specific tasks as directed by parent. RN incorporates tasks performed by PDA into the care plan. RN does not train or supervise Parent-Designated Adult but does monitor health status of student as a result of tasks performed by parent-designated and others.

APPENDICES

APPENDIX D

Diabetes Mellitus and Epilepsy Care Planning with Parent Designated Adult (PDA) in Washington Schools

DIABETES MELLITUS AND EPILEPSY CARE PLANNING WITH PARENT- DESIGNATED ADULT (PDA) IN WASHINGTON SCHOOLS

ADMINISTRATION OF GLUCAGON:

Injectable glucagon may only be administered by the parent/guardian, PDA, RN or LPN. When glucagon is administered at school, 911 MUST be called. (See "[Guidelines for Care of Students with Diabetes](#)" Washington State Task Force for Students with Diabetes, page 25.

Nasal glucagon may be administered by the parent/guardian, PDA, RN, LPN and staff members who have been delegated to. When glucagon is administered at school, 911 MUST be called.

ADMINISTRATION OF MIDAZOLAM:

When Midazolam or Diastat (legend nasal spray medications) are administered at school, 911 SHOULD be called.

RESOURCES:

[Guidelines for Care of Students with Diabetes](#), 2023

[OSPI Bulletin # 61-02](#), September 18, 2002,

[Curriculum Standards for Developing Curricula to Train Parent-Designated Adults Working with Students with Diabetes Mellitus](#) June, 2009,

[RCW 28A.210.233-235, Students with diabetes,](#)

<http://app.leg.wa.gov/RCW/default.aspx?cite=28A.210.330>

[Epilepsy Foundation Seizure Training for School Personnel](#)

California Department of Education [Administration of Emergency Anti-seizure Minimum Standards of Training](#)

RCW 28A.210.360 Students with epilepsy or other seizure disorders

<https://app.leg.wa.gov/rcw/default.aspx?cite=28A.210.355>

Washington Law related to intranasal medication [RCW 28A.210.260\(5\)](#),

<http://app.leg.wa.gov/RCW/default.aspx?cite=28A.210.260>

Students with epilepsy or other seizure disorders—Individual health plans—Designation of professional to consult and coordinate with parents and health care provider—Training and supervision of school district personnel—Parent-designated adults RCW [28A.210.355](#) (Effective 2022-23 school year)

[Guidelines for Medication Administration in Schools](#) 2022

SCHOOL NURSE STANDARDS OF PRACTICE AND THE SCHOOL IMPROVEMENT PLAN

School administrators serve as leaders in the school improvement process. School nurses use a similar, systematic process in their professional practice known as the nursing process. When addressing the health needs of their students, school nurses apply the steps of the nursing process which include:

- Assessment of student and needs
- Formulation of problem statements (nursing diagnosis)
- Development of desired outcomes
- Identification of evidence-based intervention and creation of an appropriate plan
- Implementation of the plan
- Evaluation of student progress toward the outcomes
- Revision of the plan as needed

The school nurse's assessments and interventions can be an integral part of school improvement process. **School nurses improve school performance by increasing student and parent engagement, decreasing absenteeism, increasing student time in the classroom, and impacting students' readiness and ability to learn.**

The practice of school nursing can be better understood by reviewing the practice standards that have been established by the National Association of School Nurses and the American Nurses Association. These Standards of Practice for School Nursing are described fully in the document: [School Nursing: Scope and Standards of Practice](#) (2022), National Association of School Nurses.

Standards of Professional Practice

Standard 1. Assessment: The school nurse collects pertinent data and information relative to the student, family, group, school community, or population.

Standard 2. Diagnosis: The school nurse analyzes the assessment data of the student, family, group, school community, or population to describe actual or potential diagnoses.

Standard 3. Outcomes Identification: The school nurse articulates measurable expected outcomes for a plan individualized to the student, family, group, school community, or population.

Standards of Professional Practice ... *continued*

Standard 4. Planning: The school nurse develops a collaborative course of action that prescribes strategies to attain expected, measurable outcomes that address the student, family, group, school community, or population.

Standard 5. Implementation: The school nurse executes an agreed upon plan/intervention for student, family, group, school community, or population.

Standard 5A. Coordination of Care: The school nurse aligns care for student, family, group, school community, or population.

Standard 5B. Health Teaching and Health Promotion: The school nurse employs strategies to improve health and safety of students, family, group, school community, or population.

Standard 6. Evaluation: The school nurse systematically appraises progress toward attainment of student and school population goals and outcomes.

Standards of Professional Performance

Standard 7. Ethics: The school nurse integrates ethics in all aspects of practice.

Standard 8. Advocacy: The school nurse demonstrates advocacy in all roles and settings.

Standard 9. Respectful and Equitable Practice: The school nurse practices with cultural humility and inclusiveness.

Standard 10. Communication: The school nurse effectively conveys information in all areas of practice.

Standard 11. Collaboration: The school nurse collaborates with students, families, and key stakeholders.

Standard 12. Leadership: The school nurse leads within their professional practice setting and the profession.

Standard 13. Education: The school nurse seeks knowledge and competence that reflects current nursing practice and promotes innovative, anticipatory thinking.

Standards of Professional Performance...continued

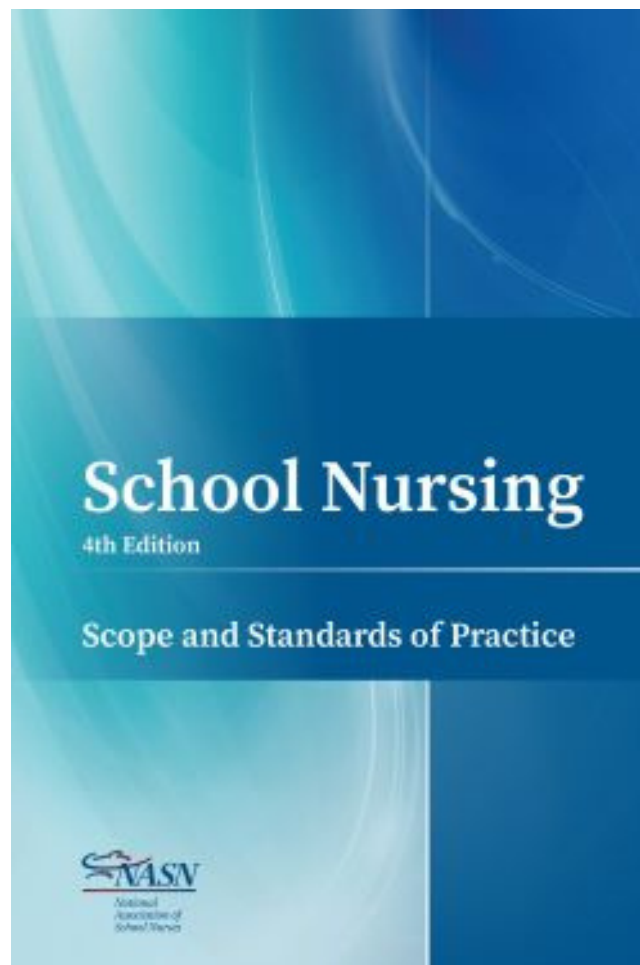
Standard 14. Scholarly Inquiry: The school nurse integrates scholarship, evidence, and research findings into practice.

Standard 15. Quality of Practice: The school nurse contributes to quality nursing practice.

Standard 16. Professional Practice Evaluation: The school nurse appraises one's own and others' school nursing practice.

Standard 17. Resource Stewardship: The school nurse utilizes appropriate resources to plan, provide, and sustain evidence-based nursing services that are safe, effective, financially responsible, and used judiciously.

Standard 18. Environmental Health: The school nurse practices in a manner that advances environmental safety, justice, and health.



WASHINGTON STATE SCOPE OF PRACTICE DECISION TREE

Scope of Practice Decision Tree

Identify, describe, or clarify the activity, intervention, or role under consideration.



Used with Permission from National Council State Boards of Nursing: Scope of Nursing Practice Decision-Making Framework, Journal of Nursing Regulation, Volume 7, Issue 3, October 2016.

Chapter 18.79 RCW Nursing Care • Standards of Nursing Conduct or Practice WAC 246-840-700

Contact Us: NursingPracticeConsultation.ncqac@doh.wa.gov or 360-236-4725

DOH 669-305 March, 3 2017

APPENDICES

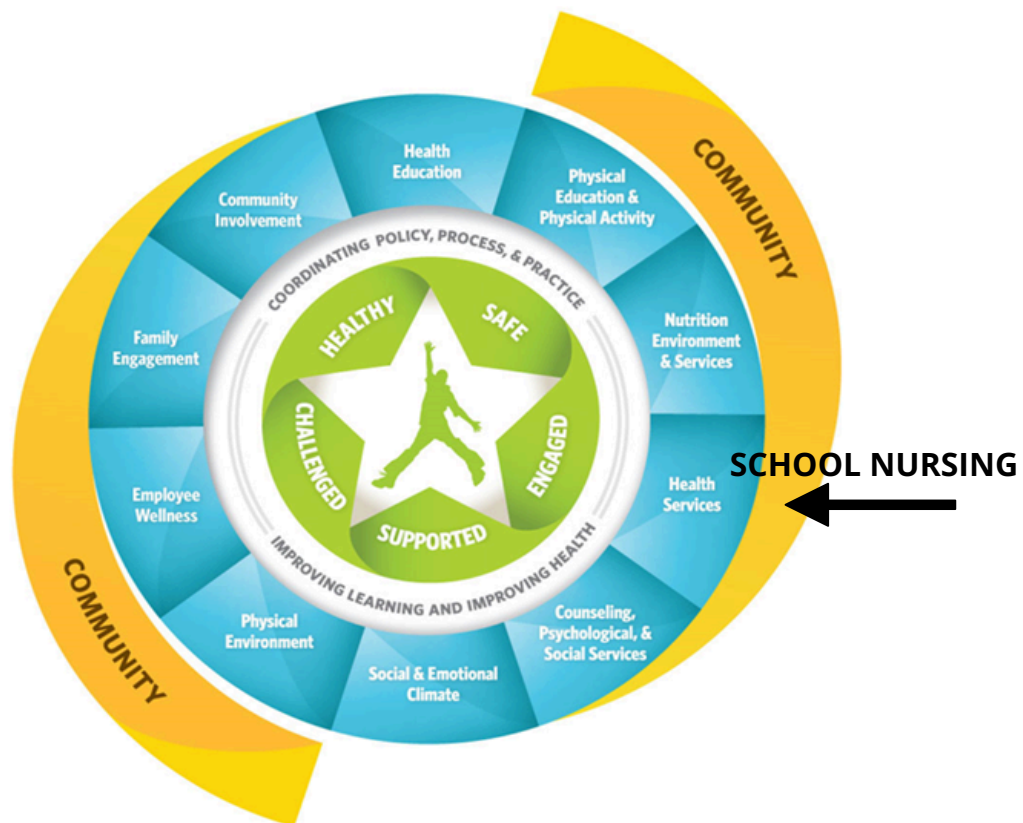
APPENDIX G

WHOLE SCHOOL, WHOLE
COMMUNITY, WHOLE CHILD

WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD

School Health Services An Integral Part of the Whole School, Whole Community, Whole Child Model

WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD
A collaborative approach to learning and health



"The Whole School, Whole Community, Whole Child (WSCC) model is an expansion and update of the Coordinated School Health (CSH) approach. The WSCC incorporates the components of CSH and the tenets of the Association of Supervision and Curriculum Development's (ASCD) whole child approach to strengthen a unified and collaborative approach to learning and health."

[CDCWebsite](#)

WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD...continued

School nurses share with the school, students, parents, community and health care providers, a common goal of supporting the health and academic achievement of children and youth. The CDC describes the Model in the following way:

- The child in the center is the focal point of the model, encircled by the “whole child” tenets in green: being “healthy, safe, engaged, supported, and challenged.”
- The white band emphasizes the alignment, integration, and collaboration needed among the school, health, and community sectors to improve each child’s learning and health.
- Represented in blue, the multiple school components surround the child, acting as the hub that provides the full range of learning and health support systems to each child, in each school, in each community.
- The community, represented in yellow, demonstrates that while the school may be a hub, it remains a focal reflection of its community and requires community input, resources, and collaboration in order to support its students.

https://www.cdc.gov/healthyyouth/wscc/pdf/wscc_fact_sheet_508c.pdf

This manual primarily addresses only one component of the model, the Health Services section and describes the tasks that most schools perceive as the duties of the school nurse. In fact, the manual highlights the importance of all school staff in their performance of a variety of critical health related tasks to help create a safe and efficient health services system.

For more information about Whole School, Whole Community, Whole Child see:

ASCD [Whole School, Whole Community, Whole Child](#) web page

CDC [Whole School, Whole Community, Whole Child](#) web page

The Whole School, Whole Community, Whole Child Model, Special Issue, [Journal of School Health, November, 2015](#)

**INDEPENDENT NURSING PRACTICE:
HOLISTIC AREAS OF ASSESSMENT**

Nursing practice is holistic. Nursing practice is based on human functioning and human development. Patterns of human functions are used in nursing assessment, diagnosis, planning, and evaluation, the steps of the nursing process. Marjory Gordon's Theoretical Base of Nursing uses eleven functional patterns to organize nursing critical thinking and decision-making.

School nurses use functional assessments to help students achieve health and academic success.

In this context, assessment means helping students/families know themselves in order to take

responsibility and grow. Registered Nurses facilitate this process by:

- Encouraging their stories, listening to their words;
- Hearing their thoughts and feelings, observing their behaviors;
- Standing beside them, looking at the world through their eyes; and
- Providing thoughtful reflections of their words, perspectives, and behaviors back to them.

School nurses strive to understand others' perspectives and points-of-view, so they are effective in the therapeutic nursing relationship.

This structure, (Marjory Gordon's Functional Health Patterns), is one of several structures used to think about and organize data. This is only a structure; individual nurses use their own approaches and styles of building relationships and gathering assessment data.

This structure of patterns describes a consistent, organized method to think about and analyze information about individual students/families. Each nurse decides which patterns, and the depth of information in each pattern, that should be assessed to assist the nurse in developing an IHP for a specific student depending upon:

- The developmental level of the student;
- The purpose of the nurse-student-family relationship; and
- The specific health issue to be addressed by the nurse.

INDEPENDENT NURSING PRACTICE: HOLISTIC AREAS OF ASSESSMENT

Marjory Gordon's Eleven Functional Health Patterns are:

1. Health Perception & Management
2. Value/Belief Patterns
3. Sexuality/Reproductive
4. Coping/Stress Tolerance
5. Nutritional/Metabolic
6. Activity/Exercise
7. Self-Perception/Self-Concept
8. Elimination
9. Sleep/Rest
10. Role/Relationships
11. Cognitive/Perceptual

The following pages describe each pattern and examples of concerns or student behaviors that may be presented to the school nurse. These examples may indicate either healthy or unhealthy functioning in that pattern.

INDEPENDENT NURSING PRACTICE: HOLISTIC AREAS OF ASSESSMENT***HEALTH PERCEPTION & MANAGEMENT***

What does health mean to the student? (i.e., How is health measured? What does the student believe about healthy choices? How are choices made? How are risks considered, acted upon, and/or accepted?)

- Family perspectives of the barriers to health care: (financial; transportation).
- Wellness care: (annual screening; exams; medical/dental).
- Illness care: (use of home remedies; use of medical provider; alternative medical practices, knowledge/use of CPR, first aid)
- Risk Management:
 - Safety: (use of seat belts; occupational hazards; recreational safety; bicycle helmet; personal flotation device; home safety; smoke detector; etc., storage of harmful materials)
 - Use/Abuse of substances: (caffeine; tobacco; alcohol; OTC medications; prescription drugs; illegal drugs)
 - Exposure to violence: (in home; neighborhood; family; friends; guns or weapons in home; where stored)
 - Adequate and Hygienic Environment: (running water; septic; student hygiene)

Uses Curandero.

Immunizations up to date?

Brushes teeth daily.

Has access to health care?



Does not stick head in desk!

Uses seat belts

Adheres to hunting safety recommendations

Understands and values prevention

Self-management of diabetes

INDEPENDENT NURSING PRACTICE: HOLISTIC AREAS OF ASSESSMENT

VALUES/BELIEF PATTERNS

What are the guiding forces that direct this student's life: choices, behaviors, feelings, and decisions?

- Goals: (What are the student's goals for the present, for the future? Are there concerns or barriers for reaching those goals?)
- Values: (What does the student hold most dear, most important in life? What may create vulnerability when facing issues, events, or people with differing values?)
- Beliefs: (How does the student perceive right and wrong? Are there areas for gray, unknown territory, or only black and white? Is the student rigid or flexible with right or wrong, given circumstances, etc.?)
- Cultural Influences: (How do the student's cultural norms influence behavior and choices?)

Are the student's cultural practices within the norm of the larger cultural group or different from the norms of the culture? Does the student have the opportunity to practice cultural traditions, interact with similar people with the same cultural context? Does the student live in a society where their cultural beliefs, practices are in conflict with the larger, majority population? Does the student feel safe to verbalize and practice customs/rituals?)

- Spiritual Beliefs: (From where does the student receive inner strength? From where does the student seek guidance...from an omnipotent source, from self? When the student needs spiritual help, from whom or where do they seek that help and support?)
- Religion: (Does student subscribe to a religious ideology? In what ideology was student raised: what was the student taught to believe? Does student currently believe in those tenants learned early in life? How does student feel about religious ideology at this time? Does student have the opportunity to participate in religious services and fellowship?)
- Hope: (What brings joy and happiness to the student? From where does the student receive or search for hope?)



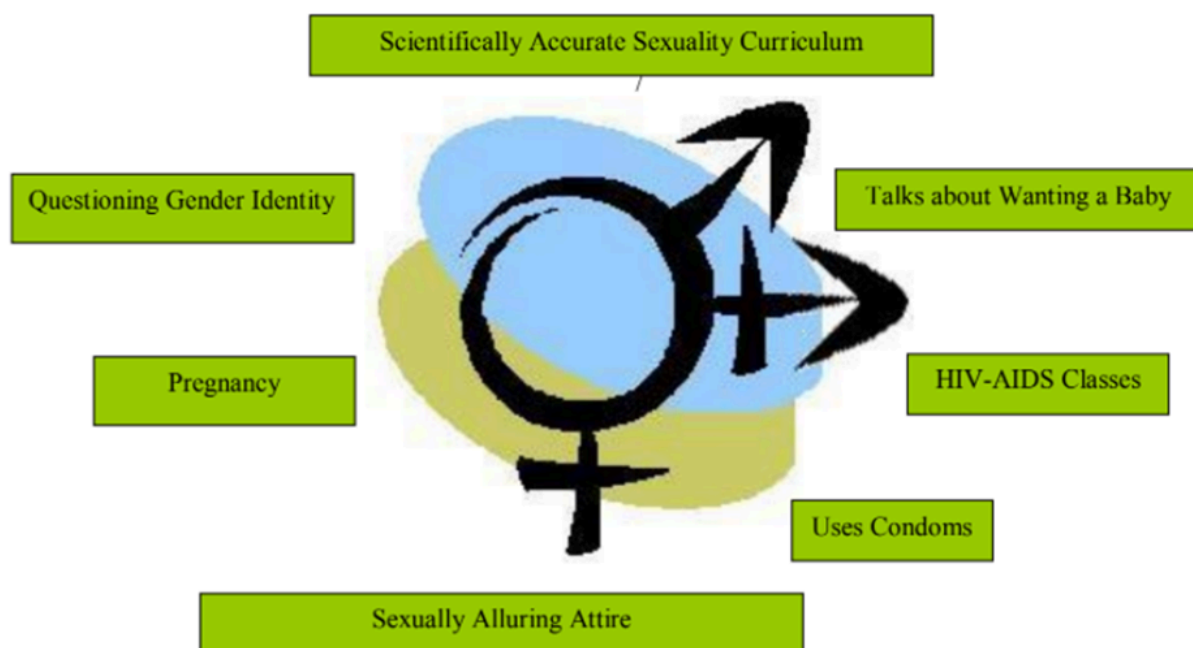
INDEPENDENT NURSING PRACTICE: HOLISTIC AREAS OF ASSESSMENT

SEXUALITY/REPRODUCTIVE

*Sometimes it is awkward to address sexuality issues with students, although they usually are grateful to have a health provider who is open to discussing intimate issues. Who else can they ask?

What does sexuality mean to the student? What level of importance does it have to the individual?

- Sexual Identity: (comfortable with identity such as male, female, non-binary, gender fluid, transgender, etc.; comfortable with people with different sexual identities in conversations, relationships)
- Sexual Preferences/Patterns: (heterosexual, homosexual, bisexual, asexual, pansexual, Queer, et or self-stimulation, celibacy, monogamy, multiple partners)
- Sexual Satisfaction: (What does sexual satisfaction mean to this student? Are intimacy needs met? What forms of sexual satisfaction does the student use? Does student have capacity or desire to reach orgasm, have adequate erections, and/or ejaculations?)
- Reproduction Patterns: (goals for reproduction, family planning, contraceptive methods)
- Safer Sexual Practices: (use of condoms; use of barriers when engaging in oral and anal sex; knows risks of having multiple partners?)



INDEPENDENT NURSING PRACTICE: HOLISTIC AREAS OF ASSESSMENT***COPING/STRESS TOLERANCE***

What does feeling stressed mean to this student? What pushes this student's buttons?

- What are usual stressors?: (Student is aware of daily, ongoing, anxiety-producing life events and patterns, and recognizes them as causing stress? High expectations from others? Time pressures, relationships, work, change, etc.? Patterns that disrupt or limit daily activities?)
- What are predictable stressors?: (Holidays, cycles of home responsibilities, etc.)
- What are crisis or emergency stressors?: (Deaths, illnesses, accidents, eviction, etc.)
- What are chronic, disabling stressors?: (Chronic illness, family chaos, fears, phobias, etc.)

Does student understand their unique physical and emotional response to stressors?

- What are usual responses to stress?: (Student recognizes body's response to stress [e.g. rapid pulse, sweaty hands, shouting, violent or self-destructive behaviors]? For chronic stress, student recognizes disease and chronic illness as result of stress [e.g. , headache, backache, chronic pain])

What does coping and adaptation mean to this student?

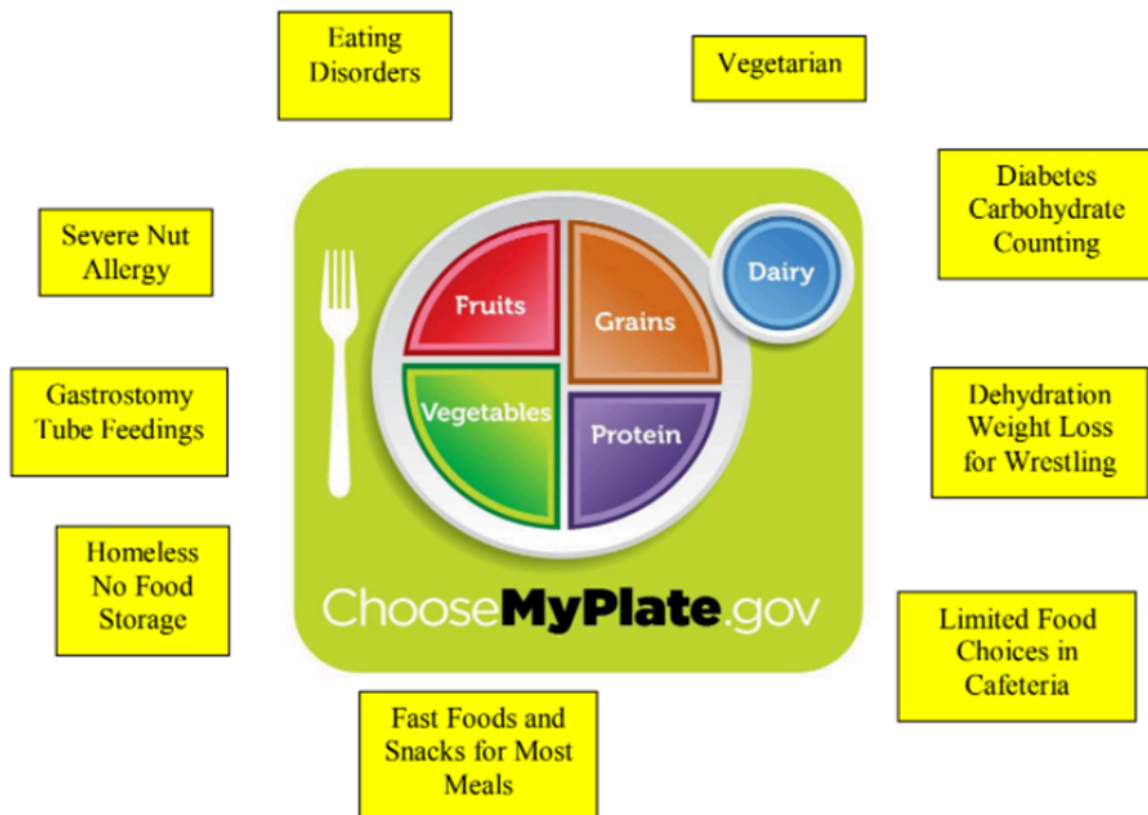
- Can student recognize issues that can be changed and things that cannot be changed? (If possible, change or modify the stressor, and if that is not possible, can student modify response to the stressor?).
- What are student's usual coping styles? (Student is aware of and using a variety of coping strategies?)
 1. *Physical: (relaxing, walking, running, etc.)*
 2. *Emotional: (crying, laughing, primal screaming, etc.)*
 3. *Social: (talking to a friend, calling the crisis line, etc.)*
 4. *Intellectual: (getting more information, problem solving, conflict resolution, assertive communication, etc.)*
 5. *Spiritual: (meditating, prayer, forgiving self, forgiving others, etc.)*
 6. *Creative: (music, art, reading, writing, etc.)*
- Student feels competent and resourceful in dealing with stress: (Recognizes, copes, and manages stressor and/or stress response so that no long-term ill effects are evident?)
- Concerns in Coping and Stress: (Stressors or coping strategies cause problems for the student with health, relationships, work, or with legal systems?)

INDEPENDENT NURSING PRACTICE: HOLISTIC AREAS OF ASSESSMENT

NUTRITIONAL/METABOLIC

What is the meaning of food, nutrition and/or eating to the student? (What are the values/perspectives of eating for this student? Eats to live? Lives to eat?)

- Food intake: (food plate, mealtime patterns, fluid intake)
- Special nutritional needs: (restrictions, supplements, calories)
- Dietary practices: (fad diets, purging, bingeing, use of drugs for weight control)
- Weight gain/loss patterns: (Consistent with growth and developmental needs?)
- Barriers to obtaining nutritious, culturally appropriate foods: (financial, isolation from cultural foods)
- Problems with digestion, metabolism: (diabetes, celiac disease, etc.)
- Food preparation and storage: (fast food consumption; Who prepares food and does the family have refrigerator, stove, etc.?)



INDEPENDENT NURSING PRACTICE: HOLISTIC AREAS OF ASSESSMENT

ACTIVITY/EXERCISE

What does exercise and activity mean to the student? (Does the student value exercise? Is there excessive attention and need to exercise? Is there resistance to exercise? How does the student use recreational time?)

- Exercise Patterns: (usual daily routine; ability to perform ADL's)
- Promotion of Exercise: (safe exercise; active play; sedentary play; solitary play; team play; opportunity for play outdoors; feels safe in neighborhood; values regular, scheduled exercise program - type and amount; consciously chooses exercise opportunities, stairs, parking away from building entry)
- Work and Study: (employment, active or sedentary work, takes exercise breaks when quietly working)
- Recreational Activities: (with family, alone, with friends; hobbies/interests; hours watching TV, computer games, reading, hunting, fishing)
- Activity/Exercise Capacity: (ability to run, jump, walk reasonable distance without fatigue or pain; inability to move, stretch, bend; If mobility is impaired, how motivated to be independent?)



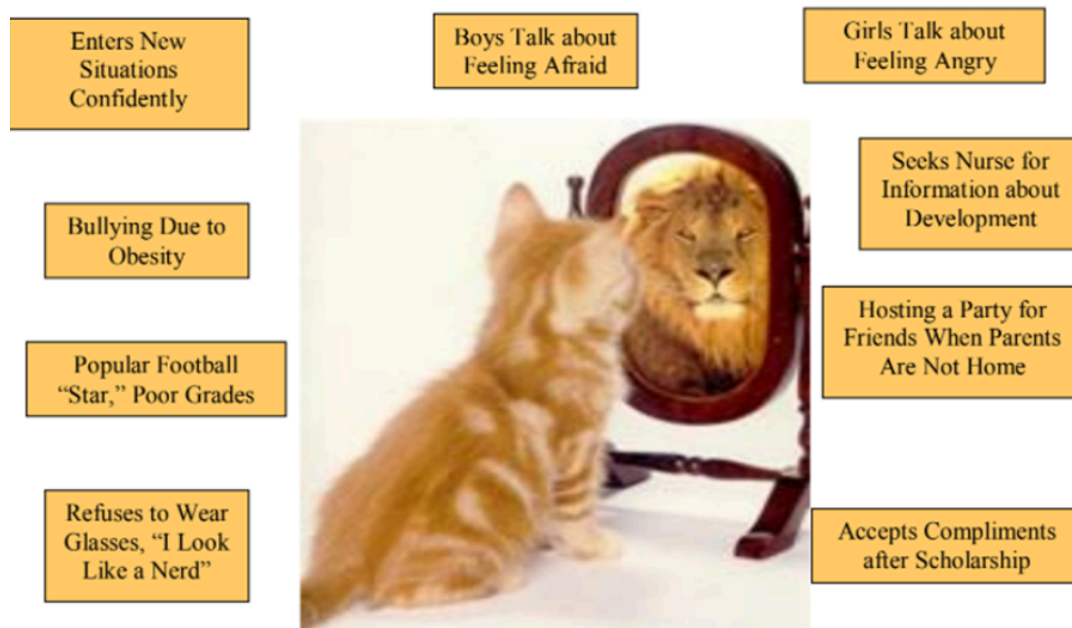
INDEPENDENT NURSING PRACTICE: HOLISTIC AREAS OF ASSESSMENT

SELF-PERCEPTION/SELF-CONCEPT

*It is important to understand the developmental level of the student and what developmental tasks are appropriate for the student to experience. Many of these patterns will be evolving over a student's life span. This is especially true of the pattern of self-concept.

How does the student perceive self?

- Personality: (outgoing, reserved, predictable, student, strong-willed, controlling, adaptable, calm, orderly)
- Competencies: (organized, smart, streetwise, analytical, enterprising, practical, detailed, creative)
- Physical attributes: (body image, best physical features)
- Pride in self: (can accept compliments; can be self-congratulatory)
- Provides self-nurturing activities: (recognizes and appreciates own needs; feels comfortable asking for help to get needs met; has confidence that needs will be met by self or others)
- Understands that having and expressing a full range of emotions is normal and healthy: (happiness, sadness, fear, anger; does not reject certain feelings as "bad")
- Student feels "free" to express unique qualities and have others accept and honor those qualities: (personality type, preferences, physical differences; competencies and/or deficits are understood and accepted by student)
- Concerns in self-concept: (self-destructive behaviors; self-denigrating comments)

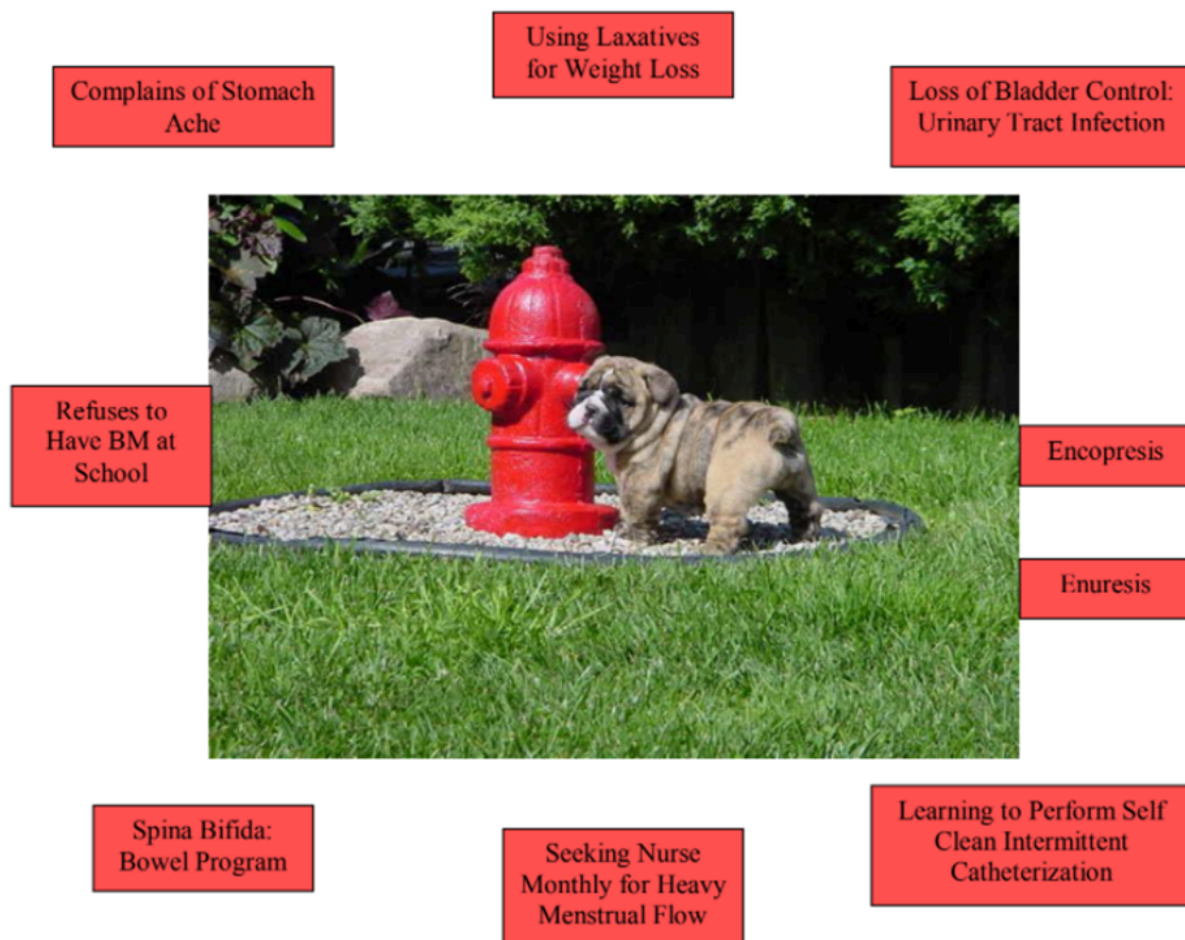


INDEPENDENT NURSING PRACTICE: HOLISTIC AREAS OF ASSESSMENT

ELIMINATION

What does elimination mean to the student? (How does the student perceive elimination? Are there issues of power and control or excessive attention made to bowel and bladder function?)

- Usual bowel and bladder patterns: (*regular times; predictable elimination; frequency; triggers for bowel movements [e.g. hot liquids, chocolate, etc.]*)
- Routine use of laxatives, diuretics, anti-diarrheals: (*management of regularity with foods, medicines, use of colonics*)
- History of elimination problems: (*urinary tract infections, chronic constipation, colitis, irritable bowel, neurogenic bladder*)
- Menstrual Flow: (*light, heavy, regular*)
- Perspiration/usual sweat patterns: (*in the context of bodily fluids*)

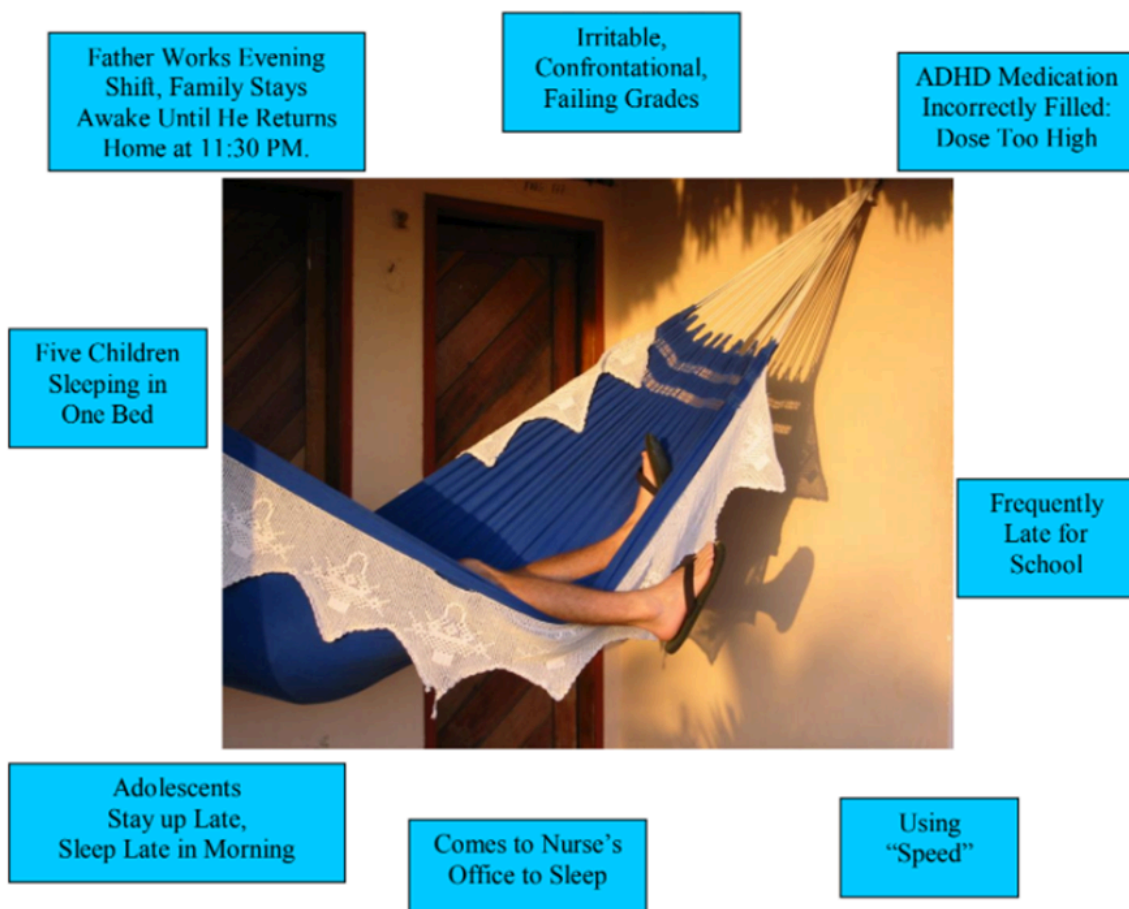


INDEPENDENT NURSING PRACTICE: HOLISTIC AREAS OF ASSESSMENT

SLEEP/REST

What does sleep and rest mean to the student? (Are there meanings to excessive sleep and/or rest? Does the student perceive sleep as valuable?)

- Hours of sleep and sleep patterns: (bedtime, awake-time, naps; total hours of sleep; night student or day student? family work schedules)
- Sleep Effective: (feels rested on awakening; sleepiness in daytime; awakening at night, nightmares, sweats)
- Promotion of sleep: (bed-time routines: story time, baths, reading, massage, warm milk, medications to induce sleep, drugs to induce sleep)
- Effects of sleep deprivation: (irritability, inability to concentrate, depression)
- Sleeping place is safe, promotes sleep and rest: (privacy; numbers of people in sleeping place; warmth, comfort, quiet, light; feels both physical safety and emotional safety in place of sleep)



INDEPENDENT NURSING PRACTICE: HOLISTIC AREAS OF ASSESSMENT

ROLES/RELATIONSHIPS

What are the meanings of different roles the student has or wants?

- Multiple Roles: (child, student, sibling, parent, spouse, employer, employee, professional; meeting responsibilities while juggling time and rights as a student regardless of role)
- Feels competent, confident, satisfied in roles?

What are the meanings of different relationships the student has or wants?

- Major relationships: (family, birth-order, friends, peers, co-workers, supervisors, employees, clubs, groups, significant others nearby or far away; recognizes responsibility of initiating, maintaining relationships)
- Quality of relationships: (supportive, dependable, nurturing; reciprocal, points and patterns of interactions; camaraderie or conflict with others)



INDEPENDENT NURSING PRACTICE: HOLISTIC AREAS OF ASSESSMENT

COGNITIVE/PERCEPTUAL

Does the student have adequate physiological function to take in sensory information?

- Sensory abilities: (sight, hearing, smell, touch, taste, kinesthetics)

Does the student have developmentally appropriate and adequate physiological ability to interpret and integrate information?

- Memory/Ability to problem solve: (can retain information, analyze data and use information to make effective decisions)

What is the student's learning style?

- Adult or child learner (auditory versus visual learner; learns by "doing")

What is student's educational level?

- Formal schooling, self-taught: (special needs in education; learning disability, dyslexia, educational goals)

What stimuli and to what degree of that stimuli does the student perceive pain/pleasure?

- Touch, Pressure, Temperature, Light, Noise?

What is the usual response to discomfort, pain?

- Student's subjective report: (burning, blinding, searing, sharp, dull, etc.)
- Objective observations: (facial expressions, position, vital signs, sweating, skin color, etc.)

What does student perceive as effective methods of relief of pain?

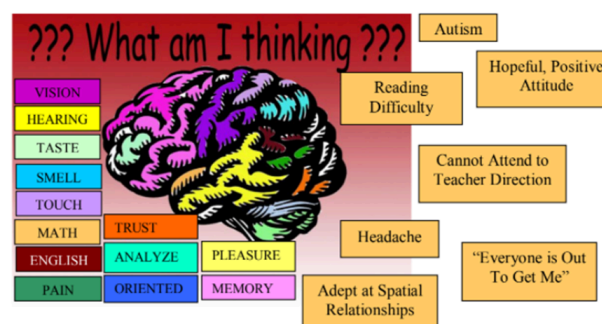
- What are preferred comfort measures: (use of massage, medications, relaxation, cultural remedies, position, food, tactile preferences, quiet versus distracting environment, etc.)

How does the student perceive the world and others?

- Is the world safe, to be trusted, supportive, dangerous: (optimistic or pessimistic outlook)

Does the student have a sense of reality?

- Is the student oriented to time and place? (experiencing delusions or hallucinations)



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