

GREAT HEARTS TEXAS
HEALTH SERVICES
POLICIES AND PROCEDURES MANUAL

Table of Contents

INTRODUCTION.....	6
<i>PURPOSE OF THE GREAT HEARTS NURSE CLINIC.....</i>	<i>6</i>
<i>GOALS FOR THE GREAT HEARTS NURSE CLINIC.....</i>	<i>6</i>
<i>JOB DESCRIPTION FOR CLINIC NURSE.....</i>	<i>7</i>
Registered Nurse (RN):	7
Licensed Vocational Nurse (LVN):.....	8
GENERAL PERSONNEL POLICIES.....	10
<i>RECORDS REQUIRED FOR NEW PERSONNEL.....</i>	<i>10</i>
<i>ASSIGNMENTS.....</i>	<i>10</i>
<i>DAILY SCHEDULE.....</i>	<i>11</i>
<i>ABSENCE FROM DUTY.....</i>	<i>11</i>
<i>TRAVEL.....</i>	<i>11</i>
<i>UNIFORMS.....</i>	<i>11</i>
<i>PROFESSIONAL ETHICS.....</i>	<i>12</i>
<i>EVALUATIONS.....</i>	<i>12</i>
<i>CPR REQUIREMENTS.....</i>	<i>12</i>
<i>LVN SUPERVISION.....</i>	<i>12</i>
Background Information:	12
RN ROLE:	13
LVN ROLE:	13

CLINIC MANAGEMENT	14
<i>DO's:.....</i>	<i>14</i>
<i>DO NOT's:.....</i>	<i>15</i>
<i>CLINIC HOURS</i>	<i>15</i>
DURING TIMES THE CLINIC IS CLOSED:	15
<i>ADMITTING STUDENTS TO THE CLINIC</i>	<i>16</i>
<i>CLINIC DISMISSAL</i>	<i>16</i>
<i>CHECK OUT PROCEDURES.....</i>	<i>17</i>
FIRST AID AND EMERGENCY CARE	17
<i>FIRST AID SUPPLIES FOR TREATMENT LIST.....</i>	<i>17</i>
First Aid Kit for Field Trips:	17
Minor Accidents:	18
<i>EMERGENCY PROCEDURES</i>	<i>18</i>
Emergency Conditions for calling an ambulance:.....	18
Responding to Medical Emergencies	18
Emergency bag contents:.....	19
Disaster Procedures (See Campus Crisis Plan):	19
AUTOMATED EXTERNAL DEFIBRILLATORS	20
ATTENDANCE GUIDELINES FOR ILLNESS	20
<i>EXCLUDABLE CONDITIONS.....</i>	<i>21</i>
<i>Pediculosis (Head Lice) Policy.....</i>	<i>22</i>
ELECTRONIC HEALTH RECORDS (EHR)	23
<i>Guidelines for Charting in SNAP</i>	<i>23</i>
CLOTHING PROCEDURE.....	24
<i>Toileting Accidents policy:</i>	<i>24</i>

ENTERING MEDICAL ALERTS	25
INCIDENT REPORT	25
<i>POLICY:</i>	<i>25</i>
Guidelines for when to complete an incident report:	26
Employee Incident Report Process.....	26
Student Incident Report.....	27
ENROLLMENT/WITHDRAWAL	27
CLINIC RECORDS.....	27
CLINIC REFRIGERATOR.....	28
SHREDDING GUIDELINES.....	28
COMMUNICABLE DISEASE CONTROL	29
<i>REPORTING COMMUNICABLE DISEASES.....</i>	<i>29</i>
<i>REPORTABLE DISEASE OF TEXAS.....</i>	<i>29</i>
Reporting Procedure:.....	30
Re-admittance.....	31
Confidentiality:.....	31
<i>Texas Notifiable Conditions-2021</i>	<i>32</i>
UNIVERSAL PRECAUTIONS	33
IMMUNIZATIONS	33
<i>2021-22 Texas minimum state vaccine requirements for k-12</i>	<i>34</i>
<i>ACCEPTABLE IMMUNIZATION RECORDS.....</i>	<i>34</i>
<i>PROCEDURE FOR OBTAINING IMMUNIZATION RECORDS.....</i>	<i>35</i>
<i>IMMUNIZATION RECORDS - GENERAL PROCEDURES.....</i>	<i>35</i>
<i>GUIDELINES FOR IMMUNIZATION NOTICES.....</i>	<i>36</i>
<i>Provisional Enrollment.....</i>	<i>36</i>

<i>EXEMPTIONS</i>	37
Medical Reasons.....	37
Conscientious Reasons (includes Religious request)	37
<i>TRANSFER OF RECORDS OUTSIDE OF GREAT HEARTS</i>	37
<i>Texas Vaccines for Children (TVFC)</i>	38
HEALTH SCREENING	38
<i>SCREENING CERTIFICATION</i>	38
<i>GENERAL INFORMATION</i>	38
<i>Procedural Guidelines:</i>	39
<i>VISION SCREENING</i>	39
<i>HEARING SCREENING</i>	41
<i>SCOLIOSIS SCREENING</i>	42
<i>TYPE II DIABETES SCREENING (ACANTHOSIS NIGRICANS)</i>	44
<i>SPECIAL EDUCATION REFERRALS/504/SSP</i>	45
<i>Screening Reports:</i>	46
HEALTH COUNSELING	47
<i>The Interview Climate for Health Counseling</i>	48
<i>The Nurse - Parent/Guardian Conference at School</i>	48
<i>Teacher-Nurse conferences:</i>	49
REPORTING CHILD ABUSE	49
<i>Procedures:</i>	50
<i>Education of Staff and Students:</i>	51
MEDICAL ORDERS	51
<i>Medications:</i>	51
<i>Special Procedures</i>	51

<i>Physician Orders for Specialized Care.....</i>	<i>52</i>
INDIVIDUALIZED HEALTH CARE PLAN (IHP), EMERGENCY ACTION PLAN (EAP) AND 504 PLANS.....	52
<i>IHP Flowchart</i>	<i>54</i>
<i>Responsibilities:.....</i>	<i>55</i>
School Registered Nurse:	55
Parent:.....	56
<i>504 PLAN- THE SCHOOL NURSE ROLE.....</i>	<i>56</i>
CONFIDENTIAL REPORTS.....	56
DO NOT RESUSCITATE ORDERS (DNR).....	57
<i>Out of Hospital DNR.....</i>	<i>58</i>
<i>Emergency Plan/Protocol for DNR</i>	<i>59</i>
<i>DNR Procedures</i>	<i>60</i>
STANDARD ABBREVIATIONS FOR NURSE CLINIC CHARTING.....	61
<i>Commonly Used Symbols:</i>	<i>64</i>

INTRODUCTION

PURPOSE OF THE GREAT HEARTS NURSE CLINIC

It is the intent of the Great Hearts Nurse Clinic to provide health counseling, appraisal, screening, referral, and follow up through program planning, development, and evaluation.

The Great Hearts School Nurse practice supports the National Association of School Nursing (NASN) definition of school nursing:

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

The primary purpose of the Great Hearts Nurse Clinic is the optimal maintenance, promotion, protection, and improvement of student, staff, and community health. The school nurse works collaboratively with students, parents, educators, staff members, and other community resources to assist students in developing the competence to confidently cope with the complexities of life, thereby increasing educational success. The program is designed to assure a safe, healthy environment that is conducive to learning and to provide professional care for those who become ill or injured while at school, or students with fragile health needs.

The Nurse Clinic is no substitute for the health care which parents should provide for children. Rather than relieving parents' responsibilities, this program is established to support and encourage individuals to utilize the services of a private physician, dentist, optometrist, and/or community health agency. The obligations of the Great Hearts Nurse Clinic are: health appraisal of the child, informing and interpreting the results to the parents; encouraging, motivating, and supporting their efforts to follow through on the recommendations of the educational and health teams so that each child may perform at his or her maximum level.

GOALS FOR THE GREAT HEARTS NURSE CLINIC

1. To provide health instruction to guide students toward responsible decisions about personal, family, and community health
2. To advocate and help provide an environment conducive to the promotion and maintenance of health.
3. To detect and to provide nursing care for any physical condition which impedes learning or threatens optimum health. (Nursing care is defined as assessment, intervention, counseling, and/or referral of any physical condition).
4. To be a liaison among school, home, community agencies, physicians, and other health personnel.
5. To provide physical, mental, and emotional health advocacy for children within the school setting.
6. To achieve acceptable levels of compliance with federal, state, and local health regulations.
7. To obtain and report current individual and collective health data to the appropriate agencies.

8. To promote employee wellness by providing health information.
9. To evaluate the school health program's effectiveness.

JOB DESCRIPTION FOR CLINIC NURSE

Registered Nurse (RN):

As a member of the professional school staff, the school nurse, a Registered Nurse holding a current license from the States of Texas and a preferred bachelor's degree or higher, is responsible for assisting in the planning and implementation of a school health program with the purpose of enabling each student to take maximum advantage of educational opportunities.

The Registered Nurse should:

1. Screen students for handicaps which may interfere with the learning process and assist students who have non-correctable defects with school adjustments (vision, hearing, growth and development, spinal, communicable diseases, dental, Acanthosis Nigricans (AN), hypertension screening, etc.) and make appropriate referrals.
2. Maintain certification for vision and hearing screening, and Acanthosis Nigricans (AN).
3. Perform basic first aid and CPR as needed. Maintain Heart Code BLS certification through the American Heart Association in CPR/AED.
4. Follow through on individual problems, working with students, teachers, parents, family physicians, and other community health providers.
5. Maintain each student's health record as part of official school documents, noting current health and immunization status.
6. Supervise the control of communicable disease, conferring with Headmasters, parents, teachers, and students, interpreting regulations on exclusion, and reporting disease to the Headmaster.
7. Contribute to the health education program in an advisory resource capacity and in the direct classroom teaching of health as directed by the headmaster.
8. Provide first aid services in the school and secure transportation when necessary.
9. Promote a healthful lifestyle and a school environment free of accidents.
10. Promote interest in health careers through student activities.
11. Collaborate with parents and provide the classroom teacher (those who have a need to know) with information on a student who has a serious known health problem to include information within nursing care plans.
12. Attend ARD meetings and assist in health programs.
13. Attend staff meetings as needed to keep teachers updated on school health matters.
14. Perform other nursing related duties as assigned by the Director of Campus Operations or District Nurse.
15. Accumulate data for evaluation and alert school administrators to health trends and problems.
16. Interpret school health legal provisions to school administrators.
17. Supervise the reporting of animal bites to the Police Department or Health Department.
18. Assume a direct responsibility to the Director of Campus Operations and Headmaster in health matters affecting the operation of the entire educational program.

19. Understand the educational purpose of the school and be familiar with the total school program and principles of school organization and administer counseling techniques and procedures for helping teachers supervise the health of children.
20. Cooperate and keep channels of communication open with other personnel, disciplines, area of specialization-associate nurses, doctors, dietitians, Headmaster, teachers, parents, health educator, counselors, special education teachers, clerical and maintenance staff members, students, community health and welfare agencies and civic organizations.
21. Always maintain adequate supplies in the Nurse Clinic and keep the clinic attractive and orderly, maintaining a wholesome, friendly atmosphere. Neat, clean, and pristine!
22. Maintain clinic records through the electronic health record in use (SNAP).
23. Complete the incident report form on all incidents and forward a copy of the report to the Headmaster. Report incidents to the Headmaster and keep records for the daily clinic counts.
24. Maintain a daily log of students who visit the clinic in SNAP. Include the time the student came and left the clinic and the reason for their visit.
25. Identify and report all suspected child abuse cases. Work with counselor or administrative staff to document suspected child abuse. Call local police department or CPC if child abuse is emergent.
26. Communicate to the Director of Campus Operations any pertinent information accumulated in the process of carrying out duties and keep this information current.
27. Provide direct supervision to the Licensed Vocational Nurse (LVN) if assigned to do so.
28. Participate in professional organizations. The following are some to which membership should be given consideration
 - American Nurses' Association (ANA)
 - Texas Nurse Association (TNA)
 - National Association of School Nurse (NASN)
 - Texas School Nurse Organization (TSNO)
 - American School Health Association (ASHA)
29. Wear name badge with title of Registered Nurse (RN) clearly visible as required by the Texas Nurse Practice Act. Other titles such as staff or faculty are not in compliance with the Nurse Practice Act.

Licensed Vocational Nurse (LVN):

As a member of the paraprofessional school staff, the LVN (Licensed Vocational Nurse), a graduate from an accredited LVN program, is responsible for assisting the professional school nurse in the implementation of a school health program with the purpose of enabling each student to take maximum advantage of educational opportunities. The following list of responsibilities is not inclusive of all aspects of required job duties. The LVN shall work within their scope of practice and is expected to accept direction and teaching from the supervising registered nurse.

The Licensed Vocational Nurse:

1. Works under the direct supervision of the registered nurse on assigned campus.
2. Performs and/or assists with state required vision, hearing, scoliosis, acanthosis nigricans and also assists with height and weight measurements according to state mandated testing. Records health screening results in the electronic medical record in a timely manner.

3. Maintains certifications in Vision and Hearing screening, scoliosis, and acanthosis nigricans.
4. Performs or assists the registered nurse in referring students who do not pass the state require health screenings. Keeps accurate records of referrals and outcomes of referrals. Enters all follow-up into the electronic health record (EHR).
5. Maintains student health records on all enrolled students according to the Texas state retention schedule.
6. Maintains immunization records on all enrolled students. Performs or assists the registered nurse in checking immunization records to verify compliance with current state law and maintains an immunization document in each student permanent file.
7. Performs and/or assists the registered nurse in notifying parents of delinquent immunizations and required boosters. Keeps accurate records of delinquent/required boosters. Follows up to assure immunizations are complete by the specific due date. Shares relevant information with licensed registered nurse.
8. Performs basic first aid and CPR as needed. Maintains HeartSaver CPR/AED and First Aid certification through the American Heart Association.
9. Maintains and documents accurately in the electronic health record (EHR) all student visits to the clinic and calls or emails parents to report information regarding illnesses/injuries during school hours if needed.
10. Administers medication under the direct or indirect supervision of the registered nurse when medication fulfills Great Hearts requirements and follows procedures for administration of medications.
11. Follows up, collects information, and reports data regarding health status of students under the direction and supervision of the licensed registered nurse.
12. Assists the registered nurse with implementation of the nursing plan of care commensurate with training and verified competency under the direction and supervision of the registered nurse.
13. Performs student-specific delegated nursing procedures and treatments including and not limited to gastrointestinal tube feedings, urinary catheterizations, and any other delegated procedure(s) after undergoing documented training or instruction of how to perform treatment or procedure by the registered nurse.
14. Assists with the implementation of policies and procedures regarding the control of communicable diseases in schools.
15. Maintains confidentiality in accordance with state and federal laws and district policy.
16. Performs clerical duties and shares responsibility for the care of district inventory, proper and safe use of facilities equipment and supplies and reports safety hazards immediately to the campus RN.
17. Performs other duties as assigned by the registered nurse.
18. Participates in campus faculty meetings and special events as directed.
19. Maintains a clean, organized, and orderly health room environment.
20. Provides evidence of continuing education units for license or certification renewal.
21. Demonstrates effective interpersonal and communication skills (written and oral) as well as a desire to work with diverse populations, including students, parents, co-workers, and supervisor(s).

GENERAL PERSONNEL POLICIES

1. All personnel policies which affect certified personnel will also apply to school nurses such as contracts, sick leave, work year, salary, vacations, retirement, insurance, and others.
2. All personnel policies which affect paraprofessionals in other departments will also apply to nursing paraprofessionals (LVN, clinic assistant) and office personnel.
3. RNs (certified personnel), and clinic assistants (paraprofessionals) will also comply with specific policies that relate to their assignment.

RECORDS REQUIRED FOR NEW PERSONNEL

1. Registered Nurses
 - a. A completed I-9 (Immigration Information Form)
 - b. Current Registered Nurse licensed to practice nursing by the Texas Board of Nurse Examiners
 - c. Maintenance of Registered Nurse license every two years provided to the Director of Health Services and personnel office on or before expiration date
 - d. An official transcript from college or university attended
 - e. Copy of current certifications in Vision, Hearing, and Acanthosis Nigricans (AN) Screening and Heart Code BLS certification through the American Heart Association.
 - f. A certified copy of a service record if previously employed by a Texas public school
 - g. Fingerprinting if required by Great Hearts Texas.
 - h. Any other forms required by the human resources office at the time of hire
2. Licensed Vocational Nurse
 - a. A completed I-9 (Immigration Information Form)
 - b. A transcript of high school credits or certification of completion of the GED
 - c. A transcript of college credits or other special training and/or certifications to include vision and hearing screening, scoliosis, and Acanthosis Nigricans (AN) Screening, and HeartSaver CPR/AED and First Aid certification through the American Heart Association.
 - d. A certified copy of a service record if previously employed by a Texas public school
 - e. Fingerprinting if required by Great Hearts Texas.
 - f. Any other forms required by the human resources office at the time of hire

ASSIGNMENTS

1. Before the beginning of the school year, the RNs are assigned to a school and the LVNs are assigned to a supervisory RN.
2. RNs and LVNs will be scheduled in the school according to enrollment and student nursing care needed.

3. The nature of school nursing requires the nurse's schedule be flexible. It is possible the RN assigned to one campus maybe asked to assist at another school or to provide district wide support.

DAILY SCHEDULE

1. The school RN and LVN will report directly to the school in which they are assigned, and each makes the clinic their headquarters.
2. LVNs and office personnel will work the hours at the school assigned.
3. The registered school nurse and the LVN shall have a 30-minute uninterrupted lunch and will work with the front office staff to accommodate needs in the clinic should they arise. If the RN or LVN cannot take lunch, an email is sent to the DCO and District Nurse.
4. The RN is always on call for accidents, communicable diseases, acute illness, ARD meetings and to aid the LVN as needed during school hours. Because of this, the RN may not leave campus for lunch or other personal issues during their break without the knowledge and consent of the DCO.
5. In case of extreme emergency, the RN or LVN may be temporarily assigned to other schools in addition to the regular assignment.
6. If for any reason clinic personnel are not at their scheduled school, they are to notify the DCO and District Nurse immediately.

ABSENCE FROM DUTY

Reporting Absence: In the event Clinic personnel must be absent from school, they must notify the DCO as soon as possible (6:00AM). A call the night before is requested, if possible.

In anticipation of an unforeseen event in which the nurse is unavailable due to absence and/or emergency care of other students, the registered nurse will train key office personnel or staff to administer medications.

TRAVEL

Clinic and Health Service personnel are required to use their own car in their work. They will be reimbursed at the rate set by the school board for travel in their line of duty. ***Travel to and from work is not included.*** All travel reports must be filled out and given to the Office Manager to submit for payroll approval.

UNIFORMS

While on duty, the school nurse (RN and LVN) will wear:

- Great Hearts approved picture ID badge with RN or LVN clearly visible (according to the Texas Nurse Practice Act)
- A lab coat over business casual clothes OR
- Appropriate clinic scrubs free of references to popular culture.

- Appropriate nursing shoes/closed toed recommended but not required.

PROFESSIONAL ETHICS

The RN and LVN are hired by the Director of Campus Operations in collaboration with the District Nurse. The Nurse Clinic staff are considered members of the faculty which they serve. They are to comply with administrative policies and regulations as determined by the Headmaster and DCO in so far as there is no conflict with the Nurse Practice Act and the standards of the reasonable and prudent nurse.

Nurse Clinic personnel are to regard information about students, parents, and other school personnel as strictly personal and confidential. This information is to be discussed only with the individuals working with that person or appropriate school administrators.

EVALUATIONS

Only a registered nurse is legally able to evaluate nursing practice. Great Hearts' Registered Nurses are evaluated on the Standard of Nursing Practice and according to the Nurse Practice Act by the District Nurse, a licensed Registered Nurse. Evaluation of categories not part of the Nurse Practice Act such as punctuality, communication, and daily interactions of the school nurse with parents and staff is evaluated by the DCO in collaboration with the District Nurse. LVNs will be evaluated by the District Nurse in collaboration with the supervising campus Registered Nurse.

CPR REQUIREMENTS

All Clinic and Health Services staff are required to maintain the HeartSaver CPR/AED and First Aid certification for non-RN staff and/or the HeartCode BLS certification for RN staff.

LVN SUPERVISION

Background Information: The Great Heart Academies currently employs both registered nurses (RN) and licensed vocational nurses (LVN) to serve in the campus health clinics. School nursing involves identification, prevention and intervention to remedy or modify student health needs and the comprehensive assessment of the nursing/healthcare needs of students.

- Comprehensive nursing assessments of the health status of students followed by the formulation of a nursing care plan based on RN determined nursing diagnosis is required for a student with healthcare needs.
- Per the Texas Board of Nursing's Nurse Practice Act (BON NPA), the formulation of this nursing care plan is not within an LVN's scope of practice.
- Therefore, the campus' assigned Registered Nurse is required to develop and manage these plans while supervising the LVN's implementation of the plan's specifics when within their scope of practice as delegated by the supervisory RN.

Each campus employing an LVN will have an RN assigned to that campus to act as the LVN supervisor and to provide comprehensive assessments and development of the IHP for students with significant healthcare needs.

If the supervising RN is not assigned full time to the campus with the LVN, he/she will travel to the assigned school to become familiar with the student population's needs prior to the start of school. During the school year, a half-day visit is to be scheduled within the first month of the semester and at least three more times each semester.

RN ROLE:

- Review the campus Medical Problem List and list of students receiving medications for information on students who would need follow-up. This information is to be provided by parents on the registration documents;
- Ensure that MD orders for procedures when applicable are requested and obtained in a timely manner to include but not limited to diabetes care, asthma care, seizure precautions, and invasive procedures such as g-tube feedings and I/O catheterizations;
- Provide RN assessment of students whose medical needs require follow-up.
- Complete the development of an individualized healthcare plan (IHP) and emergency plan for any student at that campus with a medical diagnosis that necessitates this. The plan will be formulated through direct observation of the student (required) and direct communication with staff, parents, and healthcare providers, etc. as needed. IHP's should be kept accessible to campus nurses. The RN shall ensure that staff/faculty training related to the plan is performed including but not limited to signs and symptoms related to low glucose, anaphylaxis, seizures, and difficulty breathing related to asthma.
- Attend faculty, parent, or ARD meetings for students with severe or complicated issues when able to do so. If the supervising RN is unable to attend, the LVN campus nurse can attend if clinic coverage is in place.
- Take phone calls at their home campus regarding medical issues that arise about these or other students that the LVN may need assistance with. If the RN is unavailable to assist at the time and the issue is time-sensitive, these calls should be referred to the District Nurse.
- Assist with updating the campus medical emergency plan,
- Document visits on *Nurse Supervisory Log*.

LVN ROLE:

- Initiate the first communications with families of students with medical problems, obtaining as much information as possible about the problem. This includes obtaining a medical history as well as information regarding all current medications and treatments being provided
- Initiate the process of obtaining MD orders and communicating with MD's as needed
- Assist with the development of IHP's, then regularly providing feedback to the RN after the IHP's completion
- Assist with staff training related to IHP's and medical needs

- Attend ARD, staffing and parent meetings if no RN is available to attend and a plan for coverage of the nurse's office during that time is in place
- Perform and document screenings as mandated by state.
- Provide care as allowed by Scope of Practice as described in the Texas BON NPA.

Taking on this responsibility is not to hinder the RN's function at his or her own campus.

CLINIC MANAGEMENT

Through a cooperative effort, Great Hearts Nurse Clinic personnel provide a healthy and safe school environment and optimal health care for students and employees.

The management of the Nurse Clinic requires professional nursing assessment skills, detailed organization, and excellence in communication in order to ensure safe ongoing clinic practices.

It is the responsibility of the school nurse, with the aid of the LVN (if applicable), to:

1. Provide nursing skills in caring for the ill and/or injured child or staff
2. Develop a program that assures safe, ongoing emergency and first aid health care
3. Initiate planning with the Headmaster and faculty to ensure an ongoing health program with minimal interruption to the overall building schedule.
4. Initiate referrals and follow-up as indicated; provide information and recommendations to parents and appropriate school personnel.
5. Maintain accurate, updated records of health information on all students and manages records and reports such information accurately when requested. Maintain an accurate and readily accessible list of students using an immunization affidavit for use in the rare and unusual event the County Health Department declares an outbreak affecting the school.
6. Create an emotional and physical environment conducive to the maintenance of a safe, orderly, and attractive work area.
7. Anticipate need for and maintain first aid supplies and equipment in the clinic.
8. Provide individual health care plans for students with chronic health problems.
9. Provide individual emergency action plans for students with emergency needs.
10. Perform professional nursing assessment and nursing diagnosis as appropriate.
11. Deliver and/or train and supervise the administration of medication.
12. Deliver required medical procedures for medically fragile students and/or delegate and supervise such delivery by trained teachers and teaching assistants.
13. Coordinate and/or provide health education for students and staff.
14. Master the use of the computer for documentation and as a means of tracking and improving nursing care.

DO'S:

1. DO let students, parents, and staff know by your actions, attitudes, and verbal statements that you are interested in their problems and that you care.

2. DO keep the Headmaster informed about serious problems, accidents, and incidents as they occur.
3. DO inform parents immediately about accidents that involve their children.
4. DO keep information concerning students and personnel strictly confidential.
5. DO adhere to the policies and procedures set out in this Policy and Procedure manual and in accordance with board policies and procedures.

DO NOT'S:

1. DO NOT offer medical diagnosis, suggest treatment, or recommend medication under any circumstance
2. DO NOT open boils, blisters, or infected areas.
3. DO NOT remove foreign bodies embedded in the eye.
4. DO NOT remove splinters or other foreign material that is embedded in tissue (below skin surface).
5. DO NOT walk a student who looks pale, feels faint, has been unconscious, or has bone or joint injuries.
6. DO NOT work outside of your job description/scope of practice.

CLINIC HOURS

To provide the Great Hearts school nurses with the time they need to complete all their duties in addition to direct patient care, the district recommends setting specific clinic hours and posting these hours outside the clinic. Just as our teachers have “planning periods” to plan their lessons or do administrative tasks without distraction, the nurse also needs some time during the day to attend to paperwork, calls to parents, preparing for screenings, etc.

- The clinic should open to students 30 minutes after the start of the school day and close 30 minutes before the end of the school day.
- The clinic should close for 45 minutes during the school day to allow for the nurse’s lunch break. The nurse should choose her lunch break time considering the needs of the students. 45 minutes’ closure allows the nurse to finish up with any students that may be in the clinic and complete any charting or documentation and then have 30 minutes for lunch.

DURING TIMES THE CLINIC IS CLOSED:

- If a student is obviously ill the front desk should call the parents to pick the student up for the day. If unsure of the severity of the illness have the student sit in a quiet area until the nurse returns. If student is vomiting (and vomiting was WITNESSED by an adult), call the parents for dismissal. All other students can be assessed by the nurse when she returns or opens for the day
- **Head injuries**, especially with bleeding, loss of consciousness or obvious confusion or disorientation are considered an emergency so call the nurse (or 911).
- **Other emergencies**: Always call the nurse for a true emergency such as broken bones, any significant blood loss, severe cuts with uncontrolled bleeding, seizures, diabetic emergencies,

loss of consciousness, falls from greater than 5 feet, injuries involving violence, or any time EMS is called (call 911 first).

- **THE NURSE IS ALWAYS AVAILABLE FOR EMERGENCIES:** Unless out sick or away from campus for the day the nurse is ALWAYS available for any emergency, regardless of clinic hours. Administrators and front desk personnel should have a system in place to be able to contact her immediately. She should notify front desk personnel of her location during her lunch or any time she is away from the clinic.

ADMITTING STUDENTS TO THE CLINIC

Students coming to the clinic must have a Nurse Pass. This pass:

- Originates from the teacher/staff member.
- Has time of departure from the classroom.
- Is used for communication between the teacher and clinic personnel.
- Has the time of departure from the clinic with the RN signature/initials.
- Communicates with the teacher if student is going home.

Upon arrival to the clinic the RN will assess the condition and determine appropriate course of action. The nurse enters visit information in SNAP.

CLINIC DISMISSAL

Evaluation by the RN or LVN may result in a student needing to leave school. Students with a possible communicable disease, those showing signs and symptoms of illness or those having sustained an injury requiring medical attention will be sent home from school. The following guidelines are provided:

1. The parent/guardian is the initial contact.
2. If the parent /guardian is not able to be reached, the alternative person provided on the emergency contact list will be called.
3. Only the persons listed as an emergency contact may pick up the child from school.
4. Other persons may be considered only with campus administrative approval. The parent may send an email to the Office Manager identifying an alternate authorized person.
5. Parents or guardians are required to pick up elementary students or send a designee.
6. Students are never taken home by clinic personnel.
7. The student may wait at the front office to be released based on the best judgement of the school nurse. Otherwise, the student will wait in the clinic to be picked up. In some cases, the student may return to class to await pick-up. As a courtesy, please advise the front desk when a student is going home and their location.
8. The parent/guardian/designee must show proper picture identification to office staff prior to signing the student out of school.

CHECK OUT PROCEDURES

The approved procedure for students to go home when they are too ill to remain in school is to report to the school nurse for assessment of their health complaint. The school nurse will assess and evaluate the complaint and the parent will be informed if the student needs to be sent home from school. All students are checked out of school through the attendance office. Students who do not follow procedure and call a parent/guardian from another phone will be referred to their grade-level Dean or Headmaster. The school nurse does not determine excused and/or unexcused absences. In all cases, the parent/guardian must provide all documentation required by attendance guidelines outlined in the student handbook.

To track the frequency of a student going home from school during the day, the date, the time, and reason for dismissal can be found in SNAP. The school nurse/clinic assistant may provide the attendance office with information regarding student attendance in the clinic upon request.

FIRST AID AND EMERGENCY CARE

Great Hearts campuses will administer and/or initiate emergency first aid for those students in need of medical attention unless the parent has specified otherwise. As stipulated in TEC § 21.914, the school district and its employees are liable for their actions when administering/initiating emergency medical treatment only when guilty of gross negligence.

*Refer to the [School Nurse Resource Manual](#) located in every school clinic.

FIRST AID SUPPLIES FOR TREATMENT LIST

- Refresh Eye drops
- Calamine lotion
- A & D ointment
- Contact Lens Solution
- Salt
- Hot water source (kettle, microwave, tap)
- Saline for Ophthalmic emergencies
- Diluted Listerine mouthwash without additional fluoride
-

First Aid Kit for Field Trips: Field Trip Bags will contain the following items.

- | | |
|-----------------------------|--|
| • CPR Mask | • HandiClens or other hand sanitizer |
| • Feminine Hygiene products | • Ice packs x 2 |
| • Band-Aids | • ABD pad x 1 |
| • Gloves (M/L) | • Gauze |
| • Refresh Plus Eye drops | • Benzalkonium Chloride solution or pads |
| • Emesis Bags | • Tape |

Minor Accidents: When minor accidents occur at school, any available personnel may render first aid. In case of possible fracture or other related questionable injury, the school nurse shall be notified to assess the injury and parents shall be contacted if needed. It is the responsibility of the parents or guardian to transport the injured student to a medical facility of choice.

Parents will be notified by telephone or in writing if a head injury has occurred. A Head Injury Report will be sent home with the student. An email will be sent to parents alerting them to the injury and requesting they refer to the Head Injury Report sent home with the student.

EMERGENCY PROCEDURES

An emergency is any condition of a student or staff which may result in loss of life, limb, or eyesight or a condition which may produce significant morbidity if measures are not instituted within a short period of time. The decision to call an ambulance involves professional judgment as to the student or staff member's status. In the event the nurse is not in attendance, the Headmaster or responsible person in attendance will determine the student or staff member's life/death situation or worsening condition and an ambulance should be called. When in doubt, err on the side of calling an ambulance.

Emergency Conditions for calling an ambulance:

- Suspicion of internal head injury
- Excruciating pain
- Profuse bleeding
- Inability to breathe or cyanosis
- Severe allergic reaction
- Any time epinephrine is administered even if the patient appears to be improving
- Medication/or possible drug overdose
- Cardiac arrest
- Other conditions appearing to need immediate medical attention, and/or a parent cannot be contacted

Great Hearts does not assume responsibility for the expense of ambulance services. All medication administered by EMS on site to a student or staff member and/or transportation of the student or staff member to the hospital is the responsibility of the individual staff member being transported or family of the student being transported.

Responding to Medical Emergencies

Procedure:

1. If the student identity is known, the registered nurse (or clinic assistant) will obtain or designate someone else to obtain emergency contact and medical information.
2. The RN will go to the scene of the accident with the emergency kit. The wheelchair will be brought or requested to be brought if needed.

3. The RN, or designee, will notify or send someone to notify the DCO and Headmaster of the accident and location of the accident or injury.
4. If 911 is called, campus administrators must be notified, and location of the student or staff member must be provided.
5. The RN will always remain with the student or staff member while on campus and report findings to the headmaster.
6. The RN, Headmaster, or designee, shall call to calmly alert the parents and relay information. If time allows, the parent/guardian may come to the school.
7. A school faculty member must accompany the student to the hospital and remain with the student until the parent arrives and assumes responsibility. The RN shall remain on campus to continue care of students and personnel.
8. The RN will notify the Headmaster and DCO of the 911 call as soon as possible if he or she is not already aware.
9. An incident report shall be completed and is followed up by the school nurse. The original will be maintained in the Nurse Clinic according to campus's record management standards.

Emergency bag contents:

Nurse Clinic Emergency Kits will contain the following items.

- | | |
|--|---------------------------|
| 1. CPR mask. | 9. Tourniquet x 2 |
| 2. Oval Eye pads | 10. Survival Wrap |
| 3. Gauze pads various sizes (a generous portion) | 11. Alcohol pads |
| 4. Ace Wrap x 2 | 12. ABD pad x 2 |
| 5. Instant Ice pack | 13. Gloves |
| 6. Emesis Bag x2 | 14. Tape of various types |
| 7. Scissors | 15. Eye Wash: 8 ounces |
| 8. Tweezers | 16. Splint |
| | 17. Magazines for splints |

Disaster Procedures (See Campus Crisis Plan):

Responsibilities of School Nurse in a Disaster (Follow Campus Crisis Plan)

1. Lead or activate first aid team which consists of personnel who have received K-12 Educator CPR or First Aid and CPR training through the American Heart Association. It is recommended the Athletic Director trained in CPR and first aid will report to the registered nurse to assist with injuries.
2. Emergency Care information in the form of a Nursing Care Plan Binder will be kept in a specified binder which addresses the health needs, medical conditions, medications, and allergies of children with known diagnosis or conditions. It is the Campus Nurse's responsibility to take this Nursing Care Plan Binder out during drills and real emergencies.

3. Assign designated office personnel to assist with phone calls and students receiving emergent care. Student emergency contact numbers are found on class rosters carried by classroom teachers per the Campus Crisis Plan.
4. Set up first aid emergency center (if needed). Location to be communicated to all faculty and administration via mass text system. Back up with handheld clinic radio.
5. Arrange for supplies to be taken to first aid emergency center.
6. Triage and deliver care until community assistance arrives. Once assistance arrives, the nurse will work as a member of the health care disaster team.

AUTOMATED EXTERNAL DEFIBRILLATORS

Individual campuses are responsible for the management of the Automated External Defibrillators (AEDs) on their campus. The goal of this program is to reduce the incidence of life-threatening emergencies and maximize the chances of survival from cardiac emergencies for all staff, students and visitors on district properties.

Procedure:

1. RN prints and posts the AED checklist
2. RN or designee checks the AED OK signal **daily**
3. If the AED machine states OK or there is a green light present, the RN or designee verifies the machine is in working order and signs the AED log
4. If the AED machine does not have OK present or a light on the machine is red, the Clinic RN trouble shoots for battery replacement or another fix.
5. A list of the names and phone extensions of all campus personnel certified in CPR/AED is posted with or next to the AED.
6. For easy reference in an emergency, each Campus phone directory “cheat sheet” has a heart next to the name of each certified staff member.
7. Each campus must have a minimum of eight (8) staff members certified in CPR/AED through the American Heart Association per our donor agreement with Zachary For Life.

Replacing the battery and defibrillator pads for AED machines:

1. The Nurse Clinic maintains current expiration dates on AED machines. If the battery or pads are expired, notify the Office Manager to obtain a replacement.
2. Replace the battery and defibrillator pads prior to expiration. You may keep the soon to expire pads in the clinic for backup if necessary.
3. Power down the AED machine after replacing the pads and battery to reset the machine. If you have questions, refer to the AED manual.

ATTENDANCE GUIDELINES FOR ILLNESS

A student should not come to school if any of these symptoms are present in the previous 24 hours:

- Elevated temperature of 100.0 degrees or greater. The child shall remain fever free for 24 hours without the use of fever reducing medications before returning to school.
- Quick onset of cold, sore throat, or persistent cough. Persistent cough interrupts the child's ability to concentrate and is disruptive to the classroom learning environment.
- Vomiting, nausea, or severe abdominal pain.
- Repeated diarrhea the day or night before school.
- Pus-like discharge from the nose or eyes -contagious conditions.
- Red or inflamed eyes or discharge from the eyes (conjunctivitis).
- Suspected scabies, impetigo, acute skin rashes or skin lesion or draining wound not contained with use of a band aid.
- Lethargic behavior.

EXCLUDABLE CONDITIONS

Common conditions for which students will be excluded from school attendance include but are not limited to:

- | | |
|------------------|---|
| • Fever | • Bacterial Meningitis |
| • Conjunctivitis | • Hepatitis A, |
| • Fifth Disease | • Impetigo |
| • COVID-19 | • Ringworm of the scalp (tinea capitis) |
| • Influenza | |

***For a complete list of excludable conditions, please visit [this link](https://www.dshs.texas.gov/schoolhealth/tgshs/office/) or visit <https://www.dshs.texas.gov/schoolhealth/tgshs/office/>.

Any student excluded from school attendance for reason of communicable disease may be readmitted by one or more of the following methods, as determined by the local health authority:

- Certificate of the attending physician, advanced practice nurse, or physician assistant a testing that the child does not currently have signs or symptoms of a communicable disease or to the disease's non-infectiousness in a school setting.
- Submitting a permit for readmission issued by a local health authority; or
- Meeting readmission criteria as established by the commissioner of health.

Please note, students not fully immunized against any disease in which there is a declared, local outbreak must be excluded from school. This declaration must be made by the County Health Commissioner.

Students will NOT be excluded for Ringworm of the skin if covered and is being properly treated; Hepatitis B; Bed Bugs; or [Head Lice](#) (pediculosis capitis) once parents confirm their student has been treated.

*Great Hearts Texas' position on head lice follows the current positions of the American Academy of Pediatrics, the American School Health Association, and the National Association of School Nurses.

Students with health problems who need closer monitoring should be identified by notifying each teacher in a confidential manner. Information concerning the student's problem should be discussed in a personal conference.

PEDICULOSIS (HEAD LICE) POLICY

It is the position of Great Hearts Texas that the management of head lice in our school should not disrupt the educational process. GH recognizes that parents/guardians have the primary responsibility in caring for their children and this includes detection and treatment of lice. Our policy is developed using evidence-based strategies that follow the current treatment recommendations of the American Academy of Pediatrics, CDC, and National Association of School Nurses. There is no statute in Texas that addresses excluding children with head lice from school. Lice are not a public health threat; they do not carry disease. Confirmation of head lice does not warrant exclusion from school but does require treatment.

Policy:

1. Classroom, parent, and community education on treatment of lice will be provided by the school nurse as requested.
2. Once a student is identified as having lice, they are sent home to be treated. Any siblings of the student are also checked for lice.
3. Upon returning to school, the child and siblings will be checked by the nurse to evaluate treatment success. (Success=no live lice.)
4. If treatment was not successful, the parent will be called to pick up the child immediately to take the student home and treat.
5. The child's hair will be rechecked at 7-10 days after treatment to confirm no live lice.
6. All classmates' parents (for grades K-6) will be notified within five days of identification, in accordance with Texas Senate Bill 1556.

Procedure:

1. Upon notification of suspected head lice, the student will report to clinic where the nurse will examine the student's hair for lice or nits. This will be done in the privacy of the clinic with no other students present.
2. If lice or nits are found the nurse will
 - a. inform the parent/guardian and have them pick up child to begin treatment.
 - b. Provide them with the following documents: notification letter, "Treatment of Headlice", "Headlice 101"
 - c. Examine any siblings or other students who may have had head-to-head contact such as sleepovers or sharing hats, combs, etc. (Note: the nurse will not check the entire class)
 - d. Provide education and support for the student family and school throughout the process.
 - e. Send classmate parent notification letter within five days.
3. Return to school.

- a. Nurse will check the child's hair for treatment success.
- b. If treatment was successful, student will be sent to class.
- c. If unsuccessful parents will be called to pick student up to treat.
4. Document visit in student's health record.

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ELECTRONIC HEALTH RECORDS (EHR)

Each student's visit shall be recorded in the Electronic Health Record (EHR) no later than one business day following the student visit. If written records are produced, the written record is immediately shredded after entry into the EHR. Great Hearts Texas electronic health record is SNAP. Guidelines for charting are provided below.

GUIDELINES FOR CHARTING IN SNAP

1. Provide the correct date and time of the student entry into the clinic
2. Record the student's complaint. Do not make a medical diagnosis. Verbatim entry of the complaint is preferred over an interpretation.
3. Perform a nursing assessment of the student and document all findings in the EHR
4. Record the nursing care and interventions provided to the student. Record the results of the intervention as able.
5. Record the disposition of student upon leaving the clinic; back to class, dismissed to parent, etc.
6. Chart objective information. Events charted are to be within the personal knowledge of the nurse who documents the information. Use quotes of the student if applicable. Do not fail to chart the obvious. "If you have not written it, you have not done it."
7. Do not fail to chart pertinent information. Look at each situation or event and document relevant information related to the student in that situation.
8. Chart clearly. Do not use words such as: "appears," "seems," and "apparently."
9. Only use standard nursing abbreviations. See attached list.

10. Use correct grammar.
11. Record only what you observe.
12. Describe, do not label events and behavior.
13. Do not make personal remarks about the student.
14. Do not wait to chart. Entries into the EHR should be entered as the student arrives or within one day of being evaluated in the clinic.

CLOTHING PROCEDURE

The school clinic is not conducive to storing clothing for students to use during the school day, especially if it impacts the functionality of the clinic environment. If clothing is kept on campus, the school administrators may decide a location away from the clinic to accommodate storage.

Any staff member in the building may help a child with obtaining a change of clothing no matter the reason. Any staff member may call a parent to assist the child. The following are the procedures:

1. Any adult shall call the child's parent/guardian or emergency contact listed in the student data system to bring clothing.
2. Ask an approximate time when the parent/designee will arrive.
3. Have the student clean themselves and potentially return to class while awaiting clothing from parent/designee.
4. Hand a child clothing, if clothing is available, and moist towelettes for the child to change themselves utilizing any bathroom in the building.
5. The school nurse may be consulted when there is a medical concern regarding the student.

It is recommended all parents/guardians pack a change of clothing in their child's backpack in case of emergency or if a parent/guardian is unable to bring clothing to the school.

It is against best nursing practice to allow a student who is not ill to wait for clothing in the clinic if another student is ill and could potentially pass a contagious illness to the child. The school nurse shall use best judgment in assessing the situation and continually work with all staff to safely care for all students in the school setting.

The school nurse shall not be responsible for students who arrive to school out of uniform. The school nurse will refer these situations to the front office staff to notify a parent and for campus discipline and rule violation consequences.

TOILETING ACCIDENTS POLICY:

For students with no identified underlying health condition* that contributes to urinary or bowel incontinence, the following district policy is in effect:

1. Incontinence accidents should be dealt with in the student restroom by the teacher or apprentice teacher. The student should be given wipes, a change of clothes, and a bag for soiled clothes. (each Kindergarten student should have a set of extra clothes kept in the classroom.)

2. If a student is unable to clean themselves, there must be at least **two adults present** to assist the child, or the parent may be called to come to the school to assist or take student home.
3. The teacher should notify parent of the accident (and request that a new change of clothes be brought to school if in kindergarten.)
4. If a student has more than one bowel movement accident at school, the parent will be called to come assist the child or take the child home.
5. If student has more than two bowel movement accidents at school, the parents, teacher, nurse, and administrator will meet to discuss further actions or accommodations.
6. Extra clothes can be kept in a location determined by the campus. If clothes are kept in the clinic a teacher or apprentice teacher must come to the clinic to get the clothes and assist the student.
7. If the student's accident requires more privacy than is possible in the student restroom, the teacher or AT may bring student to the clinic to use the clinic restroom. The teacher must stay with the student. The nurse may assist the teacher and student as needed depending on her availability.
8. The nurse will document as a clinic visit any toileting accidents for students that use the clinic restroom.
9. The student's privacy and dignity will always be protected.

*For students with identified health conditions that have a significant impact on bowel and/or bladder continence, the nurse should develop an individualized healthcare plan (IHP). When a student is found eligible for service under IDEA or Section 504, the IHP should be included in their Individualized Education Plan or 504 accommodations plan.

ENTERING MEDICAL ALERTS

The school nurse will use the information reports from the online enrollment system to enter medical alerts into the EHR. Print a Medical Alert List from the EHR after all alerts are entered and place in the substitute notebook.

The school nurse does not update telephone or addresses in the EHR. Share all new contact information with the attendance clerk/data clerk as you receive them throughout the year.

The Nursing Care Plan binder will be updated when a student develops a medical issue requiring an alert or when changes in their status or treatment plan occur.

INCIDENT REPORT

POLICY:

The purpose of the incident report is to document incidents of harm, either to persons or property, that occur on school property or during school activities. These reports are key pieces of information which assist claim representatives and legal counsel to assess and, if appropriate, defend claims made against the district because of injury to persons or property. There may be a considerable length of time between the date of an incident and the date of a claim being made. The District's ability to properly consider and/or defend claims depends to a significant degree on the information contained in incident reports.

The school incident report should be prepared as close as possible to the time of the incident, preferably on the same day. If an incident is reported by the student, visitor, or parent after the event has occurred, a report should still be prepared as soon as possible. Incident reports should be as accurate and detailed as possible, using facts only, avoiding opinions or assumptions. All incident reports, witness statements, and any associated documentation and evidence should be marked “Confidential” and maintained on a secure server and/or file.

Incident reports must be filled out and signed by whomever is immediately supervising the student at the time of the incident, or by a staff member that witnessed the event if not a student (such as a visitor, parent, etc.) If the injured person is assessed by the nurse, either in the clinic or at the scene, then the nurse will initiate the report, but it must be signed, and a brief description given by the supervising adult and/or witnesses.

Guidelines for when to complete an incident report:

- Any injury requiring medical attention beyond basic first aid.
- Parents or caregivers are advised to take a student to a doctor for precautionary reasons.
- Broken or suspected broken bones.
- Lacerations which may require suturing.
- Injury to the head or loss of consciousness.
- Any time 9-1-1, the police, the fire department, child protective services, or any other such professionals are called to respond to or investigate an incident.
- Any injury involving staff or faculty.
- Injury to the eyes.
- Injury causing broken or dislodged teeth.
- Incident in which the student must leave school early or misses more than a half day of school.
- When it is necessary to transport the injured person to the hospital.
- Injury due to equipment or facilities.
- Exposure to blood/body fluid such as an accidental needle stick.
- Severe allergic reactions.
- Incidents involving or suspected of involving drugs or alcohol.
- Injury resulting from student conflict.
- Medication error.
- Any person observes or reports inappropriate contact or conduct by or between staff, students, or persons, such as, but not limited to, inappropriate touching, harassment, fighting, bullying or similar incidents.
- The headmaster or their delegate has determined, at their own discretion, that there is any potential for legal proceedings (whether civil or criminal) to result from the incident/injury.

Employee Incident Report Process

1. The employee is responsible for completing the Incident Report.
 - a. The employee is not to give anyone a copy of their private insurance card if the injury is under workman’s compensation

- b. The employee needs to provide the phone number of the Risk Management Department for verification of any visit to a physician for medical care.
 - c. The employee MUST understand their own private physician may not accept worker's compensation cases BEFORE making an appointment.
- 2. If the employee needs medical assistance on campus, the nurse will fill out a separate incident report to document all care provided to the employee.
- 3. The employee's supervisor will sign the Employee incident report and once signed, will fax information to the Risk Management Department. This must be done even if the employee is not going to a physician for an evaluation.

Student Incident Report

- 1. The school nurse generates a letter in the visit log within SNAP titled "Significant Incident Report". Alternatively, the nurse completes the form titled Student Incident Report.
- 2. Follow up with the student and/or the parent/guardian after the incident
- 3. Print "Significant Incident" letter from SNAP or provide completed "Incident Report" form to Clinic and Health Services to retain according to records retention schedules.

ENROLLMENT/WITHDRAWAL

Online enrollment is utilized in the Great Hearts Academies. Upon enrollment, the individual responsible for enrollment on a particular campus will collect required documents for review. The immunization record is part of the enrollment process and shall be reviewed and approved by the school nurse prior to enrollment/student attending class. **In accordance with Texas State law, no student is fully enrolled, and no student will be admitted to school unless and until full vaccination compliance is verified by the school nurse.**

When a student withdraws, the nurse will provide immunization status updates to the front office upon request. Upon withdrawal, all student medications will be sent home with student or handed to the parent. This will be noted in the EHR. All students new to the school must have vision and hearing screen performed regardless of grade. This should be done as soon as possible after enrollment.

CLINIC RECORDS

It is the responsibility of clinic personnel to keep accurate health data on all students.

Permanent Records: Each student enrolled in a Great Hearts Academy is to register online at the beginning of each school year. This information will be downloaded into the student database for maintenance of records.

The school nurse will have access to the enrollment website and will identify all medical problems which families have chosen to share and verify information with the student's family **entering all pertinent information into the EHR.**

The only health information filed in the student permanent folder is the current immunization record. This record must stay in the permanent file until graduation. **Do not file medical records in the student permanent academic folder.**

Attendance Report: Many students visit the school clinic for different reasons throughout every school day. It is required to document every clinic visit correctly into the SNAP. Tracking of when a student is out of the classroom is necessary for attendance and medical monitoring of students.

The school nurse shall provide the attendance clerk with the clinic attendance report upon request. This list assures proper documentation of student location while on campus and is essential in attendance initiatives for Great Hearts.

CLINIC REFRIGERATOR

The intent of the refrigerator in every clinic is to store medications that must be refrigerated in order to maintain integrity of the medication being administered to a student and to provide freezer capacity for ice packs for student/staff daily use.

Procedure/Guidelines:

1. Medication placed in the refrigerator must have a label with the student's name and instructions clearly visible.
2. It is important to store food separate from any medications in the refrigerator to avoid unintended chemical reactions or contamination.
3. The student's medication may be placed in a container to protect and separate the medication from another student's medication. Label the containers clearly.
4. Individually contained food items and snacks for students during the school day may be stored in the refrigerator according to expiration dates on items.
5. No open food containers may be placed in the refrigerator at any time. The clinic is not the place to store any item for long term personal use in the freezer or refrigerator such as salad dressings or coffee creamers.
6. The refrigerator must be cleaned out weekly, discarding any expired items and/or containers with old or molding food.
7. It is acceptable to place a closed container/lunch bag with snack or lunch items for that day in the refrigerator as long as the item is consumed that day or removed at the end of the day.

SHREDDING GUIDELINES

All information in the school clinic shall be shredded according to the retention schedule provided by Great Hearts Texas policy.

Procedure for Shredding Clinic Activity Logs and Medication Logs:

If an RN or LVN has created a written activity log or a written medication log, the log information will be entered into the EHR (SNAP) daily and the log(s) is shredded or placed in the shredding box at the end of the log's period (daily, monthly, or yearly). There will be only be one place, the EHR, for documentation of the administration or non-administration of medications or procedures.

COMMUNICABLE DISEASE CONTROL

The Great Hearts Academies operate a program of communicable disease control in accordance with the standards and regulations established by the Texas State Department of Health and the local public health authority of the counties in which our academies are located. Control and prevention are the two major aspects of a communicable disease program. Control involves case finding, referral, reporting and follow-up.

The school nurse holds primary responsibility for implementing the control of communicable disease in the school for the protection of all students and school personnel. The school nurse:

1. Maintains and monitors students' immunization records to ensure compliance with communicable disease laws, regulations, and policies of the State and local school district.
2. Interprets these laws, regulations and policies to the parents and students.
3. Cooperates with local health department in conducting communicable disease control program.
4. Assists teachers in developing a teaching unit on communicable disease when necessary.
5. Makes specific recommendations to appropriate persons, i.e., possible need for tetanus booster following injury.
6. Assists school personnel in enforcing policies for the control of communicable disease for students by:
 - a. Exclusions
 - b. Readmission
 - c. Classroom inspection when necessary
 - d. Reporting to health department if necessary
7. Communicates with "need to know" faculty regarding current communicable disease problems.

REPORTING COMMUNICABLE DISEASES

The school nurse will report to the [local health authority](#) those children attending school who are suspected of having communicable disease or a disease requiring exclusion from school (separate report from physician). Procedures for determining which children should be so suspected, reported, and excluded from school pending appropriate medical diagnosis or recovery shall be defined by the local health authority. Most notifiable conditions, or other illnesses that may be of public health significance, should be reported directly to the [local or health service regions](#). Contacts for local reporting information can be found here: <https://www.dshs.texas.gov/idcu/investigation/conditions/contacts/>

REPORTABLE DISEASE OF TEXAS

By virtue of the authority vested in the Board of Health Article 4418a and 4419 of the Texas Civil Statutes, certain rules and regulations have been established to control communicable diseases. The Board

of Health has established methods of procedure in pursuance of Rules 1-33 of Article 4477 of the Texas Civil Statutes and has designated the following as reportable diseases in Texas:

Report immediately by telephone to the Texas Department of Health:

Anthrax, Botulism, Cholera, Controlled Substance Overdose, Diphtheria, Influenza (novel), Lead poisoning, Measles (Rubeola), Meningococcal Infection (invasive), MDR-A (Multi-drug resistant Acinetobacter), Plague, Poliomyelitis (paralytic), Rabies (Human), Smallpox, Staph aureus - vancomycin-resistant, Tularemia, Viral Hemorrhagic Fever (including Ebola), and Yellow Fever.

Report within one working day:

Brucellosis, Hep A (acute), Influenza with pediatric mortality, Pertussis, Poliomyelitis (non-paralytic), Q fever, Rubella including congenital, Syphilis (primary and secondary), Tuberculosis, Vibrio infection including Cholera.

Report within one week:

AIDS, Amebiasis, Amebic meningitis and encephalitis, Anaplasmosis, Arbovirus infection, Asbestosis, Babesiosis, Campylobacteriosis, Chagas' disease, Chancroid, Chickenpox, Chlamydia trachomatis infection, Creutzfeldt-Jakob disease, Cryptosporidiosis, Cyclosporiasis, Cysticercosis, Dengue, Ehrlichiosis, E-coli, Gonorrhea, HIB infection, Hansen's disease, Hantavirus infection, Hemolytic Uremic Syndrome, Hep B, C, E (acute), HIV, Legionellosis, Leishmaniasis, Listeriosis, Lyme disease, Malaria, Mumps, Pesticide poisoning, Relapsing fever, Salmonellosis, Shigellosis, Silicosis Spotted fever group rickettsioses, Invasive Streptococcal disease, Syphilis, Taenia solium infection, Tetanus, Trichinosis, Typhus, Yersiniosis.

Report within 10 days:

Drowning or near drowning, spinal cord injury, traumatic brain injury.

Report within one month: Contaminated sharps injury.

Call toll free 1-800-705-8868

Note: The school nurse will not report a condition that does not have a diagnosis from a licensed medical provider in Texas. The school nurse will report confirmations of diseases from a physician.

Reporting Procedure:

The school nurse has the responsibility to report information that is required to be provided to the Texas Department of Health. The following procedures should apply and be observed:

Suspicious of reportable disease should be directed to the school nurse for investigation and follow-up. The nurse will then make the following contacts:

1. Parent- obtain the name of the physician or clinic who diagnosed the disease.
2. Report the case to the Health Department (city and county).
3. The campus Headmaster or other appropriate administrator should be advised as necessary as the investigation continues.

Re-admittance

Students and/or employees excluded for reason of communicable disease may be readmitted by one or more of the following methods, as determined by the local health authority or Great Hearts Academies' board policy:

1. Certificate of the attending physician attesting to their recovery and non-infectiousness.
2. Permit for readmission issued by the local health authority.

Confidentiality:

- Names and facts to a situation must be CONFIDENTIAL unless it becomes appropriate to disclose some or all the information. The student's right to privacy takes precedence over public information.
- Knowledge that a child or employee has the HIV infection must be confined to those persons determined to have a "need to know" (e.g., school nurse, district medical advisor, Headmaster, and maybe the teachers). Those "needing to know" **shall be determined in writing by the family or guardian of a minor or by the infected employee.** The names of those affected or their place of schooling or job location will not be given to the public.

TEXAS NOTIFIABLE CONDITIONS-2021



Texas Department of State Health Services

Texas Notifiable Conditions - 2021

Report all Confirmed and Suspected cases
24/7 Number for Immediately Reportable – 1-800-705-8868

Access List Online



Unless noted by*, report to your local or regional health department using number above or find contact information at <http://www.dshs.texas.gov/idcu/investigation/conditions/contacts/>

Contact Information



A – L	When to Report	L – Y	When to Report
*Acquired immune deficiency syndrome (AIDS) ¹	Within 1 week	Legionellosis ²	Within 1 week
Amebic meningitis and encephalitis ²	Within 1 week	Leishmaniasis ²	Within 1 week
Anaplasmosis ²	Within 1 week	Listeriosis ^{2, 3}	Within 1 week
Anthrax ^{2, 3, 25}	Call Immediately	Lyme disease ²	Within 1 week
Arboviral infections ^{2, 4, 5}	Within 1 week	Malaria ²	Within 1 week
*Asbestosis ⁶	Within 1 week	Measles (rubeola) ²	Call Immediately
Ascariasis ²	Within 1 week	Meningococcal infection, invasive (<i>Neisseria meningitidis</i>) ^{2, 3}	Call Immediately
Babesiosis ^{2, 5}	Within 1 week	Mumps ²	Within 1 work day
Botulism (adult and infant) ^{2, 3, 7, 25}	Call Immediately ⁷	Paragonimiasis ²	Within 1 week
Brucellosis ^{2, 3, 25}	Within 1 work day	Pertussis ²	Within 1 work day
Campylobacteriosis ²	Within 1 week	*Pesticide poisoning, acute occupational ⁸	Within 1 week
*Cancer ⁹	See rules ⁹	Plague (<i>Yersinia pestis</i>) ^{2, 3, 25}	Call Immediately
Candida auris ^{2, 3, 10}	Within 1 work day	Polio myelitis, acute paralytic ²	Call Immediately
Carbapenem-resistant <i>Enterobacteriaceae</i> (CRE) ^{2, 11}	Within 1 work day	Poliovirus infection, non-paralytic ²	Within 1 work day
Chagas disease ^{2, 5}	Within 1 week	Prion disease such as Creutzfeldt-Jakob disease (CJD) ^{2, 12}	Within 1 week
*Chancroid ¹	Within 1 week	Q fever ²	Within 1 work day
*Chickenpox (varicella) ¹³	Within 1 week	Rabies, human ²	Call Immediately
* <i>Chlamydia trachomatis</i> infection ¹	Within 1 week	Rubella (including congenital) ²	Within 1 work day
*Contaminated sharps injury ¹⁴	Within 1 month	Salmonellosis, including typhoid fever ^{2, 3}	Within 1 week
*Controlled substance overdose ¹⁵	Report Immediately	Shiga toxin-producing <i>Escherichia coli</i> ^{2, 3}	Within 1 week
Coronavirus, novel ^{2, 16}	Call Immediately	Shigellosis ²	Within 1 week
Cryptosporidiosis ²	Within 1 week	*Silicosis ¹⁷	Within 1 week
Cyclosporiasis ²	Within 1 week	Smallpox ^{2, 25}	Call Immediately
Cysticercosis ²	Within 1 week	*Spinal cord injury ¹⁸	Within 10 work days
Diphtheria ^{2, 3}	Call Immediately	Spotted fever rickettsiosis ²	Within 1 week
*Drowning/near drowning ¹⁸	Within 10 work days	Streptococcal disease (<i>S. pneumoniae</i>) ^{2, 3} , invasive	Within 1 week
Echinococcosis ²	Within 1 week	*Syphilis – primary and secondary stages ^{1, 19}	Within 1 work day
Ehrlichiosis ²	Within 1 week	*Syphilis – all other stages ^{1, 19}	Within 1 week
Fascioliasis ²	Within 1 week	<i>Taenia solium</i> and undifferentiated <i>Taenia</i> infection ²	Within 1 week
*Gonorrhea ¹	Within 1 week	Tetanus ²	Within 1 week
<i>Haemophilus influenzae</i> , invasive ^{2, 3}	Within 1 week	Tick-borne relapsing fever (TBRF) ²	Within 1 week
Hansen's disease (leprosy) ²⁰	Within 1 week	*Traumatic brain injury ¹⁸	Within 10 work days
Hantavirus infection ²	Within 1 week	Trichinosis ²	Within 1 week
Hemolytic uremic syndrome (HUS) ²	Within 1 week	Trichuriasis ²	Within 1 week
Hepatitis A ²	Within 1 work day	Tuberculosis (<i>Mycobacterium tuberculosis</i> complex) ^{3, 21}	Within 1 work day
Hepatitis B, C, and E (acute) ²	Within 1 week	Tuberculosis infection ²²	Within 1 week
Hepatitis B infection identified prenatally or at delivery (mother) ²	Within 1 week	Tularemia ^{2, 3, 25}	Call Immediately
Hepatitis B, perinatal (HBsAg+ < 24 months old) (child) ²	Within 1 work day	Typhus ²	Within 1 week
Hookworm (ancylostomiasis) ²	Within 1 week	Vancomycin-intermediate <i>Staph aureus</i> (VISA) ^{2, 3}	Call Immediately
*Human immunodeficiency virus (HIV), acute infection ^{1, 23}	Within 1 work day	Vancomycin-resistant <i>Staph aureus</i> (VRSA) ^{2, 3}	Call Immediately
*Human immunodeficiency virus (HIV), non-acute infection ^{1, 23}	Within 1 week	<i>Vibrio</i> infection, including cholera ^{2, 3}	Within 1 work day
Influenza-associated pediatric mortality ²	Within 1 work day	Viral hemorrhagic fever (including Ebola) ^{2, 25}	Call Immediately
Influenza, novel ²	Call Immediately	Yellow fever ²	Call Immediately
*Lead, child blood, any level & adult blood, any level ²⁴	Call/Fax Immediately	Yersiniosis ²	Within 1 week

In addition to specified reportable conditions, **any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern should be reported by the most expeditious means available. This includes any case of a select agent** ²⁵
See select agent list at <https://www.selectagents.gov/selectagentsandtoxinslist.html>

*See condition-specific footnotes for reporting contact information

E59-11364 (Rev. 1/21/21) Expires 1/31/22 – Go to <http://www.dshs.texas.gov/idcu/investigation/conditions/> or call your local or regional health department for updates.

UNIVERSAL PRECAUTIONS

If you treat all blood and body fluids you come in contact with as potentially infectious, and avoid direct contact with these substances, you will prevent exposure to infectious blood borne diseases.

Procedure for the cleaning of blood or body fluids:

1. Care givers are to use disposable plastic or rubber gloves when in direct hand contact with body fluids. This includes treating bloody noses, washing injuries, handling clothes soiled by incontinence, and cleaning up vomit. After each use, these gloves should be discarded in a plastic bag-lined wastebasket.
2. Complete and effective HANDWASHING technique of at least 10 seconds duration is to follow any of the above activities and following care of each student. Soap suspends easily removable soil and microorganisms, allowing them to be washed off.
3. Should exposure to body fluids occur through coughing, an unanticipated event, or through an open sore or lesion, thorough washing is indicated.
4. **Each clinic should have hot and cold running water**, a liquid soap dispenser for handwashing, paper towels, and a spray disinfectant solution.
5. Counter, mats, changing tables, etc., that are contaminated with body fluids need to be cleaned after each use and again at the end of the day with soap and water and then rinsed with a freshly made 10% solution of household chlorine bleach in water or other appropriate disinfectant.
6. Refer to the Texas Department of State Health Services for the current Communicable Disease Chart for Schools and Child Care Centers.
7. Special precautions need to be observed in cleaning up- and disposing of broken glass that may be contaminated with blood.
8. Blood-soaked items should be placed in leak-proof bags for washing or further disposition. Standard laundry procedures are adequate to kill any live virus. The contaminated laundry should not come in contact with bare hands.
9. Any clothing that has been contaminated can be rinsed with soap and water and the disinfectant solution. When possible, clothing should be changed. However, a child may return to class after the gross contamination has been cleaned. Use gloves when soaking or cleaning the clothing.
10. Vomit and other body fluids also warrant glove use in clean up. Standard custodial procedures are to be followed in cleaning such fluids from the floor. This includes disinfecting the floor area and mopping after clean-up.

IMMUNIZATIONS

The school nurse has a critical responsibility to ensure an accurate and standard approach to evaluating, entering, tracking compliance, and informing parents of the State of Texas Immunization school policies and procedures. Each student shall be fully immunized against diphtheria, tetanus, pertussis, rubeola (measles), rubella, mumps, poliomyelitis, Hepatitis A, Hepatitis B, meningococcal, and varicella according to [current immunization schedules provided by DSHS](#).

2021-22 TEXAS MINIMUM STATE VACCINE REQUIREMENTS FOR K-12

2021 - 2022 Texas Minimum State Vaccine Requirements for Students Grades K - 12

This chart summarizes the vaccine requirements incorporated in the Texas Administrative Code (TAC), Title 25 Health Services, §§97.61-97.72. This document is not intended as a substitute for the TAC, which has other provisions and details. The Department of State Health Services (DSHS) is granted authority to set immunization requirements by the Texas Education Code, Chapter 38.

IMMUNIZATION REQUIREMENTS

A student shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a public or private elementary or secondary school in Texas.

Vaccine Required (Attention to notes and footnotes)	Minimum Number of Doses Required by Grade Level												Notes
	Grades K - 6th						Grade 7th		Grades 8th - 12th				
	K	1	2	3	4	5	6	7	8	9	10	11	
Diphtheria/Tetanus/Pertussis (DTaP/DTP/DT/Td/Tdap)	5 doses or 4 doses						3 dose primary series and 1 booster dose of Tdap / Td <i>within the last 5 years</i>		3 dose primary series and 1 booster dose of Tdap / Td <i>within the last 10 years</i>				For K – 6th grade: 5 doses of diphtheria-tetanus-pertussis vaccine; 1 dose must have been received on or after the 4 th birthday. However, 4 doses meet the requirement if the 4th dose was received on or after the 4 th birthday. ¹ For students aged 7 years and older, 3 doses meet the requirement if 1 dose was received on or after the 4 th birthday. ¹ For 7th grade: 1 dose of Tdap is required if at least 5 years have passed since the last dose of tetanus-containing vaccine.* For 8th – 12th grade: 1 dose of Tdap is required when 10 years have passed since the last dose of tetanus-containing vaccine.* *Td is acceptable in place of Tdap if a medical contraindication to pertussis exists.
Polio	4 doses or 3 doses												For K – 12th grade: 4 doses of polio; 1 dose must be received on or after the 4 th birthday. ¹ However, 3 doses meet the requirement if the 3 rd dose was received on or after the 4 th birthday. ¹
Measles, Mumps, and Rubella ² (MMR)	2 doses												For K – 12th grade: 2 doses are required, with the 1st dose received on or after the 1 st birthday. ¹ Students vaccinated prior to 2009 with 2 doses of measles and one dose each of rubella and mumps satisfy this requirement.
Hepatitis B ²	3 doses												For students aged 11 – 15 years, 2 doses meet the requirement if adult hepatitis B vaccine (Recombivax [®]) was received. Dosage (10 mcg /1.0 mL) and type of vaccine (Recombivax [®]) must be clearly documented. If Recombivax [®] was not the vaccine received, a 3-dose series is required.
Varicella ^{2,3}	2 doses												For K – 12th grade: 2 doses are required, with the 1st dose received on or after the 1 st birthday. ¹
Meningococcal (MCV4)	1 dose												For 7th – 12th grade, 1 dose of quadrivalent meningococcal conjugate vaccine is required on or after the student's 11 th birthday. NOTE: If a student received the vaccine at 10 years of age, this will satisfy the requirement.
Hepatitis A ²	2 doses												For K – 12th grade: 2 doses are required, with the 1st dose received on or after the 1 st birthday. ¹

NOTE: Shaded area indicates that the vaccine is not required for the respective grade.

↓ Notes on the back page, please turn over.↓

Rev. 01/2021

A student shall show acceptable evidence of vaccination before entry, attendance or transfer to the district in accordance with in the [Texas Administrative Code \(TAC\)](#), Title 25 Health Services, §§97.61-97.72.

ACCEPTABLE IMMUNIZATION RECORDS

Immunization certificates shall have the vaccine name, the day, month, and year administered. Acceptable documentation can be the signature stamp of physician or public health personnel, an official immunization record generated from a state or local health authority such as a registry or a record received from school official including a record from another state.

TAC 25 §97.68

PROCEDURE FOR OBTAINING IMMUNIZATION RECORDS

Compliance with the Texas Administrative Code (TAC) is the responsibility of the Headmaster and the school nurse. According to TAC 25 §97.63, "Every child in the state shall be vaccinated against vaccine-preventable diseases caused by infectious agents," according to the immunization schedule determined by the Department of State Health Services. (www.ImmunizeTexas.com) All students must show proof of immunization or exemption before entry into the Great Hearts Academy. During the school year, students should begin the enrollment procedure in the clinic to verify eligibility for enrollment.

If children are missing immunizations or are behind on their scheduled immunizations, they are not permitted to attend class. It is the responsibility of the parents or guardians to provide the school with the necessary documents. Children who are on schedule or receiving their immunizations as fast as medically possible may be [provisionally enrolled](#) in school while waiting to complete the immunization series.

IMMUNIZATION RECORDS - GENERAL PROCEDURES

It is the parent/guardian responsibility to comply with the immunization requirements set by the Texas Department of State Health Services.

Procedures are as follows:

- 1) The school nurse evaluates the immunization record presented to the school and informs the parent if immunizations are needed for enrollment. 25 TAC §97.66, 69; Atty. Gen. Op GA- 178 (2004).
- 2) Once enrollment is complete, the immunization record is entered into SNAP and the most current record is filed and maintained in the **permanent student record**.
- 3) The school nurse will keep a list/print a record of all non-compliant students and as a courtesy will send home "next due" immunization notices. Once a parent has been notified and after the immunization is 30 days overdue, a student will receive a statement from the school, signed by the nurse and Headmaster stating the date the student will be withdrawn from school. The student may not return until the state required vaccine is administered.
- 4) It is the responsibility of the parent/guardian to maintain medical and/or conscientious exemption status for their child to remain in school.
 - a) Medical exemption- an original yearly note from the treating physician, filed in the **permanent student record** (25 TAC §97.62).
 - b) Medical exemption -lifelong note from the treating physician to be filed in the **permanent student record**.
 - c) Conscientious exemption- every 2 years, obtained from the State of Texas and filed in the **permanent student record**.
 - i) If a student withdraws from school the original form in the permanent student record is copied with the original form given back to the parent. The copy remains in the student permanent file.

An annual report of the school district's immunization compliance is submitted to the Texas Department of Health Services in the fall of each school year. This report is created and submitted by the Director of Health Services. *Education Code §38.002(c); 25 TAC §97. 71*

GUIDELINES FOR IMMUNIZATION NOTICES

Great Hearts Texas, as a courtesy, will inform parents/guardians if their child is coming due for a required immunization. The school nurse will send home written notices.

Immunization notice guidelines:

1. Notice of any upcoming immunizations required to remain in school will be sent home approximately 1 week before the due date for a parent to make an appointment.
2. The second notice will be sent home 1 week after the first notice, on the due date.
3. The third notice will be sent home 1 week after the second notice. It is recommended at this point a phone call is made to the phone numbers on file. Document in SNAP.
4. The fourth and final notice with a withdrawal date will be sent out one week after the third notice. The withdrawal date will be 1 week from the fourth notice date.

Guidelines when generating the final notice:

1. The school nurse will meet with the Headmaster to inform him or her of the situation and need for withdrawal due to immunization non-compliance by the given date (provide notice history)
2. The school nurse will print the formal notice and add the withdrawal date which will be 7 days from the printed date on the notice. (send the notice home the same day).
3. The school nurse will call the parent/guardian and inform them of the overdue immunization(s) with withdrawal pending in one week. Document in the EHR.
4. The child will not be allowed to enroll again in school until proof of immunizations is obtained. The withdrawal notice will state the parent has 1 week to comply and the date of the withdrawal will be clearly written on the paperwork.

If a student's immunization record becomes delinquent while already enrolled during the school year, the student may be allowed up to 30 days from the date due to provide immunization records or proof that the student is receiving them as fast as medically possible under TEC §38.001. If the district does not receive complete immunization records or proof that immunizations have begun within 30 days of the delinquency, then the district may withdraw the student. If withdrawn for failure to have necessary immunizations, the student should immediately be referred to the Attendance Committee and efforts should be made to enforce the compulsory attendance laws regarding the student.

PROVISIONAL ENROLLMENT

The Texas immunization laws require that students be fully immunized against the specified diseases. However, a student may be provisionally admitted if he or she has begun the required immunizations and if he or she continues to receive necessary immunizations as rapidly as is medically feasible. The school nurse will review all immunization records and may grant provisional enrollment. The parent/guardian/student must ensure that the required immunizations are received on schedule or the student may be withdrawn from school.

TEC §38.001-38.002, FFAB (LEGAL), FFAB(LOCAL)

EXEMPTIONS

Medical Reasons

An affidavit of certificate by a physician who is registered and licensed to practice medicine within the United States, must state that "in the physician's opinion, the immunization required is medically contraindicated or poses a significant risk to the health and well-being of the student or any member of the student's household." Unless a lifelong condition is specified, the affidavit or certificate is valid only one year from the date signed by the physician and must be renewed at that time for the exemption to remain in effect.

Conscientious Reasons (includes Religious request)

To claim exemption for reasons of conscience, a signed affidavit must be presented by the student's parent or legal guardian. The form must be obtained through the Texas Department of State Health Services in Austin, Texas either online or by mail and the affidavit shall be notarized before the student will be enrolled in a Texas school. The affidavit will be valid for a two-year period.

The student who has not received the required immunizations for reasons of conscience may be excluded from school in times of emergency or epidemic declared by the commissioner of state health services.

The Nurse Clinic will maintain a list of students indicating each of the immunizations for which they are not fully immunized in case of emergency or epidemic declaration requiring exclusion from school. Please note, some children attending with affidavits might be immunized against some diseases but not others. They may only be excluded for emergency or epidemic declaration related to the specific disease for which they are not fully immunized.

Education Code 38.001(c), (c-1), (f); Health and Safety Code 161.004(a), (d)(2), .0041; 25 TAC 97.62, FFAB(Legal)

TRANSFER OF RECORDS OUTSIDE OF GREAT HEARTS

Great Hearts Academies shall cooperate with other districts in transferring student's immunization records to other schools. Specific approval from students, parents, or guardians is not required prior to making such record transfers.

When a student transfers from one school or district to another, a copy of the immunization record should be sent through approved online submissions or with the student within 30 days to the receiving school. A record received through the Texas online system, faxed or sent by mail from school officials of another district or state may be considered a validated record.

School nursing staff may access the Texas State Immunization Registry for an immunization record known as IMMTRAC.

If a student is behind on immunizations, the parent/guardian must take the student to a facility of their choice to receive the immunization before enrollment.

Education Code §38.002(b); 25 TAC §97. 74, FFAB(LEGAL)

TEXAS VACCINES FOR CHILDREN (TVFC)

The Texas Vaccines for Children (TVFC) program provides low-cost vaccines to eligible children from birth through 18 years of age who meet one or more of the following criteria:

- Eligible for participation in the [Medicaid program](#)
- Enrolled in the [Children's Health Insurance Program \(CHIP\)](#)¹
- American Indian or Alaska Native (As defined by [25 U.S.C. 1603](#))
- Uninsured Children: Children who do not have health insurance
- Underinsured Children: Children with private insurance but coverage ²:
 - Does not include vaccines
 - Only includes select vaccines

For the most up-to-date vaccine information and sample letters please click on [this link](#) or go to the Operations SharePoint Site under Health Services.

HEALTH SCREENING

SCREENING CERTIFICATION

School nurses are required to obtain vision, hearing, scoliosis, and Acanthosis Nigricans (AN) Certification. Workshops are provided in district, through Region 10 and 20 and online with certifications maintained according to the Texas Department of Health Services and University of Texas Pan American Border Health Office regulations. These workshops consist of lecture and practicum training in the use of approved charts for vision screening, audiometer for hearing screening and hands-on training for scoliosis. The University of Texas Pan American Border Health Office requires online training followed by an online certification examination.

Upon certification completion, participants will receive a book containing current guidelines for vision, hearing and scoliosis screening. Clinic assistants may attend vision and hearing certification workshops.

GENERAL INFORMATION

Hearing and vision: In compliance with state-required screening according to the Texas Health & Safety Code, Chapter 36, vision and hearing screening will be performed on all pre-K or Kindergartners and any other first-time entrants (4-years through 12th Grade) within the first 120 days of admission.

All 1st, 3rd, 5th, and 7th grade students will be screened any time during the school year, but preferably during the first 120 days.

Spinal: In compliance with Health and Safety Code, Chapter 37, all children shall undergo screening for abnormal spinal curvature in accordance with the following schedule:

- Girls will be screened two times, once at age 10 (**or fall semester of grade 5**) and again at age 12 (**or fall semester of grade 7**).
- Boys will be screened one time at age 13 or 14 (**or fall semester of grade 8**).

Type II Diabetes: During vision/hearing and scoliosis screenings of **1st, 3rd, 5th and 7th** graders, the nurse will assess children for the acanthosis nigricans marker, a skin condition that signals high insulin levels. Children who are positively identified with the marker will undergo additional assessments of body mass index (BMI), BMI percentile, and blood pressure. The nurse issues risk assessment referrals to the parents of these children, alerting each parent of their child's risk factors and encouraging further evaluation from a health professional.

Screening Objective: The objective of screening students is to detect health problems. A good screening program is completed quickly with the least amount of disruption to student's academic experience. Parents will be notified if a student fails a screening. It is very important for parents to take their child for treatment and the school nurse will be able to provide information on assistance programs, if the child qualifies. Screening for students is state mandated and is scheduled yearly by the school nurse assigned to the campus. Screening can be conducted in the clinic or any other available quiet room.

Great Hearts Texas will not require a student to be screened if the parent, guardian, or person having legal responsibility for the student's support submits to Great Hearts, on or before the date vision or hearing screening is scheduled, an affidavit in lieu of the record of screening stating that the vision or hearing screening, the scoliosis screening or the acanthosis nigricans screening conflicts with the tenets or practices of a church or religious denomination of which the affiant is an adherent or member.

Health and Safety Code §36.005(b), 25 TAC §37.23(h), Health and Safety Code §95.002, §95.003.

Resources: Texas Department of State Health Services, Health and Safety Code §36.005(a), (b),(c), 25 TAC §37.23 (d), (e),(f),(g), Health and Safety Code §95.002 (d), Health and Safety Code §95.003, Health and Safety Code §95.003

PROCEDURAL GUIDELINES:

- Screen specified students.
- Maintain appropriate equipment for specific screening.
- Pre plan with involved teachers prior to the day of screening.
- Send pre-screening notification for scoliosis.
- Adapt screening tools to appropriate mental age of students.
- Record all findings in the SNAP.
- Re-screen according to guidelines for specified screening.
- Complete referrals and send notices to parent/guardian.
- Follow-up on treatment received and document in SNAP.
- Document student non-treatment in the SNAP if parent does not respond to notices

VISION SCREENING

Refer to the Texas Department of State Health Services' current Vision Screening Manual for detailed instructions and guidelines on performing vision screenings.

Screening is completed on the following students annually:

Grades: Kindergarten, 1st, 3rd, 5th, and 7th.

Referrals by parents, doctors, teachers, and other personnel.

Students being evaluated for Special Education.

Students new to the school system are to be tested on enrollment, within 120 days after enrollment or before the end of the semester

Before you screen:

1. The nurse should check the vision chart for accurate distance and set up.
2. Students who have a prescription for glasses should wear them while testing.
3. Test students at a later date if glasses not available. If glasses are lost or broken, screen and refer.
4. If a student has been diagnosed with a vision impairment by a physician, no screening is necessary, however, chart in SNAP and document physician note.
5. Familiarize students with procedure, equipment, and expectations before testing.

Recording

Each school nurse is responsible for recording the screening date and results of all students in the SNAP. The specific vision acuity obtained is to be recorded on the form (M-60), *i.e.*, 20/20, 20/30, noting glasses or contacts and the approved chart used to screen the student. In SNAP the nurse may select “default” for students who passed screening. The SNAP entry will say “passed at 20/30”. The nurse should make note in SNAP if the student was wearing glasses or contact lenses. If the student fails the state mandated screening, recording in the SNAP shall be entered as failed, with the specific acuity noted, and a referral will be initiated.

It is the responsibility of the school nurse to advise the Headmaster and teachers if special problems exist as well as to suggest any accommodations the school can make for the student while awaiting treatment.

Charting Referrals

When referring the student for an eye examination, chart in the SNAP “referred-not treated”. This allows for accurate documentation on the state report and for monitoring progress of referrals. Each nurse is responsible for recording the follow-up on each referral noting whether the student has received treatment. When treatment is received, the school nurse will update the SNAP stating “referred, treated.”

Referral Process

Students who fail the vision screen may be re-screened two weeks after the first screening. If a student fails the re-screen, a letter will be sent home to the parent/guardian informing them of the results of screening and need for vision exam by an eye doctor.

Near-Vision Screening (optional)

Schools are only required to screen for distance acuity. Generally, children who have normal distance vision have normal reading vision. This is because they have a tremendous ability to focus up close, just the opposite from those over 45 who have a greatly reduced focusing ability. At times the nurse may be asked to perform a near-vision screening. The school nurse will utilize this informal screening on students who have been identified for potential services through Special Education.

Guidelines for using the near vision chart/card

1. The card is held 14-16 inches from the eyes during testing (may use attached cord if available).
2. Both eyes remain open during the screening.
3. Student wears glasses if applicable.
4. Record the lowest line read on the vision chart. Highlight or circle the line or a copy of the near vision chart and provide the information to the Special Education Department.
5. Record results of near vision screening in SNAP.

HEARING SCREENING

Refer to the Texas Department of State Health Services' current Hearing Screening Manual for detailed instructions and guidelines on performing hearing screenings.

Screening is completed on the following students annually:

Grades: Kindergarten, 1st, 3rd, 5th, and 7th.

Referrals by parents, doctors, teachers, and other personnel.

Students being evaluated for Special Education.

Students new to the school system are to be tested on enrollment, within 120 days after enrollment or before the end of the semester

The individual Sweep-Check is a rapid screening test designed to identify students needing further examination.

Before you screen:

1. The Nurse should check the audiometer accuracy once a month; results kept in the clinic and included in the machine at the end of every school year for annual calibration.
2. Students with draining ears or ear infections should be screened later.
3. Students wearing hearing aids **should not** be administered sweep-check or pure-tone screening. Document in the EHR.
4. The test location should provide the lowest noise level possible.
5. Familiarize students with procedure, equipment, sounds, and expectations before testing.

Recording

Each school nurse is responsible for recording the screening date and results of all students in the EHR. Recording of hearing results are listed as pass or fail. The normal passing for a student is 25dB at frequencies of 1000Hz, 2000Hz and 4000Hz in each ear.

Charting Referrals

If the student is unable to hear at 25dB, the school nurse will assess the student's ear(s) to see if a medical problem (i.e. otitis media, wax, etc.) exists. A second screening will be attempted based on the nursing assessment in 2-4 weeks (or when symptoms resolve). The school nurse may call the parent if necessary

to report any medical condition. This is charted in the EHR as “referred, note exam.” If the student passes on the second screening, record in the EHR the passing results. (Refer to the SNAP manual for detailed charting instructions)

If the second screening is failed, the Extended Recheck Results section of the Individual Sweep-Check Screening (M-40) form is completed. This form is found in the Clinic and Health Services Forms book or online. The school nurse is responsible for filling out the form completely and recording results in the SNAP as follows:

1. Chart the dB level at the highest (25, 30, 35, 40dB) level heard.
2. Chart specific details of the screening in the notes.
3. Scan the extended recheck form into the student’s EHR if possible.
4. You may send this form with the referral to the physician for evaluation.

Follow-up is required on each student referral. When a student is evaluated or treated by a physician update the EHR with the results.

It is the responsibility of the school nurse to advise the Headmaster and teachers if accommodations are required to assist the student while awaiting a physician evaluation.

Referral Process

A student who fails to respond in either ear to one frequency at 25 db should be re-screened 2-4 weeks later. If student continues to fail the school screening, a referral letter is sent to the parent/guardian with the results of the extended hearing screening form.

Families who cannot afford private medical care should be referred to a community or low-income clinic if available. There are resources such as:

1. Children’s Healthcare System.
2. Private physicians.
3. Medicaid physicians locally.

If a student requires an audiological evaluation a physician will need to refer the student to the appropriate specialist.

SCOLIOSIS SCREENING

Refer to the Texas Department of State Health Services Current Hearing Screening Manual for detailed instructions and guidelines on performing screenings.

Scoliosis screening is completed on the following students annually:

- Girls will be screened two times, once at age 10 (**or fall semester of grade 5**) and again at age 12 (**or fall semester of grade 7**).
- Boys will be screened one time at age 13 or 14 (**or fall semester of grade 8**).
- Referrals by parents, doctors, teachers, and other personnel.
- Students new to the school system are to be tested on enrollment, within 120 days after enrollment or before the end of the semester

Scoliosis is a lateral curvature of the spine most commonly found during the adolescent growth period. It is estimated that between five and ten percent of school children have curvature in varying degrees. However, only about two percent are significant. The effect of scoliosis depends upon its severity, how early it is detected, and how promptly treatment is received.

Scoliosis is more common in girls than boys. The malformation tends to progress no further once the spine has reached full growth (about 15 for girls and 17 for boys).

Purpose

The purpose of scoliosis screening is in the early detection and referral of spinal variations which may or may not be progressive. If detected early, a vertebral curvature may be controlled. Any spinal deviation of a student should be referred by the school nurse for follow-up care by the family physician, orthopedist, public clinic, or hospital.

Health and Safety Code §37.002(a), 25 TAC §37.148(a), (b),(c),(m), (n), Department of State Health Services at www.dshs.state.tx.us

Before you screen:

1. Talk to the teachers to schedule screening time.
2. Send out pre-screening notice to parent/guardians.
3. Locate private area to maintain confidentiality of each student during screening.

Scoliometer (Optional): The Scoliometer is an inclinometer designed for measuring the angle of trunk rotation and can be used, however is not required to be used if a spinal curvature is suspected on visual examination. The Scoliometer is used for measuring round-back deformity.

Re-screening

At a separate session, re-screen all positive findings to verify original findings. This is done by the school nurse at her convenience.

Referrals

1. Students with positive findings at the re-screening should be referred for medical evaluation. A letter will be sent home to the parent recommending evaluation.
2. A courtesy phone call to the parent may also assist with the referral process.
3. Students whose parents cannot afford a private physician should be referred to clinics or other appropriate medical facilities for low-income families.
4. The nurse will follow-up on each referral. If medical evaluation has not been done in a reasonable amount of time, a phone call will be made to the parent/guardian.

Recording

Each school nurse is responsible for recording the screening data and findings on all students in SNAP along with recording the follow-up on each referral noting the recommended course of action or limitations which may exist.

The school nurse will advise the Headmaster and teachers if a student needs accommodation and will suggest modalities to assist the student during the school day if needed.

TYPE II DIABETES SCREENING (ACANTHOSIS NIGRICANS)

The Texas Risk Assessment for Type 2 Diabetes in Children is a legislatively mandated program developed, coordinated, and administrated by The University of Texas Pan-American Border Health Office (BHO). The program assesses children who may be at high risk of developing Type 2 Diabetes in Texas Education Agency Regional Education Service Centers 1, 2, 3, 4, 10, 11, 13, 15, 18, 19, and 20. In compliance with the Health and Safety Code §95.002-.004, Great Hearts Academies are in Regions 10, 11, and 20 and designated to complete a state required screening to assess Type 2 diabetes risk on all students in 1st, 3rd, 5th and 7th grades.

Acanthosis Nigricans is a light brown or velvety, rough, or thickened area on the surface of the skin that may signal high insulin levels indicative of insulin resistance. The screening does not include the removal of clothing. Parents will be notified if their child has been identified of being at risk for Type2 diabetes. It is important for parents to take their child to see a medical doctor to discuss strategies to decrease risk of developing Type 2 diabetes.

Acanthosis Nigricans screening is completed on the following students annually:

- Grades: 1, 3, 5, and 7.
- Screening may be done at the same time as the vision/hearing or scoliosis screening.
- Students new to the school system are to be tested on enrollment, within 120 days after
- enrollment or before the end of the semester.

Procedure for Screening

1. Screening for acanthosis nigricans is performed by visually examining and palpating the back of the student's neck for the thickened, darker skin characteristics of the marker.
2. If the student is found to have acanthosis nigricans, he is further assessed for blood pressure, height, and weight. This does not need to be done on the same day as the initial screening. Maintain student privacy by not indicating to the class which students are positive. Call the student to the clinic privately for additional screening measures.
3. Using an appropriate size cuff, blood pressure is measured in a controlled environment on two occasions (3 to 5 minutes apart) on the child's right arm and with the cubital fossa supported at the heart level and the child in a seated position.
4. Height and weight are also measured at this time. Shoes and jackets are removed for these measurements. The child stands with feet flat on the scale and hands at sides.

Referrals

1. Referrals are issued to the parents of these children, alerting each parent of their child's risk factors, and encouraging further evaluation from a health professional. [Include this brochure](#) when making the referral.

2. Each nurse is responsible for follow-up on each referral to see if students have secured the necessary medical care.
3. If no medical evaluation has been done in a reasonable amount of time, the nurse is to confer with the parent to see if she can assist them in any manner.

Recording

1. Each school nurse is responsible for recording the screening date and test results of all students in the computer. Data will be entered on the acanthosis nigricans screen and will include whether AN is present or not.
2. If AN is present:
 - a. Two blood pressures will be recorded: and
 - b. Height and weight will be recorded.
3. Each nurse is responsible for recording in SNAP the follow-up on each referral noting whether or not the student was seen by their physician.

Reporting

Because the Acanthosis Nigricans Screening program is administered by the University of Texas Pan American Border Health Office (BHO), the screening results of each school are to be submitted online manually by the first Friday of June to the following web address: <https://rfes.utpa.edu>. This is the only screening that each campus nurse reports. Hearing, vision, and spinal are submitted by the Director of Health services.

Procedures for reporting:

1. The nurse may devise an AN report from SNAP.
2. Use this report to submit the required information to the University of Texas Pan American Border Health Office. The information required includes:
 - Date of birth
 - Sex
 - Race/Ethnicity
 - Weight (lbs.)
 - Height (in.)
 - AN present (yes or no)
 - Two BP readings
 - Seen by a physician (yes or no)
 - Received treatment (yes or no)

SPECIAL EDUCATION REFERRALS/504/SSP

The school nurse may be asked during the school year to provide medical and health screening of students being evaluated for learning differences.

Procedure:

1. The requestor will provide the form to the school nurse.
2. The requestor fills out their name, the student's name and marks the appropriate box in the upper right-hand corner of the form to identify the screening to be completed.
3. The school nurse may arrange a time to screen the student or may ask the requestor to assist with bringing the student to the clinic for screening.
4. The school nurse will complete the form as follows:

Vision:

- Date of most recent screening (should be within the current school year).
- Record results as 20/20, 20/30, etc.
- Check the correct type of screening and correction of vision (glasses or contacts) as needed.
- List any other additional information.

Near Vision (if applicable):

- Screen with near vision card.
- Attach copy of result- circle or highlight the lowest line the student correctly identifies.

Hearing:

- Record the date of the most recent screening and results (within current school year).
- Record the type of test used.
- Attach record of previous hearing screens if any failed in the past.

Health:

- Answer health questions based on student status at the time of assessment.
- List any other concerns.

If a student does not pass these exams, it is important to ***communicate with the parent/guardian to address*** any medical concerns quickly to aid in the academic evaluation process. It is also important to collaborate with the school counselor and/or school diagnostician when a student does not pass the medical screening.

SCREENING REPORTS:

Reports are due to the state of Texas two different times during a school year. In the fall semester, the Texas Immunization Report is submitted. By June every year, the vision, hearing, AN and scoliosis screening reports are submitted. These reports are sent to the Texas Department of State Health Services and The University of Texas Pan-American Border Health Office by the Compliance Officer. Health and Safety Code§95.004

School nurses are expected to enter all screening results in a timely manner in order to submit the required state mandated screening reports with the most accurate data representing the student population of the Great Hearts Academies.

HEALTH COUNSELING

Health counseling is an essential part of school nursing services. It may be defined as that interaction among the health professional, client, and/or others for more effective management of student or staff health problems.

General goals:

- To assist in maximizing learning by meeting health needs of students.
- To involve students and other healthcare providers in assuming responsibility for health care, health maintenance, and reinforcing appropriate health habits.
- To provide options or assistance for informed client choices and referral

The goal is to involve students in their own healthcare, developing an awareness of good health behaviors, and to use these behaviors in becoming responsible for their own health care.

The school nurse consults and counsels with students:

- To provide information needed to prevent health problems. This counseling and/or consultation may be done with individuals or in small groups covering topics such as eye and ear protection, flossing, and other health habits.
- To provide an interpretation of health data to those students with existing health problems. Interpretation will include recommendations on ways to use the information in preventing further health damage (i.e., spinal curvature-exercise, obesity-diet).
- To provide immediate assistance and information needed in the management of health problems which can be remediated (i.e., preventing the spread of infectious or contagious disease).
- To provide the information and support needed in learning to accept limitations for which there is no remediation at the present time and build constructively toward achieving the fullest positive potential adjustment (i.e., arthritis, amputation, spina bifida).
- To provide information about community health and social resources which are available to furnish needed services beyond the scope of the school (i.e., hospital emergency rooms, public health department, community service clubs, mental health and retardation resources, and community substance abuse programs).

The School Nurse counsels and consults with parents/guardians:

- To provide current information on health promotion and prevention practices (i.e., growth and development states, healthy snack foods, personal hygiene needs of different age groups).
- To determine student's health problems and assist parents/guardians in identifying health resources through activities such as school health screening and referral.

- To explain and provide specific information about health handicaps and what will be the most beneficial and least restrictive environment for both the child and other family members.
- To explain and reinforce the medical information received from outside sources as a part of screening follow-up.

The School Nurse counsels and consults with staff:

- To provide the most effective learning environment for individual student s with specific health need s (i.e., visual or hearing difficulties, wheelchairs, restroom assistance).
- To assist the staff in understanding and accepting a student's special health limitation when planning curricular activities (i.e., if asthmatic child- do not have them pick up leaves during allergy season).
- To provide current information and wellness activities regarding good health practices which pertain to the staffs' occupation and work setting.
- To identify good health practices which may be reinforced through staff modeling.
- To prevent unnecessary health problems and promote good health practices.
- To involve school staff in the use of community health resources for students.

THE INTERVIEW CLIMATE FOR HEALTH COUNSELING

It is important to establish good rapport when interviewing students and parents in the school. The nurse centers the discussion around a specific problem, beginning at the point where the individual is in his own thinking. The nurse does not attempt to explore material related to early life experiences nor attempt to interpret possible meaning of those emotions she recognizes.

Sometimes the real problem is not the individual's attitude but that of some other member of their family. People do not always act as free agents; many are dominated, willingly or unwillingly by others. Helping such a person make their decisions and supporting them in the process may be a slow way to achieve results but the results will be more rewarding.

The nurse must be aware that they are not prepared to handle all problems but has the responsibility for making referral to appropriate persons and/or community agencies. The school nurse should explain the referral process to the person being interviewed, for referrals are effective only when the individual recognizes and decides that they want further help. Confer with other appropriate school personnel when indicated.

THE NURSE - PARENT/GUARDIAN CONFERENCE AT SCHOOL

Parents/guardians should be encouraged to visit the nurse at school. Two advantages of the nurse-parent/guardian conferences are:

1. It is possible for the nurse to demonstrate to the parent/guardian the health screening method used and to explain necessary aspects of the test results in detail
2. Other school personnel, such as the Headmaster or teacher, may be included in the discussion and solution of the problem.

Nurse/parent conferences should be documented in SNAP in the visit log under Primary Concern: Management.

Telephone Conversation:

Often a telephone conversation between nurse and parent/guardian is the best choice of communication. Use a telephone where the conversation will not be overheard. When the nurse telephones the parent/guardian, ask if it is convenient for the parent/guardian to discuss the problem at the time. Remember that parents/guardians are busy too. Without delay get to the purpose of the call, explore possibilities, work out a plan of action, and terminate the call. It is well to make arrangement to talk again later to ascertain progress.

All telephone conversations should be documented in SNAP in the visit log under Primary Concern: Management.

TEACHER-NURSE CONFERENCES:

The teacher-nurse conference promotes a better understanding of the health needs of students in school, provides an opportunity for teacher and nurse to exchange information regarding each student, to make plans for follow-up of students with health problems, and to inform the parents/guardians of findings of the conference and work with them in planning a follow-up.

A conference with each teacher of students who have health problems (cardiac, diabetic, etc.) should be held at least once a year and any time a students' schedule changes. The teacher should be encouraged to bring up health problems that interfere with the student's day-to-day activities. They should report any changes in the health status or behavior of a student.

The RN should be invited to and attend all 504 or ARD meetings involving student health issues.

Nurse/teacher conferences should be documented in SNAP in the visit log under Primary Concern: Management.

REPORTING CHILD ABUSE

All suspicious injuries or circumstances indicating the possible physical abuse, sexual abuse, emotional abuse, neglect, or lack of supervision of a student must be reported to the Texas Department of Family and Protective Services. ([DFPS](#)).

The school nurse is a **professional reporter**, defined as anyone licensed or certified by the state or working for an agency or facility licensed or certified by the state and has contact with children as a result of their normal duties. By law, professionals may not delegate their duty to report to another person such as a coworker or family member.

It is the responsibility of professionals to **report** and the responsibility of the Texas Department of Family and Protective Services (DFPS) to **investigate** allegations or suspicions of abuse or neglect.

Follow the guide at the below link to guide the individual making the report.
http://www.dfps.state.tx.us/Training/Reporting/documents/Reporting_Basics.pdf

PROCEDURES:

The first person who suspects abuse or neglect is required to make the report. The nurse, counselor, or Headmaster in your building are available to assist. Anyone who has suspicion of abuse should gather only enough information to make a report (who, what, when, where). Do not investigate further. Do not verify suspicions.

In some cases, physical injuries or complaints should be examined and documented by the school nurse on campus. This documentation may be required at a later date in the event of criminal/civil court proceedings. The nurse should conduct the exam and document findings in SNAP as a clinic visit. Mark the visit as “confidential”. Record only the observable facts or put quotation marks around statements made by student or others.

If the child is in immediate danger, call 911 or local police first. Then call the Texas Abuse Hotline.

Texas Abuse hotline: 1-800-252-5400.

In non-emergency situations, reports should be made online at <https://www.txabusehotline.org/Login/Default.aspx>. This information must be submitted within 72 hours of report of incident. When filing a report, the following information needs to be ready:

- Child's name and date of birth
- Child's address
- Parent/Guardian name, address, and phone number
- Description of the occurrences on which the suspected abuse is based

If flagrant physical abuse is observed, photos should not be taken by the school nurse. **Taking photos is a phase of investigation and investigation is not the responsibility of the school personnel.**

If danger to the child is suspected while at school, notify the Headmaster of your concerns immediately. Investigation of the situation/abuse may necessitate a caseworker or police officer visiting the child in the school setting. School personnel are expected to cooperate fully in the investigation.

Parents should not be contacted by school personnel and alerted to the investigation. The responsibility for notification rests with the investigator.

Confidentiality of the information related to the situation should be carefully guarded and discussed with only those who have a need to know.

EDUCATION OF STAFF AND STUDENTS:

Great Hearts Academies will provide annual educational programs for staff and students with the goal of preventing child abuse and neglect along with encouraging children who are victims to report their problem.

Great Hearts Academies will provide staff development programs aimed at awareness of prevalence of various types of child abuse and neglect, dynamics of abuse and neglect and symptoms identifying child abuse and/or neglect.

MEDICAL ORDERS

MEDICATIONS:

Medical orders are required for the administration of procedures or medications in the school setting. A medication bottle with a current prescription label accompanied by a parent consent form may serve as a medical order for a medication; however, if a special procedure accompanies or is separate from the medication administration, physician orders are required. An example of this is blood sugar monitoring with administration of insulin on a sliding scale.

SPECIAL PROCEDURES

Any Great Hearts student enrolled needing a special procedure performed, such as blood glucose monitoring, gastric or nasal tube feeding, urinary catheterization, must have a physician order and treatment plan before they are able to attend school. A parent may intermittently perform the procedure until orders arrive for the school nurse to provide care.

The school RN shall be invited to and attend the Admission, Review and Dismissal (ARD) meetings on students with medical care needs. The RN may determine the ARD meetings she must attend and/or work with the Headmaster or diagnostician on medical issues relating to the student. The RN will discuss the medical needs of the student with the parent and the academic team to maximize instructional time in the classroom.

It is the responsibility of the RN to:

1. Develop the Individualized Healthcare Plan (IHP)
2. Identify and train teachers or staff annually to administer specialized nursing care according to the medical orders received from a child's physician and Texas Board of Nursing Laws of delegation.
3. Determine the competency of the teacher and staff member's ability to perform any procedure safely and consistently according to nursing standard of care.
4. Provide documentation to the Headmaster if a staff member is unable to perform the task.

PHYSICIAN ORDERS FOR SPECIALIZED CARE

The physician serves as a team member and aids in identifying health information and services which need to be provided in the school setting. Some examples of special health care procedures that need to be done during the school day, requiring a doctor's order and signature, are, but may not be limited to:

- clean intermittent catheterization
- enteral tube feedings
- tracheostomy care
- oxygen therapy
- specialized wound care
- administration of medications
- activity modifications that will affect physical activity long term

Physicians Orders should be received for specialized procedures at the beginning of each school year prior to the child attending school.

A care plan for a specific diagnosis for the student can be considered as physician's orders if signed by the physician. (Ex: Diabetic care plan, asthma action plan, etc.)

Updated physician's orders should be provided by the parent throughout the school year as orders change.

Physician's orders will be used to direct the planning and care of students and the training of those employees who care for them.

Physician's orders should be kept with the medication/care plan notebook. The orders are scanned in the EHR and/or retained according to the records retention schedule each school year.

School personnel may administer medication when it is necessary for school attendance and the student cannot otherwise be accommodated. The Great Hearts medication administration policy is to be followed.

Resource: Texas Department of State Health Services. The Texas Guide to School Health Programs. Module 7: Treatments and Care Plans, pg. 379-386. Retrieved from www.clshts.state.tx.us/schoolhealth/pgtoc.shtm.

INDIVIDUALIZED HEALTH CARE PLAN (IHP), EMERGENCY ACTION PLAN (EAP) AND 504 PLANS

Individualized Healthcare Plans (IHPs) are used to document the nursing process that the school nurse uses to plan and provide care for students with health care needs. The IHP is composed of the following nursing process components:

1. Assessment (begins with a history and physical exam)
2. Nursing diagnosis
3. Identify goals of care
4. Planning and implementation

5. Documentation of student outcomes
6. Evaluation of student response to nursing care

IHPs are developed for students with health conditions that require ongoing nursing and health related services during the school day. Students that may necessitate the creation of an IHP include:

1. Students that have been granted permission to self-medicate or self- monitor their condition.
2. Students that require medications, treatments, or procedures performed by school personnel.
3. Students that have frequent contacts with the school nurse or unlicensed assistive personnel during the school day.

If the student has a condition that could potentially result in a medical emergency, then an Emergency Action Plan (EAP) should also be drafted. The EAP is to help school personnel understand what actions should be taken in the event of a medical emergency.

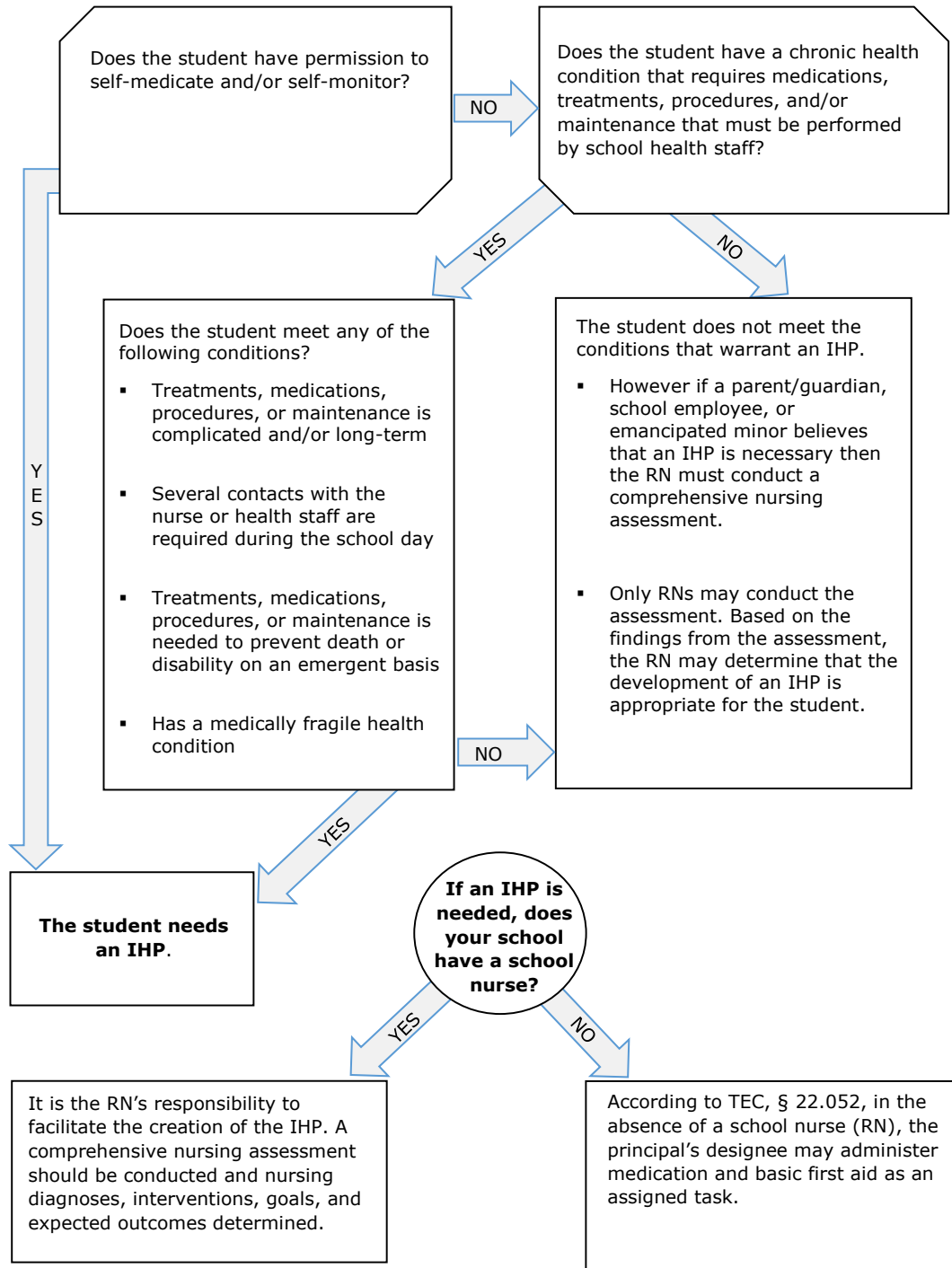
- An Individual Healthcare Plan (IHP) will be developed for all students with complex needs and/or who require daily nursing care, and for any student identified with a complex health condition requiring modifications in the school environment.
- The IHP will provide continuity of care and timelines for implementation, prioritize outcomes, provide direction to other members of the school team, incorporate current research, reflect current statutes, regulations, and standards, and incorporate expert clinical knowledge into the plan.
- The EAP is developed for school faculty/staff who may encounter the student in need of immediate medical assistance.
- The EAP must be clearly written and shared with the student's teachers and any other staff on a “need to know” basis.

Once an IHP is drafted, it should be reviewed by all relevant parties, including school staff that will be assisting the student. The school nurse may want to review the IHP with the parents or guardians of the student, the student’s primary care physician, specialist, other relevant school personnel, or the student. The IHP should be revised when the student’s physical condition or care needs change based on a follow up nursing assessment. The IHP should be reviewed and updated periodically to determine if the expected outcomes are occurring as planned. Results of follow-up nursing assessments should be recorded in the student’s health record and considered when revising a student’s subsequent IHP.

At a minimum, IHPs should be reviewed and updated annually.

IHP FLOWCHART

Does the Student need an IHP?



For a special education student, the school nurse shall be invited to attend the ARD from the diagnostician and decisions regarding the student's medical care at school shall be provided to the individuals with a need-to-know confidential information. The IHP/EAP shall remain on file in the campus clinic and included in the substitute notebook.

RESPONSIBILITIES:

School Registered Nurse:

1. Reviews emergency and/or health information at beginning of school year and develops a list of students needing an IHP or EAP.
2. Obtains relevant medical history and information with assistance of parent diagnostician (if applicable) for each student identified. For example, the age of onset of the medical condition and the description of how the condition impacts the student.
3. Completes a nursing assessment and summarizes the data. The assessment shall include:
 - a. Description of the condition and course of the illness.
 - b. Summary of treatment.
 - c. Episodes and the treatment received.
 - d. Date last seen by a physician for the medical condition/episode.
 - e. Name and phone numbers of all current Texas physicians treating the student.
 - f. Secures release of confidential information form to send to physician (may work with diagnostician).
 - g. Determines the medical procedures or medication administration for student and obtains signed medication form or medical orders from physician.
4. Develops and implements the IHP. The plan includes:
 - a. Nursing Diagnosis.
 - b. Goals.
 - c. Plan of Action.
5. Ensures the IHP is communicated and signed by parent, nurse and administrator and obtains physician signature if prescribed health care is not provided on the physician medical orders.
6. Ensures the EAP is developed, communicated/provided to appropriate personnel and includes:
 - a. Student identification and date of plan.
 - b. Description of health condition and student reactions.
 - c. Address actions to take if student on a field trip.
 - d. General guidelines.
 - e. Emergency action.
 - f. Emergency contact information.
7. Review of IHP I EAP at semester and updates any information as needed throughout the school year and communicates to new teachers and current teachers any changes.
8. Updates the medical alert list.
9. Manages medication and/or special procedures listed in plan appropriately by:
 - a. Determining medication and equipment needs.
 - b. Determining possible adverse effects of procedures or medications.
 - c. Maintaining authorization forms signed by the parent and physician.
 - d. Maintains names and phone numbers of persons to be called in an emergency.

10. Trains appropriate personnel on providing care for student and documents training and monitoring of training of those trained on campus.
11. Contacts parent/guardian for any questions, concerns, or updates on student condition.

Parent:

1. Provide the medication, supplies, equipment, and the physician's written orders. Orders shall be provided annually or when changes occur.
2. Parent involvement is encouraged, and signatures of medication or procedure authorization is required.
3. Parent is encouraged to participate in the training of school personnel.

504 PLAN- THE SCHOOL NURSE ROLE

The school nurse may be involved in developing a 504 plan to accommodate a student with a medical need. The 504 Accommodation Plan shall include:

1. A description of the nature of the concern.
2. Description of the basis for the determination of the disability.
3. Description of how the disability affects a major life activity.
4. Description of supplementary aids, services, and accommodation needed (start and ending date included).
5. Review/reassessment date.
6. Participant's names/titles; name of case manager.

Students who may qualify for a 504 plan usually are in regular education and receiving regular curriculum. The nurse will work with the counselor, teacher, and academic team to inform of the medical condition and accommodations that may be needed to maximize student academic performance and school attendance.

CONFIDENTIAL REPORTS

Students who have a significant health problem require a health management plan. This plan, along with significant information regarding the student may be placed in a confidential folder locked in the school clinic or scanned into the electronic medical record of the student. The following information should be developed as applicable:

- Medical order for Specialized Physical Health Care Procedures (updated yearly).
- Check off list for delegating specialized health care services (training personnel).
- Health management plan.
- Specialized physical health procedures.
- Medical procedure instruction sheet.
- Peak flow recordings (if applicable).
- Blood sugar monitoring (if applicable).
- Pregnancy related services letter for re-enrollment (if applicable).

- Medical referral letter.
- Doctor's notes.
- Parent's notes.
- Consent for release of confidential information.
- Record of seizures (if applicable).

In SNAP the nurse should mark such documents as confidential. If any confidential material is kept in a paper file, it should be locked in the school clinic, not in the student permanent academic folder. When transitioning to a new school within Great Hearts Academies, the folder or information in the computer shall be transferred to the receiving school by the school nurse. These files shall be marked Confidential. It is prudent to notify the receiving nurse of the care needed for the student before arrival onto the new campus.

DO NOT RESUSCITATE ORDERS (DNR)

A Do Not Resuscitate order is an explicit directive based upon a decision made by an authorized person in conjunction with parent/guardian consent specifying extraordinary procedures should not be used to continue a human life.

These DNR orders include any or all the following to be withheld:

- Cardiopulmonary Resuscitation (CPR)
- Cardiac Resuscitation Medication
- Transcutaneous Cardiac Pacing
- Defibrillation
- Advanced Airway Management
- Artificial Ventilation
- Endotracheal Intubation

The procedures precluded by a DNR order do not include authorization to withhold medical interventions or emergency care therapies considered necessary to provide comfort or pain control along with providing water or nutrition. Accepting DNR orders does not mean or imply abandonment of other supportive care such as administration of oxygen, suctioning, use of the Heimlich Maneuver, control of bleeding or pain, and positioning for comfort. Holding and comforting a dying child is not only acceptable but desirable regardless of the setting.

There are two types of DNR orders in the State of Texas:

- In Hospital DNR
- Out of Hospital DNR (this includes the school setting)

OUT OF HOSPITAL DNR

An Out of Hospital DNR order is a legally binding document, prepared and signed by the attending physician. Health professionals (physicians, nurses, emergency medical services personnel) in Texas public school are required to comply with validly executed Out of Hospital DNR orders.

DNR orders are not directed at school district employees other than health care professionals (i.e. school nurses). It is important for school employees to be aware of students with a DNR on campus.

Guidelines for implementing DNR orders

1. Parent/Guardian requests that the school district honor a DNR order
2. The parents provide the following information:
 - a. The original document of a properly executed Texas Department of Health Out of Hospital Do Not Resuscitate order that is prepared and signed by the attending physician and legally authorized containing the colored DNR logo
 - b. The presence of a necklace or bracelet DNR identification device that will be found on the individual to whom the order pertains.
3. The parents are informed that appropriate planning and training must take place prior to the acceptance of the DNR request. Each DNR order in the school setting must be individually evaluated and addressed on a case-by-case basis.

Procedures for Implementing DNR orders

1. A planning meeting is scheduled with the parents, appropriate school personnel, school nurse, and Headmaster.
2. An individualized student DNR/Emergency Care Plan is written, agreed upon, and signed by the parent, Headmaster, physician, and school nurse.
3. Specific protocols are developed as a part of this plan including:
 - a. Permissible palliative care of the student.
 - b. Medical interventions permissible and not permissible for student including the conditions in which they can be performed.
 - c. The contact person in case of emergency.
 - d. The steps to be taken in case of impending or actual death.
 - e. Parent/guardian and school communications with EMS to develop appropriate protocols.
 - f. School transportation protocol in case of emergency episode on the school bus.
 - g. Plans for training and/or supporting the school staff and the student's peers.
 - h. Communication and collaboration with the family.
 - i. Emotional support of the student, family, and school personnel.
 - j. Hospice protocol, if indicated.
 - k. Pronouncement of death and transport from the school (if EMS will not transport the child's body to the nearest hospital).

Student confidentiality must be maintained as desired by the student and family. For students considered minors, the parent/guardian has the ultimate authority in deciding who is to be informed. In general, it is suggested that the following persons be informed of the DNR order:

- All school nursing health personnel and other school health providers assigned to the school.
- The student's teacher(s).
- School bus personnel.
- All school-based administrators.
- Any CPR-trained school staff.
- Local EMS personnel.
- School district administration

A listing of those who are to be informed of the order should be included in the written plan. The school nurse determines when activating the DNR order is appropriate but should ensure that all staff members who are informed of the DNR order are trained to respond appropriately when the child shows signs of distress.

The DNR order and related Individual Health Management Plan should be periodically reviewed with the parent, the appropriate school personnel, school nurse, physician, and emergency support.

EMERGENCY PLAN/PROTOCOL FOR DNR

Every effort should be made to transport the student from school at the first signs of deteriorating condition. If the student suffers distress, summon EMS (911) and follow the Individual Health Management/Emergency Plan for DNR order previously established by the physician, parent/guardian, school personnel, school nurse, and the District Nurse. Contact the parent/guardian if EMS is called.

When EMS arrives, the original DNR is presented to the EMS personnel. The original Texas Out-of-Hospital DNR Form containing the colored DNR logo should remain with the student for transport. Duplicates may be made by the student, health care provider organizations or attending physician as necessary for placement in the student's medical record or for ordering of identification devices. *Copies of the document lacking the colored DNR logo will not be honored by responding health care providers.*

The presence of a Texas DNR identification device on a person is sufficient evidence that the individual has a valid Out-of-Hospital DNR order. Therefore, either the form with the colored Texas logo or the device is sufficient evidence of the existence of the order.

In the absence of the original Texas form containing the colored DNR logo OR an approved identification device with the colored Texas DNR logo, all responding healthcare professionals will initiate full resuscitative efforts unless there is obvious indication of death per local policy.

If the student dies prior to being transported from school, seclude the student in a private area, while maintaining as normal an atmosphere as possible in the rest of the building. Follow pre-arranged plan for transport.

Appropriate school district personnel should be notified; the assistance of a crisis intervention team will be requested from the Headmaster.

Revocation: The Out-Of-Hospital DNR order may be revoked at any time by the student, Legal Guardian, or qualified relatives. The revocation will involve communication of wishes to responding health care professionals, destruction of the form, and removal of all or any DNR identification devices the patient may possess.

Special Considerations

The nurse will collaborate with the diagnostician to ensure that appropriate staff are aware of DNR procedures.

Contact should be made with local EMS services to inform them that a student at the school has a legally executed DNR order. A review of the protocol with the EMS personnel is desirable. Access the District support team as needed to provide support for school personnel and students.

DNR PROCEDURES

1. Student referred to Clinic Nurse upon Parent/Guardian request.
2. Parent provided with legal requirements for a DNR order.
3. Parent presents a valid DNR order that will go into effect when all preparations are in place.
4. Planning meeting scheduled with parent/guardian, school administrators, Clinic Nurse, fire department/EMS, and transportation personnel.
5. Individual Health Management/Emergency Plan is completed and signed by parent, school personnel, and physician.
6. DNR order and Individual Management/Emergency Plan is placed with student (copies are made for EMS, school administrator, nurse, and transportation personnel).
7. Individual Health Management/Emergency Plan discussed with appropriate school personnel and appropriate transportation personnel.

STANDARD ABBREVIATIONS FOR NURSE CLINIC CHARTING

a(line above)	before
ABO/TAO	antibiotic ointment
ac	before meals
abd	abdomen
ADD	attention deficit disorder
ADHD	attention deficit hyperactive disorder
ADL	activities of daily living
ad lib	as desired
AED	automated external defibrillator
appt	appointment
ARD	admission Review Dismissal
AROM	active range of motion
ASAP	as soon as possible
A&O	alert and oriented
BG	blood glucose
BID	bid twice in the day
BM	bowel movement
BP	blood pressure
BR	bath room
BS	blood sugar
bil/B(circled)	bilateral
c (line above)	with
c/o	complaints of
caps	capsule
cath	catheter (a tube used to drain out body fluid)
CDC	Center for Disease Control
CHF	congestive heart failure
cm	centimeter
cont.	continued
COPD	chronic obstructive pulmonary disease
CO2	carbon dioxide
CP	cerebral palsy
CPR	cardiopulmonary resuscitation
CXR	chest x-ray
/d	per day
dc	discontinue
DM	diabetes mellitus (diabetes)
DOB	date of birth
DTP, DTaP, Tdap	diphtheria tetanus and Pertussis
Dx	diagnosis
ECH	Early Child Hood
ECI	Early Child Intervention
ED	emotionally disturbed
e.g.	for example
ENT	ears, nose, throat
ER	emergency room

eval	evaluation
ft	foot
F/U FU	follow up
Fx,fx	fracture
G tube	gastric tube (a tube in the stomach)
GERD	gastroesophageal reflux disease
GU	genitourinary
gtts	drops
gyn	gynecology
H2O	water
H2O2	hydrogen peroxide
HHN	hand held nebulizer
hosp	hospital
hr	hour
HS, hs	hour of sleep, or at bedtime
ht	height
Hx hx	history
I & O	intake and output
IHP	Individual Health Care Plan
IM	intramuscular
INH	Inhaler
inj	injection
IPV	inactivated polio vaccine
IV	intravenous
L, lft	left
L1, L2, L3	refers to the lumbar section of the spine
lab	laboratory
lb.	pound
LLQ	left lower quadrant
LMP	last menstrual period
LRQ	lower right quadrant
LUQ	left upper quadrant
LVN	licensed vocational nurse
MD	medical doctor
med	medication
min	minute
mg	milligram
mm	millimeter
MMR	Measles, Mumps, Rubella
mod	moderate
MS	Multiple Sclerosis
N/A	not applicable
neg	negative
N/C	no complaints
NG, NGT	nasogastric (tube)
NIDDM	non-insulin dependent diabetes mellitus
NIP	no information patient
norm	normal
NPO	nothing by mouth
NSAID	nonsteroidal anti-inflammatory drug
N/V	nausea, vomiting

N/V/D	nausea, vomiting, diarrhea
NWB	non-weight bearing
OHI	other health impaired
OOB	out of bed
OPV	oral polio vaccine
ortho	orthopedic
OTC	over the counter
Oz	ounces
O2	oxygen
p (line above)	after
P	pulse
PA	physician assistant
pc	after meals
PDR	physician's desk reference (a drug handbook)
PEARL	pupils equal and reactive to light
PE	physical education
PG	pregnant
po	my mouth
prn	as needed or required
PROM	passive range of motion
pt	patient
PT	physical therapy
P/U	picked up
q	every
qam	every am
qh	every hour
q2h, q3h, q4h	every 2 hours, every 3 hours, every 4 hours, etc.
qhs	every night (hour of sleep)
R (circled), rt	right
re	about or regarding
reg	regular
req	request
resp	respiration or breaths
RICE	rest, ice, compression, elevate
RLQ	right lower quadrant
RN	registered nurse
R/O, r/o	rule out
ROM	range of motion
RR	restroom
RUQ	right upper quadrant
Rx	prescription
SA	stomachache
s (line above)	without
sc, subq	subcutaneously
SOB	short of breath
Sped, SpEd	special education
s & s, s/s	signs and symptoms
S/T	sore throat
staph	staphylococcus
stat	immediately
STD	sexually transmitted disease

strep	streptococcus
subq	subcutaneous
symp	symptom
T,temp	temperature
T1, T2, T3	refers to the thoracic section of the spine
tab	tablet, a tablet of medication
TB	tuberculosis
TBI	traumatic brain injury
Tbsp	tablespoon (15ml)
TID,tid	three times a day
T/O, t/o	telephone order
trach	tracheostomy
tsp	teaspoon measurement
Tx	treatment
U/A, u/a	urine analysis
URI	upper respiratory infection
UTI	urinary tract infection
VD	venereal disease
VO, v/o	verbal order
vs, VS, v/s	vital signs
W/D	withdrawn
WNL	within normal limits
w/o	without
wt	weight
x	times
y/o	years old
yr	year

COMMONLY USED SYMBOLS:

↑ increase	- negative
↓ decrease	Ø nothing, not, none
# number	= equal to
@ at	“ inches
o degree	‘ foot
> greater than	Δ change
< less than	
+ positive	