SCHOOL NURSE
ORIENTATION MANUAL

School Health Program

Child and Adolescent Health

Maternal and Child Health Services

OKLAHOMA
State Department
of Health

Developed 2004 Revised July 2022

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AN EQUAL OPPORTUNITY EMPLOYER

This publication was issued by the Oklahoma State Department of Health as authorized by Keith Reed, Commissioner of Health.

This manual is only advisory and is not intended as a substitute for legal advice from an attorney licensed to practice law in Oklahoma or as a substitute for policy statements by the employing school district regarding issues within the authority and discretion of each school district.

Introduction

School nursing is a unique nursing specialty. Often nurses come to the specialty area of school nursing from the clinical environment composed of peers working side-by-side. School nurses are often the lone health care professional in an educational setting charged with the task of meeting the complex health needs of children and their families. Many times, school districts do not have policies or protocols developed that assist the school nurse with professional expectations.

School nurses perform a pivotal role in the health and well-being of children, staff, and community, especially with the significant increase in the number of children and staff with chronic disease and special health care needs over the last few decades.

This manual has been developed to provide new school nurses an orientation to the practice of school nursing in Oklahoma. It contains links to current laws affecting school healthcare; information on supplies for a health room; emergency response; developing care plans for children with chronic diseases; fundamentals of Section 504 of the American Disabilities Act and Individual Education Plan (IEP) for children in need of modifications during the school day; appropriate delegation of care; resources, and sample forms. This manual will be updated periodically to assure school nurses have the most current information and resources.

If you, as a school nurse, have questions related to this manual or school nursing practice, please contact, Maternal and Child Health Service, Child and Adolescent Health, at the Oklahoma State Department of Health by calling (405) 426-8085.

Definition of School Nursing

The National Association of School Nurses (NASN) defines school nursing as:

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

As defined in the Oklahoma State Statute Title 70 Section 1-116:

“School nurse” means a person employed full time by a board of education who is a registered nurse, licensed by the Oklahoma State Board of Nurse Registration and Nursing Education, and is certified the same as a teacher by the State Board of Education. Provided, that any person who is employed as a full-time school nurse in any school district in Oklahoma who is not registered on the effective date of this act may continue to serve in the same capacity; however, such person shall, under rules adopted by the State Board of Education, attend classes in nursing and prepare to become registered.

Competency for School Nurse certification is found on the OSDE website at the bottom of the page Traditional Path for Oklahoma Teacher Certification | Oklahoma State Department of Education then to Application for Oklahoma School Certificate Guide.

If you have questions concerning your eligibility for certification, contact the Professional Standards Section at (405) 521-3337 or http://www.sde.state.ok.us/

School Nurse Position Statement

The Oklahoma Board of Nursing (OBN) believes that the Certified School Nurse is a Registered Nurse (RN) specialty. Certified school nurses are Registered Nurses licensed by the Oklahoma Board of Nursing, and who are certified by the Oklahoma Department of Education to provide care in the school setting. The Certified School Nurse has the educational preparation, critical thinking skills and clinical expertise essential to nursing in the school setting. Clinical expertise includes the ability to assess the nursing/health care needs of the student, develop a plan of care, implement a plan of care, and evaluate the outcomes. The Certified School Nurse promotes the optimum health of students facilitating the students' abilities to achieve their individualized educational goals. The Certified School Nurse facilitates positive student response to normal development; promotes health and safety; intervenes with actual and potential health problems; provides case management services; and actively collaborates with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning. It is the responsibility of the Certified School Nurse to know and adhere to the Oklahoma Nursing Practice Act (ONPA). The OBN acknowledges that students come to school with complex and diverse health care needs and should be provided an education in the least restrictive environment. The OBN recognizes that the school children of Oklahoma have the right to receive safe, appropriate specialized health services which may be required to assure the child's inclusion in the school environment. The OBN has the authority and responsibility to protect public health and safety by regulating nursing practice. As children enter the school system with complex nursing and health-related needs, the OBN believes that the Certified School Nurse establishes a nursing plan of care for students with complex health-related needs. The Certified School Nurse may be assisted in the provision of nursing services to ensure the delivery of safe, effective health care to all school children in Oklahoma in accordance with the ONPA, the OBN's Guidelines for Delegation of Nursing Functions to Unlicensed Persons, Decision-Making Model for Scope of Nursing Practice Decisions and other applicable statutes and rules.

Following the above definitions and position statements, a person designated as a "School Nurse", must be a Licensed Registered Nurse. A Licensed Practical Nurse (LPN) should not be called a school nurse. Per the Oklahoma Board of Nursing 'Nurse Practice Act', an LPN must be supervised by a licensed Registered Nurse to function in a school setting.

Standards of Professional School Nursing Practice

Licensed professional school nurses have an obligation to provide the highest quality of care within their specialty area. Standards of practice represent agreed-upon levels of quality in practice and reflect the values and priorities of the profession. They have been developed to characterize, measure, and provide guidance in achieving excellence in care.

Standards of nursing practice may be established in numerous ways:

1. National and state nursing and specialty nursing organizations have published position statements and other documents that provide direction for professional nursing practice and frameworks for the evaluation of practice.

2. Court cases have established precedents that may be used in determining the appropriateness of care.

3. State departments of education and/or health have established laws, regulations, and guidelines for providing health services in the school setting.

4. Licensing standards are established through individual state nurse practice acts to protect the public from incompetent professionals.

5. Professional nurses are also accountable to their employers for workplace practice. This may create conflict in the practice of school nursing because of discrepancies between education law and regulation and the laws and regulations that impact the practice of nursing.

School Nursing: Scope and Standards (American Nurses Association, 2021) define the role of the school nurse in providing school health services. This document may be used to assist school nursing personnel in articulating a practice role and in developing tools to assist in the evaluation of practice.

The standards of school nursing practice are written within a framework of the nursing process and include data collection, nursing diagnosis, planning, intervention, and evaluation. Standards of practice and the nursing process are essential tools for providing care for any individual in the school setting and for the development of individualized healthcare plans for students with special health care needs.

You may download a copy of the Oklahoma Nursing Practice Act by going to www.ok.gov/nursing. You can purchase a copy of the *Scope and Standards of Professional School Nursing Practice* through the National Association of School Nurses at www.nasn.org through the bookstore

Standards of Professional Performance for School Nursing

The Standards of Professional Performance for School Nursing describe a competent level of behavior in the professional role. All school nurses are expected to actively engage in professional role activities appropriate to their education, experience, and position. School 7 American Nurses Association and National Association of School Nurses -- pp xi through 9.

What Does the School Nurse Do?

The primary role of the school nurse is to support student learning by functioning as a health care provider and manager in the school setting. The school nurse:

1. Provides leadership in the development and promotion of a comprehensive health program.

2. Advocates for the health rights of children.

3. Promotes an optimal level of health for students and staff.

4. Serves as a consultant for the health concerns of students, families, and staff.

5. Promotes sound health care practices within the school and community.

6. Serves as a link between health care providers, families, staff, and community agencies.

The school nurse performs duties in a manner consistent with professional standards, state nurse practice acts, other state and local statutes and/or regulations applicable to school nursing practice, and adheres to school district policies.

A school nurse serves as the health professional coordinator for all school health programs.

What Services Does the School Nurse Provide?

1. Promotes and protects the optimal health status of children.
2. Develops guidelines for the management of illness and injury interventions.
3. Provides training to designated staff on recognition of signs and symptoms of illness and disease.
4. Performs health assessments, including screening for various health factors impacting student education, and participates in IEP development/meetings.
5. Performs nursing procedures such as ventilator care, gastrostomy feedings, tracheostomy care, catheterization, etc.
6. Provides assessments and interventions for students with mental health concerns.
7. Provides health education and counseling to help prevent teen pregnancy, sexually transmitted diseases, tobacco use, alcohol, substance abuse, wellness programs, and other health related issues.
8. Maintains, evaluates, and interprets cumulative health data to accommodate students' individual needs.
9. Provides chronic disease management and education.
10. Plans and implements Individualized Healthcare Plans (IHP) and services for children with disabilities and/or health conditions that interfere with learning, including medication administration and monitoring.
11. Develops partnerships and collaborates with local government agencies and other local resources.
12. Participates as the health consultant on school teams.
13. Promotes and assists in the control of communicable diseases through immunization programs, early intervention, surveillance, reporting, and follow-up of contagious diseases.
14. Recommends provisions for a healthy school environment conducive to learning.
15. Provides health education, health resources, wellness programs, and curriculum recommendations to the school staff.
16. Engages in research and evaluation of school health services.
17. Assists in the formation of health policies, goals, and objectives for the school district.
18. Coordinates school/community health activities and serves as liaison between school, home, community, and health care providers.
19. Creates and maintains local and federal resource lists.

Surviving Your First Year as a School Nurse

How to Begin

Once you have been hired, meet with the superintendent or a designee to learn the school district's school health program philosophy and expectations of the nurse's role in the school and the schedule. If the nurse is serving more than one building, the number of schools, the age/grade levels, the number and health needs of the students, and the number and health needs of special education students should be considered in developing the nurse's schedule.

How does a school nurse begin when there is no nurse supervisor or plans for an orientation by another nurse? Many resources are available to the school nurse who is practicing without the onsite support of other nurses. These include:

1. School Health Consultants with Maternal and Child Health Service (MCH), Oklahoma State Department of Health (OSDH).
2. School Nurse Organization of Oklahoma (SNOO).
3. National Association of School Nurses (NASN).
4. American School Health Association (ASHA).

At the beginning of the school year the school nurse should:

1. Meet the principal, teachers, classroom staff, custodial staff, and office staff.
    a. Arrange to provide an in-service to update the principal, school secretary, and office staff on any new immunization requirements for school enrollment.
    b. Arrange for a mailbox where messages may be received. Obtain access to the copy machine, a map of the school, and class rosters.
    c. Discuss with the principal how and when to call an ambulance, your schedule, lunch breaks and coverage during that time, and procedures when you are ill or for days you are not assigned to that school.
    d. Discuss with the principal establishing and training an emergency response team within the school.
2. Review school health policies and procedures.
    a. Does the school have a local Healthy and Fit School Advisory Committee? Review with the principal the role of the school nurse with that committee.
    b. Discuss with the principal what types of statistical data are to be collected on school nurse activities to provide accountability of the school health program.
3. Inspect the school health office, if there is one. Look at the clinic space, supplies, and available equipment. Compile a list of needed supplies and equipment and discuss with the principal how these will be ordered.

4. Find current student health records. Determine what type of health information is available and how confidentiality is maintained.

    a. Confer with the secretary about securing health information and immunization data on all new students. Ask how compliance with the immunization law is ensured.

    b. Who records the health information, including immunization information?

    c. How is the school nurse informed of students who have significant health problems?

    d. How current are the health records?

    e. Does the school district or individual school have policies regarding when and how to destroy old school or health records?

5. Arrange a meeting with the staff to describe the school nurse's role, and when and how students should be referred to the nurse. Recommend to the staff, that prior to sending a student home, have the nurse complete an assessment on the student, this may prevent an unnecessary absence.

    a. Provide the staff with a copy of the school nurse weekly schedule.

    b. Meet with local emergency response agencies to begin the process of developing an emergency response plan for possible school crisis situations.

    c. Review and update as needed the district's emergency response plan.

    d. Discuss the purpose and role of the school emergency response team.

    e. Set date(s) of training for members of the school's emergency response team in Cardiopulmonary Resuscitation (CPR), the use of the Automated External Defibrillator (AED), and first aid.

    f. Review the emergency response plan with the school's emergency response team and staff.

6. Meet with the special education lead teacher at each school site to determine:

    a. When the referral conferences are held.

    b. Who in that building notifies the school nurse when parent/guardian permission has been obtained for student testing?

    c. Who in that building will notify the school nurse when the IEP meeting is scheduled with the parent/guardian?

    d. How will the school nurse be informed of special education field trips and events in each building?

    e. How and when paraprofessionals and teachers will be trained to administer medication and provide specialized treatments.

7. Meet with the cafeteria manager and staff, school custodian, and bus drivers to determine how the school nurse can serve as a resource for them.

8. Determine to whom and how notification will take place when there is an observed or reported health hazard at the school.

9. Become acquainted with community agencies and resources.

10. Meet and discuss with various community agencies the availability of health-related or community services for school children and their families.

After assimilating the information listed above, the school nurse should develop a work plan which includes new, revised, and previously determined goals and objectives. The new school nurse should continue the programs in operation according to existing guidelines until an assessment can be made and the need for change determined.

If there are no written policies and procedures, identify those of top priority and prepare them for the superintendent and school board's approval. Basic policies should deal with:

1. Medication administration
2. Control of communicable disease
3. Infection control
4. Reporting of Child abuse and neglect
5. Establishing screening programs
6. Nursing care for illness and injury
7. Special health care needs
8. Disaster preparedness
9. General school health programs

Review state laws, practice acts, regulations, or rules that may have an impact on school health programs and school nursing services to ensure school health policies and procedures are not in conflict.

School nurse responsibilities will vary according to the goals of the school health program in the school district. The school nurse may be assigned to only one building or maybe the only nurse for an entire district. In either case, the school nurse may have the opportunity to be the school health program manager.

Even minimal school health programs should allow the nurse to engage in practices that include case finding, case management of identified health problems, and consultation with school personnel. These can be defined as:

1. Case finding by screening, observation, and direct referral:
    a. Obtain health information on all new students and update information on current students.
    b. Review school health records at regular intervals as defined by district or department policy or procedure.
    c. Conduct screening programs as recommended by district policy or procedure.
        i. Identify the need and establish a vision, hearing, and scoliosis-screening program.

ii. Assess and determine the need for additional screening programs.

d. Observation and nursing assessment of students.

e. Referrals from students, parents/guardians, and school personnel.

2. Case management of identified health problems:

a. Notification of parent/guardian, students and, when necessary, school personnel of screening referrals.

i. Record student screening results on the individual student's health record.

ii. Determine, with the school's legal counsel, the appropriateness of paraprofessionals recording individual screening results while remaining in compliance with the Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) guidelines.

b. Discuss with parents/guardians' health problems identified by review of school health records, health history forms, and nursing assessments. Make referrals for professional follow-up as indicated.

c. Make necessary recommendations for modifications in a student's IEP when necessary.

***If nursing services are required by a student they should be included as part of the IEP. The school nurse should be the designated professional to write those service goals and objectives in the student's IEP.**

d. IHP and Emergency Action Plans (EAP) should be developed to address the special needs of the student with chronic health conditions.

IHP and EAP give greater definition to the nursing goals and objectives written in the IEP and should be developed for those students as well as all students with chronic health conditions.

e. Make necessary recommendations for modifications through Section 504 of the Rehabilitation Act of 1973, hereafter known as the 504 Accommodation Plan for students with chronic health conditions.

i. School nurses are qualified to write 504 Accommodation Plans.

ii. IHP and EAP give greater definition to the goals and objectives written in the 504 Accommodation Plan and should be developed as a companion for students with 504 Plans.

f. Assist parents/guardians in finding appropriate health care providers when needed.

g. Track and document results of all referrals on the student's health record.

3. Consultation:

a. Evaluate health and developmental status of students with specific health concerns and those being evaluated for special education needs. Provide appropriate written reports to the referral source following nursing assessment.

b. Attend special education staffing for students with health problems or concerns, identify the educationally significant health care needs and assist in developing the IEP.

    i. Share pertinent information from IHP and EAP for students with chronic health conditions that require attention by school staff, even if the student does not receive services through an IEP or modifications through a 504 Plan.

    ii. Chronic health conditions may include diabetes, asthma, cancer, epilepsy, etc.

c. Serve as health consultant to school personnel in health promotion/education instruction.

d. Serve as liaison between parent/guardian, school, and community health care providers on health matters.

e. Develop school health policies and procedures.

    i. Provide training and monitoring of other school staff members who will implement those policies and procedures.

    ii. Develop programs for training paraprofessionals/volunteers to assist with initial screenings.

    iii. Research and establish community resources that may provide assistance with initial screenings. These community resources may also be referral resources when students are in need of professional evaluation

School Nurse Activities by Month

These activities can be adapted for extended school year programs, i.e., year-round school programs, though presented for a traditional nine-month school year. Some of these activities may be assigned to paraprofessionals for completion. However, the school nurse is responsible for training and follow-up with the paraprofessional to ensure those assigned tasks are completed in an appropriate manner.

First Month of School

1. Create letters to parents/guardians and students with a brief introduction of you, the nurse and inform them where the health office is located and what health services are available.

   This can be attached to the letter sent by the school principal at the beginning of the school year.

2. Verify working order of equipment and request repairs as needed. Order and stock first aid supplies.

3. Evaluate School First Aid Procedures. Who will provide? Where? How will it be documented? If there is a clinic, how will first aid and contagious illness evaluations be separated for infection control?

4. Evaluate/Prepare nursing documentation system to allow for easy weekly/monthly clinical statistic record keeping and reporting.

5. Review emergency and crisis plans related to emergencies and disasters.

    a. Review and update emergency care plans for students with chronic health disorders such as asthma, seizures, diabetes, and catastrophic events such as suicide attempts or threats, and death of a student on or off campus.

b. Review and update emergency response plans related to natural and man-made disasters such as tornadoes, earthquakes, explosions, violent incidents, student assaults, playground hazards, hostage situations, etc.

c. Check availability and condition of emergency supplies.

d. Review the local school and district chain of command during emergency/disaster/catastrophic events to ensure the quick and appropriate response by school staff.

e. Contact the local emergency response team of your community including fire, police, and ambulance services. This can help determine response times if ever needed.

6. Check student records for compliance with the immunization law.

    a. Are new students being informed of requirements?

    b. Who is checking immunization dates for compliance?

    c. Who will fill out the immunization report? (Oklahoma Kindergarten Immunization Survey through Oklahoma State Department of Health; example in the Appendix)

7. Set up medication documentation records.

    a. Secure necessary authorizations from parents/guardians and health care providers, including consent to provide emergency care, medication, specific care, records release from physician to the nurse, etc.

    b. Train and monitor school personnel who may be administering medication in the nurse's absence and when students are on field trips.

    c. Communicate with students, parents/guardians, school personnel, and health care providers as needed to ensure safe delivery of medications in the school.

8. Check health records for students who have chronic health conditions.

    a. With parents/guardians written permission, notify permission notify teachers of students who need adjustments in the classroom because of vision, hearing, or physical problems.

    b. With written parents/guardians' permission, confer with teachers regarding students who have chronic health conditions explaining limits and potential problems or emergencies.

    c. Develop with parents/guardians, and provide teachers, with emergency action plans.

    d. Develop with parent/guardian, and when appropriate the student, individualized healthcare plans for appropriate management of chronic health conditions in the school setting.

9. Update health records as soon as student placement is established.

    a. Obtain class lists of all students enrolled according to grade level.

    b. Check health records against class lists to ensure a health record has been established for each student.

10. Ask all staff in the building to complete a short health form indicating current health conditions, medications, health care provider, and daytime emergency telephone numbers.

11. Set up a screening schedule for the year and obtain the principal's approval.

    a. Schedule use of paraprofessionals and/or community resources for screening assistance.

    b. Make sure screening equipment is in working order.

    c. Consider providing vision, hearing, and scoliosis screening during a Health Fair or a Health Screening Day format.

12. Meet with the building principal and ask for time on the next staff meeting agenda to:

    a. Provide staff in-service training on handling blood and body fluids and basic first aid on seizures, respiratory and diabetes emergencies, and injuries.

    b. Discuss plans and organization of a health program for the school year.

13. Attend faculty meetings at each assigned school to discuss the health program and procedures for referral of a student to the nurse.

    a. Confer, with the principal and school counselor(s) about students for whom you have physician statements to exclude from regular physical education classes. Students with physical education exemptions from the previous school year should be reviewed for extension of the physical education exemption.

14. Observe each assigned school’s environment for unhealthy or unsafe conditions related to lighting, seating, floors, stairs, ventilation, and sanitation.

    a. Confer with the principal about any observed concerns a minimum of two times per year or as often as the need arises.

    b. Follow district procedures for correcting unhealthy or unsafe environmental conditions.

    c. Document in writing the report of observed environmental concerns to school and district administrators. Keep one copy for your files and send the original documentation to the building/district administrator.

15. Review all student emergency contact cards in your assigned schools.

    a. Follow-up with the parent/guardian of students who do not have current emergency contact information on file.

16. Contact parent/guardian of students known to have special health care needs to review or develop individualized healthcare plans and emergency action plans that address student special health needs.

    a. Obtain necessary parent/guardian and physician authorization and orders for specific procedures.

    b. Identify, train, and monitor school staff or paraprofessionals as appropriate to meet individual student’s special health needs.

c. After obtaining appropriate written consent, share information with teachers regarding special health conditions of students in their classes.

17. Begin the nursing assessment of students newly identified for special education evaluation.

    a. Participate in special education staffing or IEP meetings for students who have special health care needs or require some type of nursing service.

    b. Attend school nurse staff meeting(s).

18. Work with the school's Healthy and Fit Advisory committee to improve the health of students and staff.

    If you are working as the only school nurse in a school district, contact OSDH for information on regional and statewide meetings.

Second Month *(* items are those that need to be repeated from month to month. They will not be listed in each month of the following outline.)*

1. *Submit a written monthly report of school nurse activities and student/staff nursing visits during the first week of this month. Copies should go to principal, school nurse administrator, and/or other appropriate school nurse supervisory personnel.

2. *Proceed with scheduled screenings.

    a. Vision, hearing, and scoliosis.

    b. Follow-up on referrals from counselors, teachers, parents/guardians, or students regarding possible problems with students' vision, hearing, or health.

3. *Review emergency/crisis plans and check availability and condition of emergency supplies.

4. *Continue to check student records for compliance with immunization requirements for school enrollment.

    a. Review records of students newly enrolled.

    b. Send referrals to parents/guardians of students who require additional immunizations to meet the requirements for school enrollment.

5. *Monitor medication administration records of students receiving medication during the school day.

    Review medication administration procedures with designated school staff.

    a. Review treatment routines for students requiring specialized medical treatments during the school day.

    b. Report and document activity related to medication administration or treatment errors to the school principal.

6. *Begin the nursing assessment of students newly identified for special education evaluation.

7. Participate in special education staffing or IEP for students who have special health care needs.

8. *Bring the health records up-to-date as soon as newly enrolled students' placements are established.

9. *Attend school nurse staff meetings.

10. *Monitor causes of absenteeism among students throughout the school year.

    a. Report suspected or diagnosed communicable diseases to the county health department as defined by state law and the Oklahoma Administrative Code (OAC) 70 O.S. § 1210.194 and OAC 310:520.

11. Keep the principal apprised of unusual illnesses or outbreaks of communicable diseases.

12. *Attend staff meetings to address any questions related to school safety and health or to provide in-service training to staff on health topics.

Third Month

1. *Continue with scheduled screenings, re-checks, and referrals.

2. Document results and referrals on the permanent health record.

3. *Respond to health promotion/education needs for individual students and in the classroom as teachers request.

4. Review district's curriculum on health. Gather information about health curricula from state and national sources.

5. Continue work on asterisked (*) items from the Second Month.

Fourth Month

1. Continue work on asterisked items (*) from the second and third months.

2. If the fourth month is in December, submit the December Health Services report to the Principal and Administrators before the holiday break.

Fifth Month

1. Dental Health Month is in February. Begin planning special dental education programs for the next month.

    a. Check with other area school nurses and with community agencies for support with your dental education programs.

    b. Arrange with schools and community resources for dental health screenings.

2. Review second semester enrollment for students with chronic health conditions.

   Obtain permission from parent/guardian to share with the appropriate teachers', information on students' chronic health conditions that may impact classroom activities and/or attendance.

3. Ask to be placed on the agenda for the monthly Parent Teacher's Association meeting to discuss the school health program and its impact on school attendance and learning.

4. Continue to work on asterisked items (*) from the previous months.

Sixth Month

1. Conduct or facilitate dental screenings as organized during the previous month.
2. Conduct dental education programs as planned in the previous month.
3. Review district health forms and documentation system.
    a. Discuss with administration any forms or documentation that needs to be changed based on current state and/or federal laws or regulations.
    b. Develop new forms, if applicable, and submit for administration approval.
4. Review and adjust, as needed, the goals, objectives, and outcomes on current IHP and EAP.

Seventh Month

1. Follow-up with parent/guardian on referrals from screening programs. (Note: parent/guardian conferences or making home visits, as allowed by the school district, may be required).
2. Complete screening rechecks, referrals, and documentation.
3. Review and evaluate current school health programs to date.
    a. Begin planning for desired changes to be made during the next school year.
    b. Review the school health program evaluation with school administrators and present ideas for desired changes.
4. Continue to work on asterisked items (*) from the previous months.

Eighth Month

1. Follow-up on vision, hearing, scoliosis, and dental screening referrals from preceding months.
2. Review all health records to be sure a record has been established for all students enrolled in the school.
3. Complete all screenings and screening referral follow-ups.
4. Review the health records of students who will be advancing to another grade level outside of their current building placement (elementary to middle school and middle school to high school).
    a. Update the immunization record as needed.
    b. Prepare a list of students known to have chronic health conditions to be shared with the school nurse at the receiving school.
5. Begin making plans with parents/guardians, students, teachers, and administrators for students requiring special health care needs next school year.
6. Continue to work on asterisked items (*) from the previous months.

Ninth Month

1. Follow-up with parent/guardian and students on screening referrals.
2. Participate in the school's Kindergarten pre-enrollment day.
    a. Obtain health information as needed.
    b. Review immunization records for adequate immunizations for school enrollment as defined by state law. Make referrals for children who do not meet immunization requirements for school enrollment.
3. Transfer school health records for students moving from one grade level to another.
    a. School health records to move to the new school include immunization records, medication authorizations and administration documentation, IHP, and EAP.
4. Prepare for distribution of student health forms needed at the beginning of the next school year, (i.e., authorizations for medication administration)
    a. Review distribution mechanisms with the principal.
5. Review all health records and complete all health documentations.
6. Submit health office supply request for the next school year.
7. Complete and submit the annual school health program report to the principal and other school district administrators as indicated.
8. Prepare the health office for the close of school.
    a. Secure remaining equipment and supplies.
    b. Remind parent/guardian to pick up leftover medications or discard according to established district protocols.
    c. Send equipment for repair, if needed.
    d. Send audiometer for calibration.
9. Submit an Annual Health Services report to the Principal and Administrators.

Recommended School Health Office Equipment

- Desk with lockable drawers
- Telephone (separate line for computer use)
- Computer (with network access, monitor, disc drive, CD drive, printer, and privacy features to ensure confidentiality of information)
- Four drawer lockable file cabinet for student health records and instructional materials

- 3 or 4 chairs for students
- Lockable medication cabinet
- Reference materials, including first aid manual, medication reference, guide to specialized health care procedures, School Nurse Resource Manual, medical dictionary, etc.
- Cot – at least one cot per 300 students is recommended
- Screening equipment (audiometers, vision charts, blood pressure cuff, stethoscope, balanced scale, wall mounted stadiometers for measuring height, etc.)
- Blanket and pillow with disposable or plastic covers
- Sharps container
- Biohazard receptacle
- Wall mounted liquid soap dispenser
- Wall mounted paper towel dispenser
- Pedal controlled covered waste receptacle with disposable liners
- Eye wash station
- Clock with second hand
- Otoscope/ophthalmoscope
- Flashlight
- Gooseneck lamp and/or magnifying lamp
- Portable stretcher
- Wheelchair

Adapted from the National Association of School Nurses “School Nursing Practice: An Orientation Manual” and the School Nurse Organization of Oklahoma “Handbook”

Recommended First Aid Supplies for the School Health Office

- Bandages (including adhesive and elastic, of various types and sizes)
- Gauze pads (prefer non-stick) of various sizes
- Tape of various types and widths, hypoallergenic
- Basins or bags (emesis, portable)

- Cold packs (instant or gel)
- Cotton tipped applicator
- Cotton balls
- CPR masks (pediatric and adult)
- Disinfectant spray/wipes for surfaces and body fluid spills
- Vinyl gloves (not made with natural rubber latex)
- Disposable gown
- Eye irrigating bottle
- Eye pads
- Masks
- Paper cups (medicine, drinking)
- Plastic bags (large and small, resealable)
- Safety pins
- Feminine sanitary products
- Scissors
- Record forms (emergency cards, logs, medication, sheets, accident reports, etc.)
- Slings and/or triangular bandages
- Soap (in a dispenser)
- Assorted splints
- Tissues
- Tweezers
- Goggles
- Tongue blades
- Bandage shears
- Stethoscope

- Blood pressure cuff (adult and pediatric)
- Penlight or flashlight (not LED)
- Biohazard waste bags and receptacles
- Sharps container
- Pen/pencil
- Clipboard
- School approved Emergency Guidelines

First Aid

School authorities are responsible for the health and safety of students and staff while in attendance, as well as the safety of others, when they are on the school premises. Illnesses and injuries may range from minor to life threatening and school personnel must be prepared to respond.

The role of the school nurse includes assessment of and intervention with students, staff, and community when on site, who are acutely ill, recently injured, or experiencing problems with chronic health conditions.

Primary responsibility for emergency care rests with the school nurse. However, as school nurses may cover more than one building in the school district, other school personnel may be required to provide initial assistance, including provisions of safety and comfort as well as prevention of further injury until more qualified help arrives.

The saying, “prevention is the best medicine,” applies to emergencies in the school setting. Schools that promote safety and wellness create a safe environment for students, employees, and visitors. Just as one assesses individual students for injury or illness, so should the school be assessed for health. The assessment should include the adequacy of in-school and community resources in response to emergency situations. Based on this assessment, the school nurse collaborates with school and community professionals to suggest recommendations for promoting safety and wellness and responding to school emergencies.

The absence of ideal circumstances does not relieve a school of its responsibility for providing appropriate care. Because the school nurse frequently is responsible for health care in more than one school, an important task is to plan and to teach others, usually non-medical persons, at each school site to recognize signs and symptoms of illness and to give immediate and temporary care when necessary.

The school nurse should collaborate with the building administrator to help determine who would be the best person to assume the delegated first aid responsibilities. The school nurse should provide this person(s) with written guidelines, training, monitoring, and evaluation in appropriate emergency response measures. School policies and procedures concerning first aid responses to illnesses, injuries, and diseases should be formulated to include:

- Identification of school and community resources
- Acquisition of necessary equipment and supplies
- Process for collecting emergency contact information

- Notification protocols for ill or injured students
- Transportation protocols
- Documentation and reporting procedures when an emergency occurs
- Evaluation of the policies and procedures that also includes how serious or questionable incident responses will be investigate
- Procedures for correcting identified problems

Prior to the beginning of each school year, the building administrator should identify the person(s) who will assist with first aid and emergency care. The school nurse should work closely with these staff members to ensure their understanding of the school district's policy and procedures for emergency care. Staff members designated to assist with emergency care situations should be required to take, basic first aid, CPR, and the use of the AED, courses to ensure appropriate actions in response to an emergency illness or injury situations. In addition, these staff members should be familiar with specific district policies and protocols for administering medications, location of information regarding special medical instructions for students with known health conditions, school policy regarding sending students home, and universal precautions (hand-washing, proper donning of gloves, gloving, proper disposal of contaminated wastes, etc.).

Record Keeping and Confidentiality

Documentation is preparing or assembling records to authenticate the care given to students and the rationale for giving that care. Documentation is critical to the development and maintenance of a high-quality school health program. It is essential to the practice of professional nursing and is a fundamental component of the nursing process. In the school setting, nurses require methods of documentation that:

- Promote optimal health services for students
- Support student learning
- Foster appropriate sharing of information
- Protect student and family confidentiality
- Enable school and community to recognize nursing contributions to the health and learning of students
- Meet the standards of professional school nursing practice
- Provide necessary data for research, funding initiatives, and quality control
- Compatible with computerized nursing classification languages and client information systems

School districts should have clear policies and procedures regarding the types, maintenance, and protection of school health records, access to those records, and confidentiality of student health information, which reflect requirements of federal and state statutes. District policies and procedures should address records sent to the district with parent/guardian permission, disposition of records when a student leaves the district, and record retention and destruction schedules.

Basic Principles of Documentation

- Nursing documentation should be accurate, objective, concise, thorough, timely, and well organized.
- Entries should be legible and written in black ink.
- The date and exact time should be included in each entry.
- Any nursing action taken in response to a student problem should be documented.
- Both positive and negative findings should be included in the nursing assessment data.
- All progress notes, individualized health care plans, flow charts, etc. should be kept current.
- Documentation should include only essential information.
- Documentation should be based on nursing classification languages.
- Precise measurements, correct spelling, and standard abbreviations should be used.
- The frequency of documentation should be consistent over time, based on district policy nursing protocols, and acuity of the student's health status.
- Standardized health care plans increase efficiency and are acceptable as long as they are adapted to the individualized needs of each student.
- Subjective data should be documented in the student's own words.
- Objective data, relevant to the student's care, should be recorded; personal judgments and opinions of the nurse should not be included.
- Reference to district problems, such as staff shortages, should not be included in student records.
- Words should not be erased or whited-out. Draw a single line through an error, initial and date the entry, and write the correct entry following the section that has been struck out.
- Documentation should include any variation from standard protocols and any unusual student circumstances or situations.
- Notifications regarding changes in student health status or unusual findings should be documented in detail.
- The content of telephone consultation and direction to assistive personnel should be documented.
- Prescriber orders should be included in the health record for nursing interventions.
- Written prescriber orders are preferable to faxed or verbal orders; faxed prescriber orders are preferable to verbal orders.

Electronic Records

The use of electronic health record keeping is increasing as schools are providing more nurses with computers. The standards for electronic health records are similar to those for paper documentation with additional requirements.

First, the school nurse needs to be able to control access to electronic health records, generally accomplished by the use of multilevel passwords. Passwords are necessary to enter the system, but the school nurse can assign different levels of access to system users to allow health aides or secretaries read-only capabilities. Passwords also allow the school nurse the ability to verify how and when a record was created and verifies the author of the record.

Another vital feature of computerized record keeping is 'over-write protection'. As with paper records, health information on an electronic record cannot be altered or removed and any updates must not alter data originally entered into the record. All information should be backed up at regular intervals to retain records in the event of mechanical failure or a natural disaster.

Records backed up to compact disks (CDs) should be kept in a secured location.

In the school setting, issues related to confidentiality of health records must be addressed. Schools must comply with FERPA, adopted in 1974. Local school districts should have policies in place to address compliance with this law. Maintenance of confidentiality of student health information is an ethical standard for school nurses. This is not an easy issue. School nurses must find the balance that respects the right of parents/guardians and students to control their own information and share necessary information appropriately with school team members to ensure student health and safety and promote learning.

HIPAA of 1996 required the United States Department of Health and Human Services to develop a series of rules governing health information. In general, the rules are intended to standardize the communication of electronic health information between health care providers and health insurers. The rules are also intended to protect the privacy and security of individually identifiable health information.

FERPA and HIPAA laws are in place to protect the privacy of client records and individuals.

- School nurses who are employees of their school districts are not subject to HIPAA, but are required to keep health information in student records confidential under FERPA laws.

- FERPA allows release of student health records to persons in a school who need the information in order to provide education.

- Schools that bill private insurers or Medicaid for health services provided to a student may be engaging in HIPAA-covered transactions which could bring the school district under HIPAA regulations.

- School nurses accustomed to calling doctors, hospitals, and clinics for student immunization records that are required for school admission may find providers unwilling to provide such information without written parent/guardian authorization, since HIPAA privacy protection applies to preventive health care as well as other treatment and there is no exemption in the regulations for immunization records.

- School immunization records are required for school entry thus making them a part of school records that are covered by FERPA laws. The school nurse must have written permission from the parent/guardian to release a student's immunization information to another organization or agency.

School based health centers operated by HIPAA covered entities, such as hospitals or public health departments, are subject to HIPAA and may not release student health information to the schools in which they are situated since most schools are not HIPAA covered entities.

Overview of Medication Issues

School districts have a responsibility to provide an environment in which learning can occur optimally for all students. The purpose of school health services is to allow students to participate fully in their learning by preventing, removing, and/or reducing health-related barriers. Many students require medication that may be given daily on an ongoing basis for chronic illnesses or episodically for short-term illnesses.

Both the Federal Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act require public schools to provide appropriate services to enable students with disabilities to attend school. This includes the administration of medication, which allows students to be full participants in their learning.

To provide for the best possible medical outcome, schools need to develop protocols to prevent medication error. The focus is on a systems approach that ensures the safekeeping of medication and delivery of medication at the prescribed time. It is appropriate to develop a system of accountability for students who carry and self-administer their own medications.

School nurses and district personnel must be aware of the Oklahoma laws and regulations that guide its educational system and the role of nursing as defined in the Oklahoma Nurse Practice Act, *Oklahoma Statutes, Title 59, Chapter 12, Section 567.1 et seq*. School nurses may delegate the administration of medication to other school personnel as designated by the building administrator according to State Statute 70 O.S. § 1-116.2. This delegation occurs after the school nurse has performed an assessment of the student, developed an individualized health care plan for the student, and determined the competency of those designated by the building administrator to perform the task. Competencies of the designated school personnel are assessed in accordance with the training, supervision, and evaluation procedures established by the school nurse in relation to the Oklahoma Nurse Practice Act.

The **Oklahoma Board of Nursing Policy/Guideline #P-02 "Delegation of Nursing Functions to Unlicensed Persons"** states:

1. Licensed nurses (Registered Nurse/Practical Nurse) within the scope of their practice are responsible for all nursing care that a client receives under their direction. Assessment of the nursing needs of a client, the plan of nursing actions, implementation of the plan, and evaluation of the plan are essential components of nursing practice. **Unlicensed personnel may be used to complement the licensed nurse in the performance of nursing functions, but such personnel cannot be used as a substitute for the licensed nurse**.

   General Criteria for Delegation. *Delegation of Nursing tasks* to unlicensed persons shall comply with the following requirements:

   a. "The licensed nurse delegating the tasks is responsible for the nursing care given to the client, and the final decision regarding which nursing tasks can be safely delegated in any specified situation is within the specific scope of that licensed nurse's professional judgment;

   b. The licensed nurse must make an assessment of the client's nursing care needs prior to delegating the nursing task;

c. The nursing task must be one that a reasonable and prudent licensed nurse would assess to be appropriately delegated; would not require the unlicensed person to exercise nursing assessment, judgment, evaluation, or teaching skills; and that can be properly and safely performed by the unlicensed person involved without jeopardizing the client's welfare;

d. The unlicensed person shall have documented competencies necessary for the proper performance of the task on file with the employer. Written procedures shall be made available for the proper performance of each task; and

e. The licensed nurse shall adequately supervise the performance of the delegated nursing task in accordance with the requirements of supervision as found in 59 O.S. § 567.1 et seq. *Nursing tasks that <u>may</u> be delegated* are those that do not require nursing assessment, judgment, evaluation, and teaching during implementation; such as:

    i. The collecting, reporting, and documentation of simple data; and

    ii. Tasks that meet or assist the client in meeting basic human needs, including, but not limited to: nutrition, hydration, mobility, comfort, elimination, socialization, rest, and hygiene.

f. Nursing Tasks That May Not Be Delegated. By way of example, and not in limitation, the following re nursing tasks that are not within the scope of sound nursing judgment to delegate:

    Nursing tasks that require nursing assessment, judgment, evaluation, and teaching during implementation; such as:

    i. Physical, psychological, and social assessments that require nursing judgment, intervention, referral, or follow-up.

    ii. Formulation of the plan of nursing care and evaluation of the client's response to the care provided.

    iii. Administration of medications except as authorized by state and/or federal regulations.

The school nurse must document and inform the building administrator if a designated school staff member is unable to demonstrate the competencies required for safe medication administration. In this situation, the school nurse will work with the building administrator to identify and train another designee to administer medication at school. If the building administrator designates staff to administer medications without consulting with the school nurse, the school nurse remains responsible for locating, training, and documenting the training provided by all those designated by the building administrator to administer medications.

School nurses manage and supervise the administration of medication and understand the purpose and recommended dosages for all medications administered in school. In accordance with standards of nursing practice, school nurses may refuse to administer any medication that, based on the nurse's professional judgment, has the potential to cause harm. This may include medications that exceed recommended dosages. If a question arises, it is the responsibility of the school nurse to notify the parent/guardian and the prescriber of the reason for the concern.

Sometimes conflict between the Oklahoma Nurse Practice Act and school district procedures arise if the building administrator designates the delegation of nursing tasks to unlicensed individuals without active participation and training by the school nurse. The school nurse should assist the school district, school board, superintendent, and principal in developing policies and procedures that provide uniform standards for safe and proper

administration of medications in the school setting and recognize the role of the school nurse in managing and supervising medication administration activities. The school policies and procedures must conform to state statutory regulations, taking into consideration both education law and the Oklahoma Nurse Practice Act. District policies and procedures must be communicated to district administrators, school staff, parent/guardians, students, and community health providers on a regular basis.

Administration of Medications in Schools

1. Medication guidelines/policies should be written in a format consistent with other school health policies. In the absence of such policies, the format recommended includes the following sections:
    a. Rationale
    b. Structure criteria
    c. Process criteria
    d. Outcome criteria
2. Specific considerations for medications given in school:
    a. Must be given only with parent/guardian written permission.
    b. May be given on the written authorization of a physician or other health care provider (i.e., nurse practitioner with prescriptive authority or physician assistant).
        i. The written authorization must include:
            1. Student's name
            2. Name of the medication
            3. Dosage
            4. Route of administration
            5. Frequency and time interval of administration
            6. Conditions under which PRN medications should be administered
            7. Reason for medication
            8. Date written
            9. Prescriber's name, title, signature, and telephone number
            10. Self-administration orders if indicated and appropriate
            11. Parent/guardian signature
        ii. The pharmacy label does not take the place of written authorization of the parent or legal guardian.

c. Long-term authorization for medications from legal prescribers must be renewed annually.

d. Medication is given from the original, properly labeled pharmacy container that includes on the pharmacy label the following information:

    i. Student's name

    ii. Name of the drug

    iii. Dosage

    iv. Route of administration

    v. Time interval

    vi. Date of expiration (not always included on pharmacy label)

e. Over-the-counter medication must be in a container with the manufacturer's label identifying the medication. Dosage schedule, as well as the student's name, must be on the container. Parents/guardians must give written permission for the administration of over-the-counter medication.

f. Always check the date of expiration.

g. Medications must be stored in a securely locked, clean container or cabinet. Medications requiring refrigeration must be kept refrigerated in a secure location.

h. School personnel administering medication to a student must record the administration information on a record/medication form that indicates:

    i. Student's name

    ii. Medication

    iii. Dosage

    iv. Route of administration

    v. Time

    vi. Name of person administering the medication

i. Parents/guardians will be advised to pick up any unused portions of the medicine at the end of the school year, if the student transfers to another school, or if the medication is out of date. If the parent/guardian chooses not to pick up the unused or expired portions of the medication, it must be disposed of according to district policy.

j. This type of discard should have the approval of the parent/guardian, if possible.

k. The discard must be witnessed by another school employee such as the principal, secretary, or another school nurse and documented with the signature of both the person discarding the medication and the witness.

NOTE: Medications that need to be discarded may be placed in unused cat litter or in used coffee grounds and placed in the trash. Check with your local Sheriff's office for drop boxes of other types of medication that need to be disposed of (i.e., inhalers, epi-pens, insulin pens, etc.)

3. Emergencies related to the administration of medications in schools:

    a. An information system for properly monitoring emergencies should be established in terms of notifying parents/guardians, school nurses, emergency personnel, and family physician.

    b. Current emergency telephone numbers should be available to permit contact with parents/guardians in the event of an emergency.

    c. School personnel need training and rehearsal of the procedures to follow in case of an emergency.

4. Controlled Substances are medications classified by the Drug Enforcement Agency (DEA) as substances that have a potential for addiction or abuse.

    The DEA has five schedules Class I through Class V.

    a. Class I medications have no legal medical uses and include illegal drugs and those used for research in institutionalized patients, have a high potential risk for abuse, and include opiates, opium derivatives, and hallucinogens.

    b. Class II medications have legal medical uses and high abuse potential, which may lead to severe dependence. They are narcotics, amphetamines, barbiturates, and others.

    c. Class III medications have legal medical uses and a lesser degree of abuse potential, which may lead to moderate dependence.

    d. Class IV medications have legal medical uses and low abuse potential, which may lead to moderate dependence. They include barbiturates, benzodiazepines, propoxyphenes, and others.

    e. Class V medications have legal medical uses and low abuse potential, which may lead to moderate dependence. They include narcotic cough preparations, diarrhea preparations, and others.

        i. Some medications such as Ritalin® (methylphenidate) are not narcotics, but are classified as Class II because they have abuse potential.

        ii. All Class II medications, such as Tylenol with Codeine®, Oxycontin®, Fentanyl®, Ritalin®, etc. should be kept under additional security because of the potential for abuse.

5. Controlled drugs must be counted upon arrival at school with a witness (another school nurse, principal, trained teacher) and daily by the individual administering the medication.

    a. All counts of controlled substances must be documented to include date, time, and signatures of the individual counting the medications and the witness.

    b. Discrepancies in the controlled substance medication count must be reported to the designated school authority. Count discrepancies in Class I through Class V medications may necessitate a report to legal authorities, and should be reported to the student's parent/guardian.

Delegation of Medication Administration in Schools

1. Purpose: Provide the participants with the basic knowledge of pharmacology, federal regulations, state law, and district policy to safely administer and/or monitor the student receiving oral, topical, and inhalant medications at school.

2. Objectives: Upon completion of the training, participants will demonstrate the following competencies:

    a. Be able to read a medication label accurately.

    b. Be sure to correctly follow directions on a medication label.

    c. Know and carry out the correct procedure for re-labeling a medication when the original label is detached, damaged, soiled, or otherwise unreadable.

    d. Develop a uniform procedure for disposing of unlabeled or expired medications.

    e. Demonstrate the proper storage of prescription and over-the-counter medications.

    f. Demonstrate correct record keeping regarding medications given to and/or self-administered by students.

    g. Demonstrate correct, accurate notations on the record if medications are not taken/given either by refusal or omission.

    h. Describe the proper action to be taken if a medication is not taken/given either by refusal or omission.

    i. Be able to use resources correctly, including the school nurse, physician, pharmacist, or emergency services when problems arise.

3. Tasks assigned to designated school personnel giving medications:

    a. Assist students to take prescribed or over-the-counter medications or remind students to take medications.

    b. Tasks are assigned only to school personnel designated by the building administrator and trained by the school nurse to administer medications.

4. The school nurse must keep a record of training to include but not limited to:

    a. Name(s) of person(s) trained

    b. Date of training

    c. Type of training provided

    d. Tools used in training

    e. Criteria for skill mastery

    f. Skill mastery demonstration

g. Schedule of training updates

h. Schedule and documentation of periodic on-site observations

5. Training should include:

   a. State law **Administration of Medicine to Students 70 O.S. § 1-116.2 and Self Administration of Inhaled Asthma or Anaphylaxis Medication 70 O.S. § 1-116.3.**

   b. District policy regarding medication administration.

   c. How to obtain medication administration information from the physician's order or label directions from an over-the-counter medication and/or from the care plan developed by the school nurse.

      i. The school district **may** obtain a prescription from a licensed physician to purchase and maintain a minimum of two (2) Epinephrine auto-injectors in a school location.

      ii. The school district **may** obtain a prescription from a licensed physician to purchase and maintain an emergency inhaler and spacer devices in a school location.

   d. How to obtain parent/guardian written permission to administer medication in the school setting, including emergency medications such as epinephrine purchased and stored at each school site.

   e. Federal regulations regarding accountability and administration of controlled substances (Ritalin, Adderall, Dexedrine, etc.)

   f. Specific instructions for the administration of each student's medications including:

      i. Right student

      ii. Right time

      iii. Right medication

      iv. Right dosage

      v. Right route of administration

   g. How to avoid touching pills and capsules.

   h. How to appropriately witness the student taking medication.

   i. Dispersing medication one student at a time to avoid possible errors.

   j. How to record the time of administration of medication and any observed effects.

   k. How to report any unusual reactions.

   l. How to relay information to the school nurse regarding any problems.

   m. How and when to seek further instructions from the school nurse regarding uncertainty about medications being asked to administer or changes in medication orders.

Communicable Disease and Infection Control

School nursing was established 100 years ago in New York City because of rampant communicable diseases that translated to excessive school absences. Communicable diseases are leading causes of child morbidity and school absences that require special consideration in the school setting.

Oklahoma addresses communicable diseases and school attendance in state statute

70 O.S. § 1210.194. The OSDH also addresses provisions to prevent the spread of communicable diseases in the Oklahoma Secretary of State Office of Administrative Rules Section 310 Chapter 520 *Communicable Diseases in Schools Regulations*. School districts should have policies in place related to infectious/communicable diseases and school attendance that are within the guidelines of state statute 70 O.S. § 1210.194 and OAC 310:520. School nurses are the most appropriate individuals to coordinate school infectious disease activities. They have an important role in preventing and detecting communicable diseases and in providing resource information, referrals, and follow-up when the suspicion of communicable disease exists. School nurses have the essential skills for the collection and interpretation of data related to infectious diseases. Effective communicable disease and infection control requires the full participation and support of all school officials, local health department officials, community health care providers, parents/guardians, students, and all school staff.

Schools should place a high priority on preventing the spread of infectious diseases. Because the school environment is conducive to the acquisition and transmission of communicable diseases, general and disease specific infection control procedures must be instituted to minimize the inherent risks. The best way to address communicable disease and infection control is through the development and implementation of appropriate policies. Guidelines for the development of policies related to infectious/communicable diseases should address:

- The preventive measures necessary to protect the health of all students and staff.
- The procedures for the immediate care of students or staff who develop a potentially communicable illness.
- The special needs of children with chronic infectious illnesses that are determined not contagious under normal conditions.

The components of these policies should reflect:

- Prevention
- Identification
- Management
- Staff development

The Oklahoma State Department of Health – Disease and Prevention Service, Acute Disease Division has on their website a downloadable manual entitled “Public Health Recommendations for the Prevention and Control of Head Lice Infestation in Schools and Child Care Settings Administrators” and other communicable disease fact sheets. Head Lice (oklahoma.gov)

Oklahoma State Department of Health Bed Bugs Bed Bugs 2010.pub (oklahoma.gov)

Environmental Protection Agency Bed Bugs at School. Bed Bugs Go to School: A Guide for Teachers and Staff (epa.gov)

Individuals with Disabilities Education Act (IDEA)

The Education for All Handicapped Children Act, which is now known as the IDEA, was first enacted in 1975. This legislation was needed to assure that students with disabilities received Free Appropriate Public Education (FAPE) and the related services and support they need to achieve. IDEA was created to help states and school districts meet their legal obligations to educate children with disabilities, and to pay part of the extra expenses of doing so.

IDEA has several parts. Part B provides grants to states for services to children preschool to school age. Part C funds early intervention services for infants, toddlers, and their families. Part D supports research and professional development programs.

Part B of IDEA requires school districts to have a multi-disciplinary team that includes a student's parent/guardian to develop an Individualized IEP for each student – after an appropriate evaluation and assessment in all areas of suspected disability has been completed. The plan must include information from the multidisciplinary team, including evaluation results, to decide what special education-related services and supplementary aids and services the student needs to benefit from his/her educational plan.

IDEA mandates that special education and related service programming be made available to all children and youth with disabilities who require them. The law also makes available federal funds to help state and local governments establish and maintain special education programs for students with disabilities, as well as provide the related services these students need in order to benefit from special education. As defined by federal law, related services are intended to address the individual needs of students with disabilities, in order that they may benefit from their educational program. This is an overview of the related services enumerated in federal law, with a focus upon those services provided to school-aged children with disabilities. The fields associated with delivering related services that students with disabilities may require to benefit from their special education programs include audiology, occupational therapy, physical therapy, psychological services, medical services for diagnostic or evaluation purposes only, school health services, transportation services, counseling services, social work services, speech-language pathology, social work services, parent/guardian counseling and training, recreation therapy, rehabilitation counseling, and early identification and assessment of disabilities in children.

Following identification, the question of whether a disability exists and to what extent it interferes with education must be addressed. This requires a multidisciplinary evaluation. Once the multidisciplinary evaluation is completed, special education eligibility must be established. The eleven categories of special education eligibility are mental retardation, hearing impairment (including deafness), speech or language impairment, visual impairment (including blindness), serious emotional disturbance, physical handicap (including orthopedic) and other health impairment, autism, deaf-blindness, learning disabled, multiple disabilities, and traumatic brain injury.

If a student is eligible for special education placement, the multidisciplinary team is responsible for development of an IEP. The decisions on how to provide educational services to a student must be adapted to that student's unique needs and made by a team that includes the student (if appropriate), and the student's parent/guardian or legal guardian. The team must address the eligibility criteria, instructional program, placement, and related services to be provided to the student. These programs and services are provided in the least restrictive environment, meaning with non-disabled peers to the greatest extent possible.

A comprehensive review of each student's educational progress is mandated every three years. This review serves as the foundation for assessing the student's ongoing eligibility and the need for special education as well as provides information for updating the IEP.

Section 504 Accommodation Plans

The Vocational Rehabilitation Act (1973) was the first federal statute to ban discrimination against individuals on the basis of disabilities. It was originally enacted to protect disabled veterans dating back to World War I, but was expanded to include all persons with a disability. The revision in 1973 added a section, referred to as Section 504, which prohibits discrimination against qualified persons with disabilities in federally funded programs and activities. Because most schools receive federal assistance of some sort, even if they are private or parochial, they are included in the interpretations of the law. It is a civil rights law addressing non-discrimination.

The Rehabilitation Act defines a person with a disability as "someone who (1) has a mental or physical impairment that significantly restricts one or more major life activities; (2) has a record of such impairment; or (3) is regarded as having such impairment." Physical or mental impairment includes "(A) any physiological disorder, cosmetic disfigurement or anatomical loss affecting one or more of the following systems: respiratory, including speech; cardiovascular; reproductive; digestive; genitourinary; hematologic and lymphatic; skin; and endocrine or (B) any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness and specific learning disabilities" (U.S. Department of Education, 2011 34 Code of Federal Regulations Part 104.3).

Where IDEA covers ***only*** students who are eligible for special education, the Rehabilitation Act covers all students and staff with disabilities, including those with chronic conditions. This is the major difference between IDEA and the Rehabilitation Act. Examples of students who would be covered under Section 504 but not covered under IDEA include those with allergies, inflammatory bowel disease, cystic fibrosis, asthma, obesity, diabetes, and rheumatoid arthritis.

The school must first identify students and determine their eligibility under Section 504. The school nurse should be part of the 504 team and be prepared to articulate how the disability affects "major life functions" and to recommend interventions that may assist the student to be successful in the school environment. The school team must include parents and individuals who are knowledgeable about the student, the disability, and the process to determine both the student's eligibility for accommodations and the accommodations that are necessary (Moses, Gilchrest, & Schwab, 2005).

Anyone can make a referral for evaluation of a student's eligibility but the school district must also have reason to believe that the child needs services under Section 504 because of a disability. "Students who qualify for special education services under the IDEA Act will qualify as a handicapped person under Section 504, and …such student's individualized education plans (IEPs) will almost always satisfy the requirements for an accommodation plan" (Moses et al., 2005 p. 49)

The role of the school nurse is to maintain or improve optimum health of all students so they can participate in their educational program. All health-related interventions for students qualifying for a Section 504 plan should also be part of the IHP.

The school nurse plays a vital role in the assessment of student health status in the process of determining eligibility for services and formulating the accommodations for students with chronic health conditions such as asthma or diabetes. The school nurse may also play the role of interpreter and coordinator for the school team. While school nurses may not be designated to provide direct services in every case, they should be responsible for completing a health assessment, participating in decisions about the student's health and safety needs in school, recommending appropriate accommodations to the school team, developing plans, providing

consultation to other team members, and provide training to other school staff according to state law and local policy.

Guidelines for Development of Individualized Health Care Plans (IHP)

Schools are seeing an increased enrollment of school age children with chronic health conditions. This phenomenon will continue to increase as medical technology and medications extend the lives of affected students. The physical, emotional, intellectual, and social impact of chronic health conditions on students is huge. School nurses and educators working together can enable students with chronic health conditions to achieve their maximum potential in all areas of functioning.

School nurses look for ways to plan, explain, record, and evaluate the nursing care delivered to students enrolled in school with chronic health conditions. The challenge to school nurses is to find a way to integrate children with special health care needs into the regular school setting.

One of the tools school nurses can use to facilitate this integration is the IHP. IHPs are the application and formalization of the nursing process in the school setting. An IHP includes information on client needs, nursing interventions chosen to meet those needs, and descriptions of how the care supports the educational process. IHPs and emergency care plans (ECP) have now become a part of the student's, with chronic health conditions, school record. The IHP and ECP should be reviewed annually and with any changes in the chronic condition of a student.

IHPs should reflect "best practices" of school nurses as they interact daily with students, families, educators, and members of the medical community. Health care plans must be specific enough to explain what will be done, what results are expected, and what outcomes are being monitored.

Information Needed for the Development of IHPs

1. Personal Data:
    a. Name
    b. Sex
    c. Age or date of birth
    d. Grade or teacher's name
    e. Medical diagnosis
    f. Current prescribed medications and treatments
    g. Physician's name and telephone number
    h. Parent's/guardian's name and telephone number
2. Nursing Process:
    a. Assessment
        i. Health history – general health, medical care, development, relevant family history, conditions, or lifestyles.

ii. Present health status – subjective and objective information related to functional health patterns. Note patterns of health perception/health management, nutrition, elimination, activity, cognition, self-perception, role-relationships, sexuality, coping/stress tolerance, and values/beliefs.

b. Nursing Diagnosis or Problem Statement

The etiological factors, signs and symptoms, and other information collected in the assessment phase need to be organized and summarized into a statement of the student's problem or need.

c. Plan of Care

i. Goals.

ii. Usually broad statements of the overall desired outcome.

iii. May be written in terms of goals of the student or may be written as goals of nursing intervention.

d. Nursing Interventions

i. Describe actions of the nurse to provide appropriate nursing services to the student in the school setting based on the diagnosis derived from the assessment.

ii. May include screening and referral, treatment or medications, health maintenance activities, and client, family, or staff education.

e. Expected Client Outcomes

i. Outcomes describing how the student's problem or need will be different as a result of the nursing interventions.

ii. Client (student) outcomes may be long or short term. The expected outcomes provide the "evaluation" of the nursing process.

Laws that Directly Affect School Nursing Practice

State Laws

Title 70 Section 1210.284 – Requires parents to provide schools with documentation that their child has received a vision screening before entering kindergarten, first, and third grades.

https://law.justia.com/codes/oklahoma/2021/title-70/section-70-1210-284/

Title 70 Section 1210.196.3 -- Requires schools to develop diabetes management plans that include: https://law.justia.com/codes/oklahoma/2021/title-70/section-70-1210-196-3/

- Blood glucose checks
- Administering insulin
- Treating hypo and hyperglycemia

- Allowing diabetic students to carry their own equipment.
- Provide a trained person to administer to the health needs of a diabetic student.
- Provide a private area for the diabetic student to attend to the management and care of their disease.
- Requires trained personnel to attend annual training related to diabetes management in schools.

Title 70 Section 1-116.2 – Application of medicine or sunscreen to students -Vaccinations.

https://law.justia.com/codes/oklahoma/2021/title-70/section-70-1-116-2/

- Requires written parental permission for any medication or treatment given in the school setting.
- Requires written documentation the medication was given.
- Requires medication be stored in an area not easily accessible to students.

Title 70 Section 1-116.3 – Requires school districts to establish policies that allow students to carry and self-administer asthma and anaphylaxis medication.

https://law.justia.com/codes/oklahoma/2021/title-70/section-70-1-116-3/

Title 70 Section 1210.199 – Dustin Rhodes and Lindsay Steed CPR Training Act Cardiopulmonary Resuscitation and Heimlich Maneuver Instruction Program.

https://law.justia.com/codes/oklahoma/2021/title-70/section-70-1210-199/

- All students enrolled in physical education classes in grades 9-12 in public school may receive instruction in CPR and the Heimlich Maneuver.
- Each public school district shall ensure that a minimum of 1 certified teacher and 1 non-certified staff member at each school site receives training in CPR and the Heimlich Maneuver.

Title 70 Section 1-116.3 Epinephrine Injectors – ¶ B.1.

Requiring all school districts that elect to stock Epinephrine injectors to amend certain policy; requiring certain provisions in policy; excluding certain liability of school district; permitting certain physician to write a certain prescription; allowing school districts to maintain a minimum number of epinephrine injectors at each school; providing for certain interpretation; requiring school employee to contact 911 under certain circumstance; requiring State Board of Education to develop certain policy and to promulgate certain rules.

https://law.justia.com/codes/oklahoma/2021/title-70/section-70-1-116-3

Authority of First Responders to Administer Opiate Antagonist (including “Medical Personnel at Schools”): https://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=470680

Food and Nutrition Services

FNS-GD-2019-0007 https://www.fns.usda.gov

Federal law and the regulations for the National School Lunch Program and the School Breakfast Program require schools to make accommodations for children who are unable to eat the school meal as prepared because of a disability. Accommodation generally involves substituting food items, but in some cases, schools may need to make more far-reaching accommodations to meet the needs of children. For example, some children may need to have the texture modified.

In order to make substitutions for items in reimbursable meals, the school must have on file a written statement signed by a licensed physician indicating what the child's disability is, what foods must be omitted from the child's diet, and what foods must be substituted.

Child Abuse and Neglect Reporting

Title 10 Section 7103 - Reporting Child Abuse.

State law **requires** every health care professional, teacher and every other person who has reason to believe that a child under 18 is being abused or neglected or is in danger of being abused or neglected, to report the suspicion of abuse promptly to the Oklahoma Department of Human Services (DHS). (Child Abuse Training and Coordination Program – Family Support and Prevention Service – Family/Community Health Service Oklahoma State Department of Health: A Manual for School Personnel: The School's Role in the Intervention of Child Abuse and Neglect) Reporting Child Abuse and Neglect (ok.gov) https://www.ok.gov/health2/documents/18-01-Reporting-Child-Abuse.pdf

Title 10 Section 7105 - Immunity of Reporters.

Any person participating in good faith and exercising due care in making a report pursuant to the provisions of the Oklahoma Child Abuse Report and Prevention Act … shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed.

Title 10 Section 7103 – Reporting Child Abuse.

There shall be no penalties or retaliation by an employer when an employee reports suspected abuse. Any employer, supervisor or administrator who discharges, discriminates or retaliates against the employee or other person shall be liable for damages, costs and attorney fees.

Communicable Diseases and School Regulations

Oklahoma State Administrative Code Title **310:520-1-3. Duty of school personnel**

1. An important part of a school health program is the prevention and control of communicable diseases. The teacher is in a strategic position to detect beginning symptoms of illness by the careful and continuous observation of children in the classroom. There are three general measures which school personnel can use to prevent the spread of disease:

    a. Oklahoma law requires parents to provide proper and necessary immunizations for their children, particularly diphtheria, whooping cough, tetanus, polio, rubella, and measles during the preschool age. All schools are required to maintain immunization records or exemptions on each student.

b. Encourage parents to keep sick children at home.

c. Isolate pupils who appear to be ill and make preparations to send them home. Good health is more important than a perfect attendance record.

2. We cannot emphasize too strongly the fallacy of the idea that children are always in condition to attend school and that perfect attendance records are to be sought at any cost.

Oklahoma State Administrative Code Title 310:520-1-4. **Diseases for which children should be excluded**

1. Diseases for which children should be excluded are shown on Appendix A. These are suggested periods of exclusion and can be modified on the circumstances surrounding the problem.

2. When school officials have reasonable doubt as to the contagiousness of any person who has been excluded from school for an infectious disease, they may require a written statement from the county health department director, county superintendent of health, school nurse, or a private physician before the person is permitted to re-enter school.

3. The superintendent, teacher, or other official in charge of any school may exclude any child suffering from or exhibiting the following symptoms:

   a. Fever alone, 100 degrees Fahrenheit.

   b. Sore throat or tonsillitis.

   c. Any eruption of the skin, or rash.

   d. Any nasal discharge accompanied by fever.

   e. A severe cough, producing phlegm.

   f. Any inflammation of the eyes or lids.

4. The decision to close schools in times of epidemics should be made by the school authorities in consultation with public health officials. In times of epidemics, the teachers should be unusually alert for signs of illness and report any symptoms of illness to the proper authorities.

Health Education and Health Promotion

The importance of including health instruction in education curricula has been recognized since the early 1900s. In 1997, the Institute of Medicine advised that students should receive health related education in order for them to receive maximum benefit from their education and enable them to become healthy, productive adults.

The school setting, from preschool through college, is an important avenue to reach entire populations and specifically to educate children and youth. Schools have more influence on the lives of young people than any other social institution, except family, and provide a setting in which friendship networks develop, socialization occurs, and norms that govern behavior are developed and reinforced. Educational based health promotion programs must be supported by accurate, appropriate, and accessible information derived from a science base.

Each day more than 700,000 Oklahoma children attend elementary and secondary schools for about six hours of classroom time. Schools are second, only to homes, among the primary places that children spend their time. While schools alone cannot be expected to address the health and related social problems of youth, they can

provide, through their curriculum, a focal point for efforts to reduce health risk behaviors and improve the health status of youth.

Healthy People 2030 Goal - Increase educational opportunities and help children and adolescents do well in school. People with higher levels of education are more likely to be healthier and live longer.

Healthy People 2030 - Improve the health and well-being of children.

Under this goal there are several objectives which deal directly with health education in schools:

1. Increase the proportion of schools that don't sell less healthy foods and drinks.
2. Increase the proportion of schools requiring students to take at least 2 health education courses from grade 6 to 12.
3. Increase the proportion of public schools with a counselor, social worker and psychologist.
4. Increase the proportion of adolescents who participate in daily school physician education.
5. Increase the proportion of secondary school with a start time of 8:30 AM or later.
6. Increase the proportion of secondary schools with full-time registered nurses.

Healthy People 2030 and the National Health Education Standards (NHES) identify eight priority areas for youth to achieve health literacy. This means youth will be able to obtain, interpret, and understand basic health information and services to enhance health. Those eight priority areas are as follows:

1. Students will comprehend concepts related to health promotion and disease prevention to enhance health.
2. Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
3. Students will demonstrate the ability to access valid information and products and services to enhance health.
4. Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
5. Students will demonstrate the ability to use decision-making skills to enhance health.
6. Students will demonstrate the ability to use goal setting skills to enhance health.
7. Students will demonstrate the ability to practice health enhancing behaviors and avoid or reduce health risks.
8. Students will demonstrate the ability to advocate for personal, family, and community health.

Characteristics of an Effective Health Education Curriculum from CDC Healthy Schools
https://www.cdc.gov/healthyschools/sher/characteristics/index.htm

Today's state-of-the-art health education curricula reflect the growing body of research that emphasizes:

- Teaching functional health information (essential knowledge).
- Shaping personal values and beliefs that support healthy behaviors.
- Shaping group norms that value a healthy lifestyle.
- Developing the essential health skills necessary to adopt, practice, and maintain health-enhancing behaviors.

Less effective curricula often overemphasize teaching scientific facts and increasing student knowledge. An effective health education curriculum has the following characteristics, according to reviews of effective programs and curricula and experts in the field of health education.

1. Focuses on clear health goals and related behavioral outcomes.
2. Is Research-based and theory-driven.
3. Addresses individual values, attitudes, and beliefs.
4. Addresses individual and group norms that support health-enhancing behaviors.
5. Focuses on reinforcing protective factors and increasing perceptions of personal risk and harmfulness of engaging in specific unhealthy practices and behaviors.
6. Addresses Social pressures and influences.
7. Builds personal competence, social competence, and self-efficacy by addressing skills.
8. Provides functional health knowledge that is basic, accurate, and directly contributes to health-promoting decisions and behaviors.
9. Uses strategies designed to personalize information and engage students.
10. Provides age-appropriate and developmentally-appropriate information, learning strategies, teaching methods, and materials.
11. Incorporates learning strategies, teaching methods, and materials that are culturally inclusive.
12. Provides adequate time for instruction and learning.
13. Provides opportunities to reinforce skills and positive health behaviors
14. Provides opportunities to make positive connections with influential others.
15. Includes teacher information and plans for professional development and training that enhance effectiveness of instruction and student learning.

Coordinated School Health Program

The Centers for Disease Control and Prevention (CDC) first proposed the concept of a Coordinated School Health Program (CSHP) in 1987. The purpose of the CSHP is to enable children and adolescents to become healthy, successful students at school and contributing members in their communities. A coordinated school health approach effectively addresses students' health, thus improving their ability to learn.

Good health is necessary for academic success. Students have difficulty being successful if they are depressed, tired, bullied, stressed, sick, using drugs or alcohol, hungry, or abused. CSHPs are a solution. When fully implemented, CSHP can help students succeed academically while improving their short- and long-term health status. Research tells us that when students are fit, healthy, and ready to learn, they achieve more success in all areas of their lives.

CSHPs consist of eight separate but interconnected components. These programs are integrated, planned, school-based programs that are designed to promote physical, emotional, and educational development of students. Many of these components exist in every school, but are often not formally linked in a coordinated way. Family and community involvement is essential for the success of any CSHP. The following is a list of the eight components and their role in student health:

1. Health Education provides critical health information to students.

2. Physical Education instructs students on how to be physically active for life.

3. Health Services provide essential health care, enabling students to stay healthy, prevent injuries, and improve academic achievement.

4. Family/community involvement enables students to be supported by the larger community.

5. School counselors, psychologists, and social workers attend to students' mental health needs.

6. Nutrition services provide a healthy nutrition environment, including good breakfast and lunch programs.

7. Healthy school environment provides a building that is safe and conducive to learning and a school climate that ensures all feel safe, supported, and free from harassment or surroundings that may be harmful to health.

8. Health promotion for staff improves staff personal health behaviors and provides positive personal examples that reinforce positive student health behaviors.

To be effective, CSHP must be directed toward the needs of the students and staff, responsive to the needs of families, and reflective of community values. All eight components must be linked to and supportive of one another. A coordinated approach improves the health of children and youth and their capacity to learn through the support of their families and communities working together. At its essence, CSHP focuses on keeping students healthy over time, reinforcing positive healthy behaviors throughout the school day, and making clear that good health and productive learning go hand in hand.

The school nurse plays an integral role in a CSHP. The school nurse provides leadership in coordinating the eight components of the CSHP model by:

1. ***School health services:*** assessing student health status, providing emergency care, ensuring access to health care, and identifying and managing barriers to student learning.

2. ***Health education:*** providing resources and expertise in developing health curricula and providing health information.

3. ***Health promotion for faculty and staff:*** providing health information and health promotion activities, monitoring chronic conditions, and maintaining records.

4. ***Counseling, psychological, and social services:*** collaborating with counseling staff to identify student psychosocial problems and provide input and intervention.

5. ***School nutrition services:*** providing education about nutritious foods, monitoring menus and food preparation, and encouraging the inclusion of healthy foods on menus, in vending machines, and for classroom snacks.

6. ***Physical education programs:*** collaborating with physical educators to meet physical education goals, providing information to students about physical activity, and helping to design appropriate programs for students with special health concerns.

7. ***Healthy school environment:*** monitoring, reporting, and intervening to correct hazards, collaborating to develop a crisis intervention plan, and providing adaptations for students with special needs.

8. ***Family and community involvement:*** taking a leadership role in collaborating with community agencies to identify and provide programs to meet the physical and mental health needs of children and families.

Children and adolescents live in a complex, fast-paced world that exposes them to significant health risks. Research indicates that these health risks impact student achievement. Education and health are interdependent. The goal of a CSHP is to facilitate student achievement and success. Schools are among the most appropriate sites where communities can work together in a holistic approach to health and education.

The Coordinated School Health approach has been expanded by the Whole School, Whole Community, Whole Child model. (WSCC)

The WSCC model is the CDC's framework for addressing health in schools. It is student-centered and includes the involvement of the community in support of the school, the connection of health and academic achievement while emphasizing evidence-based school policies and practices. There are 10 components to the WSCC Model. The model includes a collaborative approach to learning and health.

The 10 components of the WSCC Model:

1. Physical education and physical activity
2. Nutrition environment and services
3. Health education
4. Social and emotional climate
5. Physical environment
6. Health services
7. Counseling, psychological and social services
8. Employee wellness

9. Community involvement
10. Family Engagement

It focuses on the importance of psychosocial and the environment along with the increasing role that families and community play in the development and learning for the whole student.

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Healthy Youth! Coordinated School Health Program. https://www.cdc.gov/healthyyouth/index.htm

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Rehabilitation Act § 504

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Resources (State and National)

Administration for Children & Families US Department of Health and Human Services | http://www.acf.hhs.gov/programs/cb/

American Academy of Allergy Asthma and Immunology | http://www.aaaai.org

Asthma and Allergy Foundation of America | http://www.aafa.org

American Academy of Pediatrics (AAP) | http://www.aap.org

American Cancer Society | http://www.cancer.org

American Diabetes Association | http:/www.diabetes.org

American Diabetes Association Helping the Student with Diabetes Succeed: A Guide for School Personnel | https://www.diabetes.org/sites/default/files/2020-02/NDEP-School-Guide-Full-508.pdf

American Diabetes Association School Tasks | Helping the Student with Diabetes Succeed: A Guide for School Personnel

American Epilepsy Society | American Epilepsy Society http://www.aesnet.org

American Heart Association Information | http://www.heart.org

American Lung Association of Oklahoma | www.lung.org

American School Health Association (ASHA) | http://www.ashaweb.org

Centers for Disease Control (CDC) | http://www.cdc.gov

Center for Disease Control Whole School, Whole Community, Whole Child | Whole School, Whole Community, Whole Child (WSCC) | Healthy Schools | CDC

CREOKS Health Services | https://www.creoks.org/index.html

Epilepsy Foundation - (800) 332-1000 | Epilepsy Foundation #1 trusted site for epilepsy and seizure news

Family and Children's Services | https://www.fcsok.org/

Food Allergy & Anaphylaxis Network | http://www.foodallergy.org

Grand Mental Health | https://www.grandmh.com/

Healthy People 2030 | http://www.healthypeople.gov

Immunization Action Coalition | http://www.immunize.org/

Kids with Food Allergies | https://www.kidswithfoodallergies.org/school-forms-for-food-allergies.aspx

National Alliance for the Mentally Ill (NAMI) | http://www.nami.org

National Association of School Nurses (NASN) | http://www.nasn.org

National Center for Education Statistics (NCES) | http://www.nces.ed.gov/

National Clearinghouse for Alcohol and Drug Information (NIAAA) | http://www.niaaa.nih.gov/

National Diabetes Information Clearinghouse (NDIC) | https://www.niddk.nih.gov/health-information/community-health-outreach/information-clearinghouses

National Health Information Center (NHIC) | http://www.health.gov/nhic/

National Institutes of Health (NIH) | http://www.nih.gov/

New York Statewide School Health Services Center | http://www.schoolhealthservices.org

Occupational Safety and Health Association (OSHA) | http://www.osha.gov/

Oklahoma Board of Nursing - Suite 524, 2915 N. Classen Blvd. Oklahoma City, OK 73106 | http://www.ok.gov/nursing/

Oklahoma Commission on Children & Youth - 4545 N. Lincoln Blvd. Oklahoma City, OK 73105 | https://oklahoma.gov/occy.html

Oklahoma Nurses Association - 6414 N. Santa Fe Oklahoma City, OK 73116 | http://www.oknurses.com

Oklahoma State Department of Education – Certification 2500 N. Lincoln Blvd. Oklahoma City, OK 73105-4599 | http://www.ok.gov/sde/

Oklahoma Health Care Authority – 4545 N. Lincoln Blvd. Oklahoma City, OK 73105-3413 | https://oklahoma.gov/ohca.html

Oklahoma SAFEKIDS - 940 N.E. 13 3rd Floor Nicholson Tower Oklahoma City, OK 73104 | https://www.safekids.org/coalition/safe-kids-oklahoma

Oklahoma State Department of Health – Immunization Service 1000 N.E. 10 Oklahoma City, OK 73117-1299 | (405) 271-4073 | http://www.ok.gov/health/

Oklahoma State Department of Health – Maternal and Child Health Service, Child and Adolescent Health Division 1000 N.E. 10 Oklahoma City, OK 73117-1299 (405) 271-4471 | http://www.ok.gov/health

Oklahoma State Department of Human Services – Statewide Child Abuse Hotline | http://www.okdhs.org

Oklahoma State Department of Mental Health and Substance Abuse Services- Comprehensive Crisis Response, 2000 N. Classen Blvd. OKC, OK. 73106 Suite 2-600 405-248-9200 | https://oklahoma.gov/odmhsas/treatment/comprehensive-crisis-response.html

OSDH School Health Guidelines: https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/family-health/maternal-and-child-health/child-adolescent-health/school-health/complete-school-health-guidelines.pdf

OSDH School Health Page: https://oklahoma.gov/health/health-education/children---family-health/maternal-and-child-health-service/child-and-adolescent-health/school-health.html

OSDH School Nurse Orientation Manual updated 2022: (MAY NEED NEW LINK WHEN UPDATED ON WEB SITE https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/family-health/maternal-and-child-health/child-adolescent-health/school-health/school-nurse-orientation-manual.pdf

OSDE School Nurse Page: https://sde.ok.gov/school-nurse-resources

OSDH Vision Screening https://oklahoma.gov/health/health-education/children---family-health/maternal-and-child-health-service/child-and-adolescent-health/school-health/school-health-vision-screening.html

Poison Control Hotline – (800) 222-1222

School Nurse Organization of Oklahoma (SNOO) | https://oksnoo.nursingnetwork.com/

U.S. Department of Education (DOE) | http://www.ed.gov/index.jsp

U.S. Department of Health and Human Services (DHHS) | http://www.hhs.gov

U.S. Food and Drug Administration (FDA) | http://www.fda.gov

Whole School, Whole Community, Whole Child Oklahoma | https://oklahoma.gov/health/health-education/community-outreach/community-development-services/school-health/wscc.htm

Appendix

American Academy of Pediatrics Policy Statement – Medication Administration in School's Guidelines on Medication Procedures

Medication Administration Skills Checklist (Sample) Authorization for Medication Administration (Sample) Medication or Treatment Administration Record (Sample) Medication or Treatment Report (Sample)

Determination of Ability to Self-Medicate Form (Sample – New York) Oklahoma State Immunization Law

Oklahoma Kindergarten Immunization Survey (Example – revised annually) School Nurse Monthly Report (Sample)

American Academy of Pediatrics
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Policy Statement—Guidance for the Administration of Medication in School

abstract

Many children who take medications require them during the school day. This policy statement is designed to guide prescribing health care professionals, school physicians, and school health councils on the administration of medications to children at school. All districts and schools need to have policies and plans in place for safe, effective, and efficient administration of medications at school. Having full-time licensed registered nurses administering all routine and emergency medications in schools is the best situation. When a licensed registered nurse is not available, a licensed practical nurse may administer medications. When a nurse cannot administer medication in school, the American Academy of Pediatrics supports appropriate delegation of nursing services in the school setting. Delegation is a tool that may be used by the licensed registered school nurse to allow unlicensed assistive personnel to provide standardized, routine health services under the supervision of the nurse and on the basis of physician guidance and school nursing assessment of the unique needs of the individual child and the suitability of delegation of specific nursing tasks. Any delegation of nursing duties must be consistent with the requirements of state nurse practice acts, state regulations, and guidelines provided by professional nursing organizations. Long-term, emergency, and short-term medications; over-the-counter medications; alternative medications; and experimental drugs that are administered as part of a clinical trial are discussed in this statement. This statement has been endorsed by the American School Health Association. *Pediatrics* 2009;124:1244–1251

COUNCIL ON SCHOOL HEALTH

KEY WORDS
medications, school, unlicensed assistive personnel, delegate, self-administer

ABBREVIATIONS
RN—registered nurse
AAP—American Academy of Pediatrics
UAP—unlicensed assistive personnel
OTC—over-the-counter

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INTRODUCTION

School boards and districts are responsible for policies and procedures for administration of medications to students who require them during the school day. The health circumstances that require medication are diverse. Medical advances have enabled many students with special health care needs or chronic health conditions to be included in classes with their peers.[1] Some schools struggle to balance the need for health care services for increasing numbers of children with special health care needs with the current resources available to provide those services.[2–12]

The presence in schools of a full-time licensed registered school nurse is strongly endorsed.[13] Registered nurses (RNs) have the knowledge and skills required for the delivery of medication, the clinical knowledge of the student's health, and the responsibility to protect the health

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and safety of all students. The use of untrained school staff to administer medications to children with special health care needs creates risks, not only of medical liability for the school and the licensed registered school nurse but also of medication error for the student.[14–16] To ensure the health and safety of students, all schools should have a full-time licensed RN who has the knowledge and skills required for the delivery of medication and the assessment of student health.[17,18]

This policy statement has been endorsed by the American School Health Association.

TRAINED UNLICENSED ASSISTIVE PERSONNEL

When a school nurse is not available at all times, the American Academy of Pediatrics (AAP), the National Association of School Nurses, and the American Nurses Association recommend trained and supervised unlicensed assistive personnel (UAP) who have the required knowledge, skills, and composure to deliver specific school health services under the guidance of a licensed RN. UAP duties are delegated by a licensed RN.[19,20] Training and supervision of UAP are necessary for providing safe, accurate, and timely administration of medication. Delegation is a tool that may be used by the licensed registered school nurse to allow UAP to provide standardized routine health services under the supervision of the nurse and on the basis of physician guidance and school nursing assessment of the unique needs of the individual child and the suitability of delegation of specific nursing tasks. Any delegation of nursing duties must be consistent with the requirements of state nurse practice acts, state regulations, and guidelines provided by professional nursing organizations. Delegation of nursing duties is the responsibility of the certified licensed school nurse or licensed RN. The nurse determines which nursing services can be delegated and then selects, trains, and evaluates the performance of UAP; audits school medication records and documents; and conducts refresher classes throughout the school year.[21–23] The training, certification, and supervision of UAP should be determined by national and state nursing organizations and state nurse practice laws. Delegation is an ongoing process and a management tool, not a once-a-year event.

UAP training is typically limited and specific for medication-administration tasks and cannot replace a nursing assessment. In most circumstances, a medication UAP should be an ancillary health office staff member (health assistant/aide) who is also trained in basic first aid and district health office procedures. On rare occasions when a member of the health office staff (RN, licensed practice nurse, or UAP health assistant/aide) is not available, other willing volunteer school staff may be trained by the licensed RN to assume specific limited tasks such as single-dose medication delivery or life-saving emergency medication administration. In those instances, it is important for school districts to identify and satisfactorily address medical liability issues for the school district, the nurse, and the voluntary nonmedical staff member who is serving temporarily as UAP.

SCHOOL POLICY AND PROCEDURES

Section 504 of the Rehabilitation Act and the Individuals With Disabilities Education Act (IDEA) provide protection for students with disabilities by requiring schools to make reasonable accommodations and to allow for safe inclusion of these students in school programs.[24–27] These federal laws apply only to schools that receive federal funds, do not cover all students who require medications during the school day (eg, short-term needs), and are not specific about how administration of medications should be conducted in school. The AAP supports state laws, regulations, or standards that establish more specific policies for administration of medications that apply to all of the state's school districts. State standards can limit discrepancies among school districts within the state and reduce confusion for parents and prescribing health care professionals. School boards and school superintendents are responsible for establishing policies and detailed procedures for the safe administration of medication in the school setting. When state standards are insufficient, school health professionals, consulting physicians, and school health councils can work with AAP chapters to promote improved state standards and assist with local policies and procedures. Individual school districts also might wish to seek legal advice as they assume the responsibility for giving medication during school hours and during activities at school before or after school hours. Liability coverage should be provided for the staff, including nurses, teachers, athletic staff, principals, superintendents, and members of the school board.[15] Any student who must take medication during regular school hours should do so in compliance with all federal and state laws and school district policies.

Guidance for pediatricians, school physicians, and school health consultants is consistent with policy declarations of the National Association of School Nurses[28] and the American Nurses Association.[20] The following are recommendations for school districts in implementing medication-administration policies and procedures.[29]

- Protect student safety and prevent medication errors. Nursing services

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at school, whether emergent, urgent, or routine, require the creation of a confidential, timely, and accurate record of the service provided.

- Identify the licensed health professional (certified or registered school nurse or school physician) on the school staff who supervises and is responsible for the safe keeping and accessibility and administration of medications, including documentation and a system of accountability for students who carry and self-administer their medications.
- Use a systematic review of documentation of medication-administration records for quality improvement, especially to reduce medication errors and to verify controlled substance counts.
- Create an ongoing training and certification program for UAP who perform specific nursing services when delegated and supervised by the licensed school RN or school physician.
- Establish and follow effective communication systems that support the school's nursing plan (individualized health plans, etc) and promote accurate implementation of the prescriber's instructions for the medical management of a designated student's health needs.
- Require a written medication form, signed by the authorized prescriber and parent, with the name of the student, the drug, the dose, approximate time it is to be taken, and the diagnosis or reason the medication is needed. This requirement applies for all prescription medications.
- Require written parental approval if over-the-counter (OTC) medications are permitted. Limit the duration that an OTC medication is administered at school.[30] Use of OTC medications over an extended time period warrants an authorized prescriber's oversight and authorization.
- Protect student health information confidentiality as outlined in the Family Education Rights and Privacy Act[31,32] and the Health Insurance Portability and Accountability Act.[33]
- Train, delegate, and supervise appropriate UAP who have the knowledge and skills to administer or assist in the administration of medication to students when assessed to be appropriate by the supervising and delegating licensed registered school nurse or school physician in compliance with applicable state laws and regulations.
- Permit responsible students to carry and self-administer emergency medications for those conditions authorized by school policies and regulations, which also describe students'/parents' rights and responsibilities.[34,35]
- Provide and encourage parents to provide spare life-saving medications in the health office for students who carry and self-administer emergency medications in the event that the life-saving medication cannot be located when a student is in need of the medicine.
- Make provisions for secured and immediate access to emergency medications at school at all times, including before and after school hours and during students' off-campus school-sponsored activities.[35–39]

ADMINISTRATION OF LONG-TERM MEDICATIONS

Long-term medications are those needed to manage a student's symptoms or promote health over an extended period of time. Many students who require long-term medications are children with special health care needs whose school attendance and participation in school activities depend on the administration of the prescribed treatment. Asthma, attention-deficit/hyperactivity disorder, seizures, heart conditions, cerebral palsy, and diabetes mellitus are among the common conditions that require medication at school.[40–42] Although not common, students infected with HIV may require multiple medications during the school day. In most cases, school nurses will develop individualized health plans for children with special health care needs.[43]

School nurses should review all school medication orders, establish liaisons with the student's health care professionals, administer medication, and/or provide effective training and supervision of UAP who are delegated to administer medication.[13,44] Requests to administer nonstandard medications (eg, doses in excess of manufacturer guidelines; alternative, homeopathic, or experimental medications; nutritional supplements) do not have to be honored by a school nurse. However, a school nurse has a professional obligation to promptly record the request and resolve the conflict with the parent, the prescriber, and/or, when needed, the school physician.[45]

EMERGENCY AND URGENT MEDICATIONS

Emergency and urgent medications are often given by nonoral routes and are administered to initiate treatment or amelioration of a disease or condition that may be life-threatening or cause grave morbidity. The complexity and urgency of this intervention is the focus of the AAP policy statement "Medical Emergencies Occurring at School,"[36] which describes prevention and mitigation of emergent events and stresses the role of the school nurse in providing this nursing service at school. The school nurse is the professional most likely to train school staff, to create a liaison with com-

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munity emergency response teams and other health care professionals, and to assist, in coordination with the school physician, the school administration in development of policies and administrative regulations concerning medical emergencies.[17,34,36,37,46–48] State laws or regulations designate the roles and responsibilities of school staff in this situation. They may specifically limit or expand the role of UAP in emergency care settings. Some states have legislated authority to create protocols and procedures through which school staff are identified, trained, and certified to initiate medical care in a medically urgent or emergent situation and to address concerns of liability for nursing services provided under such conditions.[49–51]

Immediate access to emergency medications (eg, autoinjectable epinephrine, albuterol, rectal diazepam, and glucagon) is a high priority and is crucial to the effectiveness of these lifesaving interventions. To maintain medication security and safety and provide for timely treatment, local procedures must specify where medications will be stored, who is responsible for the medication, who will regularly review and replace outdated medication, and who will carry the medication for field trips. In addition to unlicensed health office staff, other school staff may be trained, designated, and supervised as emergency UAP to be "first responders" to a student who experiences a medical emergency.

Schools also need an adequate supply of emergency medications in the event of a school lock-down or evacuation. Parent-supplied extra medication and/or school-supplied stock medications (including but not limited to autoinjectable epinephrine and albuterol inhalers) are among the emergency or urgent care medications that need to be available in these circumstances.[37,38,52]

SECURITY AND STORAGE OF MEDICATIONS

All prescription medications brought to school should be in original containers appropriately labeled by the pharmacist or physician. Except for self-carry medications, they should be stored securely in accordance with manufacturer directions. Controlled substances must be double-locked.[53] The school nurse, licensed practice nurse, or delegated, trained UAP must be available and have access to the medications at all times during the school day. All medications should be returned to the parents at the end of the school year or disposed of in accordance with existing laws, regulations, or standards. Care should be taken not to flush any drugs into the water system unnecessarily.

STUDENT SELF-CARRYING AND SELF-ADMINISTRATION OF PRESCRIBED MEDICATIONS

A responsible student should be permitted to carry medication for urgent or emergency need when it does not require refrigeration or security, according to policies determined by the school in accordance with laws, regulations, and standards.[34,54] Controlled substances and those at risk of drug abuse or sale to others are not appropriate for self-carrying. The student's personal health care professional, the parents, and the school nurse and school physician should collaboratively determine the ability of a student to appropriately self-administer the prescribed medication in a responsible and secure manner. School personnel must also permit the student to possess and take the medication once a determination has been made that the student is mature enough to carry and self-administer the medication. Some schools use self-administration agreements or have given a "medication pass" to students, verifying school permission for the student to carry and take medication. The student's ability to appropriately self-administer the prescribed medication must be evaluated by the school nurse at regular intervals to ensure safety and correctness of administration. For elementary school–aged children, the self-administration of a dose of medication should be reported to school personnel as soon as the self-administered dose is given for documentation and assessment of need for additional assistance. Medications carried by students should be either on the person of the student, as in a dedicated "fanny pack," or in possession of a supervising adult who will return the medication pack to the student as needed or when the student moves on to a new location. Medications should not be left unattended.

OTC MEDICATIONS

School administrators and health personnel should consider whether the benefits of administration of OTC medications outweigh the risks. Some states and school districts apply the same standards for OTC as for prescription medications. Others permit parent-recommended OTC medications or dietary supplements to be administered without a physician order. Either approach can be problematic. Providing parent-approved short-term medications, such as pain relievers, antiinflammatory medications, and antihistamines, for example, may provide symptomatic improvement for the student, which enables attendance for learning and causes less classroom disruption. However, this practice can result in liability for a school district, because nonprescribed medications have potential to cause harm or adverse effects that may impede learning. There are also issues of school safety and security of drug use (eg, sharing of medication between classmates when OTC medications are not stored in the school health office). On the other hand, the social realities of parents who work, often in jobs that do

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not allow for medical leave to attend to their children's illnesses, may require that they send their children to school with mild illnesses. It can be difficult to obtain physician authorization for OTC medications. Because of these realities, it may be necessary to consider allowing the administration of nonprescribed, parent-recommended medications for students during the school day on a short-term basis. The relative value of OTC medications for the specific population should guide policies. Cold and cough OTC medicines have not been shown to be effective in children younger than 6 years and are not appropriate for use at school without a physician order.[55] When OTC medications are permitted, school physicians and school nurses should develop standing protocols or standing orders that support 1-time verbal parental permission for specific OTC medications (eg, acetaminophen and ibuprofen).[28,30,56]

ADDITIONAL CIRCUMSTANCES

Alternative medications, such as herbal or homeopathic medications, are not tested by the US Food and Drug Administration for safety or effectiveness. Lack of safety information for these medications limits their appropriate use at school.[57] State and district medication policies should be used for alternative medications. These medications should never be administered without a written physician order. State and district policies should also address experimental medications and medications administered at doses in excess of manufacturer guidelines.[58]

RECOMMENDATIONS

Recommendations for Pediatricians and Other Child Health Professionals

The AAP recommends that pediatricians and other prescribing pediatric health care professionals take the following actions when writing prescriptions for students:

1. Prescribe medications for administration at school only when necessary. Many short-term and long-term medications can be given before and after school.
2. Learn about local school nursing services, medication policies and forms, and self-administration procedures.
3. Write specific, clear, and detailed instructions on dated, standardized school medication forms. Consider that the "need to treat" may be delegated to UAP.
4. Carefully assess and declare in writing your recommendation concerning students' self-carrying/self-administration on the basis of your patient demonstrating the appropriate developmental, physical, and intellectual capacity to self-carry and/or self-administer an emergency medication at school (see National Asthma Education and Prevention Program guidance[34]).
5. Collaborate with school physicians and school nurses and encourage parental collaboration.
6. Promote student health by advocating for coordinated school health programs.
7. Advocate for improved communication systems among schools, families, and pediatricians that support medication-administration services for students at school.
8. Advocate for improved school medication data collection and reporting by schools and school nurses.
9. Participate on your district's school health council. School health councils offer an opportunity for the development of collaborative liaisons among school administrators, licensed school health staff, and community health professionals.

Recommendations for Public Advocacy

The AAP recommends that pediatricians and other child health professionals and their state professional organizations take the following actions:

1. Participate on or support the creation of a district school health council to promote student health and improved communications in a coordinated school health program;
2. Work with state departments of health and/or education, state and local school boards, and school districts to ensure the development and funding of adequate school health program staffing and sound school medication policies and procedures as outlined in this statement; and
3. Support state laws, regulations, or standards that establish specific policies for the safe and effective administration of medications in schools that apply to all state school districts.

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Pediatrics Vol. 112 No. 3 September 2003

Acknowledgement of Training Medication Administration (Sample)

Name_____Date _____
(Please Print)

School_____Position _____

Instructor(s) _____

I hereby acknowledge that the _____ school district has provided me training by _____, the school nurse (or county health department public health nurse) concerning medication administration at school.

I understand that I must follow the guidelines provided by _____, the school nurse (or county health department public health nurse) in accordance with district policy.

I agree to be observed at least annually by the school nurse (or county health department public health nurse) using a competency checklist.

I agree to supervise students following the established guidelines.

_____
Signature

Employee number _____ Date _____

AMERICAN ACADEMY OF PEDIATRICS

Pediatrics Vol. 112 No. 3 September 2003

Acknowledgement of Training Medication Administration (Sample)

Name_____ Date _____
(Please Print)

School_____ Position _____

Instructor(s) _____

I hereby acknowledge that the _____ school district has provided me training by _____, the school nurse (or county health department public health nurse) concerning medication administration at school.

I understand that I must follow the guidelines provided by _____, the school nurse (or county health department public health nurse) in accordance with district policy.

I agree to be observed at least annually by the school nurse (or county health department public health nurse) using a competency checklist.

I agree to supervise students following the established guidelines.

_____
Signature

Employee number _____ Date _____

Oklahoma Medication Administration in Schools Statutes

Oklahoma State Statutes 70 O.S. § 1-116.2 and 70 O.S. § 1-116.3

2021 Oklahoma Statutes

Title 70. Schools

§70-1-116.2. Application of medicine or sunscreen to students - Vaccinations.

Universal Citation: 70 OK Stat § 70-1-116.2 (2021)

A. A school nurse, or in the absence of such nurse, an administrator or designated school employees, pursuant to the written authorization of the parent or guardian of the student, may:

1. Administer a nonprescription medicine;

2. Assist a student in applying sunscreen, a compound topically applied to prevent a sunburn; and

3. Administer a filled prescription medicine as that term is defined by Section 353.1 of Title 59 of the Oklahoma Statutes pursuant to the directions for the administration of the medicine listed on the label or as otherwise authorized by a licensed physician.

B. In addition to the persons authorized to administer nonprescription medicine and filled prescription medicine pursuant to the provisions of subsection A of this section, a nurse employed by a county health department and subject to an agreement made between the county health department and the school district for medical services, may administer nonprescription medicine and filled prescription medicine pursuant to the provisions of this section.

C. Each school in which any medicine is administered pursuant to the provisions of subsection A of this section shall keep a record of the name of the student to whom the medicine was administered, the date the medicine was administered, the name of the person who administered the medicine and the type or name of the medicine which was administered.

D. Medicine to be administered by the county or school nurse, administrator or the designated persons and which is stored at the school shall be properly stored and not readily accessible to persons other than the persons who will administer the medication.

E. . 1. A public school shall permit a student to possess and self-apply sunscreen that is regulated by the Food and Drug Administration without the written authorization of a parent, legal guardian or physician.

2. As used in this subsection, "sunscreen" means a compound topically applied to prevent sunburn.

F. The school shall keep on file the written authorization of the parent or guardian of the student to administer medicine to the student or to apply sunscreen on the student.

G. As provided in the Parents' Bill of Rights, a student shall not be vaccinated at school or on school grounds or receive a vaccine as part of the mobile vaccination effort without prior written authorization, including the signature of the parent or legal guardian of the student for the vaccine or group of vaccines to be administered during a single visit.

H. A school nurse, county nurse, administrator or the designated school employees shall not be liable to the student or a parent or guardian of the student for civil damages for any personal injuries to the student which result from acts or omissions of the school or county nurse, administrator or designated school employees in administering any medicine pursuant to the provisions of this section. This immunity shall not apply to acts or omissions constituting gross, willful or wanton negligence.

Added by Laws 1984, c. 192, 5, emerg. eff. May 14, 1984. Amended by Laws 2018, c. 192, § 1, eff. July 1, 2018; Laws 2019, c. 474, § 1, eff. Nov. 1, 2019.

2021 Oklahoma Statutes

Title 70. Schools

§70-1-116.3. Self-administration of inhaled asthma or anaphylaxis medication – School board epinephrine injector policy.

Universal Citation: 70 OK Stat § 70-1-116.3 (2021)

A. Notwithstanding the provisions of Section 1-116.2 of this title, the board of education of each school district shall adopt a policy on or before September 1, 2008, that permits the self-administration of inhaled asthma medication by a student for treatment of asthma, the self-administration of anaphylaxis medication by a student for treatment of anaphylaxis and the self-administration of replacement pancreatic enzymes by a student for treatment of cystic fibrosis. The policy shall require:

1. The parent or guardian of the student to authorize in writing the student's self-administration of medication;

2. The parent or guardian of the student to provide to the school a written statement from the physician treating the student that the student has asthma, anaphylaxis or cystic fibrosis and is capable of, and has been instructed in the proper method of, self-administration of medication;

3. The parent or guardian of the student to provide to the school an emergency supply of the student's medication to be administered pursuant to the provisions of Section 1-116.2 of this title;

4. The school district to inform the parent or guardian of the student, in writing, that the school district and its employees and agents shall incur no liability as a result of any injury arising from the self-administration of medication by the student; and

5. The parent or guardian of the student to sign a statement acknowledging that the school district shall incur no liability as a result of any injury arising from the self-administration of medication by the student.

B. The school board of each school district that elects to stock Epinephrine injectors or inhalers shall amend the policy identified in subsection A of this section.

1. The amended policy for Epinephrine injectors shall require:

   a. the school district to inform the parent or guardian of each student, in writing, that a school nurse or school employee trained by a health care professional or trained in correlation with the State Department of Health's Diabetes Management Annual School Training Program may administer, with parent or guardian permission but without a health care provider order, an Epinephrine injection to a student whom the

school nurse or trained school employee in good faith believes is having an anaphylactic reaction,

b. a waiver of liability executed by a parent or guardian be on file with the school district prior to the administration of an Epinephrine injection pursuant to paragraph 1 of this subsection, and

c. the school district to designate the employee responsible for obtaining the Epinephrine injectors at each school site.

2. The amended policy for inhalers shall require:

a. the school district to inform the parent or guardian of each student, in writing, that a school nurse or school employee trained by a health care professional may administer an inhaler to a student whom the school nurse or trained school employee in good faith believes is having respiratory distress,

b. the school district to designate the employee responsible for obtaining the inhalers and spacers or holding chambers at each school site, and

c. the school district to notify the parent or guardian of a student after administration of an inhaler.

C. The school district and its employees and agents shall incur no liability as a result of any injury arising pursuant to the discharge or nondischarge of the powers provided for pursuant to subparagraph a of paragraphs 1 and 2 of subsection B of this section.

D. A licensed physician who has prescriptive authority may write a prescription for Epinephrine injectors and inhalers and spacers or holding chambers to the school district in the name of the district as a body corporate specified in Section 5-105 of this title which shall be maintained at each school site. Such physician shall incur no liability as a result of any injury arising from the use of the Epinephrine injectors or the inhalers and spacers or holding chambers.

E. The school district may maintain at each school a minimum of two Epinephrine injectors and two inhalers with spacers or holding chambers in a secure location. Provided, however, that nothing in this section shall be construed as creating or imposing a duty on a school district to maintain Epinephrine injectors or inhalers with spacers or holding chambers at a school site or sites.

F. In the event a student is believed to be having an anaphylactic reaction or respiratory distress, a school employee shall contact 911 as soon as possible.

G. The State Board of Education, in consultation with the State Board of Health, shall develop model policies which school districts may use in compliance with this section.

H. The State Board of Education, in consultation with the State Board of Health, shall promulgate rules to implement this section.

I. As used in this section:

1. "Medication" means a metered dose inhaler or a dry powder inhaler to alleviate asthmatic symptoms, prescribed by a physician and having an individual label, an anaphylaxis medication used to treat anaphylaxis including but not limited to Epinephrine injectors prescribed by a physician and having an individual label, or replacement pancreatic enzymes prescribed by a physician and having an individual label; and

2. "Self-administration" means a student's use of medication pursuant to prescription or written direction from a physician.

3. "Respiratory distress" means the perceived or actual presence of coughing, wheezing or shortness of breath; and

4. "Inhaler" means a device that delivers a bronchodilator to alleviate symptoms of respiratory distress that is manufactured in the form of a metered-dose inhaler or dry-powder inhaler and that may include a spacer or holding chamber that attaches to the inhaler to improve the delivery of the bronchodilator.

J. The permission for self-administration of asthma, anaphylaxis or replacement pancreatic enzyme medication is effective for the school year for which it is granted and shall be renewed each subsequent school year upon fulfillment of the requirements of this section.

K. A student who is permitted to self-administer asthma, anaphylaxis or replacement pancreatic enzyme medication pursuant to this section shall be permitted to possess and use a prescribed inhaler, anaphylaxis medication including but not limited to an Epinephrine injector, or replacement pancreatic enzyme medication at all times.

Added by Laws 2003, c. 143, § 1, emerg. eff. April 28, 2003. Amended by Laws 2008, c. 271, § 1, emerg. eff. May 27, 2008; Laws 2013, c. 397, § 1, eff. Nov. 1, 2013; Laws 2019, c. 125, § 1, eff. July 1, 2019; Laws 2019, c. 276, § 1, eff. July 1, 2019.

Medication Administration Skills Checklist (Sample)

Name_____Position _____

School_____Date of training _____

Please initial each observed activity in the appropriate column

Skill	Performs in Accordance to Guidelines	Requires further instruction and training
Wash hands before assisting with medication administration and when there has been evidence of contamination		
Check student's identity with name on labeled container		
Compare labeled medication container with written order/medication log		
Give proper dose of medication as indicated on medication label and written order/medication log		
Give medication at the time indicated on written order/medication log		
Remove doses of medication from container without touching medication and assist in administering by proper route		
Record name of medication, amount given, and route on student's medication log as soon as medication is taken		
Return medication to locked drawer, cabinet, or refrigerator box		
Complete understanding of school policy		
Complete understanding of reference material and help resources that are available		

School Nurse Signature _____ Date: _____

Authorization/Parent/Guardian Consent for Administering Medication
(Sample)
Use a separate authorization form for each medication

Student Last Name_____First Name _____ M.I. _____

Student Number _____ Grade _____ Date of Birth _____

Allergies _____

I am the parent/guardian of _____, I give my permission for him/her to take the following prescribed medication while in _____School. I hereby acknowledge that I have read and understood the School Board Regulations relating to the taking of medication during school time. I hereby release _____ School and its employees from any claims or liability connected with its reliance on this permission and agree to hold them harmless from any claim or liability connected with such reliance. I authorize a representative of the school to share information regarding this
medication with the licensed prescriber listed below.

_____
Parent/Guardian Signature

Medication Authorization

(For Use By Licensed Prescriber <u>ONLY</u>)

Relevant Diagnosis _____Medication_____

Dates medication must be administered at school _____Short Term _____ Long Term _____

(List dates to be given) from _____ to _____

_____Every day at school

_____Episodic/Emergency Events **<u>ONLY</u>**

Dosage (Amount) _____ Route _____

Time(s) of Day_____

A. Serious reactions can occur if the medication is not given as prescribed ____Yes _____ No
If yes, describe:_____

B. Serious reaction/adverse side effects from this medication may occur _____Yes _____No
If yes, describe: _____

Action/Treatment for reactions _____

Report to you _____Yes _____No (Drug information sheet may be attached)

Special Handling Instructions ____ Refrigeration _____Keep out of sunlight _____Other _____

Asthma/Diabetic <u>ONLY</u>

This student is both capable and responsible for self-administering this medication:

_____ No

_____Yes – Supervised

_____ Yes – Unsupervised

This student may carry this medication on his/her person _____No _____Yes

Date _____ Telephone Number _____ Emergency Number _____

Licensed Prescriber's Name Printed_____

Licensed Prescriber's Signature _____

Legislation Related to Diabetes Management in Schools

OKLAHOMA STATUTES TITLE 70. SCHOOLS DIVISION III. OTHER SCHOOL LAWS CHAPTER 15.

HEALTH AND SAFETY DIABETES MANAGEMENT IN SCHOOLS ACT

§ 1210.196.1. Short title
Sections 3 through 9 of this Act shall be known and may be cited as the "Diabetes Management in Schools Act"

§ 1210.196.2. Definitions

As used in the Diabetes Management in Schools Act:

1. "Diabetes medical management plan" means a document developed by the personal Healthcare team of a student, that sets out the health services that may be needed by the school, and is signed by the personal health care team and the parent or Guardian, of the student;
2. "School" means a public elementary or secondary school. The term shall not include a charter school established pursuant to Section 3-132 of Title 70 of the Oklahoma Statutes;
3. "School nurse" means a certified school nurse as defined in Section 1-116 of Title 70 of the Oklahoma Statutes, a registered nurse contracting with the school to provide school health services, or a public health nurse; and
4. "Volunteer diabetes care assistant" means a school employee who has volunteered to be a diabetes care assistant and who has successfully completed the training required by Section 5 of this act.

§ 1210.196.3. Diabetes medical management plan
A diabetes medical management plan shall be developed for each student with diabetes who will seek care for diabetes while at school or while participating in a school activity. The plan shall be developed by the personal health care team of each student. The personal health care team shall consist of the principal or designee of the principal, the school nurse, if a school nurse is assigned to the school, the parent or guardian of the student, and to the extent practicable, the physician responsible for the diabetes treatment of the student.

§ 1210.196.4. School nurse to administer management plan--Volunteer diabetes care assistant--Refusal to serve as assistant

A. The school nurse at each school in which a student with diabetes is enrolled shall assist the student with the management of their diabetes care as provided for in the diabetes medical management plan for the student.
B. If a school does not have a school nurse assigned to the school, the principal shall make an effort to seek school employees who may or may not be health care professionals to serve as volunteer diabetes care assistants to assist the student with the management of their diabetes care as provided for in the diabetes medical management plan for the student.
C. Each school in which a student with diabetes is enrolled shall make an effort to ensure that a school nurse or a volunteer diabetes care assistant is available at the school to assist the diabetic student when needed.
D. A school employee shall not be subject to any penalty or disciplinary action for refusing to serve as a volunteer diabetes care assistant.
E. A school district shall not restrict the assignment of a student with diabetes to a particular school site based on the presence of a school nurse, contract school employee, or a volunteer diabetes care assistant.
F. Each school nurse and volunteer diabetes care assistant shall at all times have access to a physician.

§ 1210.196.5. Volunteer diabetes care assistants training

A. The state Department of Health shall develop guidelines, with the assistance of the following entities, for the training of volunteer diabetes care assistants:

    1. Oklahoma School Nurses Association (renamed School Nurse Organization of Oklahoma SNOO);
    2. The American Diabetes Association;
    3. The Juvenile Diabetes Research Foundation International;
    4. The Oklahoma Nurses Association;
    5. The State Department of Education;
    6. Oklahoma Board of Nursing;
    7. Oklahoma Dietetic Association (renamed Oklahoma Academy of Nutrition and Dietetics);
    8. Cooperative council of School Administrators.

B. A school nurse or a State Department of health designee with training in diabetes care shall coordinate the training of volunteer diabetes care assistants. C. The training shall include instruction in:

1. Recognizing symptoms of hypoglycemia and hyperglycemia;
2. Understanding the proper action to take if the blood glucose levels of a student with diabetes are outside the target ranges indicated by the diabetes medical management plan for the student;
3. Understanding the details of the diabetes medical management plan of each Student assigned to a volunteer diabetes care assistant;
4. Performing finger sticks to check blood glucose levels, checking urine ketone levels, and recording the results of those checks;
5. Properly administering insulin and glucagon and recording the results of the administration
6. Recognizing complications that require seeking emergency assistance; and
7. Understanding the recommended schedules and food intake for meals and snacks for a student with diabetes, the effect of physical activity on blood glucose levels, and the proper actions to be taken if the schedule of a student is disrupted.

C. The training shall include instruction in:

1. Recognizing the symptoms of hypoglycemia and hyperglycemia;
2. Understanding the proper action to take if the blood glucose levels of a student with diabetes are outside the target ranges indicated by the diabetes medical management plan for the student;
3. Understanding the details of the diabetes medical management plan of each student assigned to a volunteer diabetes care assistant;
4. Performing finger sticks to check blood glucose levels, checking urine ketone levels, and recording the results of those checks;
5. Properly administering insulin and glucagon and recording the results of the administration;
6. Recognizing complications that require seeking emergency assistance; and
7. Understanding the recommended schedules and food intake for meals and snacks for a student with diabetes, the effect of physical activity on blood glucose levels, and the proper actions to be taken if the schedule of a student is disrupted.

D. The volunteer diabetes care assistant shall annually demonstrate competency in the training required by subsection C of this section.
E. The school nurse, the principal, or a designee of the principal shall maintain a copy of the training guidelines and any records associated with the training.

§ 1210.196.6. Student information sheet--Privacy policies

A. Each school district shall provide, with the permission of the parent, to each school Employee who is responsible for providing transportation for the student with diabetes or supervision a student with diabetes an information sheet that:

1. Identifies the student who has diabetes:
2. Identifies potential emergencies that may occur as a result of the diabetes of the student and the appropriate responses to emergencies; and
3. Provides the telephone number of a contact person in case of an emergency involving the student with diabetes.

B. The school employee provided information as set forth in this section shall be informed of all health privacy policies.

§ 1210.196.7. Student management of diabetes at school--Designated private area

A. In accordance with the diabetes medical management plan of a student, a school shall permit the student to attend to the management and care of the diabetes of the student, which may include:

1. Performing blood glucose level checks;
2. Administering insulin through the insulin delivery system used by the student;
3. Treating hypoglycemia and hyperglycemia;
4. Possessing on the person of the student at any time any supplies or equipment necessary to monitor and care for the diabetes of the student; and
5. Otherwise attending to the management and care of the diabetes of the student in the classroom, in any area of the school or school grounds, or at any school- related activity.

B. Each school shall provide a private area where the student may attend to the management and care of the student's diabetes.

§ 1210.196.8. Employee immunity from liability--Nurse not responsible for acts of diabetes care assistant

A. A school employee may not be subject to any disciplinary proceeding resulting from an action taken in compliance with the Diabetes Management in Schools Act. Any employee acting in accordance with the provisions of the act shall be immune from civil liability unless the actions of the employee arise to a level of reckless or intentional misconduct.
B. A school nurse shall not be responsible for and shall not be subject to disciplinary Action for actions performed by a volunteer diabetes care assistant.

USDA Food Allergy:

https://www.fns.usda.gov/ofs/food-allergies
https://www.fda.gov/food/food-labeling-nutrition/food-allergies

Medication or Treatment Report (Sample)

A medication or treatment report is indicated when there is a failure to administer the prescribed medication or treatment within the appropriate time frame, in the correct dosage, in accordance with the physician's orders.

Date of report _____ Date of occurrence _____ Time Noted _____

School_____Grade _____

Student name _____ Date of birth _____ Sex _____

Address_____ Telephone _____

Person responsible for action _____

Licensed prescribe name _____ Address _____

Reason medication or treatment was ordered _____

Date medication ordered_____Medication instructions _____

Describe the event and how it occurred (use reverse side if necessary)

_____

_____

_____

_____

_____

Action Taken

Licensed prescriber notified Yes_____ No _____
Date notified _____Time notified _____By Whom _____

Parent/Guardian notified Yes_____ No _____
Date notified _____Time notified _____ By Whom _____

Other person(s) notified _____

Outcome _____

Name of person preparing the report _____ Date _____

DETERMINATION OF SELF-DIRECTED STUDENTS
(Sample)

Student name _____ Grade _____

Classroom Teacher_____ Time _____

Medication_____ Dose_____

Reason for Medication _____

THIS STUDENT:

Recognizes his/her medication Comments:	**YES** ☐	**NO** ☐
Knows how much medication he/she takes and by what route the medication is to be taken Comments:	☐	☐
Knows what time his/her medication is needed during the school day Comments:	☐	☐
Knows why he/she takes this medication Comments:	☐	☐
Knows what happens when he/she doesn't take their medication Comments:	☐	☐
Knows when to refuse to take his/her medicine when appropriate Comments:	☐	☐

I feel the above student IS _____ / IS NOT _____ Self-Directed

Signature: _____ Date _____

Registered Nurse Name Printed _____

Goals to enable student to become Self-Directed _____

_____

FARE Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____

Allergic to: _____

Weight: _____ lbs. Asthma: ☐ **Yes (higher risk for a severe reaction)** ☐ **No**

PLACE PICTURE HERE

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

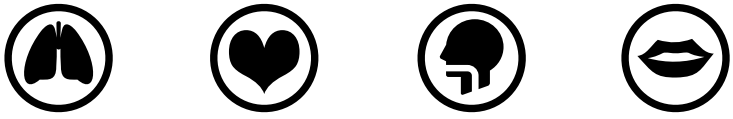
THEREFORE:

☐ If checked, give epinephrine immediately if the allergen was LIKELY eaten, for ANY symptoms.

☐ If checked, give epinephrine immediately if the allergen was DEFINITELY eaten, even if no symptoms are apparent.

FOR **ANY** OF THE FOLLOWING:

SEVERE SYMPTOMS



LUNG
Shortness of breath, wheezing, repetitive cough

HEART
Pale or bluish skin, faintness, weak pulse, dizziness

THROAT
Tight or hoarse throat, trouble breathing or swallowing

MOUTH
Significant swelling of the tongue or lips

SKIN
Many hives over body, widespread redness

GUT
Repetitive vomiting, severe diarrhea

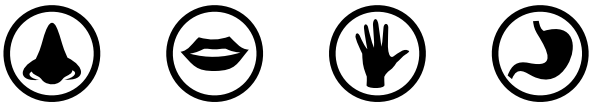
OTHER
Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.

- Consider giving additional medications following epinephrine:
  - » Antihistamine
  - » Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE
Itchy or runny nose, sneezing

MOUTH
Itchy mouth

SKIN
A few hives, mild itch

GUT
Mild nausea or discomfort

FOR **MILD SYMPTOMS** FROM **MORE THAN ONE** SYSTEM AREA, GIVE EPINEPHRINE.

FOR **MILD SYMPTOMS** FROM **A SINGLE SYSTEM** AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

_____

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE DATE PHYSICIAN/HCP AUTHORIZATION SIGNATURE DATE

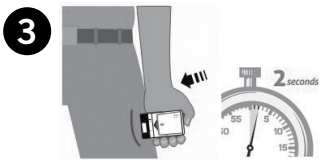
FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 5/2020

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

FARE
Food Allergy Research & Education

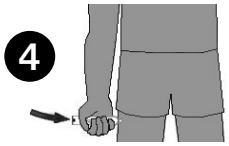
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



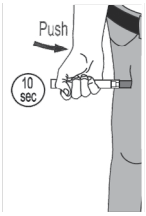
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.

HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.

ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.)**:**

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP:_____ PHONE: _____

NAME/RELATIONSHIP:_____ PHONE: _____

NAME/RELATIONSHIP:_____ PHONE: _____

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 5/2020

Food Allergy Action Plan

Name: _____ **D.O.B.:** ___/___/___

Allergy to: _____

Weight: _____ lbs. **Asthma:** ☐Yes (higher risk for a severe reaction) ☐No

Place Student's Picture Here

Extremely reactive to the following foods: _____

THEREFORE:

☐If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.

☐If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

LUNG:	Short of breath, wheeze, repetitive cough
HEART:	Pale, blue, faint, weak pulse, dizzy, confused
THROAT:	Tight, hoarse, trouble breathing/swallowing
MOUTH:	Obstructive swelling (tongue and/or lips)
SKIN:	Many hives over body

Or **combination** of symptoms from different body areas:

SKIN:	Hives, itchy rashes, swelling (e.g., eyes, lips)
GUT:	Vomiting, crampy pain

1. INJECT EPINEPHRINE IMMEDIATELY
2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:*
   -Antihistamine
   -Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS ONLY:

MOUTH:	Itchy mouth
SKIN:	A few hives around mouth/face, mild itch
GUT:	Mild nausea/discomfort

1. GIVE ANTIHISTAMINE
2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

Medications/Doses

Epinephrine (brand and dose): _____

Antihistamine (brand and dose): _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

Monitoring

Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

_____ _____ _____ _____

Parent/Guardian Signature **Date** **Physician/Healthcare Provider Signature** **Date**

STUDENT _____ DOB_____

Below Info Last Updated:_____

EMERGENCY CONTACTS

Call 911 (Rescue Squad # _____)

Doctor: _____ Phone:_____

Parent Guardian: _____ Phone: _____

Other Emergency Contacts

Name/Relationship _____ Phone: _____

Name/Relationship _____ Phone: _____

CDC Food Allergies in School Tool Kit:

www.cdc.gov/healthyschools/foodallergies/toolkit.htm

How to use an EpiPen®
(epinephrine injection, USP) Auto-Injector

Mylan®

1 PREPARE

Remove the Auto-Injector from the clear carrier tube.

Flip open the yellow cap of your EpiPen® or the green cap of your EpiPen Jr® carrier tube. Tip and slide the auto-injector out of the carrier tube.

Hold the auto-injector in your fist with the orange tip pointing downward.

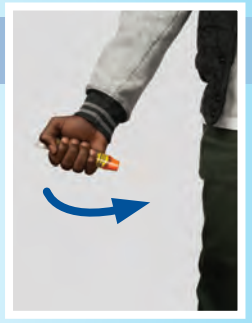
Blue to the sky, orange to the thigh®.

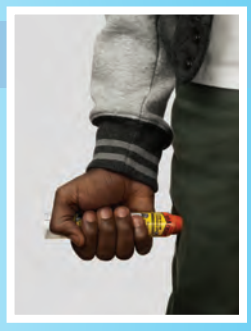
With your other hand, remove the blue safety release by pulling straight up without bending or twisting it.

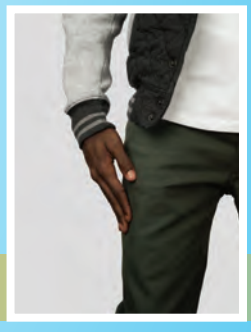
NEVER-SEE-NEEDLE® helps with protection. Protects against needle exposure before and after use.

NOTE:
- The needle comes out of the orange tip.
- To avoid an accidental injection, never put your thumb, fingers or hand over the orange tip. If an accidental injection happens, get medical help right away.

2 ADMINISTER







If you are administering to a young child, hold the leg firmly in place while administering an injection.

Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh.

Swing and push the auto-injector firmly until it "clicks." The click signals that the injection has started.

Hold firmly in place for 3 seconds (count slowly 1, 2, 3).

Remove the auto-injector from the thigh. The orange tip will extend to cover the needle. If the needle is still visible, do not attempt to reuse it.

Massage the injection area for 10 seconds.

3 GET EMERGENCY MEDICAL HELP RIGHT AWAY

You may need further medical attention.
If symptoms continue or recur, you may need to use a second EpiPen® or EpiPen Jr® Auto-Injector.

INDICATIONS

EpiPen® (epinephrine injection, USP) 0.3 mg or EpiPen Jr® (epinephrine injection, USP) 0.15 mg Auto-Injectors are for the emergency treatment of life-threatening allergic reactions (anaphylaxis) caused by allergens, exercise, or unknown triggers; and for people who are at increased risk for these reactions. EpiPen® or EpiPen Jr® are intended for immediate administration as emergency supportive therapy only. Seek immediate emergency medical help right away.

IMPORTANT SAFETY INFORMATION

Use EpiPen® or EpiPen Jr® Auto-Injectors right away when you have an allergic emergency (anaphylaxis). **Get emergency medical help right away.** You may need further medical attention. Only a healthcare professional should give additional doses of epinephrine if you need more than two injections for a single anaphylactic episode. EpiPen® or EpiPen Jr® should **only** be injected into the middle of your outer thigh (upper leg), through clothing if necessary. Do not inject into your veins, buttocks, fingers, toes, hands or feet. Hold the leg of young children firmly in place before and during injection to prevent injuries. In case of accidental injection, please seek immediate medical treatment.

Not actual patient.
Please see additional Important Safety Information and Indications on the back.
Please see accompanying Full Prescribing Information and Patient Information.

Every EpiPen 2-Pak® (epinephrine injection, USP) and Mylan's Authorized Generic For EpiPen Two-Pack comes with an **EpiPen® Trainer**

Practice with your Trainer repeatedly to become familiar with it.

The EpiPen® Auto-Injector and Mylan's Authorized Generic For EpiPen®

Always have access to two Auto-Injectors in all the places you may need them because some people require a second dose. More than two sequential doses should be administered only under direct medical supervision.

Identify the EpiPen® Trainer by:

Label

The EpiPen® Trainer is clearly labeled TRAINER or TRAINING DEVICE.

Color

The EpiPen® Trainer is shaded grey

EpiPen® and Mylan's Authorized Generic For EpiPen® are yellow

EpiPen Jr® and Mylan's Authorized Generic For EpiPen Jr® are green

No Window or Liquid

Reset after each use

The EpiPen® Trainer

The grey EpiPen® Trainer contains no medicine and no needle, and SHOULD NOT BE USED during an anaphylactic reaction.

Visit **epipen.com** to watch our *How to Use* video and more.

IMPORTANT SAFETY INFORMATION (Continued)

Rarely, patients who have used EpiPen® or EpiPen Jr® may develop an infection at the injection site within a few days. Some of these infections can be serious. Call your healthcare professional right away if you have any of the following at an injection site: redness that does not go away, swelling, tenderness, or the area feels warm to the touch.

Tell your healthcare professional about all of your medical conditions, especially if you have asthma, a history of depression, thyroid problems, Parkinson's disease, diabetes, high blood pressure or heart problems, have any other medical conditions, are pregnant or plan to become pregnant, or are breastfeeding or plan to breastfeed. Be sure to also tell your healthcare professional all the medicines you take, especially medicines for asthma. **If you have certain medical conditions, or take certain medicines, your condition may get worse or you may have longer lasting side effects when you use EpiPen® or EpiPen Jr®.**

Common side effects include fast, irregular or "pounding" heartbeat, sweating, nausea or vomiting, breathing problems, paleness, dizziness, weakness, shakiness, headache, feelings of over excitement, nervousness or anxiety. These side effects usually go away quickly if you lie down and rest. **Tell your healthcare professional if you have any side effect that bothers you or that does not go away.**

Please see accompanying Full Prescribing Information and Patient Information.

For additional information, please contact us at 800-395-3376.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088

EpiPen®, EpiPen Jr®, EpiPen 2-Pak®, EpiPen Jr 2-Pak®, Never-See-Needle®, and the Mylan logo are registered trademarks of Mylan Inc.
Blue to the sky, orange to the thigh® is a registered trademark of Mylan Specialty L.P. **EPI-2018-0079**

Mylan

Better Health for a Better World®

The Mylan Better Health for a Better World logo is a registered trademark of Mylan Inc.

Oklahoma State Immunization Law

Oklahoma State Statute 70 O.S. § 1210.191

2021 Oklahoma Statutes

Title 70. Schools

§70-1210.191. Certification - School children - List of immunization tests required.

Universal Citation: 70 OK Stat § 70-1210.191 (2021)

A. No minor child shall be admitted to any public, private or parochial school operating in this state unless and until certification is presented to the appropriate school authorities from a licensed physician, or authorized representative of the State Department of Health, that such child has received or is in the process of receiving, immunizations against diphtheria, pertussis, tetanus, haemophilus influenzae type B (HIB), measles (rubeola), rubella, poliomyelitis, varicella and hepatitis A or is likely to be immune as a result of the disease.

B. Immunizations required, and the manner and frequency of their administration, as prescribed by the State Commissioner of Health, shall conform to recognized standard medical practices in the state. The State Department of Health shall supervise and secure the enforcement of the required immunization program. The State Department of Education and the governing boards of the school districts of this state shall render reasonable assistance to the State Department of Health in the enforcement of the provisions hereof.

C. The Commissioner, by rule, may alter the list of immunizations required after notice and hearing. Any change in the list of immunizations required shall be submitted to the next regular session of the Legislature and such change shall remain in force and effect unless and until a concurrent resolution of disapproval is passed. Hearings shall be conducted by the Commissioner, or such officer, agents or employees as the Commissioner may designate for that purpose. The Commissioner shall give appropriate notice of the proposed change in the list of immunizations required and of the time and place for hearing. The change shall become effective on a date fixed by the Commissioner. Any change in the list of immunizations required may be amended or repealed in the same manner as provided for its adoption. Proceedings pursuant to this subsection shall be governed by the Administrative Procedures Act.

D. The State Department of Education and the governing boards of the school districts of this state shall provide for release to the Oklahoma Health Care Authority of the immunization records of school children covered under Title XIX or Title XXI of the federal Social Security Act who have not received the required immunizations at the appropriate time. The information received pursuant to such release shall be transmitted by the Oklahoma Health Care Authority to medical providers who provide services to such children pursuant

to Title XIX or Title XXI to assist in their efforts to increase the rate of childhood immunizations pursuant to the requirements of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services provisions. The provisions of this subsection shall not be construed to prohibit or affect the eligibility of any child to receive benefits pursuant to Title XIX or Title XXI of the Social Security Act or to require the immunization of any child if such child is exempt from the immunization requirements pursuant to law. The name of any child exempt from immunization pursuant to Section 1210.192 of this title shall not be included in the information transmitted pursuant to this subsection.

E. State Department of Education shall provide and ensure that each school district in this state provides, on the school district website and in any notice or publication provided to parents regarding immunization requests, the following information regarding immunization requirements for school attendance: “For school enrollment, a parent or guardian shall provide one of the following:

1) Current, up-to-date immunization records; or

2) A completed and signed exemption form.”

Added by Laws 1970, c. 225, § 1, emerg. eff. April 15, 1970. Amended by Laws 1976, c. 262, § 1, emerg. eff. June 17, 1976; Laws 1998, c. 175, § 1, eff. Nov. 1, 1998; Laws 1998, c. 412, § 3, eff. Nov. 1, 1998; Laws 2021, c. 575, § 1, eff. July 1, 2021.

NOTE: Laws 1998, c. 95, § 2 and Laws 1998, c. 177, § 2 repealed by Laws 1998, c. 412, § 8, eff. Nov. 1, 1998.

*Revised annually by the OSDH Immunization Service

https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/prevention-and-preparedness/immunizations/GuideToImmRequirements-English%2022-23.pdf

2021 Oklahoma Statutes

Title 70. Schools

§70-24-100.6. Right of student victims to be separated from offender - Notice to school district of juvenile sex offender identity - School attendance of juvenile sex offender.

Universal Citation: 70 OK Stat § 70-24-100.6 (2021)

A. Students who have been victims of certain felony offenses by other students, as well as the siblings of the student victims, have the right to be kept separated from the student offender both at school and during school transportation.

B. Notwithstanding any provision of law prohibiting the disclosure of the identity of a minor, within thirty (30) days of the time of the adjudication or withholding of adjudication of any juvenile offender for any offense subject to the Juvenile Sex Offender Registration Act, either the juvenile bureau in counties which have juvenile bureaus or the Office of Juvenile Affairs in all other counties shall notify the superintendent of the school district in which the juvenile offender is enrolled or intends to enroll of the adjudication and the offense for which the child was adjudicated. Upon receipt of such notice, the school district shall notify the victim and parent or guardian of the victim of their right to request to be separated from the offender at school and during school transportation. If the victim requests to be separated from the offender, the school district shall take appropriate action to effectuate the provisions of subsection C of this section. The decision of the victim shall be final and not reversible.

C. Any offender described in subsection B of this section shall, upon the request of the victim, not attend any school attended by the victim or a sibling of the victim or ride on a school bus on which the victim or a sibling of the victim is riding. The offender shall be permitted by the school district to attend another school within the district in which the offender resides, provided the other school is not attended by the victim or sibling of the victim. If the offender is unable to attend another school in the district in which the offender resides, the offender shall transfer to another school district pursuant to the provisions of the Education Open Transfer Act.

D. The offender or the parents of the offender, if the offender is a juvenile, shall be responsible for arranging and paying for transportation and any other cost associated with or required for the offender to attend another school or that is required as a consequence of the prohibition against attending a school or riding on a school bus on which the victim or a sibling of the victim is attending or riding. However, the offender or the parents of the offender shall not be charged for existing modes of transportation that can be used by the offender at no additional cost to the school district.

Added by Laws 2007, c. 164, § 1, eff. July 1, 2007.

Legislation Related to Diabetes Management in Schools

OKLAHOMA STATUTES TITLE 70.

SCHOOLS DIVISION III. OTHER SCHOOL LAWS

CHAPTER 15.2021 Oklahoma Statutes

HEALTH AND SAFETY DIABETES MANAGEMENT IN SCHOOLS ACT

§ 1210.196.1. Short title

Sections 3 through 9 of this Act shall be known and may be cited as the "Diabetes Management in Schools Act".

§ 1210.196.2. Definitions

As used in the Diabetes Management in Schools Act:

1. "Diabetes medical management plan" means a document developed by the personal Healthcare team of a student, that sets out the health services that may be needed by the school, and is signed by the personal health care team and the parent or Guardian, of the student;

2. "School" means a public elementary or secondary school. The term shall not include a charter school established pursuant to Section 3-132 of Title 70 of the Oklahoma Statutes;

3. "School nurse" means a certified school nurse as defined in Section 1-116 of Title 70 of the Oklahoma Statutes, a registered nurse contracting with the school to provide school health services, or a public health nurse; and

4. "Volunteer diabetes care assistant" means a school employee who has volunteered to be a diabetes care assistant and who has successfully completed the training required by Section 5 of this act.

§ 1210.196.3. Diabetes medical management plan

A diabetes medical management plan shall be developed for each student with diabetes who will seek care for diabetes while at school or while participating in a school activity. The plan shall be developed by the personal health care team of each student. The personal health care team shall consist of the principal or designee of the principal, the school nurse, if a school nurse is assigned to the school, the parent or guardian of the student, and to the extent practicable, the physician responsible for the diabetes treatment of the student.

§ 1210.196.4. School nurse to administer management plan--Volunteer diabetes care assistant--Refusal to serve as assistant

A. The school nurse at each school in which a student with diabetes is enrolled shall assist the student with the management of their diabetes care as provided for in the diabetes medical management plan for the student.

B. If a school does not have a school nurse assigned to the school, the principal shall make an effort to seek school employees who may or may not be health care professionals to serve as volunteer diabetes care assistants to assist the student with the management of their diabetes care as provided for in the diabetes medical management plan for the student.

C. Each school in which a student with diabetes is enrolled shall make an effort to ensure that a school nurse or a volunteer diabetes care assistant is available at the school to assist the diabetic student when needed.

D. A school employee shall not be subject to any penalty or disciplinary action for refusing to serve as a volunteer diabetes care assistant.

E. A school district shall not restrict the assignment of a student with diabetes to a particular school site based on the presence of a school nurse, contract school employee, or a volunteer diabetes care assistant.

F. Each school nurse and volunteer diabetes care assistant shall at all times have access to a physician.

§ 1210.196.5. Volunteer diabetes care assistants training

A. The state Department of Health shall develop guidelines, with the assistance of the Following entities, for the training of volunteer diabetes care assistants:

1. Oklahoma School Nurses Association (renamed School Nurse Organization of Oklahoma SNOO);
2. The American Diabetes Association;
3. The Juvenile Diabetes Research Foundation International;
4. The Oklahoma Nurses Association;
5. The State Department of Education;
6. Oklahoma Board of Nursing;
7. Oklahoma Dietetic Association (renamed Oklahoma Academy of Nutrition and Dietetics);
8. Cooperative council of School Administrators.

B. A school nurse or a State Department of health designee with training in diabetes care shall coordinate the training of volunteer diabetes care assistants.

C. The training shall include instruction in:

1. Recognizing symptoms of hypoglycemia and hyperglycemia;
2. Understanding the proper action to take if the blood glucose levels of a student with diabetes are outside the target ranges indicated by the diabetes medical management plan for the student;
3. Understanding the details of the diabetes medical management plan of each Student assigned to a volunteer diabetes care assistant;
4. Performing finger sticks to check blood glucose levels, checking urine ketone levels, and recording the results of those checks;
5. Properly administering insulin and glucagon and recording the results of the administration;
6. Recognizing complications that require seeking emergency assistance; and
7. Understanding the recommended schedules and food intake for meals and snacks for a student with diabetes, the effect of physical activity on blood glucose levels, and the proper actions to be taken if the schedule of a student is disrupted.

D. The training shall include instruction in:

1. Recognizing the symptoms of hypoglycemia and hyperglycemia;
2. Understanding the proper action to take if the blood glucose levels of a student with diabetes are outside the target ranges indicated by the diabetes medical management plan for the student;
3. Understanding the details of the diabetes medical management plan of each student assigned to a volunteer diabetes care assistant;
4. Performing finger sticks to check blood glucose levels, checking urine ketone levels, and recording the results of those checks;
5. Properly administering insulin and glucagon and recording the results of the administration;
6. Recognizing complications that require seeking emergency assistance; and
7. Understanding the recommended schedules and food intake for meals and snacks for a student with diabetes, the effect of physical activity on blood glucose levels, and the proper actions to be taken if the schedule of a student is disrupted.

E. The volunteer diabetes care assistant shall annually demonstrate competency in the training required by subsection C of this section.

F. The school nurse, the principal, or a designee of the principal shall maintain a copy of the training guidelines and any records associated with the training.

§ 1210.196.6. Student information sheet--Privacy policies

A. Each school district shall provide, with the permission of the parent, to each school Employee who is responsible for providing transportation for the student with diabetes or supervision a student with diabetes an information sheet that:

1. Identifies the student who has diabetes:

2. Identifies potential emergencies that may occur as a result of the diabetes of the student and the appropriate responses to emergencies; and
3. Provides the telephone number of a contact person in case of an emergency involving the student with diabetes.

B. The school employee provided information as set forth in this section shall be informed of all health privacy policies.

§ 1210.196.7. Student management of diabetes at school--Designated private area

A. In accordance with the diabetes medical management plan of a student, a school shall permit the student to attend to the management and care of the diabetes of the student, which may include:

1. Performing blood glucose level checks;
2. Administering insulin through the insulin delivery system used by the student;
3. Treating hypoglycemia and hyperglycemia;
4. Possessing on the person of the student at any time any supplies or equipment necessary to monitor and care for the diabetes of the student; and
5. Otherwise attending to the management and care of the diabetes of the student in the classroom, in any area of the school or school grounds, or at any school- related activity.

B. Each school shall provide a private area where the student may attend to the management and care of the student's diabetes.

§ 1210.196.8. Employee immunity from liability--Nurse not responsible for acts of diabetes care assistant

A. A school employee may not be subject to any disciplinary proceeding resulting from an action taken in compliance with the Diabetes Management in Schools Act. Any employee acting in accordance with the provisions of the act shall be immune from civil liability unless the actions of the employee arise to a level of reckless or intentional misconduct.

B. A school nurse shall not be responsible for and shall not be subject to disciplinary Action for actions performed by a volunteer diabetes care assistant.

USDA Food Allergy:

https://www.fns.usda.gov/ofs/food-allergies

https://www.fda.gov/food/food-labeling-nutrition/food-allergies

Oklahoma Session Laws
Oklahoma Session Laws – 2006

Section 160 - [SB 1795] - An Act relating to schools; requiring vision screening for certain students within certain timeframe; specifying screening be conducted by certain personnel; providing for notification of certain information, etc.
Cite as: 2006 O.S.L. 160, _____

ENROLLED SENATE
BILL NO. 1795

By: Paddack, Easley, Gumm, Garrison and Eason McIntyre of the Senate

and

Miller (Doug) and Brown of the House

An Act relating to schools; requiring **vision screening** for certain students within certain timeframe; specifying screening be conducted by certain personnel; providing for notification of certain information; establishing an advisory committee; stating purpose; providing composition; directing State Board of Health to adopt certain rules; requiring State Department of Health to maintain a statewide registry; recommending certain students receive certain eye examination; requiring certain person to forward written report to certain parties; specifying contents of report; allowing school attendance in event of failure of certain parties to furnish certain report; providing for school districts to notify certain parents of certain requirements; directing the State Board of Education to adopt certain rules; directing the State Department of Education to issue certain annual report; providing for codification; and providing an effective date.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1210.284 of Title 70, unless there is created a duplication in numbering, reads as follows:

A. 1. Beginning in the 2007-08 school year, the parent or guardian of each student enrolled in kindergarten at a public school in this state shall provide certification to school personnel that the student passed a **vision screening** within the previous twelve (12) months or during the school year. Such screening shall be conducted by personnel listed on the statewide registry as maintained by the State Department of Health.

2. Beginning in the 2007-08 school year, the parent or guardian of each student enrolled in first or third grade at a public school in this state shall provide within thirty (30) days of the beginning of the school year certification to school personnel that the student passed a **vision screening** within the previous twelve (12) months. Such screening shall be conducted by personnel listed on the statewide registry as maintained by the State Department of Health.

B. The parent or guardian of each student who receives a **vision screening** as required by this section shall receive notification that a **vision screening** is not the equivalent of a comprehensive eye exam.The State Department of Health shall form an advisory committee to make recommendations to the Board of Health for **vision screening** standards pursuant to this section. The advisory committee shall provide a list of qualified screeners to the State Department of Health. The advisory committee shall be comprised of: One licensed Oklahoma optometrist, one licensed Oklahoma ophthalmologist, one representative of the State Department of Health, one representative of the State Department of Education and one representative of a statewide organization for the prevention of blindness. The State Board of Health shall adopt rules to establish **vision screening** standards pursuant to this section and the State Department of Health shall establish and thereafter maintain a statewide registry, available via the Internet, which shall contain a list of qualified screeners.

C. 1. The parent or guardian of each student who fails the vision screening required in subsection A of this section shall receive a recommendation to undergo a comprehensive eye examination performed by an ophthalmologist or optometrist.

D. The ophthalmologist or optometrist shall forward a written report of the results of the comprehensive eye examination to the student's school, parent or guardian, and primary health care provider designated by the parent or guardian. The report shall include, but not be limited to:

a. date of report,

b. name, address and date of birth of the student,

c. name of the student's school,

d. type of examination,

e. a summary of significant findings, including diagnoses, medication used, duration of action of medication, treatment, prognosis, whether or not a return visit is recommended and, if so when,

f. recommended educational adjustments for the child, if any, which may include: preferential seating in the classroom, eyeglasses for full-time use in school, eyeglasses for part-time use in school, sight-saving eyeglasses, and any other recommendations, and

g. name, address and signature of the examiner;

E. No student shall be prohibited from attending school for a parent's or guardian's failure to furnish a report of the student's **vision screening** or an examiner's failure to furnish the results of a student's comprehensive eye examination required by this section.

F. School districts shall notify parents or guardians of students who enroll in kindergarten, first, or third grade for the 2007-08 school year and each year thereafter of the requirements of this section.

G. The State Board of Education shall adopt rules for the implementation of this section except as provided in subsection B of this section. The State Department of Education shall issue a report annually on the impact and effectiveness of this section.

SECTION 2. This act shall become effective November 1, 2006.

Passed the Senate the 8th day of May, 2006

Presiding Officer of the Senate

Passed the House of Representatives the 19th day of April, 2006.

Presiding Officer of the House of Representatives

Approved by the Governor of the State of Oklahoma on the 15 day of May, 2006, at 3:20, o'clock p.m.

Governor of the State of Oklahoma

Oklahoma Statutes Citationized

Title 70. Schools

Chapter 19 - Regional Education Service Center Act

Section 1210.284 - Vision Screening - Recommendations on Standards - Comprehensive Eye Exam on Failure - Annual Reports

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Superceded **Superceded** **Superceded**

Effective: 07/01/2009

Cite as: O.S. §, __ __

A. 1. Beginning in the 2007-08 school year, the parent or guardian of each student enrolled in kindergarten at a public school in this state shall provide certification to school personnel that the student passed a vision screening within the previous twelve (12) months or during the school year. Such screening shall be conducted by personnel listed on the statewide registry as maintained by the State Department of Health.

2. Beginning in the 2007-08 school year, the parent or guardian of each student enrolled in first or third grade at a public school in this state shall provide within thirty (30) days of the beginning of the school year certification to school personnel that the student passed a vision screening within the previous twelve (12) months. Such screening shall be conducted by personnel listed on the statewide registry as maintained by the State Department of Health.

3. The parent or guardian of each student who receives a vision screening as required by this section shall receive notification that a vision screening is not the equivalent of a comprehensive eye exam.

B. The State Department of Health shall form an advisory committee to make recommendations to the Board of Health for vision screening standards pursuant to this section. The advisory committee shall provide a list of qualified screeners to the State Department of Health. The advisory committee shall be comprised of: One licensed Oklahoma optometrist, one licensed Oklahoma ophthalmologist, one representative of the State Department of Health, one representative of the State Department of Education and one representative of a statewide organization for the prevention of blindness. The State Board of Health shall adopt rules to establish vision screening standards pursuant to this section and the State Department of Health shall establish and thereafter maintain a statewide registry, available via the Internet, which shall contain a list of qualified screeners.

C. 1. The parent or guardian of each student who fails the vision screening required in subsection A of this section shall receive a recommendation to undergo a comprehensive eye examination performed by an ophthalmologist or optometrist.

2. The ophthalmologist or optometrist shall forward a written report of the results of the comprehensive eye examination to the student’s school, parent or guardian, and primary health care provider designated by the parent or guardian. The report shall include, but not be limited to:

a. date of report,

b. name, address and date of birth of the student,

c. name of the student’s school,

d. type of examination,

e. a summary of significant findings, including diagnoses, medication used, duration of action of medication, treatment, prognosis, whether or not a return visit is recommended and, if so when,

f. recommended educational adjustments for the child, if any, which may include: preferential seating in the classroom, eyeglasses for full-time use in school, eyeglasses for part-time use in school, sight-saving eyeglasses, and any other recommendations, and

g. name, address and signature of the examiner;

D. No student shall be prohibited from attending school for a parent's or guardian's failure to furnish a report of the student's vision screening or an examiner's failure to furnish the results of a student's comprehensive eye examination required by this section.

E. School districts shall notify parents or guardians of students who enroll in kindergarten, first, or third grade for the 2007-08 school year and each year thereafter of the requirements of this section.

F. The State Board of Education shall adopt rules for the implementation of this section except as provided in subsection B of this section. The State Department of Education shall issue a report annually on the impact and effectiveness of this section.

Historical Data

Added by Laws 2006, SB 1795, c. 160, § 1, eff. November 1, 2006.

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TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH

Chapter 531- Vision Screening

Compiled from the Secretary of State's Website

Effective as of 9-11-2020

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http://www.oar.state.ok.us/oar/codedoc02.nsf/frmMain?OpenFrameSet&Frame=Main&Src=_75tnm2shfcdnm8pb4dthj0chedppmcbq8dtmmak31ctijujrgcln50ob7ckj42tbkdt374obdcli00_

Title 310 - Oklahoma State Department of Health [Return]

Chapter 531 - Vision Screening

Subchapter 1	General Provisions
Subchapter 3	Advisory Committee [Revoked]
Subchapter 5	Vision Screening Standards for Children
Subchapter 7	Registry Enforcement for Vision Screening
Subchapter 9	Sports Eye Safety Resource [Revoked]

[Authority: 63 O.S.,§§ 1-104, 1-105 and 1-106 et seq.; 70 O.S., § 1210.284]
[Source: Codified 5-11-07]

Subchapter 1 - General Provisions

Section 310:531-1-1	Purpose
Section 310:531-1-2	Authority
Section 310:531-1-3	Definitions

310:531-1-1. Purpose

This subchapter identifies the authority and provides definitions for vision screening services provided to elementary school age children by approved vision screening providers.

[Source: Added at 24 Ok Reg 867, eff 5-11-07; Amended at 26 Ok Reg 2036, eff 6-25-09; Amended at 27 Ok Reg 2526, eff 7-25-10]

310:531-1-2. Authority

Commissioner of the Oklahoma State Department of Health; 70 O.S. § 1210.284; 63 O.S. §§1-103, 1-103a.1, 1-104 and 1-106 et seq.

[Source: Added at 24 Ok Reg 867, eff 5-11-07; Amended at 31 Ok Reg 1591, eff 9-12-14; Amended at 37 Ok Reg 1411, eff 9-11-20]

310:531-1-3. Definitions

When used in this Chapter, the following words or terms shall have the following meaning unless the context of the sentence requires another meaning:

"Board" means the State Board of Health.

"Commissioner" means the State Commissioner of Health of the Oklahoma State Department of Health.

"Comprehensive Eye Exam" means a clinical assessment and tests administered by a licensed optometrist or ophthalmologist to assess a person's level of vision as well as detect any abnormality or diseases.

"Department" means the Oklahoma State Department of Health.

"Infant and Children's Health Advisory Council" means the advisory council to the Board and Department in the area of infant and child health including vision screening.

"LEA Numbers Chart" means a vision screening test that determines relative visual acuity for distance vision using a chart with numbers. Chart is recommended for school age children and can be used with children who use English as a second language.

"Ophthalmologist" means a person licensed by the state of Oklahoma to practice medicine who has a specialty in ophthalmology.

"Optometrist" means a person licensed by the state of Oklahoma to practice optometry.

"Referral" means parent/guardian notification that the student's screening results indicate a need for a comprehensive eye exam by an ophthalmologist or optometrist.

"Sloan Letters Chart" means a vision screening test that determines relative visual acuity for distance vision using a chart with letters. Chart is recommended for school age children.

"Vision screening provider(s)" means a person(s) who has successfully completed vision screening training using curricula approved by the Department, submitted an application to the Department, and has been approved by the Department as being a vision screening provider.

"Vision screening" means the process or system used to identify children in grades K, 1 and 3 who may be at risk of having or developing visual problems that may adversely affect their ability to acquire knowledge, skill or learning, for the purpose of recommending further evaluation by an optometrist or ophthalmologist.

"Vision screening trainer(s)" is a person(s) who has been approved as a vision screening provider and completed additional training approved by the Department to provide training to potential vision screening providers.

"Vision Screening Registry" is a system for collecting and maintaining in a structured manner the names of individuals that have been approved by the Department as vision screening providers.

[Source: Added at 24 Ok Reg 867, eff 5-11-07; Amended at 26 Ok Reg 2036, eff 6-25-09; Amended at 27 Ok Reg 2526, eff 7-25-10; Amended at 31 Ok Reg 1591, eff 9-12-14; Amended at 37 Ok Reg 1411, eff 9-11-20]

Subchapter 3 - Advisory Committee [Revoked]

Section 310:531-3-1 Purpose [Revoked]
Section 310:531-3-2 Advisory Committee [Revoked]
Section 310:531-3-3 Rules of Order [Revoked]

310:531-3-1. Purpose [REVOKED]

[Source: Added at 24 Ok Reg 867, eff 5-11-07; Amended at 26 Ok Reg 2036, eff 6-25-09; Revoked at 31 Ok Reg 1591, eff 9-12-14]

310:531-3-2. Advisory Committee [REVOKED]

[Source: Added at 24 Ok Reg 867, eff 5-11-07; Revoked at 31 Ok Reg 1591, eff 9-12-14]

310:531-3-3. Rules of Order [REVOKED]

[Source: Added at 24 Ok Reg 867, eff 5-11-07; Revoked at 31 Ok Reg 1591, eff 9-12-14]

Subchapter 5 - Vision Screening Standards for Children

Section 310:531-5-1 Purpose
Section 310:531-5-2 Oklahoma Vision Screening Standards
Section 310:531-5-3 Approval of vision screening providers
Section 310:531-5-4 Disclaimer
Section 310:531-5-5 Re-approval of vision screening providers
Section 310:531-5-6 Approval of vision screening trainers
Section 310:531-5-7 Re-approval of vision screening trainers
Section 310:531-5-8 Approval of vision screening trainers of trainers [Revoked]
Section 310:531-5-9 Re-approval of vision screening trainers of trainers [Revoked]

310:531-5-1. Purpose

This subchapter identifies those children to be screened and standards for vision screening tools, vision screening providers and vision screening trainers.

[**Source:** Added at 24 Ok Reg 867, eff 5-11-07; Amended at 26 Ok Reg 2036, eff 6-25-09; Amended at 27 Ok Reg 2526, eff 7-25-10]

310:531-5-2. Oklahoma Vision Screening Standards

(a) Parents or guardians of any child subject to the Oklahoma School Code shall provide certification of vision screening for any child who is:

(1) in kindergarten, and the vision screening shall be completed within the previous twelve (12) months or during the school year;

(2) in the first grade, and the vision screening shall be completed within the previous (12) months, with certification provided to school personnel within thirty (30) days of the beginning of the school year; and

(3) in the third grade, and the vision screening shall be completed within the previous twelve (12) months, with certification provided to school personnel within thirty (30) days of the beginning of the school year.

(b) Vision screening must, at a minimum, utilize one of the following vision screening tests using standard screening procedures for relative visual acuity:

(1) For school age children,the Sloan Letter Chart,, or LEA Numbers Chart, at a distance of ten (10) feet or any new vision screening tool determined by the Department to be a comparably effective and efficient screening tool; or

(2) For children under 72 months of age, a photoscreener or any new vision screening tool determined by the Department to be a comparably effective and efficient screening tool.

(c) The following distance visual acuity criteria shall be used as a basis for referring a child for further evaluation by an optometrist or ophthalmologist: Refer for a two-line difference in either eye, even in the passing range, or acuity 20/40 or worse in either eye.

[**Source:** Added at 24 Ok Reg 867, eff 5-11-07; Amended at 26 Ok Reg 2036, eff 6-25-09; Amended at 27 Ok Reg 2526, eff 7-25-10; Amended at 31 Ok Reg 1591, eff 9-12-14; Amended at 37 Ok Reg 1411, eff 9-11-20]

310:531-5-3. Approval of vision screening providers

(a) In order to become an approved vision screening provider, an individual must make application to the Department and include documentation of successful completion of training conducted by an approved trainer using an approved training curriculum that includes the following:

(1) common eye problems;

(2) the screening process;

(3) required screening tools;

(4) screening special populations; and,

(5) basic anatomy and physiology of the eye.

(b) The Department will review and approve vision screening providers.

(c) The vision screening provider approval will be valid from the date of approval by the Department and ends three years from the most recently approved training.

(d) All approved vision screening providers will be added to the statewide registry on the Internet website maintained by the Department.

(e) Unless otherwise provided by law, no person shall engage in vision screening as provided in 70 O.S. § 1210.284 without first being listed on the vision screening registry maintained by the Department.

[**Source:** Added at 24 Ok Reg 867, eff 5-11-07; Amended at 26 Ok Reg 2036, eff 6-25-09; Amended at 27 Ok Reg 2526, eff 7-25-10; Amended at 31 Ok Reg 1591, eff 9-12-14]

310:531-5-4. Disclaimer

Any disclosure or other notice provided by a vision screener or other person subject to this chapter describing a vision screening provided in accordance with this chapter must include a disclaimer that advises the parent or guardian that a vision screening is not equivalent to a comprehensive eye examination.
[**Source:** Added at 26 Ok Reg 2036, eff 6-25-09

310:531-5-5. Re-approval of vision screening providers

A vision screening provider may renew his or her status by submitting documentation of completion of training, conducted by an approved trainer, using an approved curricula, prior to the end of his or her third year.
[**Source:** Added at 27 Ok Reg 2526, eff 7-25-10; Amended at 31 Ok Reg 1591, eff 9-12-14; Amended at 37 Ok Reg 1411, eff 9-11-20]

310:531-5-6. Approval of vision screening trainers

(a) In order to become an approved vision screening trainer an individual must be an approved vision screening provider and make application to the Department and include documentation of successful completion of training conducted by an approved trainer using an approved training curriculum that includes the following:

(1) common eye problems;
(2) the screening process;
(3) required screening tools;
(4) screening special populations;
(5) basic anatomy and physiology of the eye; and,
(6) techniques for effective training of vision screening providers.

(b) The applicant must provide to the Department documentation of successful completion of training, which is administered by a trainer approved by the Department using a training curriculum for trainers approved by the Department.
(c) The Department will review and approve vision screening trainers and the approved curricula used for training vision screening providers. The approval of a vision screening trainer ends three years from the most recent approval.
[**Source:** Added at 27 Ok Reg 2526, eff 7-25-10; Amended at 31 Ok Reg 1591, eff 9-12-14; Amended at 37 Ok Reg 1411, eff 9-11-20]

310:531-5-7. Re-approval of vision screening trainers

A vision screening trainer may renew his or her status by submitting documentation of completion of an approved training, conducted by an approved trainer, using an approved curricula, prior to the end of his or her third year.
[**Source:** Added at 27 Ok Reg 2526, eff 7-25-10; Amended at 31 Ok Reg 1591, eff 9-12-14; Amended at 37 Ok Reg 1411, eff 9-11-20]

310:531-5-8. Approval of vision screening trainers of trainers [REVOKED]

[**Source:** Added at 27 Ok Reg 2526, eff 7-25-10; Amended at 31 Ok Reg 1591, eff 9-12-14; Revoked at 37 Ok Reg 1411, eff 9-11-20]

310:531-5-9. Re-approval of vision screening trainers of trainers [REVOKED]

[**Source:** Added at 27 Ok Reg 2526, eff 7-25-10; Amended at 31 Ok Reg 1591, eff 9-12-14; Revoked at 37 Ok Reg 1411, eff 9-11-20]

Subchapter 7 - Registry Enforcement for Vision Screening

Section 310:531-7-1	Purpose
Section 310:531-7-2	Grounds for discipline
Section 310:531-7-3	Complaint investigation
Section 310:531-7-4	Summary removal
Section 310:531-7-5	Appearance before the Advisory Committee [Revoked]
Section 310:531-7-6	Right to a hearing
Section 310:531-7-7	Hearing procedure and decisions

[Source: Codified 6-25-09]

310:531-7-1. Purpose

The purpose of this subchapter is to establish procedures for the investigation of complaints against vision screening providers or trainers engaged in vision screening or training and where evidence from an investigation is sufficient, provide for hearings pursuant to the Oklahoma Administrative Procedures Act and OAC 310:2-1-1 et seq. Disciplinary sanctions may be imposed upon vision screening providers or trainers engaged in vision screening or training including monetary penalties, removal from the vision screening registry for five (5) years or less, or summary removal from the registry pending a hearing for removal.

[Source: Added at 26 Ok Reg 2036, eff 6-25-09; Amended at 27 Ok Reg 2526, eff 7-25-10]

310:531-7-2. Grounds for discipline

(a) An approval of a vision screening provider may be modified, suspended, or terminated for one or more of the following reasons:

(1) Failure to conduct vision screenings according to the procedures and referral criteria approved by the Department, including but not limited to, deletion of one or more portions of the process outlined in the screening standards and training curriculum, or addition of one or

more procedures not contained in the screening standards and training curriculum, in sections 310:531-5-2 and 310:531-5-3, respectively;

(2) Making referrals for comprehensive eye examinations that indicate a conflict of interest, financial or otherwise;

(3) Failure to participate in a training curricula approved by the Department upon expiration of his or her three year approval;

(4) Violations of a student's right of privacy in the student's education records pursuant to the Family Educational Rights and Privacy Act of 1974, 20 United States Code §§1232 et seq. and the rules promulgated thereunder; and

(5) Any act that harms, or threatens harm to, a child.

(b) An approval of a vision screening trainer may be modified, suspended, or terminated for one or more of the following reasons:

(1) Failure to conduct training workshops for vision screening providers utilizing curricula and/or procedures approved by the Department;

(2) Failure to participate in a training curricula approved by the Department upon expiration of the three year approval;

(3) Violations of a student's right of privacy in the student's education records pursuant to the Family Educational Rights and Privacy Act of 1974, 20 United States Code §1232 et seq. and the rules promulgated thereunder; and

(4) Any act that harms, or threatens to harm, a child.

(c) An approval of a vision screening trainer of trainers may be modified, suspended, or terminated for one or more of the following reasons:

(1) Failure to conduct training workshops for vision screening trainers utilizing curricula and/or procedures approved by the Department;

(2) Failure to participate in a training curricula approved by the Department upon expiration of the three year approval;

(3) Violations of a student's right of privacy in the student's education records pursuant to the Family Educational Rights and Privacy Act of 1974, 20 United States Code §§ 1232 et seq. and the rules promulgated thereunder; and

(4) Any act that harms, or threatens harm to, a child.

[Source: Added at 26 Ok Reg 2036, eff 6-25-09; Amended at 27 Ok Reg 2526, eff 7-25-10; Amended at 31 Ok Reg 1591, eff 9-12-14]

310:531-7-3. Complaint investigation

(a) Reporting complaints. Any person may report to the Department any complaint or allegations of non-compliance with 70 O.S. § 1210.284 or this Chapter by a vision screening provider or trainer by submitting the following:

(1) the name, address, and telephone number, if known, of the vision screening provider or trainer who is the subject of the complaint;

(2) the location(s) where the alleged non-compliance occurred;

(3) the date(s) of non-compliance;

(4) the reporting party's name, address and telephone number; and,

(5) the specific allegations against the vision screening provider or trainer, including but not limited to references to, or a copy of supporting documentation regarding, or any witnesses to, the alleged non-compliance.

(b) Process. Upon receipt of a complaint against a vision screening provider or trainer alleging non-compliance with 70 O.S. § 1210.284 or this Chapter, the Department shall conduct an investigation.

[Source: Added at 26 Ok Reg 2036, eff 6-25-09; Amended at 27 Ok Reg 2526, eff 7-25-10; Amended at 31 Ok Reg 1591, eff 9-12-14]

310:531-7-4. Summary removal

(a) If in the course of an investigation the Department determines that a vision screening provider has engaged in conduct of a nature that is, or is likely to be detrimental to the health, safety, or welfare of the public, and which conduct necessitates immediate action to prevent such harm, the Commissioner may order summary removal of the name of the vision screening provider from the registry for vision screening maintained by the Department pending the Department filing a petition to remove the name of the vision screening provider from the registry following an individual proceeding pursuant to the Oklahoma Administrative Procedures Act, 75 O.S. §§ 309 et seq. A presumption of imminent harm to the public shall exist if the Department determines that probable cause exists that a vision screening provider has harmed, or threatened harm to, a child while providing vision screening services. The order of summary removal from the registry must include the specific grounds for the summary removal, a citation of the statute or law allegedly violated, and inform the vision screening provider of the process to request a hearing to contest the summary action.

(b) Any vision screening provider whose name has been summarily removed from the registry for vision screening may request a hearing to contest such summary action. The Department shall have the initial burden of persuasion to show that the provider has engaged in conduct that has caused, or is likely to cause, harm to a child. If the Department meets this burden of persuasion, the vision screening provider has the burden to prove that the conduct of the provider in providing vision screening services would not harm a child.

(c) If in the course of an investigation the Department determines that a vision screening trainer has engaged in conduct of a nature that is, or is likely to be detrimental to the health, safety, or welfare of the public, and which conduct necessitates immediate action to prevent such harm, the Commissioner

may order summary removal of the name of the vision screening trainer from the list for vision screening trainers maintained by the Department pending the Department filing a petition to remove the name of the vision screening trainer from the list following an individual proceeding pursuant to the Oklahoma Administrative Procedures Act, 75 O.S. §§ 309 et seq. A presumption of imminent harm to the public shall exist if the Department determines that probable cause exists that a vision screening trainer has harmed, or threatened harm to, a child while providing vision screening services. The order of summary removal from the list must include the specific grounds for the summary removal, a citation of the statute or law allegedly violated, and inform the vision screening trainer of the process to request a hearing to contest the summary action.

(d) Any vision screening trainer whose name has been summarily removed from the list for vision screening trainers may request a hearing to contest such summary action. The Department shall have the initial burden of persuasion to show that the trainer has engaged in conduct that has caused, or is likely to cause, harm to a child. If the Department meets this burden of persuasion, the vision screening trainer has the burden to prove that the conduct of the trainer in providing vision screening services would not harm a child.

[Source: Added at 26 Ok Reg 2036, eff 6-25-09; Amended at 27 Ok Reg 2526, eff 7-25-10; Amended at 31 Ok Reg 1591, eff 9-12-14]

310:531-7-5. Appearance before the Advisory Committee [REVOKED]

[Source: Added at 26 Ok Reg 2036, eff 6-25-09; Amended at 27 Ok Reg 2526, eff 7-25-10; Revoked at 31 Ok Reg 1591, eff 9-12-14]

310:531-7-6. Right to a hearing

Except as provided for in section 310:531-7-4, the name of a vision screening provider or trainer may not be removed from the vision screening registry or vision screening trainer's list until the Department provides notice to the vision screening provider or trainer and an opportunity for a hearing to contest the Department's allegations. The notice to the vision screening provider or trainer must comply with 75 O.S. § 309. The vision screening provider or trainer must request a hearing within twenty (20) days of receiving the notice from the Department or the sanction may be imposed by default.

[Source: Added at 26 Ok Reg 2036, eff 6-25-09; Amended at 27 Ok Reg 2526, eff 7-25-10; Amended at 31 Ok Reg 1591, eff 9-12-14]

310:531-7-7. Hearing procedure and decisions

(a) Delegation. The Commissioner of Health may delegate the authority to issue a final decision in these matters as specified in 75 O.S. Section 311.1 and OAC 310:002. The Administrative Law Judge shall issue a decision within fifteen (15) working days following the close of the hearing record. The decision shall include Findings of Fact and Conclusions of Law separately stated.

(b) Procedure. The hearing shall be conducted in accord with the Oklahoma Administrative Procedures Act and Chapter 2 of this Title.

(c) Final order. The final order resulting from a hearing shall comply with the requirements of, and be served upon each party and attorney pursuant to, 75 O.S. § 312. The Department shall transmit a copy of the Final Order to the Vision Screening Registry when the Order is mailed.

(d) Appeal. An appeal of the Final Order shall be perfected pursuant to 75 O.S. Section 318 of the Administrative Procedures Act.

[Source: Added at 27 Ok Reg 2526, eff 7-25-10]

Subchapter 9 - Sports Eye Safety Resource [Revoked]

Section 310:531-9-1 Purpose [Revoked]
Section 310:531-9-2 Eye safety resource [Revoked]

310:531-9-1. Purpose [REVOKED]

[Source: Added at 27 Ok Reg 2526, eff 7-25-10; Revoked at 31 Ok Reg 1591, eff 9-12-14]

310:531-9-2. Eye safety resource [REVOKED]

[Source: Added at 27 Ok Reg 2526, eff 7-25-10; Revoked at 31 Ok Reg 1591, eff 9-12-14]

An Act

ENROLLED HOUSE
BILL NO. 2101

By: Fourkiller, Hoskin and Sherrer of the House

and

Jolley of the Senate

An Act relating to schools; amending 70 O.S. 2011, Section 1-116.3, which relates to the self-administration of inhaled asthma or anaphylaxis medication; requiring all school districts that elect to stock Epinephrine injectors to amend certain policy; requiring certain provisions in policy; excluding certain liability of school district; permitting certain physician to write certain prescription; allowing school districts to maintain a minimum number of Epinephrine injectors at each school; providing for certain interpretation; requiring school employee to contact 911 under certain circumstance; requiring State Board of Education to develop certain policy and to promulgate certain rules; and providing an effective date.

SUBJECT: Epinephrine injectors

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. AMENDATORY 70 O.S. 2011, Section 1-116.3, is amended to read as follows:

Section 1-116.3 A. Notwithstanding the provisions of Section 1-116.2 of this title, the board of education of each school district shall adopt a policy on or before September 1, 2008, that permits the self-administration of inhaled asthma medication by a student for treatment of asthma and the self-administration of

anaphylaxis medication by a student for treatment of anaphylaxis. The policy shall require:

1. The parent or guardian of the student to authorize in writing the student's self-administration of medication;

2. The parent or guardian of the student to provide to the school a written statement from the physician treating the student that the student has asthma or anaphylaxis and is capable of, and has been instructed in the proper method of, self-administration of medication;

3. The parent or guardian of the student to provide to the school an emergency supply of the student's medication to be administered pursuant to the provisions of Section 1-116.2 of this title;

4. The school district to inform the parent or guardian of the student, in writing, that the school district and its employees and agents shall incur no liability as a result of any injury arising from the self-administration of medication by the student; and

5. The parent or guardian of the student to sign a statement acknowledging that the school district shall incur no liability as a result of any injury arising from the self-administration of medication by the student.

B. The school board of each school district that elects to stock Epinephrine injectors shall amend the policy identified in subsection A of this section. The amended policy shall require:

1. The school district to inform the parent or guardian of each student, in writing, that a school nurse or school employee trained by a health care professional or trained in correlation with the State Department of Health's Diabetes Management Annual School Training Program may administer, with parent or guardian permission but without a health care provider order, an Epinephrine injection to a student whom the school nurse or trained school employee in good faith believes is having an anaphylactic reaction;

2. A waiver of liability executed by a parent or guardian be on file with the school district prior to the administration of an Epinephrine injection pursuant to paragraph 1 of this subsection; and

3. The school district to designate the employee responsible for obtaining the Epinephrine injectors at each school site.

C. The school district and its employees and agents shall incur no liability as a result of any injury arising pursuant to the discharge or nondischarge of the powers provided for pursuant to paragraph 1 of subsection B of this section.

D. A licensed physician who has prescriptive authority may write a prescription for Epinephrine injectors to the school district in the name of the district as a body corporate specified in Section 5-105 of this title which shall be maintained at each school site. Such physician shall incur no liability as a result of any injury arising from the use of the Epinephrine injectors.

E. The school district may maintain at each school a minimum of two Epinephrine injectors in a secure location. Provided, however, that nothing in this section shall be construed as creating or imposing a duty on a school district to maintain Epinephrine injectors at a school site or sites.

F. In the event a student is believed to be having an anaphylactic reaction, a school employee shall contact 911 as soon as possible.

G. The State Board of Education, in consultation with the State Board of Health, shall develop a model policy which school districts may use in compliance with this section.

H. The State Board of Education, in consultation with the State Board of Health, shall promulgate rules to implement this section.

I. As used in this section:

1. "Medication" means a metered dose inhaler or a dry powder inhaler to alleviate asthmatic symptoms, prescribed by a physician and having an individual label, or an anaphylaxis medication used to treat anaphylaxis, including but not limited to Epinephrine injectors, prescribed by a physician and having an individual label; and

2. "Self-administration" means a student’s use of medication pursuant to prescription or written direction from a physician.

~~C.~~ J. The permission for self-administration of asthma or anaphylaxis medication is effective for the school year for which it is granted and shall be renewed each subsequent school year upon fulfillment of the requirements of this section.

~~D.~~ K. A student who is permitted to self-administer asthma or anaphylaxis medication pursuant to this section shall be permitted to possess and use a prescribed inhaler or anaphylaxis medication, including but not limited to an Epinephrine injector, at all times.

SECTION 2. This act shall become effective November 1, 2013.

Passed the House of Representatives the 21st day of May, 2013.

_____
Presiding Officer of the House
of Representatives

Passed the Senate the 24th day of May, 2013.

_____
Presiding Officer of the Senate

OFFICE OF THE GOVERNOR

Received by the Office of the Governor this _____

day of _____, 20_____, at _____ o'clock _____ M.

By: _____

Approved by the Governor of the State of Oklahoma this _____

day of _____, 20_____, at _____ o'clock _____ M.

_____
Governor of the State of Oklahoma

OFFICE OF THE SECRETARY OF STATE

Received by the Office of the Secretary of State this _____

day of _____, 20 _____, at _____ o'clock _____ M.

By: _____

School Nurse Monthly Report (Sample)

School_____ Month/Year_____

Enrollment_____Nurse _____

1. Number of student visits to the health clinic related to:
    a. Illness _____
    b. Injury_____
    c. Health counseling – student _____
2. Number of students sent home ill_____
3. Number of students sent home due to injury _____
4. Number of incident/injury reports _____
5. Number of times paramedics/ambulance called _____
6. Periodic classroom visits for health teaching: _____
    a. Number of classes _____
    b. Number of students _____
7. Vision screening
    a. Number screened
        (1) Distance_____
        (2) Near _____
    b. Number with color vision screening _____
    c. Number re-screened_ _____
    d. Number of professional referrals _____
    e. Number with documented professional exam _____
8. Hearing screening
    a. Number screened_____
    b. Number of professional referrals _____
    c. Number with documented professional exam _____
9. Height Measurement
    a. Number of students receiving height measurements _____
    b. Number of students referred for professional exam _____
10. Weight Measurement
    a. Number of students receiving weight measurements _____
    b. Number of students receiving BMI _____
    c. Number of students referred for professional exam _____
11. Number of immunizations reviewed
    a. Number of students in compliance _____
    b. Number of telephone contacts re immunizations _____
    c. Number of letters sent re immunizations _____
    d. Number of in school conferences re immunizations _____
    e. Number of exclusions re inadequate immunizations _____
12. Number of students referred for:
    a. Medical care _____Follow-up_____
    b. Dental care _____Follow-up _____
    c. Child abuse _____Follow-up _____
    d. Drug/substance abuse _____Follow-up _____

e. Mental Health to include
   (1) Depression_____ Follow-up_____
   (2) Suicide_____ Follow-up _____

13. Conferences regarding students:
    a. Medical Professional _____
       Doctor, social worker, psychologist, etc.
    b. Teacher/Other School Nurse _____
    c. Parent/guardian at school _____
    d. Home visit _____
    e. Letter/phone _____
    f. Interviews with Oklahoma Department of Human Services _____
14. Infectious/communicable diseases students screened for
    a. Number of reportable diseases _____
    b. Explain _____
       _____
    c. Number of non-reportable diseases _____
    d. Explain _____
       _____
    e. Number screened for pediculosis_____
_____
    f. Number of cases of pediculosis identified _____
    g. Number of students excluded for pediculosis _____
    h. Number of students rescreened for pediculosis _____
15. Number of initial health history reviews _____
16. Number of health history updates _____
17. Number of Individualized Health Care Plans developed _____
18. Number of Emergency Health Care Plans developed _____
19. Number of Individualized Health Care Plans reviewed _____
20. Number of Emergency Health Care Plans reviewed _____
21. Number of students identified with chronic health conditions
    a. Asthma _____
    b. Diabetes_____
    c. Epilepsy/seizures _____
    d. Heart problems _____
    e. Attention deficit disorder with/without hyperactivity _____
    f. Mental health conditions _____
    g. Other _____
       Explain _____
       _____
22. In-service presentations _____
    Explain _____
23. Special Education
    a. Health history/assessment completed for multidisciplinary team_____
    b. Number of student _____ staff _____ attended
    c. Classroom observation of children
       (1) Special education classes _____
       (2) Regular education classes _____
24. Number of students receiving medications
    a. Short term (2 weeks or less)_ _____
    b. Long term _____
    c. Number of students receiving medication for
       Attention Deficit Disorder/Attention Deficit Hyperactive Disorder _____

d. Number of students receiving medication related to mental health conditions_____
e. Individual health counseling (15 minutes or longer)
   (1) Students_____
   (2) Staff _____
f. Crisis intervention_____
g. Referrals made regarding health counseling session _____
   What type of referrals _____
   _____

25. Special nursing services
    a. Number completed
       (1) Catheterization/catheter care _____
       (2) Oxygen therapy _____
       (3) Postural drainage/percussion _____
       (4) Lung auscultation _____
       (5) Gastrostomy tube/pump feeding _____
       (6) Monitor ear pathophysiology _____
       (7) Stoma care _____
       (8) Suctioning _____
       (9) Pulse oximetry _____
       (10) Mouth care _____
    b. Nebulizer treatment _____
    c. Peak flow monitoring _____
    d. Ventilator management _____
    e. Tracheostomy care _____
    f. Seizure observation _____
    g. Blood pressure monitoring _____
    h. Emergency medication administration _____
       Type _____
    i. Explain other special nursing services _____
       _____
26. Number of pregnant students_____
27. Number of STD referrals _____
28. Number of staff trainings _____
    a. Medical administration _____
    b. First aid_____
29. Other (type and number) _____

Please write a narrative of special activities not listed above or attach a written account of those activities.

_____

_____

_____