School Health Services Manual

2020 VERSION 3

Credits

This manual was authored by Molalla River School District Nurse in 2017 in consultation with the Molalla River School District Executive Director of Supported Education, The Molalla River School District Superintendent, The Molalla River School District Executive Administrative Assistant and approval and support of the Molalla River School District Board of Directors. This manual was updated in January of 2019 and June of 2020.

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Index

School Health Services

School Health Services are defined as a collaborative effort between clinical staff within the school setting, such as the nurse and school health assistant, specialized staff such as speech and language pathologists, counselors, occupational therapists, physical therapists, educators and support staff as well as private sector clinicians, students and parents. School Health Services are delivered in a variety of ways through population based preventative care such as education and health screenings, to acute and emergency response, and chronic disease management. These services are essential to the critical link between health and attendance at school and health and academic achievement. School Health Services Models function under the Whole School, Whole Child, Whole Community (WSCC) Philosophy that endorse recognition of a child's physical, mental, emotional, psychological and socioeconomic health as a part of the greater picture of well-being which is different than the traditional approach to health and well-being having been put into silos—separated both logistically and philosophically from education and learning (CDC, 2007). In order to best serve our students, school health provide a collaborative effort to address the whole child that engages our multidisciplinary team, community partners and necessary support staff. Research shows that the health of students is linked to their academic achievement and attendance. By working together, the various sectors can ensure that every student in every school in the community is healthy, safe, engaged, supported, and challenged. This model combines elements from both the Centers for Disease Control and Prevention's (CDC) Coordinated School Health (CSH) Program and The Association for Supervision and Curriculum Development (ASCD) for an integrative and holistic approach on successful and healthy learners. It emphasizes the relationship between educational attainment and health, by putting the child at the center of a system designed to support both (Appendix A). Molalla River School District supports the model that health services, student well-being and academics are connected and require a multidisciplinary effort. This

manual seeks to provide overview of health services delivery in Molalla River School District from a team based perspective.

Core Roles of School Health Services

The core roles of school health programs as described by National Association of School Nurses provide that:

- Every child is entitled to educational opportunities that will allow him/her to reach full capacity as an individual and prepare him/her for responsibility as a citizen.
- Every child is entitled to a level of health which permits maximum utilization of educational opportunities.
- The school health program, through the components of health service, health education and concern for the environment, provides knowledge and understanding on which to base decisions for the promotion and protection of individual, family and community health.
- Parents have the basic responsibility for the health of their children; the school health program activities exist to assist parents in carrying out their responsibilities.

Role of the Registered Nurse in the School Health Services

The school nurse fulfills multiple roles which serve to foster student health and educational success including; providing direct care and assessments to students and populations, providing leadership for the provision of health services and programmatic coordination on local, regional and state level, providing/coordinating screening and referral for health conditions, promoting a healthy school environment, promoting/providing health education, referral and advocacy, serving in leadership roles for health policies and programs, being a member of the multidisciplinary educational team being a liaison between school personnel, family, health care professionals, and the community and a case manager to chronically ill students including delegation and health services delivery oversight.

The National Association of School Nurses defines school nursing as*:*

> *A specialized practice of professional nursing that advances the well-being, academic success, and lifelong achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning (NASN, 2013)*

The school nurse has a crucial role in the seamless provision of comprehensive health services to school age youth. As the number of chronic diagnoses increase among students entering schools there is an increased acuity and need for disease management during the school day. The American Academy of Pediatrics describes the role of the school nurse as serving as a team member in providing preventive services, early identification of problems, interventions, and referrals to foster health and educational success. Nurses are an important component in provision of care for children, preparation, ongoing education and factors for success in the school setting. The AAP further describes the nurse as a multidisciplinary team member both within the school setting and between the school nurse and the child's medical home (American Academy of Pediatrics, 2008).

In many states school nurses are present in each building, in Oregon, delegation laws allow for delegation of nursing tasks to unlicensed staff. Oregon ranks 49th in student to school nurse ratios for school nursing (School Nurse Task Force, 2008). The model Oregon endorses requires nurses to practice at the top of their licensure and prioritize workload with the tasks that are required to be fulfilled by a registered nurse at the

top of their priority list, while delegable tasks are prioritized as an assignment to school health support staff within the school setting.

Role of Support Staff for School Health Services

Support staff is a crucial role in the delivery of daily health related services and direct care in the school setting. The nature of school nurse shortage in Oregon reinforces the need for support staff with strong critical thinking skills, high flexibility and focus on policy and procedure. Because support staff serve on the front lines and are in the schools daily, it is important that these staff members are CPR and First Aid trained, Medication Administration trained and Glucagon and Epinephrine certified and capable of being delegated caregivers as necessary. To that end the primary school health services support staff roles includes:

- Referrals to the RN.
- Medication Administration and documentation.
- Delegated caregiver roles.
- Designated emergency response staff and daily first aid.
- Point of contact for population based services.
- Facilitation of required health related documentation.
- Facilitation and scheduling of training and care plan meetings.
- Exclusion of students as per state law for illness.
- Exclusion of students per state law for immunizations.
- Documentation facilitators.

Designated Caregivers are the staff members assigned to respond to health related incidents in the school setting relative to training in first aid, CPR and AED. They may have additional first aid training as it relates to specific conditions, but their tasks are consistent with standard first aid (examples: response to seizures, response to cardiac events).
Delegated Caregivers are caregivers assigned to a specific role for a specific patient under a specific RN as defined by Division 47 in the Oregon State Board of Nursing, These caregivers receive specific training under the RN's license to perform nursing tasks that are specific only to the patient they are delegated to care for (examples: diabetic care, tube feedings)

The Role of Counselors in School Health Services

Counselors serve important roles in the overall well-being of students. One of the hats counselors wear is that of school health services support. Counselors, nurses and educators can effectively work together for student's with chronic health issues to ensure the students' needs are met with appropriate referrals and accommodations. Counselors are the staff responsible to manage 504 accommodations. Because counselors are not licensed to assess for acuity referrals of new diagnoses should be referred to the school nurse to assess for acuity. The nurse makes the decision whether or not a student will require a health protocol or plan. The school nurse may consult on necessary accommodations and for high acuity students may provide a nursing 504 assessment. Counselors often serve at the front lines of many psychosocial and emotional complaints as well as some somatic complaints. Counselors often bridge the gap between school and community resources for students. Counselors also are required to keep track of the level of interventions provided to students during the school year, this data is used to support required reporting acuity data for the level of care that is delivered in the school setting for all areas of health services.

The Role of the Educator in School Health Services

Teachers are perhaps the staff in the school setting that students spend their most time with. They are often the front lines of provision of care and of receipt of information. Educators also have the unique perspective

of seeing the impacts of conditions, emotional, psychological or physical, impacting the student day to day and can provide value input from noticing symptoms, to improvements, adverse issue or side effects of medication, for example. Educators are responsible to report concerns of health related issues to the school nurse or relay documentation that may come to them in regards to health related issues to the school nurse. Educators serve an important role of also consulting on necessary accommodation for students. While the nurse can provide clinical input, the teacher provides input relative to academic impact. Lastly, teachers are important individuals to be trained in recognition of adverse issues and response to complications of students with chronic diseases in their classroom setting.

The Role of Special Education Staff in School Health Services

There is an exhaustive measure of ways that Special Education (SPED) staff is involved in school health services of students. Many SPED staff provide direct care of students in a variety of ways from Occupational Therapy and Physical Therapy to Speech and Language and assuming roles as delegated caregivers. In addition to direct care, SPED students are often some of the most fragile students who have some of the most complex care plans and accommodations and to that end often have more specialized knowledge. The nurse holds the responsibility of communicating the student's health related needs to the case manager of students who have nursing consultation and service minutes, and the case manager holds the responsibility of communicating with the school nurse relative to the timing of student planning and meeting. The case manager must ensure that they include the school nurse in team meetings with appropriate notice. So that the nurse may provide an updated *Nursing Summary*. The school nurse should be listed as a team member. The case manager must ensure that the minutes from the *Nursing Summary* are also provided on the IEP.

Confidentiality

Despite the necessity to share information with school staff for the purposes of continuity of care, student health information remains protected information. To that end health information is distributed on a need to know basis. Confidentiality should be observed as outlined in district board policy.

School Health Services follows all applicable state and federal laws related retention and disclosure of medical and mental health information, and applies the highest professional standards of care and privacy. In addition, regard is given to laws that govern student education and special education records as it relates to all applicable records.

No information about a student can be released to any third party without the student 's permission to do so.

Consideration should be given to both FERPA and HIPPAA in regards to the sharing of student health information (See Appendix B).

CPR Trained Staff and Emergency Response Teams

Injuries are the leading cause of death and disability in the United States, especially among children, with 70% of injury deaths occurring in school-aged youth (5–19 years of age). It is estimated that 10% to 25% of injuries to children occur while they are in school (American Academy of Pediatrics, 2008b)

Ensuring staff in the school setting is trained in CPR / First Aid and AED is an important aspect of provision of safety to our students. Being prepared to respond to adverse incidents is the most effective way to respond in an appropriate and timely manner to prevent significant injury and death. To that end the Department of Homeland Security (2019) suggests select school staff additionally be trained in *Stop the Bleed* Techniques for mass trauma events. The American Academy of Pediatrics (2008b) suggests that schools should have prepared algorithmic plans for emergencies in the school setting that included trained staff relative to their student demographic, also suggesting that any teacher with a medically complex student should be trained in content specific to their diagnoses and have appropriate emergency trainings and certification.

Oregon Rule (OAR 581-022-2220) requires that every school have a minimum of 1 staff trained per every 60 students. This ratio includes school days, field trips and school sponsored events. This administrative rule also suggests a team is organized of no less than 6 people that are CPR/First Aid Certified who is trained in the emergency plans of procedures for the school to response in the event of an emergency.

Likewise, these staff must be trained as per OSHA standards in Blood Borne Pathogens.

These staff should also be versed in Standard Procedures as it relates to emergency response to individual student.

- Altered Level of Consciousness
- Asthma
- Bleeding
- Cardiac
- Toileting
- Head Injury and Concussion
- Heat Emergency
- Seizure Disorders
- Shunt Dependent Hydrocephalus

Students with Chronic Illnesses

Chronic illness is defined as a condition that lasting 3 or more months. Approximately 20% of the US pediatric population are affected by chronic disease. Some of these conditions include: asthma diabetes, cystic fibrosis, cancer, anemia, cerebral palsy, ADHD, Autism, seizure disorders, hemophilia, congenital heart disease, lupus, and a multitude of genetic syndromes, to name a few (Jaress & Wernicke, 2013).

Chronic illnesses can lead to barriers to learning for a multitude of reasons such as:

- Social issues related to disease
    - fear of contagiousness and lack of understanding of conditions
    - Excessive absenteeism resulting in socials barriers/isolation, feeling of being lost with school work, or hopelessness about the future.
    - self -consciousness related to being different (amputations, hair loss, medical devices, etc.)
    - Social phobia or school anxiety following traumatic interventions or treatment
    - Role confusion for extremely fragile children who are considered a "patient" in every other setting. School may be the only place they are not defined by their disease (especially with cancer, for example)
    - Difficulty participating at the level that peers do
- Behavioral Problems
    - Some medications lead to attention issues or agitation
    - Some medical conditions can manifest with behavior issues
    - Social issues can often motivate behavioral difficulties
- Academic Difficulties
    - Difficulty meeting curricular requirements
    - Some conditions lend themselves to academic barriers
    - Absenteeism can contribute to barriers in academic
    - Many students with chronic illness struggle with academic achievement and statistically test lower on achievement tests, even when absenteeism is not correlated
    - Many students with chronic disease also have diagnosable learning difficulties (Jaress & Wenicki, 2013).

The multitude of barriers and social issues that chronic health conditions may promote endorses the need for a multidisciplinary approach to addressing the students' needs in the school setting as it related to health related issues.

Chronic Illness Reports, Data and Multidisciplinary Approach

Student diagnoses of chronic illness are reported to school staff in many ways through many avenues. Diagnoses of health conditions must be deferred to the RN for the following reasons:

- While not all students with chronic health issues require a health plan, the nurse is the only one who can assess and decide this. This decision cannot be made by unlicensed staff; thus the referral is important.

- Establishing acuity of students is based on the nursing assessment, this data is reportable to the Oregon Department of Education (ODE) annually. Additionally, school nursing ratios are based on student acuity data.
- Many students with 504's may not require health protocols, but may be counted as chronically ill. To that end, 504 case lists should readily be shared with the district RN. The team should work together in regards to accommodations and potential barriers to learning that chronic health issues may pose. If a student has a 504 and IHP, the plans should not be in conflict with one another, rather they should be compatible.
- Students who are impacted significantly enough with health conditions to warrant an IEP eligibility of *Other Health Impairment* (OHI) should have medical documentation that supports that acuity. Students who have IEP's and also IHP's should have plans that are compatible and not in conflict with one another. Students who have IEP's and IHP's must have nursing services minutes captured on the IEP, even if the IHP is for a diagnosis unrelated to the IEP.

Methods of Chronic Illness Reports

Enrollment: Student's chronic health issues are frequently listed on student enrollment forms in the designated area. Severity of conditions is also often included (i.e. life threatening). This may be a student entering school for the first time or transferring from another district.

School Records: At times conditions are not entered on an enrollment document, but are noted in records from a prior school. At times a diagnosis, prior 504 or prior care plan is observed in prior school records upon review by educators, secretary or counselor.

New Diagnoses: Existing students can be diagnosed with a new chronic health condition at any age and any timeframe throughout the year, the referral should come at the time of report. Sometimes the reports come by way of parents bringing new medications or supplies to school, for example.

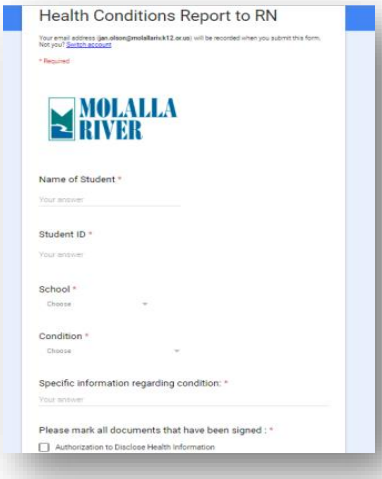
Parent Report: Parents will often passively report conditions to staff that they have an existing relationship with. It is not unusual for parents to first mention a hospitalization or new condition to a teacher, IA or secretary. It is also not uncommon for parents to report to counselors or case manager's health related issues if the student has an existing 504 or IEP.

Student Report: At times students will self-report a history of health conditions, or report to other students who subsequently report to staff.

Medical Provider: Reports may come to the school setting via a faxed record from a hospital or provider or less commonly a phone call to the school directly.

Procedure for Chronic Health Conditions Reports to RN

1. Upon receipt of a new chronic health report a timely referral should be made to the district RN. A *Health Conditions Report to RN* is an electronic referral. This referral can be accessed via the hyperlink, via the school health services webpage or via the link below: If the condition is designated as "Life Threatening" please call the nurse immediately at the district designated office number (503)759-7394 .
2. The health condition should additionally be entered into the Health Conditions Section of Synergy.
3. If medical records or doctors' orders are delivered to the school or records are received from a prior school indicating a health issue, please scan all records via email to the district nurse. Due to the high volume of health services emails, please ensure a referral has also been completed.



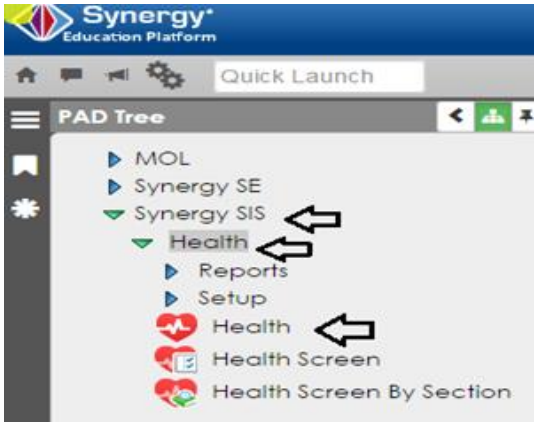
https://docs.google.com/a/molallariv.k12.or.us/forms/d/e/1FAIpQLSeumI26-BdLCRW354jczNIeIkVboTRD4ntK2NGsU5IJX9h7SQ/viewform?usp=sf_link

Procedure for Entering Health Conditions into Synergy

after logging into Synergy

1. Select Synergy SIS
2. Select Health
3. Select Health
4. Select Health Conditions Tab
5. Select + Add
6. Choose Health Condition from drop down Box, document appropriate notes
7. Enter Date

1-3.



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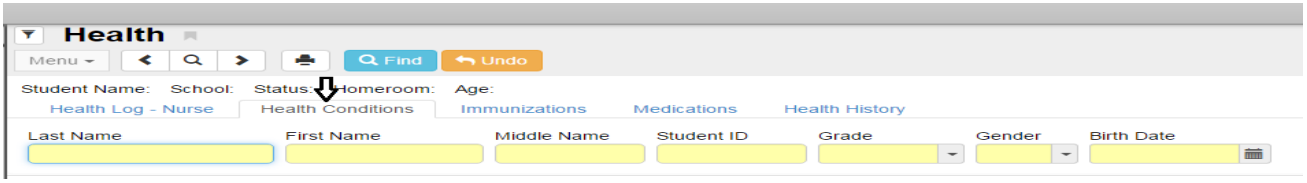

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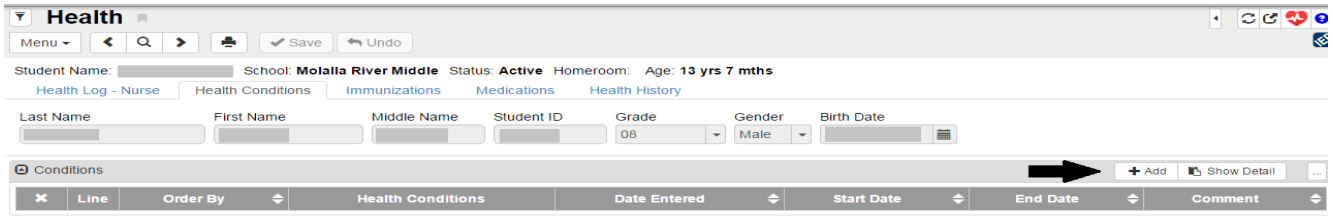

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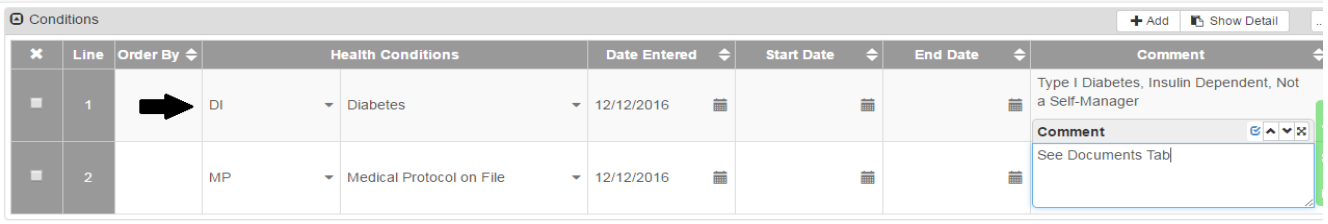


Nursing minutes on IEP's.

The district RN responsible for IHP case management associated with a students on IEP's will enter nursing minutes into IEP's. The nurse dictates the number of minutes designated in the IEP.

Name	Date of Birth	Student Number	Document Date

K. SERVICE SUMMARY

Specially Designed Instruction

Service Area	Provider	Role	Anticipated Location	Time	Frequency	Start Date	End Date
Transition Services	LEA	Special Ed Teacher	SPED Classroom	300 Min	per week	06/13/2017	06/12/2018
Vocational Skills	LEA	Special Ed Teacher	SPED Classroom	300 Min	per week	06/13/2017	06/12/2018
Communication Skills	LEA - SLP	Speech/Language Therapist	Schoolwide	90 Min	every month	06/13/2017	06/12/2018
Life Skills	LEA - NURSE	School Nurse	Provider's Space	200 Min	every year	06/13/2017	06/12/2018
Life Skills	LEA	Special Ed Teacher	SPED Classroom	300 Min	per week	06/13/2017	06/12/2018

Nursing Service Minutes are for students with Individual Health Plan (IHP)

Supports for School Personnel

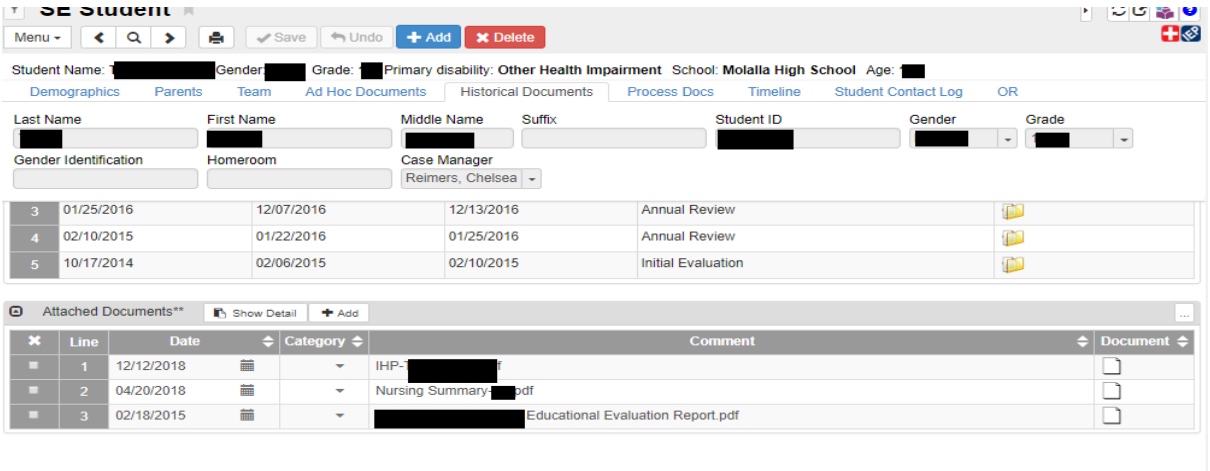
The following supports are necessary for school personnel in order for this student to benefit from instruction in the general education classroom:

Description of Supports	Provider	Role	Time	Frequency	Start Date	End Date
Nurse Consultation	LEA - NURSE	School Nurse	200 Min	every year	06/13/2017	06/12/2018
SLP Consultation	LEA - SLP	Speech/Language Therapist	60 Min	every year	06/13/2017	06/12/2018

Molalla River School District 035 - Individualized Education Page 10 of 11

Nursing Consultation minutes are for students who have an ongoing medical diagnosis that is potentially progressive, but for whom a current IHP is not warranted or for a student who may self-manage their care.

IHP's are attached in Synergy under Documents Tab and in Synergy SE under SPED documents.



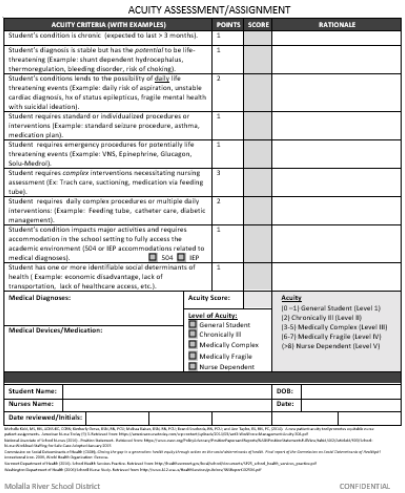
Acuity (Informational)

Acuity is the severity of patient illness assigned in a clinical environment often used as a methodology to establish nursing ratios (Jennings, B., n.d.). Because of the variability of patient populations and nursing practice, the tools to establish acuity are highly variable by practice area. Acuity can be defined as the measurement of the *intensity* of nursing care required by a patient. An acuity-based system regulates the number of nurses required according to the patients' needs, and not according to raw patient numbers (American Sentinel University, 2014). In the school setting acuity is used to identify school nurse's ratios and designate students required to have and Individual Health Protocol (IHP).

Oregon Department of Education and Oregon Health Authority have compiled acuity information for the schools setting that provides guidance for assessing students (Appendix C) and categorized students as nurse dependent, medically fragile, medically complex, and general student . Molalla River School District accounts for an additional category of illness beyond nurse dependent, medically fragile, medically complex, and general student to also include a category of students who are chronically ill, which affects a larger proportion of students with ongoing health needs that are neither condition free, nor the acuity of students who are complex, fragile or dependent.

A registered nurse is responsible for clinically assessing the student's level of acuity. Acuity of student health conditions is based on the following acuity criteria including:

- Anticipated duration of illness
- Potential for intermittent life threatening events
- Potential for daily life threatening events
- Requirement of regular procedures or nursing tasks
- Requirement of emergency intervention
- Requirement of complex interventions and continued nursing assessment required



ACUITY ASSESSMENT/ASSIGNMENT

ACUITY CRITERIA (WITH EXAMPLES)	POINTS	SCORE	RATIONALE
Student's condition is chronic (expected to last > 3 months).	1		
Student's diagnosis is stable but has the *potential* to be life-threatening (Example: shunt dependent hydrocephalus, thermoregulation, bleeding disorder, risk of choking).	1		
Student's conditions tends to the possibility of daily life threatening events (Example: daily risk of aspiration, unstable cardiac diagnosis, hx of status epilepticus, fragile mental health with suicidal ideation).	2		
Student requires standard or individualized procedures or interventions (Example: standard seizure procedure, asthma, medication plan).	1		
Student requires emergency procedures for potentially life threatening events (Example: VNS, Epinephrine, Glucagon, Solu-Medrol).	1		
Student requires *complex* interventions necessitating nursing assessment (Ex: Trach care, suctioning, medication via feeding tube).	3		
Student requires daily complex procedures or multiple daily interventions (Example: Feeding tube, catheter care, diabetic management).	2		
Student's condition impacts major activities and requires accommodation in the school setting to fully access the academic environment (504 or IEP accommodations related to medical diagnoses). ☐ 504 ☐ IEP	1		
Student has one or more identifiable social determinants of health (Example: economic disadvantage, lack of transportation, lack of healthcare access, etc.).	1		
Medical Diagnoses: / **Medical Devices/Medication:**	**Acuity Score:** / **Level of Acuity:** ☐ General Student ☐ Chronically Ill ☐ Medically Complex ☐ Medically Fragile ☐ Nurse Dependent		**Acuity** (0 –1) General Student (Level 1) (2) Chronically Ill (Level II) (3-5) Medically Complex (Level III) (6–7) Medically Fragile (Level IV) (>8) Nurse Dependent (Level V)
Student Name:			**DOB:**
Nurses Name:			**Date:**
Date reviewed/Initials:			

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Acuity Assessment/Classification

The *Acuity Assessment* remains in the students protected health record and are not a part of student's protocols or plans. The *Acuity Classification* however is considered as part of the student's overall plan or protocol and is noted on the Nursing Summary. Acuity data is reported to ODE annually.

Case Management (Informational)

Children with chronic health issues fair better academically when case managed by a nurse in the school setting (Keehner-Engelke, M., Martha Guttu, M., Warren, M., M.,2008). The goal of case management is to support students so that they are ready to learn (Bonaiuto, M.,2016). Case Management focuses on one or more targeted areas: attendance, behavior, quality of life, health maintenance, health education, surveillance, or disease management. Case management occurs by means of procedures, protocols, plans, ongoing education, intervention, consultation, data collection and referral.

Notification of Health Status

A Notification of Health Status seeks to advise staff of a chronic health condition for a student who may or may not have a plan or protocol (based on acuity). The notification may advise staff that the student has a life threatening illness or it may advise them of activity restrictions, or necessary accommodations. These notifications are provided at the onset of the school year or trimester or when the student is initially diagnosed. This form may be a standalone document or may accompany a care plan or protocol depending on the student's needs. These documents may also defer to *Standard Procedures*.

Individual Health Plan (IHP)

Individual Health Plans (IHP's) are generated for students that require individualized content associated with accommodations, restrictions or procedures related to their health condition.

The IHP is divided into 3 primary sections:

- Student specific information
  - a list of diagnoses
  - restrictions, if applicable
  - accommodation, if applicable
  - delegated caregivers, if applicable
- Condition specific Information
- Associated Procedures (standard or individualized)
- Associate Action Plans, if applicable
- Associated Emergency Plans, if applicable

Notification of Health Status

- Provides informational overview of clinical diagnosis for student with chronic health diagnosis regardless of acuity.
- Student may or may not have an associated IHP.

Individual Health Plan (IHP)

- Provides individualized health information in addition to associated procedures that may be standard or individualized and may include accommodations and/or restrictions.

Standard Procedures

Standard Procedures are processes to follow based on standard first aid and best practice for common conditions observed in the school setting. While these procedures may be referenced in care plans, they are also accessible for the general population and provide supportive information on interventions to support students or staff. These do not require specialized training, but it is expected that staff have received training in first aid and CPR. It is expected that designated caregivers review these procedures annually.

Action Plans

Action plans are designated for common conditions that have medications to be administered for exacerbations of illness. These include *Asthma Action Plans*, *Allergy Action Plans and Anaphylaxis Action Plans*.

These plans are important and necessary components in addition to medication authorizations as they provide the description of presenting symptomology to indicate medication should be administered, which functions as a plan, and alleviates support staff from having to make assessments, which can only be done by registered nurses as per Oregon law (Oregon Secretary of State, 2004).

Emergency Plans

Emergency plans may be integrated into a health protocol or care plan for students at high risk for life threatening events that are otherwise not covered in the procedures outlined, such as a diabetic who is a self –manager but who may require assistance in the event of severe hypoglycemia or a diabetic who does not have glucagon, for example. However, most protocols include procedures labeled *Anticipated Emergency,* which is consistent with OSBN language (OSBN, 2004) rather than Emergency Plans.

Standard Procedures

- Procedures for the general population that are consistent with standard first aid
- Not individualized

Action Plans

- Individualized procedures for medication administration based on symptoms.

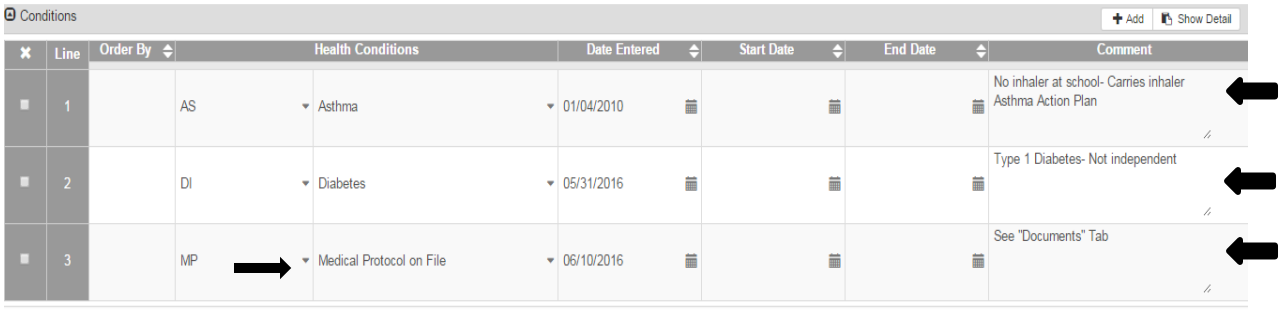
Emergency Plans

- Anticipated Emergency plans are embedded in IHP's when students have orders for lifesaving medication

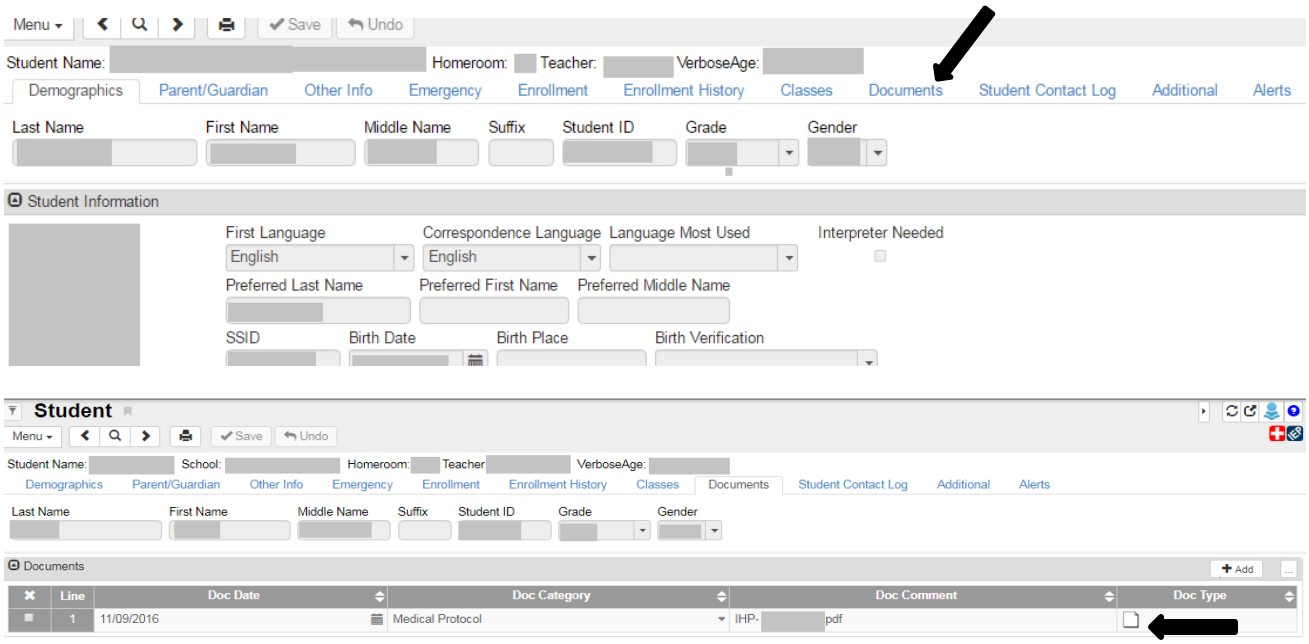
Determining Health Status or Case Management

In Synergy determining students who are case managed by the RN is not as clear cut as students who have 504's or IEP's.

The red and white cross in the upper right hand corner of Synergy, with other flags indicates an entry has been made under "Health Conditions "in Synergy SIS. This indicator however does not designate the level of care or case management required and may include historic conditions, medications or minor medical issue. Individuals with access to the Health Conditions field in Synergy will be able to see entries including whether or not the student has a Medical Protocol.



Protocols will be on file in Synergy under the "Documents "tab in Synergy SIS. If reports wish to be bypassed, staff can simply access the documents tab to check for a protocol. However, best practice would be to communicate directly with the RN, if the students' health status is in question.



For individuals without access to the Health Conditions Tab, specific information must be accessed in Synergy SIS by running reports **HLT 401: Student Health Conditions List** or **HLT404: Classroom Health Conditions List** in Synergy SIS. If there is a health protocol, there will a designation on both these reports under the "Comment" that reads "Medical Protocol on File" and includes the specific diagnosis.

Molalla High School
Student Health Conditions List

Year: 2016-2017
Report: HLT401

Student Name	Perm ID	Gen	Grd	Room	Condition Code	Comment
				2C		
				2C	Asthma	Illness induced asthma. No inhaler at school (09/30/2013)
				2C		
				2C	Diabetes	Type 1 Diabetes- Not independent
					Asthma	Carries inhaler Asthma Action Plan
					Medical Protocol on File	See "Documents" Tab
				2C	Serious Allergy	Bee stings. no epinephrine at school (03/12/2014).
				2C		
				2C	Other	Daytrona 15 mg patch, 1 mg guarfacine Executive Function Disorder, ADHD
					Other	DO NOT give him Tylenol
				2C	Other	febrile seizures (last at age 7)
				CHOIR		
				CHOIR		

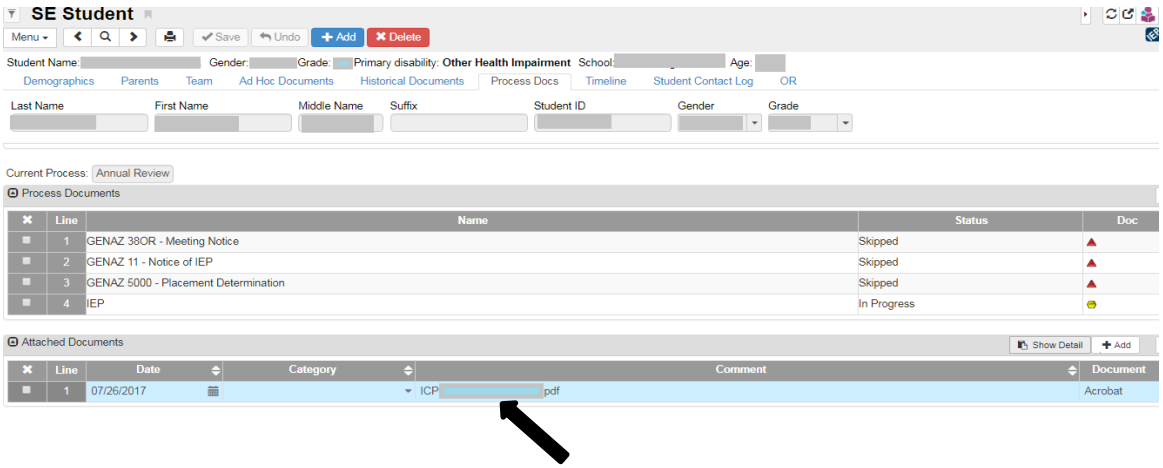
Molalla High School
Class Health Conditions List

Year: 2016-2017
Report: HLT404

Section ID	Course ID	Course Title	Teacher	Room	Period

Student Name	Student ID	Grade	Gender	Condition Code	Comment
				Other	Vyvanse at home
				Medical Protocol on File Seizures	Standard Seizure Procedure See Documents Tab Well controlled partial seizures, Standard seizure procedure.
				Other	Daytrona 15 mg patch, 1 mg guarfacine Executive Function Disorder, ADHD
				Serious Allergy	Bees, No EPI Pen at school
				Other	meds at home Methylphenidate er 18mg
				Other	Meds at home Concerta

Lastly, student's with IEP's who also have IHP's or ICP's will have the above information located as defined previously and will also have their documents attached under the "Process Docs" or "Historical Docs" tab and "Attached Documents" in Synergy SE.



Medications in the School Setting

Many children who take medications require them during the school day to be successful academically or to maintain health and vitality. School districts are required to provide medication that a student needs to remain in school. Many children and adolescents with special health care needs are able to attend school because of the effectiveness of their medication. Many of these children would otherwise be educated at home or in special school's programs. The health circumstances that require medication are diverse. Pharmaceutical innovations and new technologies to deliver medications have enabled most medication-dependent students to be mainstreamed into classes with their peers. Section 504 of the Rehabilitation Act provides protection for students with disabilities by requiring schools to make reasonable accommodations and to allow for safe inclusion in school programs including in regards to medication and medical devices. This federal law applies only to schools receiving federal funds, does not cover all students who require medications during the school day (eg, short-term needs), and is not specific about how administration of medications should be conducted in school (Taras, H., Frankowski, B., McGrath, J., Mears, C., Murray, R., Young, T., 2003). Oregon rules, however are specific about how medication should be administered in the school setting, inclusive of training and documentation. The law in Oregon which relates to administering medication to students by school personnel (ORS 339.867-339.870) outlines the following points:

- Designated school personnel are required to receive appropriate training which has been approved by the Oregon Department of Education (ODE) for the administration of prescription and non-prescription medication.
- Medication Administration Training is an annual requirement. Training must be delivered in person initially and then every 3rd year by the district RN. The interim years may use the Oregon Department of Education Online Refresher.
- School districts may not require school personnel who have not received appropriate training to administer medications to students.
- The law covers only non-injectable medication with the exception emergency medications and specialized procedures. Medication Administration Training is a prerequisite to specialized procedures such as nebulizers or rectal medications and to emergency medication training listed below:
    - Treatment of Severe Allergic Reaction with injectable epinephrine
    - Glucagon Training Protocol the treatment of severe hypoglycemia
    - Injectable medication (Solu-Cortef) for the Treatment of an Adrenal Crisis
    - Naloxone Training for Opioid Overdose

These laws specify that school districts must adopt policies and procedures for:

- Student self-medication (require specific signatures)
- Administration of prescription and nonprescription medication to students by trained school personnel
- A process to designate, train and supervise appropriate staff that takes into account when a student is in school, at a school sponsored activity, under the supervision of school personnel, in before-

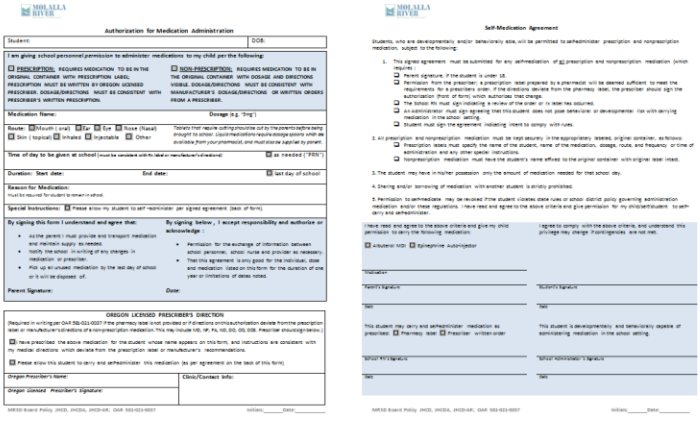
school or after-school care programs on school-owned property, and in transit to or from school or school-sponsored activities

Molalla River School District Board Policies Relative to Medication Administration: Accessible at: http://policy.osba.org/mriver/J/index.asp

Oregon Rules OAR 581-021-0037 relative to Medication Administration at Schools: Accessible at: https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=234579

Procedure for Medication Administration & Documentation

1. When medication is brought to school, processes that are consistent with Oregon Legislation and district policy apply:
    a. Unexpired Medication must be brought to school by the parent in the original container with pharmacy label or manufacturers label intact and legible.
    b. Medication cannot be accepted in unmarked containers (such as plastic bags); any medication in unmarked containers will be disposed of.
    c. Medication requiring divided doses must be divided in advance by the parents. Extended release or sustained release medication may not be divided.
    d. Medication is student specific and may not be shared, even by siblings.
    e. Verbal permission may not be provided by parents, authorization be in writing and must match the label and include:
        - Student's name and Date of Birth
        - Medication Name
        - Medication Dose
        - Medication Route
        - Frequency of Medication
        - Dates Medication is required
        - Parent Signature
2. Parents or students 18 and over must complete and sign an *Authorization for Medication Administration* in its entirety before medication can be accepted or legally administered at school (Appendix D).


Authorization for Medication Administration

Student: DOB:

I am giving school personnel permission to administer medications to my child per the following:

☐ PRESCRIPTION: REQUIRES MEDICATION TO BE IN THE ORIGINAL CONTAINER WITH PRESCRIPTION LABEL; PRESCRIPTION MUST BE WRITTEN BY OREGON LICENSED PRESCRIBER. DOSAGE/DIRECTIONS MUST BE CONSISTENT WITH PRESCRIBER'S WRITTEN PRESCRIPTION.

☐ NON-PRESCRIPTION: REQUIRES MEDICATION TO BE IN THE ORIGINAL CONTAINER WITH DOSAGE AND DIRECTIONS VISIBLE. DOSAGE/DIRECTIONS MUST BE CONSISTENT WITH MANUFACTURER'S DOSAGE/DIRECTIONS OR WRITTEN ORDERS FROM A PRESCRIBER.

Medication Name: Dosage (e.g. '5mg')

Route: ☐Mouth (oral) ☐Ear ☐Eye ☐Nose (Nasal) ☐Skin (topical) ☐Inhaled ☐Injectable ☐Other

Time of day to be given at school (must be consistent with the label or manufacturer's directions): ☐ as needed ("PRN")

Duration: Start date: End date: ☐ last day of school

Reason for Medication:

Special Instructions: ☐ Please allow my student to self-administer per signed agreement (back of form)

By signing this form I understand and agree that:
- As the parent I must provide and transport medication and maintain supply as needed.
- Notify the school in writing of any changes in medication or prescriber.
- Pick up all unused medication by the last day of school or it will be disposed of.

Parent Signature: Date:

By signing below, I accept responsibility and authorize or acknowledge :
- Permission for the exchange of information between school personnel, school nurse and provider as necessary.
- That this agreement is only good for the individual, dose and medication listed on this form for the duration of one year or limitations of dates noted.

OREGON LICENSED PRESCRIBER'S DIRECTION

(Required in writing per OAR 581-021-0037 if the pharmacy label is not provided or if directions on this authorization deviate from the prescription label or manufacturer's directions of a non-prescription medication. This may include MD, NP, PA, ND, DO, OD, DDS. Prescriber should sign below.)

☐ I have prescribed the above medication for the student whose name appears on this form, and instructions are consistent with my medical directions which deviate from the prescription label or manufacturer's recommendations.

☐ Please allow this student to carry and self-administer this medication (as per agreement on the back of this form)

Oregon Prescriber's Name: Clinic/Contact Info:

Oregon Licensed Prescriber's Signature:

MRSD Board Policy JHCD, JHCDA, JHCD-AR, OAR 581-021-0037 Initials:_____Date:_____

Self-Medication Agreement

Students, who are developmentally and/or behaviorally able, will be permitted to self-administer prescription and nonprescription medication, subject to the following:

1. This signed agreement must be submitted for any self-medication of all prescription and nonprescription medication (which requires):
    ☐ Parent signature, if the student is under 18.
    ☐ Permission from the prescriber, a prescription label prepared by a pharmacist will be deemed sufficient to meet the requirements for a prescribers order. If the directions deviate from the pharmacy label, the prescriber should sign the authorization (front of form) which authorizes that change.
    ☐ The School RN must sign indicating a review of the order or rx label has occurred.
    ☐ An administrator must sign agreeing that this student does not pose behavioral or developmental risk with carrying medication in the school setting.
    ☐ Student must sign the agreement indicating intent to comply with rules.
2. All prescription and nonprescription medication must be kept securely in the appropriately labeled, original container, as follows:
    ☐ Prescription labels must specify the name of the student, name of the medication, dosage, route, and frequency or time of administration and any other special instructions.
    ☐ Nonprescription medication must have the student's name affixed to the original container with original label intact.
3. The student may have in his/her possession only the amount of medication needed for that school day.
4. Sharing and/or borrowing of medication with another student is strictly prohibited.
5. Permission to self-medicate may be revoked if the student violates state rules or school district policy governing administration medication and/or these regulations. I have read and agree to the above criteria and give permission for my child/student to self-carry and self-administer.

I have read and agree to the above criteria and give my child permission to carry the following medication:

☐ Inhaler ☐ MDI ☐ Epinephrine Autoinjector

Medication

Parent's Signature Student's Signature

Date Date

I agree to comply with the above criteria, and understand this privilege may change if conditions are not met.

This student may carry and self-administer medication as prescribed: ☐ Pharmacy label ☐ Prescriber written order

This student is developmentally and behaviorally capable of administering medication in the school setting.

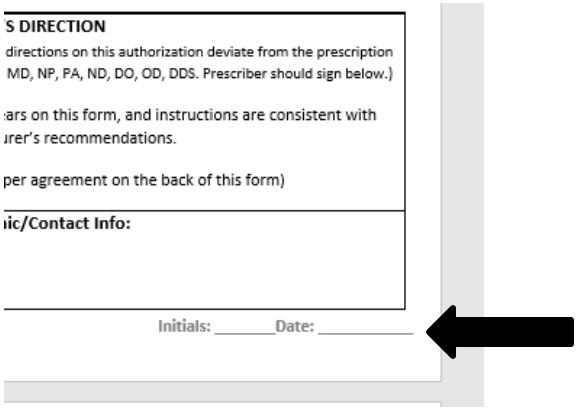
School RN's Signature School Administrator's Signature

Date Date

MRSD Board Policy JHCD, JHCDA, JHCD-AR, OAR 581-021-0037 Initials:_____Date:_____

*Authorization for Medication Administration & Self Medication Agreement (*front & back)

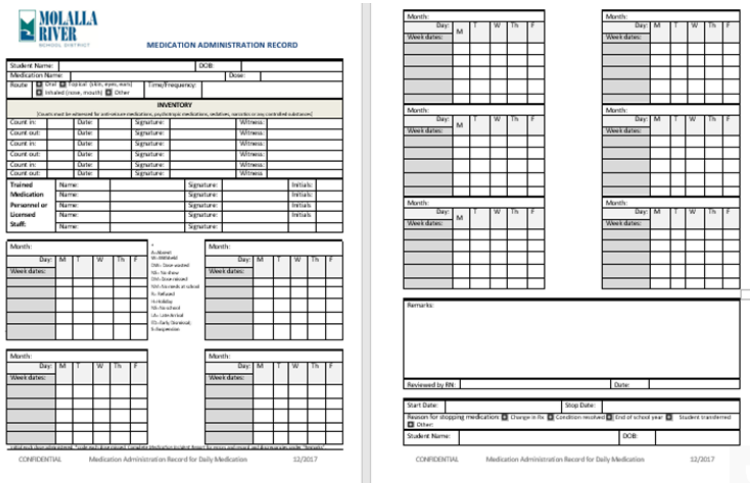
a. Medication may not be accepted or administered unless and until documentation is complete and accurate.
b. The form *must* include the medication name, actual dose (i.e. "mg" or "ml" not "1 pill" or "1 tsp"), route, time and reason medication is to be provided, as well as the parent's signature and date.
c. Each item should be reviewed for accuracy when medications are checked in. It is the Medication Trained Provider's (MTP's) responsibility to ensure the authorization form is accurate and complete, and should be returned to parent at the time with the medication if it is not.
d. The medication administration form *must* match the prescription label or the manufacturer's directions exactly or a medical order from a physician is required to legally allow for change in dose, frequency or off label use. Any deviation from the prescription label or manufacturer's direction requires a written doctors order in addition the Authorization *for Medication Administration*. Documents and medication received to the contrary without an MD order or signature should be returned to parents for appropriate documentation (Appendix C).
    - Verbal orders from a physician may only be received by the RN. The RN may transcribe and sign on behalf of the physician
e. Once the medication and authorization are considered correct, the MTP should sign the lower right hand corner of the authorization and secure the medication.



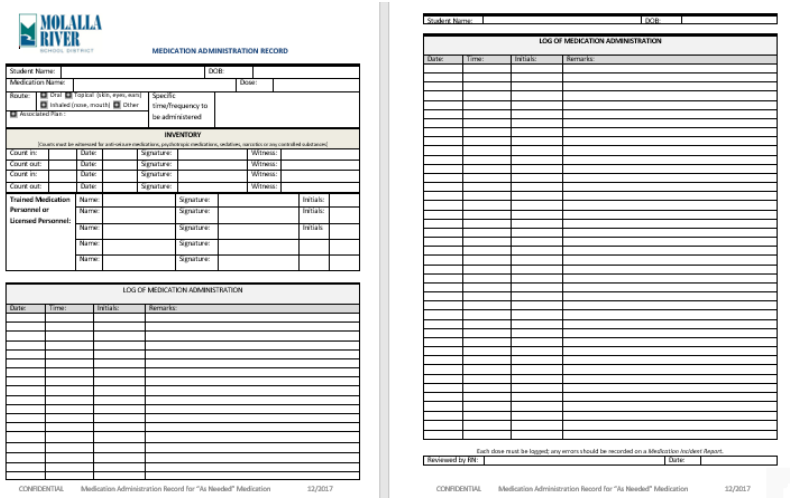
3. Students who self-medicate at school must have a written doctors note for anything other than epinephrine and asthma rescue inhalers. Self-medication agreement must be signed by the parent and the student as well as the physician or RN (for inhalers and epi-pens) as well as the administrator. Student's not following the agreement may have their privilege to carry and administer medications revoked.
4. Medication administered at school must be approved and regulated medications necessary for the student to remain in school for the day.
    a. Nutritional supplements and vitamins may be administered at home, not school.
    b. Herbal remedies may not be administered at school unless they are dosed by a naturopathic physician with a completed care plan for a specific diagnosis, indicating the medication must be administered during the school day.
    c. Medicinal Marijuana is not permitted at school, even with a doctor's order as it is contrary to federal laws.

i. FDA approved Cannaboids such as Epidialex may be administered if compatible with the physician's plan of care

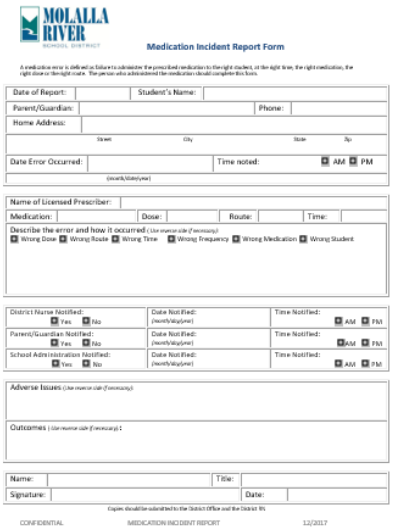
5. The MTP must create a *Medication Administration Record* (MAR) that is compatible with the authorization that completely and accurately reflects the medication, dosing, route, time to be given and includes name of the student and date of birth.
    a. A Medication Administration Record for Daily Medications should be used for medications that are administered at scheduled times daily.
    b. A Medication Administration Record for as Needed of "PRN" medications should be used for medications that are not scheduled but given as needed. This includes allergy and asthma medications.
6. If the medication is a controlled substance the medication must be counted by a MTP and a witness, must also sign off on the count. This is practice in any setting, not isolated to school.
7. It is the parents' responsibility to ensure medication is unexpired and that appropriate number of doses are present for scheduled administration
8. *Medication Administration Records* (MAR) should be kept in a secure and confidential location, in close vicinity to the medication itself, and with the *Authorization for Medication Administration*.



Medication Administration Record for Daily Medication



9. For daily medication, the student should report at scheduled times. If the student does not show, it is the MTP's responsibility makes all efforts to locate the student to take the medication within an hour window (30 minutes before or 30 minutes after scheduled time). If the student refuses the medication, or is unable to be located this must be appropriately documented and parents and RN must be notified. If the student is absent, this should be documented. There should not be blank squares for daily scheduled medications.
10. Student's requiring "PRN" or "as needed" medications must comply with all medication and documentation rules; medications may only be given within the appropriate spacing (as per prescription or manufacturers dosing). As needed medications only need be documented for actual days provided.
11. When a student presents for medication, the MTP should double check for the 6 R's
    a. Right Student
    b. Right Medication
    c. Right Time
    d. Right Dose
    e. Right Route
    f. Right Documentation
12. MTP's should avoid touching medication directly and should instead handle medication with gloves, or by dispensing into the lid or a cup.
13. The MTP must sign the MAR in the designated area and must initial each time they administer medication to each student *after* the medication is administered. This is a legal document, and should be regarded as such.
14. If the student is given an incorrect medication, incorrect dose, or given a medication at an incorrect time, the RN should be contacted immediately, the RN will decide if it warrants emergency intervention. The administrator and parent should be notified and a Medication Incident Report completed.



MOLALLA RIVER SCHOOL DISTRICT

Medication Incident Report Form

A medication error is defined as: failure to administer the prescribed medication to the right student, at the right time, the right medication, the right dose or the right route. The person who administered the medication should complete this form.

Date of Report:		Student's Name:	
Parent/Guardian:		Phone:	
Home Address:			
	Street	City	State Zip
Date Error Occurred: (month/date/year)		Time noted:	AM PM
Name of Licensed Prescriber:			
Medication:	Dose:	Route:	Time:

Describe the error and how it occurred (Use reverse side if necessary)

Wrong Dose Wrong Route Wrong Time Wrong Frequency Wrong Medication Wrong Student

District Nurse Notified: Yes No	Date Notified: (month/day/year)	Time Notified: AM PM
Parent/Guardian Notified: Yes No	Date Notified: (month/day/year)	Time Notified: AM PM
School Administration Notified: Yes No	Date Notified: (month/day/year)	Time Notified: AM PM

Adverse Issues (Use reverse side if necessary)

Outcomes (Use reverse side if necessary):

Name:		Title:	
Signature:		Date:	

Copies should be submitted to the District Office and the District RN

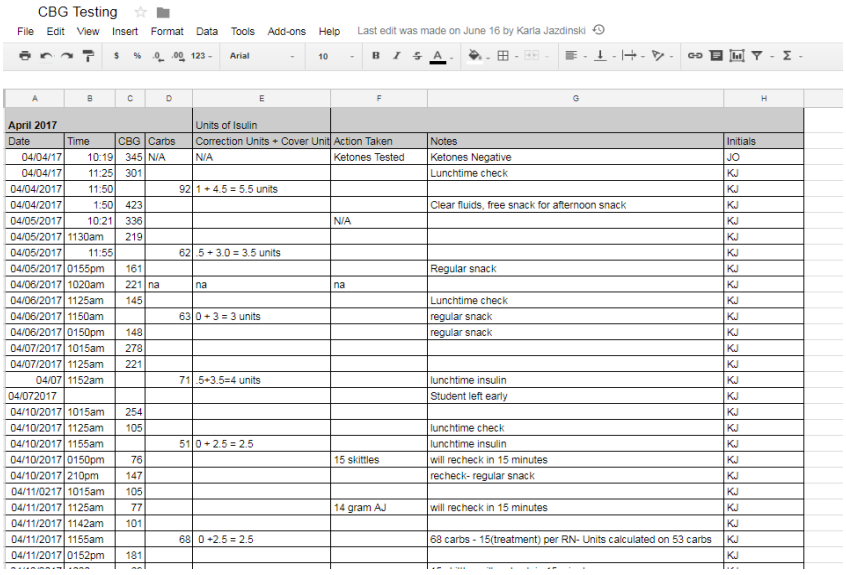
CONFIDENTIAL MEDICATION INCIDENT REPORT 12/2017

15. It is the parents' responsibility to refill medication and to ensure refills are brought to school in a timely manner. It is acceptable for staff to remind parents if refills have been problematic historically.

16. Parents must pick up unused medications at the end of the school year or they will be disposed of.

Procedure for Type 1 Diabetes Medication Documentation

Type 1 Diabetes requires around the clock assessment of blood glucose, counting of carbohydrates, administration of insulin and interventions for highs or lows. In the nature of the complexity of diabetes diabetic logs are required for each diabetic student. These diabetic logs are shared and accessible to delegated staff, emergency staff, the RN and parents. These documents are created upon ne w diagnosis or transfer of Type 1 Diabetic Students. Individualized training for staff is provided for each diabetic student. These logs are used in tandem with written care plans. All medication administration laws apply to diabetic management.



CBG Testing

File Edit View Insert Format Data Tools Add-ons Help Last edit was made on June 16 by Karla Jazdinski

A	B	C	D	E	F	G	H
April 2017				Units of Isulin			
Date	Time	CBG	Carbs	Correction Units + Cover Unit	Action Taken	Notes	Initials
04/04/17	10:19	345	N/A	N/A	Ketones Tested	Ketones Negative	JO
04/04/17	11:25	301				Lunchtime check	KJ
04/04/2017	11:50		92	1 + 4.5 = 5.5 units			KJ
04/04/2017	1:50	423				Clear fluids, free snack for afternoon snack	KJ
04/05/2017	10:21	336			N/A		KJ
04/05/2017	1130am	219					KJ
04/05/2017	11:55		62	.5 + 3.0 = 3.5 units			KJ
04/05/2017	0155pm	161				Regular snack	KJ
04/06/2017	1020am	221	na	na	na		KJ
04/06/2017	1125am	145				Lunchtime check	KJ
04/06/2017	1150am		63	0 + 3 = 3 units		regular snack	KJ
04/06/2017	0150pm	148				regular snack	KJ
04/07/2017	1015am	278					KJ
04/07/2017	1125am	221					KJ
04/07	1152am		71	.5+3.5=4 units		lunchtime insulin	KJ
04/072017						Student left early	KJ
04/10/2017	1015am	254					KJ
04/10/2017	1125am	105				lunchtime check	KJ
04/10/2017	1155am		51	0 + 2.5 = 2.5		lunchtime insulin	KJ
04/10/2017	0150pm	76			15 skittles	will recheck in 15 minutes	KJ
04/10/2017	210pm	147				recheck- regular snack	KJ
04/11/0217	1015am	105					KJ
04/11/2017	1125am	77			14 gram AJ	will recheck in 15 minutes	KJ
04/11/2017	1142am	101					KJ
04/11/2017	1155am		68	0 +2.5 = 2.5		68 carbs - 15(treatment) per RN- Units calculated on 53 carbs	KJ
04/11/2017	0152pm	181					KJ

Self-Carry, Self-Medication & Self-Management

Federal law requires that accommodations be made for all students K-12 to carry their asthma rescue inhalers with them if desired by students/parent (CDC, 2014). Accommodations must be permitted to allow students to carry epinephrine auto-injectors also, if desired by parents and student or the provider finds it necessary. Diabetic students should be permitted to carry all supplies as a designated self-manager and must sign a self-management contract. All diabetic students should be permitted to carry glucose or candy without question. Other medications may be self-carried and self-administered on a case by case basis.

As per Molalla River School District Policy (JHCDA) *student's may administer their own medication when directed by a physician or other licensed health care professional, students in grades K-12 will be allowed to self-administer medication prescription, including medication for asthma or severe allergy as defined by state law, and subject to age-appropriate guidelines.* Local, state and federal law and policy support that students will, at times, when developmentally appropriate, need to carry with them their own medications or supplies.

Self-Carry

Self-carry refers to situations where students may carry their own medication or have their medications in their classroom to be immediate accessible but do not necessarily have the skillset to self-administer. An example of this may be a student with severe allergic reaction who needs to carry his epi-pen on the bus because of risk of exposure during transportation to and from school, but may need for assistance from the bus driver in the event of a reaction.

Self-Medication

Self-Medication refers to the set of circumstances where a student is developmentally capable of administering their own medication and is responsible enough to carry medication with them without risk to other students. An example of this may include digestive enzymes for cystic fibrosis, a high school student who needs migraine medication or a student who is independent with their asthma rescue inhaler or epinephrine auto injector. While the RN may sign on behalf of the student self-administering their own inhaler or epi-pen, most other medications will require a doctor's note. This additionally requires agreement from the student, parent (unless the student is 18), administrator and RN. This is achieved via the *Self-Medication Agreement* on the back of the *Authorization for Medication Administration*. This is permissible when:

- The student is behaviorally and developmentally capable of administering medication.
- The student agrees by signing the terms of medication responsibility and safety.
- The RN signs that the MD provides permission to do so administer based on prescription label, medical records or verbal report for prescription medications or the MD signs.
- The parents provide permission to do so.
- The administrator does not disagree relative to behavior issues.

In most situations students may only carry with them the amount of medication needed for a single day, and it must be in the original container. Medication may not be carried in other compact containers, plastic bags or pockets. The medication must be appropriately labeled and in a secure place. Exceptions to this include multiuse devices, such as insulin pumps or pens or inhalers. Over the counter medication, such as non-steroidal anti-inflammatory medication may include more than one dose, if it is likely that more than one dose will be used at school. These same expectations apply to field trips.

Self-Management

Self-Management refers to students with complex disease management who provide all of their own care and oversight, this requires designation by a medical provider. The most common example of this is type 1 diabetes. When a provider has designated the student as independent, the parent and RN will work together to assess the practices used in the home setting, the student's level of understanding of the physiology of the diseases and the pharmacology of medications being administered as well as the response to adverse issues. The RN will provide a Self-Management Assessment. The parent and the RN must agree that the student is independent. A Self-Management Contract must be signed by the student, parent, RN and administrator. This ensures that there are also no behavioral issues that would pose risk to the student or other students by permitting the student to self-manage. While the student in independent in their daily care, staff is still responsible to support the student with adverse issues.

CONFIDENTIAL DIABETES SELF-MANAGEMENT CONTRACT

Molalla River School District

Diabetes Self-Management Contract ☐ Type 1 ☐ Type 2

Student:	DOB:
Parent:	
Provider:	
☐ 504 ☐ IEP Case Manager:	School:

Self-Management means that the student understands:

- The basic physiology of diabetes.
- The basic mechanism of insulin or anti-diabetic medication.
- Carbohydrates and activity in relationship to blood sugar.
- Stress in relationship to blood sugar.
- Monitoring blood glucose.
- Individual symptoms of high or low blood glucose.
- When to seek assistance.
- Basic medication safety.
- Importance of consistent management.

☐ School Diabetic Orders of file with Physician's designation of independent or compatible order.

Student

- I agree as a self-manager that I understand the definition as stated above.
- I agree to dispose of any sharps by keeping them in my kit or placing them in a sharps container at school.
- I agree to notify the office or nearest adult if my blood glucose is below _____ or above _____, or I feel symptomatic.
- I will not permit other students to access to my diabetic supplies.
- I will keep my supplies in a designated and secure place.
- I understand that self-management of diabetes is very important and that I must do so in a safe manner in the school setting.

Student's Signature: _____ Date:_____

Parent

- I agree that my child can self-manage his/her own diabetes, and can recognize when to seek assistance.
- I understand I am responsible to provide backup supplies and emergency supplies to the school.
- I understand this contract is in effective from the date signed forward unless any concerns develop clinically or behaviorally or my child fails to meet the above contingencies.

Parent's Signature: _____ Date: _____

School Administrator:

- I agree that this student is behaviorally and developmentally capable of self-managing their diabetes at school.

School Administrator's Signature: _____ Date: _____

School Nurse:

- I agree with the above designation for this student based on my assessment of the student's management either independently or in collaboration with his/her parents as designated by the physician.

School Nurse's Signature: _____ Date: _____

Self-Management Contract

Special Documentation & Packets

Medications that are administered based on a set of symptoms rather than scheduled time or a single complaint or symptoms, such as pain medication, require additional documentation to complete Action Plans. This removes the medication trained personnel from the responsibility of making assessments. Medications that are considered specialized care (typically lifesaving medications) require additional authorizations. Common health conditions that fall into these categories have packets or necessary documents that are needed to provide develop written plans of care as per Oregon Law.

Action Plans

Action plans provide directives to staff on when to administer medications that are needed for specific symptoms. These plans outline symptoms for MTP staff. Action Plans may be provided by the student's physician or they may be developed by the school RN with appropriate documents.

Authorizations for Specialized Care

For medications that are not covered in the Medication Administration Training, an Authorization for Specialized Care is necessary. This includes medications that are delivered via nebulizer, injectable medications, intranasal or rectal instillation. These medications reflect a higher level of acuity.

History Documents

Documents that inquire on student historical clinical information are used to develop action plans as it relates to relevant clinical information such as typical triggers or symptoms, or severity for conditions such as allergies or asthma.

Authorization to Disclose

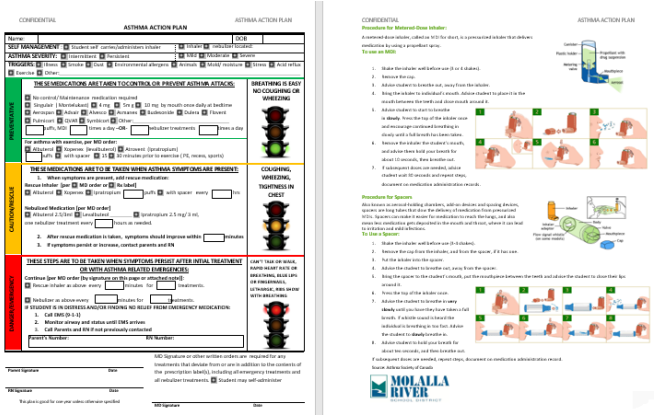
An *Authorization to Use or Disclose Educational and Protected Health Information* is a common document used for many reasons. This will be necessary for students whose orders or restrictions need to be provided or clarified by the provider.

Asthma

Asthma is possibly the single most common chronic disease managed in the school setting. Asthma has a very large spectrum of severity with some kids needing rare or little to no intervention up to kids on complex daily regimens. Because asthma is not a "one size fits all" diagnosis, variable plans of care are necessary, thus requiring individualized action plans.

1. When parents bring inhalers to school an *Authorization for Medication Administration* is required. If the student will self-Administer and Self-carry their own inhaler the student must have a *Self-Medication Agreement* completed. No further documentation is needed for students who will self-administer their inhalers.
2. All students with inhalers in the school office require an *Asthma Action Plan,* this can be completed by the RN after the *Asthma Packet* is completed by parents. Alternately the family can provide an *Asthma Action Plan* from their physician as long as it includes when to take medication based on

symptoms and how much to take and the designated frequency. The *Asthma Action Plan* from the physician must match the *Authorization for Medication Administration*.



Asthma Action Plan (front & back)

3. Students who are not self-administering that do not bring an *Asthma Action Plan* to school from their provider should be given an *Asthma Packet* to complete for the RN to obtain enough information to create a written plan as required by Oregon Law.

   The Asthma Packet Includes:

   - Asthma Packet Letter
   - Authorization for Medication Administration
   - Authorization to Use and/or Disclose Educational and Protected Health Information
   - Asthma History
   - Prescriber's Orders for Asthma (if families prefer to obtain medication orders themselves, these must be faxed to the RN in a timely manner)
4. Students who require nebulized medication must have orders from their physician, the *Prescriber's Orders for Asthma* can be used for this, and an Authorization for Nebulized Medications must be signed by the parents.
   a. Student's with complex asthma will require and *Individual Health Protocol* (IHP).
5. Students with asthma should be referred to RN. Packets should be returned to the RN.

Document Guidance

Level of Care	Documents
Self-Managed Asthma	• Completed *Authorization for Medication Administration* and Signed *Self-Medication Agreement*
Inhaler at school to be administered exactly as written on the inhaler rx label	• Completed *Authorization for Medication Administration* • Completed *Asthma History* or *Asthma Action Plan* from provider.

Inhaler to be used <u>differently</u> than listed on the rx label	• Completed *Authorization for Medication Administration* • Completed *Asthma History* or *Asthma Action Plan* from provider. • Doctor's orders or physician signed *Asthma Action Plan* designating changes from the rx label -OR- signed *Authorization to Use and/or Disclose Educational and Protected Health Information* for the RN to obtain *Prescriber's Orders for Asthma.*
Student's requiring complex management, regimens or nebulizers at school.	• Completed *Asthma Packet.* • Completed *Authorization for Nebulized Medication*, if applicable.

Allergies & Anaphylaxis

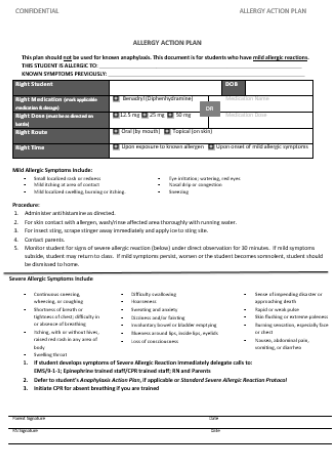
Allergies are a common occurrence with nearly 60% of the population having a positive allergic response with about 30% to 40% experiencing chronic issues. Only about 2%-10% of the population have experienced anaphylaxis (Allergy & Asthma Foundation, 2018).

Allergies

1. All students bringing "as needed" allergy medications to school such as Benadryl or other antihistamines require an *Allergy Action Plan.* Student's taking once daily allergy medication generally take medications at home.
2. Any student bringing an epi-pen to school requires an *Anaphylaxis Action Plan*.

Allergy Action Plans

1. *Allergy Action Plans* are to be used <u>only for antihistamine administration</u> when there is no known history of Anaphylaxis. *Allergy Action Plans* must match the *Authorization for Medication Administration*



CONFIDENTIAL ALLERGY ACTION PLAN

ALLERGY ACTION PLAN

This plan should not be used for known anaphylaxis. This document is for students who have mild allergic reactions.

THIS STUDENT IS ALLERGIC TO:

KNOWN SYMPTOMS PREVIOUSLY:

Right Student		DOB
Right Medication (mark applicable medication & dosage)	☐ Benadryl (Diphenhydramine)	OR ☐ Other (specify below)
Right Dose (mark as directed on bottle)	☐ 12.5 mg ☐ 25 mg ☐ 50 mg	☐ Other (specify below)
Right Route	☐ Oral (by mouth) ☐ Topical (on skin)	
Right Time	☐ Upon exposure to known allergen ☐ Upon onset of mild allergic symptoms	

Mild Allergic Symptoms Include:

- Small localized rash or redness
- Mild itching at area of contact
- Mild localized swelling, burning or itching
- Eye irritation, watering, red eyes
- Nasal drip or congestion
- Sneezing

Procedure:

1. Administer antihistamine as directed.
2. For skin contact with a Bergen, wash/rinse affected area thoroughly with running water.
3. For insect sting, scrape stinger away immediately and apply ice to sting site.
4. Contact parents.
5. Monitor student for signs of severe allergic reaction (below) under direct observation for 30 minutes. If mild symptoms subside, student may return to class. If mild symptoms persist, worsen or the student becomes nonresident, student should be dismissed to home.

Severe Allergic Symptoms Include:

- Continuous sneezing, wheezing, or coughing
- Shortness of breath or tightness of chest; difficulty in or absence of breathing
- Itching, with or without hives, raised red rash in any area of body
- Swelling throat
- Difficulty swallowing
- Hoarseness
- Sweating and anxiety
- Dizziness and/or fainting
- Involuntary bowel or bladder emptying
- Blueness around lips, inside lips, eyelids
- Loss of consciousness
- Sense of impending disaster or approaching death
- Rapid or weak pulse
- Skin flushing or extreme paleness
- Nausea, abdominal pain, vomiting, or diarrhea

1. **If student develops symptoms of Severe Allergic Reaction immediately delegate calls to: EMS/9-1-1; Epinephrine trained staff/CPR trained staff; RN and Parents**
2. **Refer to student's Anaphylaxis Action Plan, if applicable or Standard Severe Allergic Reaction Protocol**
3. **Initiate CPR for absent breathing if you are trained**

Parent Signature Date

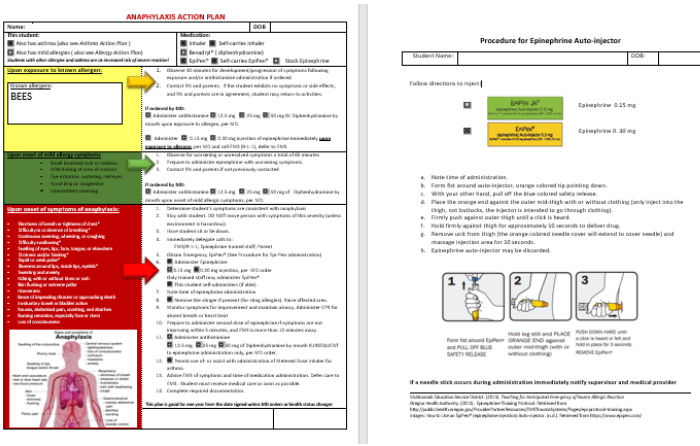
RN Signature Date

Allergy Action Plan

2. These documents do not require any additional releases or authorizations unless they will be used in conjunction with other plans or the parent wishes the student to take the medication differently than the label directs. In this situation the parent must sign an Authorization to Use and/or Disclose Educational and Protected Health Information for the nurse to obtain correct orders or obtain a Doctor's note from their physician and have it sent or brought to the school .
3. All Student's with allergy medications at school should be referred to the RN.

Anaphylaxis Action Plans

1. All Student's with epinephrine at school should be referred to the RN.
2. When an epinephrine auto-injector is brought to school parents must complete an *Authorization for Epinephrine Administration*. Students who self-administer must also complete *Authorization for Medication Administration* with the *Self-Medication Agreement* signed by all designated parties.
3. Oregon law indicates that any student with epinephrine at school requires a written plan of care. Student's will have an *Anaphylaxis Action Plan* Created. Student's ay also bring one signed by their provider.



Anaphylaxis Action Plan, front and back.

4. Students who do not have plan of care signed by their provider must complete a *Severe Allergic Reaction Packet* for the district RN to develop a plan.

   Severe Allergic Reaction/ Anaphylaxis Packet includes:

   - Anaphylaxis Packet letter
   - Authorization for Medication Administration
   - Authorization to Use and/or Disclose Educational and Protected Health Information
   - Severe Allergic Reaction History
   - Prescriber's Orders for Severe Allergic Reaction
   - Authorization for Epinephrine
5. Students who are receiving only epinephrine as a part of their treatment plan may only require the prescription label as a prescriber's order as long as the label is specific about when to administer the medication. Rx labels reading "use as directed" does not qualify as useable orders.

6. Students who are receiving other medications as part of their treatment plan require prescriber's orders to designate the order and dosage of medications.
7. Students who have complex allergic issues will require an IHP.

Document Guidance

Level of Care	Documents
Self-Managed Anaphylaxis	• *Authorization for Medication Administration* and Signed *Self-Medication Agreement*
Epinephrine at school to be administered exactly as written on the rx label which includes directions compatible with: "administer upon exposure to known allergen" or "administer upon onset of anaphylaxis."	• *Authorization for Epinephrine* • *Severe Allergic Reaction History*
Epinephrine to be used differently than described on the rx label or the rx label only reads "use as directed."	• *Authorization for Epinephrine Administration* • *Severe Allergic Reaction History* • Doctor's orders or physician signed *Anaphylaxis Action Plan* designating changes from the rx label -OR- signed *Authorization to Use and/or Disclose Educational and Protected Health Information* for the RN to obtain *Prescriber's Orders for Anaphylaxis.*
Student's Requiring complex management and variable regimens school.	• Complete *Anaphylaxis Packet.*

Seizure Disorders

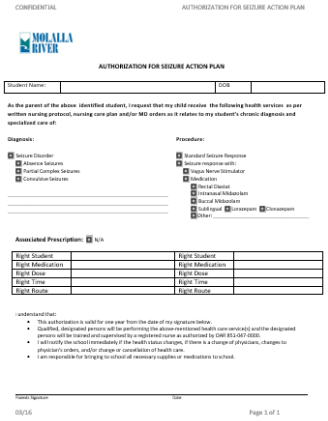
Seizure disorders are a common chronic condition in school age kids. There is a vast range of severity and frequency as well as a vast range of necessary interventions.

While most seizure disorders are caused by neurological conditions some are caused by other factors, such as metabolic or psychogenic manifestations. Regardless, each report of seizures should be referred to the district nurse.

Seizure Action Plans

1. All students who reports seizures should be referred to the RN. The RN will provide documents to the family, however support staff may provide authorizations if medications/devices are brought to school.

2. Students who require medications or devices to assist with seizure control require an IHP and parents must sign an *Authorization for Seizure Action Plan* and *an Authorization to Use and/or Disclose Educational and Protected Health Information* for communication to the student's neurologist.



CONFIDENTIAL AUTHORIZATION FOR SEIZURE ACTION PLAN

MOLALLA RIVER

AUTHORIZATION FOR SEIZURE ACTION PLAN

Student Name: DOB:

As the parent of the above identified student, I request that my child receive the following health services as per written nursing protocol, nursing care plan and/or MD orders as it relates to my student's chronic diagnosis and specialized care of:

Diagnosis: Procedure:

- Seizure Disorder
  - Absence Seizures
  - Partial Complex Seizures
  - Convulsive Seizures
- Standard Seizure Response
- Seizure response with:
  - Vagus Nerve Stimulator
  - Medication
    - Rectal Diastat
    - Intranasal Midazolam
    - Buccal Midazolam
    - Sublingual Lorazepam Clonazepam
    - Other:

Associated Prescription: N/A

Right Student		Right Student	
Right Medication		Right Medication	
Right Dose		Right Dose	
Right Time		Right Time	
Right Route		Right Route	

I understand that:

- This authorization is valid for one year from the date of my signature below.
- Qualified, designated persons will be performing the above-mentioned health care service(s) and the designated persons will be trained and supervised by a registered nurse as authorized by OAR 851-047-0000.
- I will notify the school immediately if the health status changes, if there is a change of physicians, changes to physician's orders, and/or change or cancellation of health care.
- I am responsible for bringing to school all necessary supplies or medications to school.

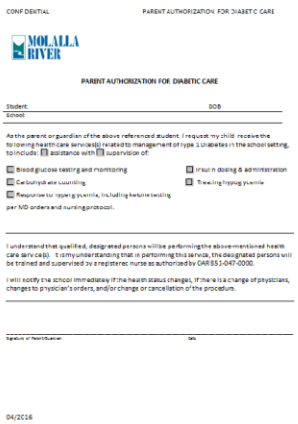
Parent Signature Date

03/16 Page 1 of 1

3. Medication brought to school for the purposes of seizure control may require an *Authorization for Medication Administration*. Medications that require a specialized procedure to administer may require an additional authorization.
4. Student's with Seizure Disorders will be asked to complete a Seizure History Form.

Diabetes

1. Diabetes is perhaps one of the most complex conditions to manage daily in the school setting. Students who are diabetic have variable levels of care requirements due to developmental age, duration in which condition has existed, intellectual ability and self-management skillsets. Any student reported with diabetes should be immediately referred to the district nurse.
2. Student's may not return to school following diagnosis or transfer until MD orders have been received so that a care plan can be effectively in place. In Oregon, providers require parents to initiate to transmission of *School Diabetic Orders* to the student's school.
3. Student's must have written *School Diabetic Orders* from the managing endocrinologist. Student's must have authorizations for diabetic care and emergency glucagon as well.



CONFIDENTIAL PARENT AUTHORIZATION FOR DIABETIC CARE

MOLALLA RIVER

PARENT AUTHORIZATION FOR DIABETIC CARE

Student: DOB:

School:

As the parent or guardian of the above referenced student, I request my child receive the following health care service(s) related to management of type 1 diabetes in the school setting, to include: assistance with supervision of:

- Blood glucose testing and monitoring
- Insulin dosing & administration
- Carbohydrate counting
- Treating hypoglycemia
- Response to hyperglycemia, including ketone testing

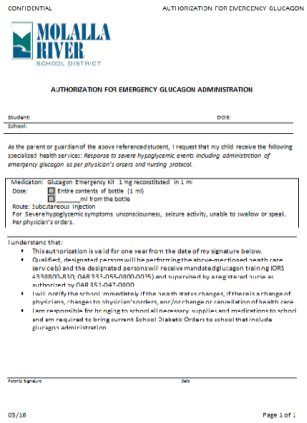
per MD orders and nursing protocol.

I understand that qualified, designated persons will be performing the above-mentioned health care service(s). It is my understanding that in performing this service, the designated persons will be trained and supervised by a registered nurse as authorized by OAR 851-047-0000.

I will notify the school immediately if the health status changes, if there is a change of physicians, changes to physician's orders, and/or change or cancellation of the procedure.

Signature of Parent/Guardian Date

04/2016



CONFIDENTIAL AUTHORIZATION FOR EMERGENCY GLUCAGON

MOLALLA RIVER SCHOOL DISTRICT

AUTHORIZATION FOR EMERGENCY GLUCAGON ADMINISTRATION

Student: DOB:

School:

As the parent or guardian of the above referenced student, I request that my child receive the following specialized health services: *Response to severe hypoglycemic events including administration of emergency glucagon as per physician's orders and nursing protocol.*

Medication: Glucagon Emergency Kit 1 mg reconstituted in 1 ml

Dose: Entire contents of bottle (1 ml)

ml from the bottle

Route: Subcutaneous injection

For: Severe hypoglycemic symptoms, unconsciousness, seizure activity, unable to swallow or speak.

Per physician's orders.

I understand that:

- This authorization is valid for one year from the date of my signature below.
- Qualified, designated persons will be performing the above-mentioned health care service(s) and the designated persons will receive mandated glucagon training (ORS 433.800(5),810; OAR 851-045-0000,0045) and supervised by a registered nurse as authorized by OAR 851-047-0000.
- I will notify the school immediately if the health status changes, if there is a change of physicians, changes to physician's orders, and/or change or cancellation of health care.
- I am responsible for bringing to school all necessary supplies and medications to school and am required to bring current School Diabetic Orders to school that include glucagon administration

Parent Signature Date

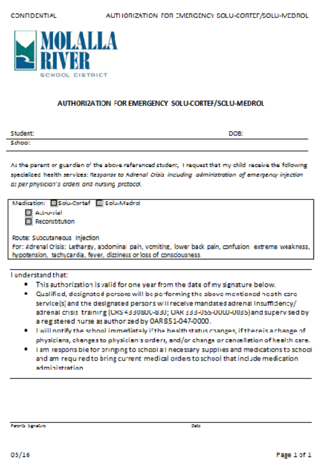
03/16 Page 1 of 1

Authorization for Diabetic Care *Authorization for Emergency Glucagon*

Students who self-manage at school must be designated as a self-manager by their provider and must sign a self-management contract as previously described.

Adrenal Insufficiency

Any student who has a diagnosed adrenal insufficiency should be immediately referred to the RN. These students will require management plans and emergency intervention for potential Adrenal Crisis. These plans are also complex in nature and require daily medication in addition to emergency medication. Student's will require an *Authorization for Medication Administration* for daily medication and an Authorization to Use and/or Disclose Educational and Protected Health Information for communication with the managing specialist.



CONFIDENTIAL AUTHORIZATION FOR EMERGENCY SOLU-CORTEF/SOLU-MEDROL

MOLALLA RIVER SCHOOL DISTRICT

AUTHORIZATION FOR EMERGENCY SOLU-CORTEF/SOLU-MEDROL

Student: DOB:

School:

As the parent or guardian of the above referenced student, I request that my child receive the following specialized health services: *Response to Adrenal Crisis including administration of emergency injection as per physician's orders and nursing protocol.*

Medication: ☐ Solu-Cortef ☐ Solu-Medrol
☐ Act-o-vial
☐ Reconstitution

Route: Subcutaneous Injection
For: Adrenal Crisis: Lethargy, abdominal pain, vomiting, lower back pain, confusion, extreme weakness, hypotension, tachycardia, fever, dizziness or loss of consciousness

I understand that:

- This authorization is valid for one year from the date of my signature below.
- Qualified, designated persons will be performing the above mentioned health care service(s) and the designated persons will receive mandated adrenal insufficiency/ adrenal crisis training (ORS 433800-830; OAR 333-055-0000-0035) and supervised by a registered nurse as authorized by OAR 851-047-0000.
- I will notify the school immediately if the health status changes, if there is a change of physicians, changes to physician's orders, and/or change or cancellation of health care.
- I am responsible for bringing to school all necessary supplies and medications to school and am required to bring current medical orders to school that include medication administration

Parent's Signature Date

03/16 Page 1 of 1

Authorization for Emergency Solu-Cortef/Solu-Medrol

Field Trips

As is consistent with Molalla River School District Board Policy (2014) one of the primary considerations in field trip planning should be relative to student health and safety. Students participating in field trips have the right to have medication and chronic care (such as diabetic management) delivered to them as consistently as it would be delivered in the school setting. Each step of medication administration or delegated care tasks that are followed in the school setting must also be followed during the field trip.

If the field trip is a day time field trip that will overlap with the time of day a student's medication or daily regimen must be provided, it is the schools obligation to identify, in advance, medication trained personnel and /or delegated caregivers to fulfill tasks. This should be determined two weeks in advance of field trips to identify gaps in trained personnel and allow for time to train additional staff as needed.

While it is the nurse's professional responsibility to train staff, it is the field trip organizers responsibility to identify students with health needs in their class and facilitate coordination with parents, administration, the secretary and the nurse to ensure the student is covered on a field trip. Parents may chaperone field trips and provide medication or care to students, but the school may not require the parent to do so.

Overnight field trips often include additional medications and procedures that are not routinely administered in the school setting. This requires advance planning of the field trip organizer to determine which students will require additional care and/or medications on overnight field trips. In the event that the field trip will be at a site that provides nursing services (such as outdoor school), it is the field trip organizers responsibility to determine what documentation and steps need to be completed in advance of the field trip for the third party. If there will be no nursing services provided a MTP and applicable health related care providers must be in attendance the entire duration of the field trip. Parents may attend, but should not be required to.

Procedures for Field Trips

Day time field trips:

1. ***Identify students with medical needs:*** In advance of field trips, field trip organizers shall review their student rosters for students who receive medications or who have health protocols. Organizers may review the roster with MTP. The teacher is notified at the beginning of the academic year, or the trimester of health related needs within their classrooms. If the organizer is uncertain of the needs in the classroom, it is their responsibility to initiate review of the roster with the nurse and/or secretary to determine students with medications and health protocols. It is important to identify all students with health related issues, even those who are independent in their management.
    a. ***Identify students with Health Protocols:*** Students who have health protocols are obliged to receive the same access to care and emergency intervention as participants of school sponsored activities as they are in the school setting. Ensure a copy of the IHP is taken on the field trip and designated staff is present.

b. ***Identify Self-Managers***: Students who routinely self-carry and self-medicate at school may do so during field trips. Students who have medical supplies, such as diabetic kits should be permitted to carry them if they self-manage. It is important however to be aware of emergencies that may arise based on the student's conditions/medications.
c. ***Identify students who need medication during the course of the field trip***: Students who required medication during the course of the field trip must have access to their medication as scheduled.

2. ***Identify trained staff or need for trained staff***: When students who have medical needs are identified, it is the organizers responsibility to work with administration to determine what trained staff is available to attend the field trip. If there is no trained staff available to attend the field trip, the organizer and administrator must identify who is available to be trained and facilitate this training with the nurse in advance of school field trips. Last minute trainings should be avoided and are not feasible at all for: Epinephrine, Glucagon Solu Corte, and CPR.
    a. Best practice would include CPR certification of all staff and annual training for Epinephrine, Glucagon, and Solu Cortef for all staff in advance of the school year (OHA, 2016)
3. ***Facilitate training as needed:*** When students with health protocols are identified and staff to be trained is identified, the staff must facilitate a meeting with the school nurse to train for specific clinical tasks and review health protocol and medication training. It is the liability of the district to provide appropriately trained staff.
4. ***Appropriately sign out medication***: On the day of the field trip, any student who has medication that will be administered during the duration of the field trip should have their medications signed out on the Medication Administration Record by the MTP attending the field trip.
5. ***Secure medication and supplies:*** The medication must be secured with the MTP at all times in the original container. If a student has medical supplies, these should also be secured with designated personnel, and accessible to the student and trained caregivers.
6. ***Individual Health Protocols***: Designated personnel shall ensure that they check out a copy of the students *Individual Health Protocol* (IHP) and a copy of the *Medication Administration Record* with medications and medical supplies. These documents are confidential and should be kept securely together.
7. ***Emergency Medications***: Any emergency medications that are prescribed to specific students must also be checked out for students with their IHP. We are obliged to send emergency medications and trained caregivers for students with anticipated emergencies (such as seizures or anaphylaxis) as well, not just daily medication or management needs.
    a. Stock epinephrine does not need to be taken on field trips.
8. ***Follow Plans.*** Students receiving medication must receive medication within an hour window on field trips, just as is required in the school setting. It is important that designated staff follow this schedule and prompt students for medication and/or care management as needed.
9. ***Documentation:*** All medications given or care provided in a field trip setting should be documented on the copies of MAR's or logs and transcribed to the original forms upon return. Any errors or discrepancies will require an incident report.
10. ***Return:*** When staff and students return to school, medications and supplies should be signed back into the office. If staff returns to the school after hours, medications must be secured. Medication

and care documentation should be transcribed on to original forms. Copies of IHP should be returned, shredded or secured.

11. ***Report:*** Any problems, incidents or complications should be reported to administration and the nurse. Complete *Incident Reports* as applicable.
12. ***Parents:*** Parents may chaperone and provide medical care to students during the course of a field trip; the district however cannot require that they do so. Staff may not take orders from parents in regards to medical interventions; staff is legally obliged to follow protocol as designated by state law and the supervising RN. Parents providing care do not need to document medication or care on school forms, but the school should document that parents provided care and/or medication for the day.

Overnight Field Trips

Processes for overnight field trips are compatible to day time field trips with a couple of exceptions.

- **Outreach:** Many students who do not take medications at school may take morning or evening medications. This means that organizers must reach out to parents in advance to determine if there are necessary medical needs or medications that the school may not have on file. This may include a variety of once or twice daily medications that students generally take before or after school.
    a. This will require completion of new *Authorization for Medication Administration* Documents and well as new *Self-Medication Agreements*, if applicable.
    b. These documents should include only the dates of the field trip, all requirements for medication documentation apply.
    c. Students carrying "as needed" medication such as Tylenol or Ibuprofen may carry multiple doses based on the duration of the field trip, rather than a daily dose.
- **Additional Documentation:** The overnight field trip site (such as outdoor school) may have their own nursing services. In this case medications that are checked out to staff will have to be checked in to the nurse upon arrival and the site may require additional documentation to be completed in advance. Likewise, these medications may also have to be checked out again prior to departure. As the processes vary from site to site, it is important to communicate with the site in advance of the field trip.

All steps should be taken in advance of departure to ensure that all medical needs, protocols, medication, supplies and emergency contacts are addressed.

School Sponsored Events

School sponsored events largely follow the same processes as field trips to identify students with health needs, accessible staff and necessary training. One additional step may include training district employees hired on as coaches or coordinators who are not on campus during the day. This then requires additional planning to ensure that all applicable staff is appropriately trained to address student's health needs or medication outside of school hours at school sponsored events within legal practice. The administrator must designate staff to be trained with the RN. This may require coaching staff or school staff to be available outside of primary contract hours and should be facilitated with the administrator as needed.

School sponsored events must have CPR/FA trained staff present at the ratios designated in the Oregon Administrative rules to include a minimum of 1 staff for every 60 students at school sponsored events. If these events occur during the normal school day, there must still be a minimum of 1 staff for every 60 students in the school setting.

Health Related Incidents

Given the nature of a congregate setting of large numbers of people, the incidence of underlying illness, and the possibility of injury in the school setting, health related incidents and accidents occur. This is inclusive of emergencies relative to underlying diagnosis, such as severe hypoglycemia related to diabetes, occurrences of first time health issues such as seizures or fainting, or head injuries resulting in concussion, for example. These incidents are not limited to students, and procedures should be practiced for any response for a school sponsored activity.

Because the list of potential health related issues and accidents is exhaustive this process seeks to ensure that an overall procedure is developed within each school in preparation of emergencies and that documentation and follow up is complete and appropriate.

Procedures for Health Related Preparation & Documentation

1. Each school should have designated care givers or an emergency response team who is:
    a. Current on CPR
    b. Able to respond physically and logistically to students or staff in the event of injury or illness
    c. Understands the basic principles of universal precautions and blood borne pathogens
    d. Is familiar with student's underlying health issues and is trained in accessing health related individual protocols and reading, interpreting and responding to protocols for students with underlying conditions.
    e. First aid trained and able to locate and use standard procedures
    f. Medication trained and able to administer medications as needed
    g. Specially trained and delegated in
        i. epinephrine
        ii. glucagon, if applicable
        iii. solu-cortef, if applicable.
2. Each school should have a hard copy protocol binder with:
    a. Hard copies of protocols/plans of all students with known underlying conditions
    b. Hard copies of standard procedures
    c. Map of school with location of AED's designated
    d. List of CPR trained staff
    e. List of specially trained staff
3. When incidents occur, designated staff should be deployed to the location of the student/staff unless the individual has physically presented to the location of the staff.
4. When incidents occur, designated staff should always remain with student/staff until it has been determined that the student is safe and stable or until the student has been dismissed.
5. In incidents where altercations have occurred, first aid and medical intervention should supersede disciplinary actions.
6. Students sustaining injuries at school should be assessed by the RN if:

a. A head injury occurs that is more than a minor bump.
b. Any temporary change in level of consciousness occurs (any sustained change requires a call to EMS).
c. Any laceration or puncture wound that is more than a superficial tissue injury.
d. Student complains of unusual symptoms or pain level.
e. Parents cannot be reached and determination to transport is in question.
f. As requested by administration.

7. Standard Procedures/Standard First Aid should always be deferred to, however in the event that a student/staff:
    a. Loses consciousness
    b. Has compromised breathing
    c. Has a loss of pulse
    d. Sustains a significant head injury
    e. Has emergency medications administered
    f. Shows any distress
    g. Experiences a seizure for the first time
    h. Exhibits any unexplained neurological symptoms (e.g. paralysis, sudden inability to walk normally, etc.).

    EMS should be called immediately
8. Any time EMS is accessed in the school setting; all efforts should be made to contact the district RN as well.
9. When incidents occur, second to the student's safety, is ensuring proper documentation. This means collecting all data designation on District Incident Reports

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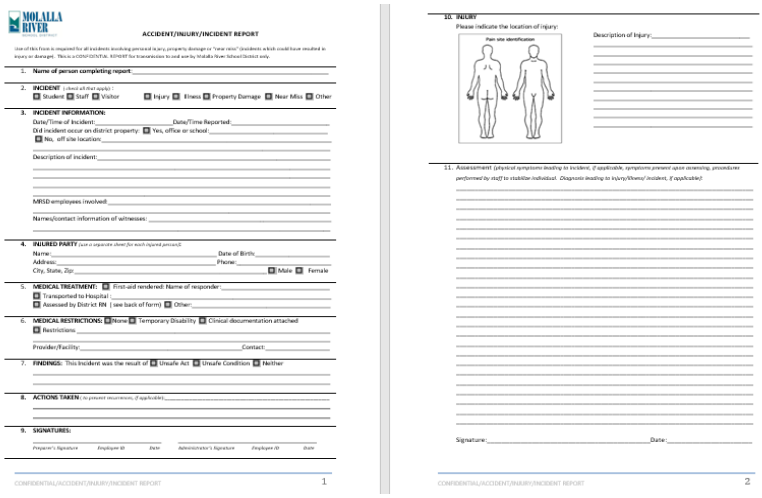


ACCIDENT/INJURY/INCIDENT REPORT

1. Name of person completing report:
2. INCIDENT (check all that apply)
3. INCIDENT INFORMATION:
4. INJURED PARTY
5. MEDICAL TREATMENT:
6. MEDICAL RESTRICTIONS:
7. FINDINGS:
8. ACTIONS TAKEN
9. SIGNATURES:

10. INJURY
Please indicate the location of injury:
Description of Injury:

11. Assessment

Signature: Date:

Incident Report, front and back

10. Incident reports should be forwarded to the district office and RN.
11. It is important that if an incident occurs with a student who is case managed for chronic disease, or if the student has a 504 or IEP, that case managers are made aware of incidents.
12. Documentation should be accessible to administration, nurse and district office as needed.

Population Based Health Practices

Population-based health focuses on the entire population, often functions off community assessments, and considers multiple levels of practice with prevention as the key characteristic (LA County Public Health, 2007). In the school setting major population based health services include:

- Disease Prevention
  - Communicable Disease Control
  - Immunizations
- Health Screenings, Health Education and Health Promotion
  - Vision
  - Hearing
  - Dental
  - Cardiac
- Anaphylaxis Preparation
  - Trained Staff
  - Stock Epinephrine

Communicable Disease Management

The district *Communicable Disease Plan* and *Exposure Control Plan* provides a robust set of guidance for management of communicable disease in the school setting and response to potential exposures. The following statements and procedures provide an overview each element.

Communicable Disease Exclusion

Communicable diseases are transmitted from person to person by various routes. A basic understanding of how these diseases are transmitted and common prevention measures can help decrease the spread of infections in the school setting. While some conditions are restrictable based on diagnosis, more often early identification of signs and symptoms of communicable disease is of paramount importance to increase the health of the school population and decrease school absenteeism. In the school environment, many communicable diseases are easily transmitted from one individual to another. Effective control measures include education, avoidance of risk factors, sanitation, vaccination, early recognition of symptoms, health assessment, prompt diagnosis and adequate isolation or treatment (ODE, 2013). Restriction of some communicable diseases may be imposed by the local public health authority, for reportable conditions (Oregon Administrative Rule 333-019-0010).

Procedures for Communicable Disease Exclusion

Oregon public health law mandates that persons who work in or attend school who are diagnosed with certain diseases or conditions be excluded from school until no longer contagious. However, diagnosis often presumes a physician visit and specific testing, and schools must often make decisions regarding exclusion based on non-diagnostic but readily identifiable signs or symptoms. When in question the school nurse should be consulted and the Oregon Department of Education Communicable Disease Guidance document.

1. Students with diagnoses restrictable by the local public health authority (LPHA) should return to school when documentation is obtained from the local health department (LHD) indicating they are no longer communicable including: Diphtheria, measles, Salmonella Typhi infection, shigellosis, Shiga-toxigenic Escherichia coli (STEC) infection, hepatitis A, and tuberculosis, Pertussis, Rubella, Acute Hepatitis B and COVID-19
2. Students with draining skin lesions may return to school 24 hours after initiation of antibiotics and when the wound can be kept dry and intact or dressings can remain dry an intact.
3. Students presenting with the following symptoms should be excluded per OAR 333-019-0010 and LHD guidelines (Appendix E):
    - Fever greater than 100.5;
    - Vomiting;
    - Stiff neck or headache with fever;
    - Any rash with or without fever;
    - Unusual behavior change, such as irritability, lethargy, or somnolence;
    - Jaundice (yellow color or skin or eyes);
    - Diarrhea (3 watery or loose stools in one day with or without fever);
    - Skin lesions that are "weepy" (fluid or pus-filled);
    - Colored drainage from eyes;
    - Brown/green drainage from nose with fever of greater than 100.5 F;
    - Difficulty breathing or shortness of breath; serious, sustained cough;
    - Symptoms or complaints that prevent the student from participating in his/her usual school activities, such as persistent cough, with or without presence of fever, or Student requires more care that the school staff can safely provide.
4. Students needing exclusion due to illness should be separated from other students while waiting for transportation from school setting.
5. Only a licensed health care provider can determine a diagnosis and/or prescribe treatment and provide instructions regarding the student's return to school.
    a. The school nurse may evaluate a rash to determine exclusion.
    (ODE, 2013)

Outbreaks:

Outbreaks are defined as compatible symptoms from 2 or more households in the same time period. Because of the nature of the ongoing congregate setting of school, this definition is insufficient for the purposes of seasonal illness, rather an increase in morbidity or severity should be indicators to report to the district RN for consideration of outbreak reports or control measure implementation. Outbreak investigations will be facilitated through the district RN in collaboration with Admisitation and the local health department with the use of Oregon Health Authority Outbreak Toolkits for Schools.

Respiratory Illness

Respiratory illness or disease refer to the pathological conditions affecting the organs and tissues that make gas exchange possible, and includes conditions of the upper respiratory tract, trachea, bronchi, bronchioles, alveoli, pleura and pleural cavity, and the nerves and muscles of breathing. Respiratory diseases range from mild and self-limiting, such as the common cold, to life-

threatening entities like bacterial pneumonia. The following indicators should be reported to the district RN in regards to respiratory illness:

- Any respiratory illness resulting in hospitalization or death of a student or staff member.
- Diagnosed pneumonia in 3 or more individuals in the same cohort.
- Unusually high (10 or more individuals or 20% or more, whichever is greater) population of individuals affected with compatible respiratory symptoms.
- Prolonged illness, lasting longer than 3 days on average, among 10 or more persons of the same cohort.

For additional guidance on specific measures related to novel respiratory viruses, refer to district *Pandemic Plan.*

Vaccine Preventable Disease

A *vaccine-preventable disease* (VPD) is an infectious disease for which an effective preventive vaccine exists. Current VPD routinely immunized for in the United States includes:

1. Diphtheria*
2. Tetanus*
3. Measles*
4. Mumps*
5. Rubella*
6. *Haemophilus influenzae* type b infections (Hib)*
7. Pneumococcal infections*
8. Meningococcal disease*
9. Pertussis (whooping cough)*
10. Poliomyelitis (polio)*
11. Hepatitis A*
12. Hepatitis B*
13. Varicella
14. Influenza

Most VPD's are also notifiable diseases*, meaning they are reportable to the local health department and are under consistent surveillance. Other diseases where a risk may arise for a particular person or group of people in specific situations are also notifiable conditions, but are not routinely immunized for in the US. These may include as: cholera, plague, rabies, bat lyssavirus, yellow fever, Japanese encephalitis, Q fever, tuberculosis and typhoid. While these conditions are uncommon locally, a diagnosed case would be of interest. Vaccine Preventable Disease reports should be deferred to the school nurse whether coming from a parent, provider, community member or the local health department. Indicators for VPD include:

- A single case of a vaccine preventable disease that is also a notifiable disease*.
- More than 2 cases of chickenpox from separate households in the same classroom or more than 5 cases in a school.
- More than 3 cases of diagnosed Influenza in the same school setting.

Gastroenteritis

An outbreak of gastroenteritis defined as more cases than expected for a given population and time period. For example, two children in a 25- person classroom with vomiting or diarrhea within one week could potentially indicate an outbreak. Because the nature of norovirus (viral gastroenteritis) is common, seasonal and highly infectious, it is unlikely to result in an outbreak investigation unless the number infected, frequency or duration is unusual. Because symptoms of bacterial gastroenteritis may start with a similar presentation, it is important to evaluate the severity for the duration of illness. Indicators to report to the district RN include:

- Multiple children with compatible symptoms in 48 hours within the same cohort, but separate households.
- More than 2 cases of diarrhea with bloody stool in the school setting.

- Sudden onset of vomiting in multiple persons in the same cohort.

Other Conditions

Less commonly outbreaks of skin infections or novel diseases occur. In efforts to ensure appropriate disease control, interventions and follow up as needed, other situations should be deferred to the school nurse as well:

- More than 2 students from separate households with reported compatible skin infections in the same school setting or athletic team.
- Any student or staff member coming into contact with blood, saliva or feces from a non-domestic animal.
- Any student coming into contact with blood that is not their own.
- Any combination of illness, symptoms, severity, duration or frequency that seems unusual as compared to routine seasonal illness.

The school nurse may decide that additional control measures or data collection is necessary and will consult with administration and LHD as needed, in regards to determined outbreaks or novel diagnoses. The school RN should always be consulted regarding any written communication that may be developed to notify parents about illness, disease outbreaks, and risks to students, families, and staff and/or control measures specific to the outbreak.

Unusual Circumstances

In situations where unusual conditions have developed because of an incident, disease or accident, the RN and administration should be advices of the situation immediately.

Vaccines

States institute mandatory immunization requirements as a prerequisite to public school enrollment because it is the most efficient method of perpetuating herd immunity. Herd immunity is present in a community when such a high percentage of its members have been immunized from a particular disease that the disease cannot gain a foothold in the community (Ciolli, 2008) State and local vaccination requirements (See Appendix F) for daycare and school entry are important tools for maintaining high vaccination coverage rates, and in turn, lower rates of vaccine-preventable diseases (VPDs) (CDC, 2015).

Procedures & Timeline for Immunization Records at School

All-Year

New enrollees or enterers in the district must provide immunization records as a condition of enrolling as per state law (OAR 333-050-0010 to 0140) regardless of the time of year the student enrolls.

THE REQUIRED PROVISION OF STUDENT IMMUNIZATION DOCUMENTATION IS AS FOLLOWS:

STUDENT STATUS	DOCUMENTATION	TIMELINE

A new enterer not previously enrolled in school .	Evidence of current immunization status, documentation of immunity or documentation of exemption.	Prior to attendance, upon enrollment.
A transferring student from another school in the United States.	Evidence of up to date immunizations, documentation of immunity or documentation of exemption.	Within 30 days of enrollment if records will be requested from the other school. Prior to attendance if records will not be requested from prior school.
A transferring student from outside the United States (including foreign exchange students).	Evidence of a minimum 1 dose of each U.S. scheduled immunization, documentation of immunity of each required immunization or documented exemption.	Prior to attendance or with conditional enrollment (30-day period to begin complying with catch up schedules to get up to date prior to exclusion).
A student transferring from another Oregon School.	Evidence of up to date immunization, documentation of immunity or documentation of exemption.	Prior to initial attendance.
A child currently enrolled within the district.	Evidence of Immunization, documentation of immunity, nonmedical exemption or permanent medical exemption.	A student can be excluded* at any time when the child's record is not current, specifically in the case of an expired grace period provided upon enrollment. Routinely previously enrolled students who do not remain current will be excluded during the annual exclusion process in February.

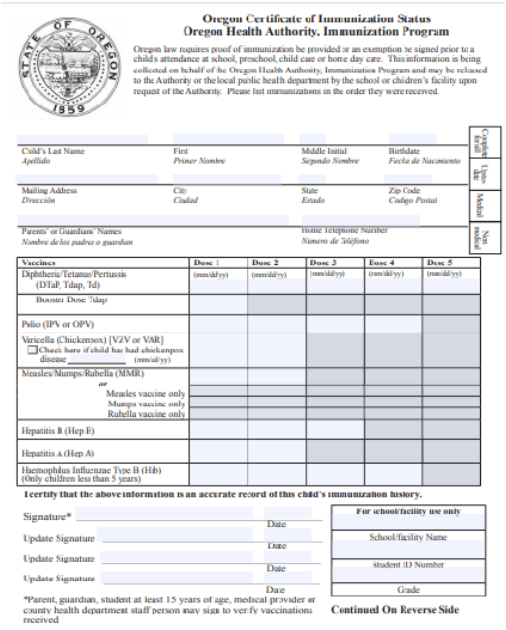
*Exclusion of any students outside the routine exclusion period should be processed in collaboration with the school nurse and the local health department

Processes related to new enrollees during the school year should be treated the same as new enrollees at the beginning of the year.

Summer-September

The onset of school requires review of new student records. Individuals entering school in Oregon (at all times of the year, not just the beginning) must provide:

- A signed and dated Certificate *of Immunization Status* (CIS)* form documenting evidence of immunization.
- Documentation of Immunization titers ** showing Immunity to vaccine preventable diseases that have immunization requirements (See *Exemptions* section for entering immunity status) .
- Documentation of medical or nonmedical exemption *** that is consistent with state law (OAR 333-050-001 through 333-050-0140) (See Exemptions section)
- Students who are entering school from another Oregon school have a grace period while records are requested from the alternate school.



Oregon Certificate of Immunization Status
Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority, Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

Child's Last Name / Apellido | First / Primer Nombre | Middle Initial / Segundo Nombre | Birthdate / Fecha de Nacimiento
Mailing Address / Dirección | City / Ciudad | State / Estado | Zip Code / Codigo Postal
Parents' or Guardians' Names / Nombre de los padres o guardian | Home Telephone Number / Número de Teléfono

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] ☐ Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR) or Measles vaccine only / Mumps vaccine only / Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					

I certify that the above information is an accurate record of this child's immunization history.

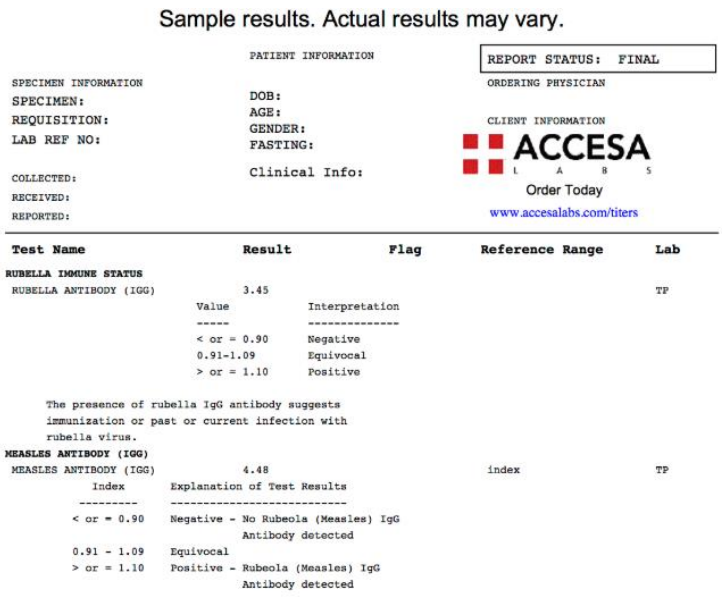
Signature* _____ Date
Update Signature _____ Date
Update Signature _____ Date
Update Signature _____ Date

*Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received

For school/facility use only
School/facility Name
Student ID Number
Grade

Continued On Reverse Side

*Certificate of Immunization Status **



Sample results. Actual results may vary.

PATIENT INFORMATION
SPECIMEN INFORMATION
SPECIMEN:
REQUISITION:
LAB REF NO:
COLLECTED:
RECEIVED:
REPORTED:
DOB:
AGE:
GENDER:
FASTING:
Clinical Info:

REPORT STATUS: FINAL
ORDERING PHYSICIAN
CLIENT INFORMATION
ACCESA LABS
Order Today
www.accesalabs.com/titers

Test Name	Result	Flag	Reference Range	Lab
RUBELLA IMMUNE STATUS				
RUBELLA ANTIBODY (IGG)	3.45			TP

Value	Interpretation
< or = 0.90	Negative
0.91-1.09	Equivocal
> or = 1.10	Positive

The presence of rubella IgG antibody suggests immunization or past or current infection with rubella virus.

MEASLES ANTIBODY (IGG)				
MEASLES ANTIBODY (IGG)	4.48		index	TP

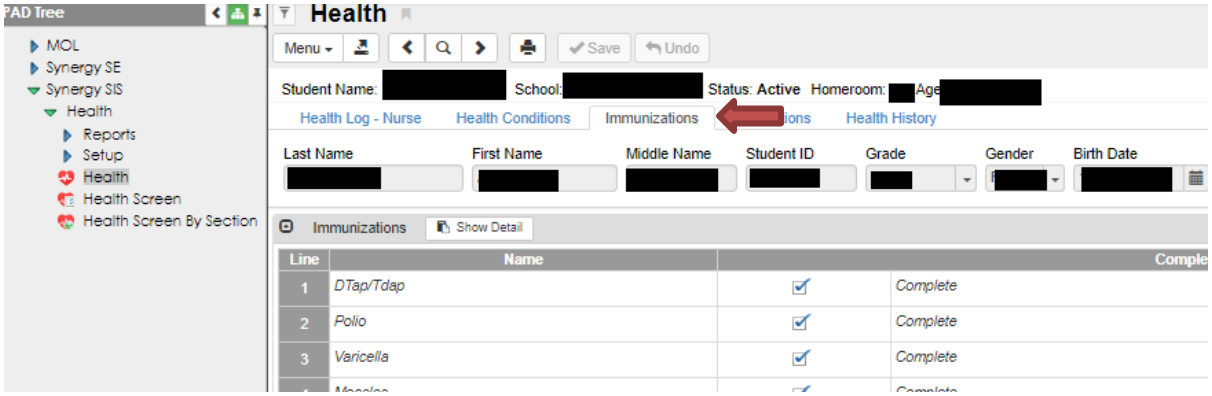
Index	Explanation of Test Results
< or = 0.90	Negative - No Rubeola (Measles) IgG Antibody detected
0.91 - 1.09	Equivocal
> or = 1.10	Positive - Rubeola (Measles) IgG Antibody detected

*Vaccine Titer (sample)***

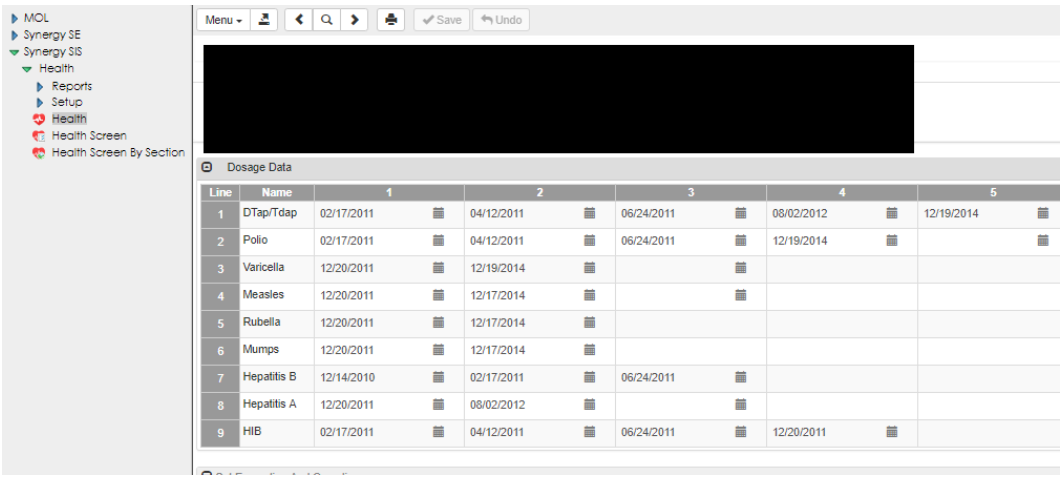
New students should have immunization records reviewed for missing doses when new enrollees are entered in to Synergy. The responsible party should notify parents at registration of the requirements and provide as soon as feasible the requirements to be complete and up to date. Synergy will prompt staff entering data to advise which series or vaccine is incomplete (as long as the vaccines are entered in chronological order). These can be checked against Oregon Immunization Alert System as long as the student has previously resided in Oregon.

Entering Vaccines

In Synergy SIS Immunization records are located under Synergy SIS>Health>Health. The third tab on the "Health" subpage is "Immunizations."



Scrolling down this page, under the " Immunizations " field is the "Dosage Data":

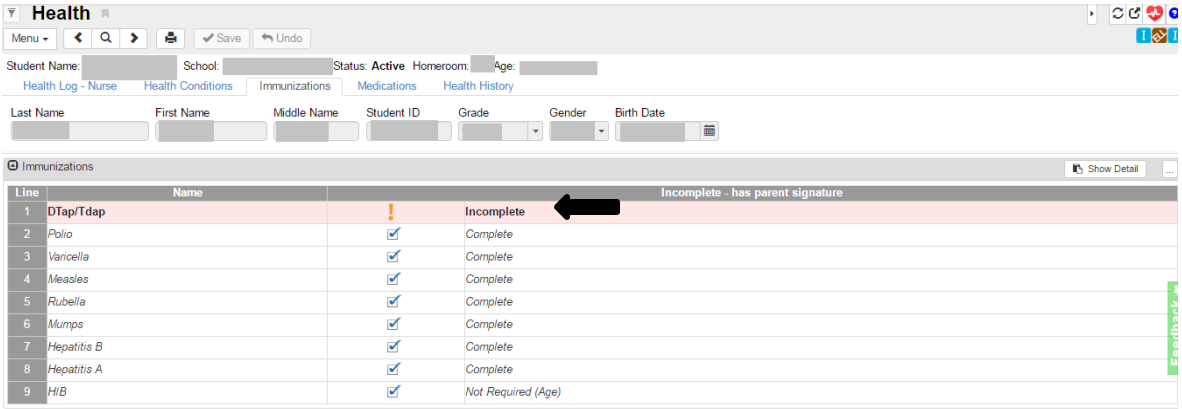


In order to edit these field, select the appropriate vaccine and dose to enter the date in in the selected field. After entries have been made "Save" at the top of the screen must be selected to update the Immunization Record. When the entry is saved the Immunization Record populates with the status. The vaccines must be entered in chronological order or the record will show incomplete.

- Students who are not up to date or who do not have a valid exemption may not be permitted to start school or will be excluded when during Oregon's annual immunization exclusion in February of each year.
- Foreign Exchange Students are expected to comply with state vaccine requirements and may be granted a 30-day grace period to show they have initiated vaccines.

Missing Vaccines

For vaccines that are incomplete Synergy designate by highlighting the field and orange or red exclamation point.



1. Advise Parents of missing doses at time of data entry:
    - If parents have updated records, they should bring them to the school at their earliest convenience.

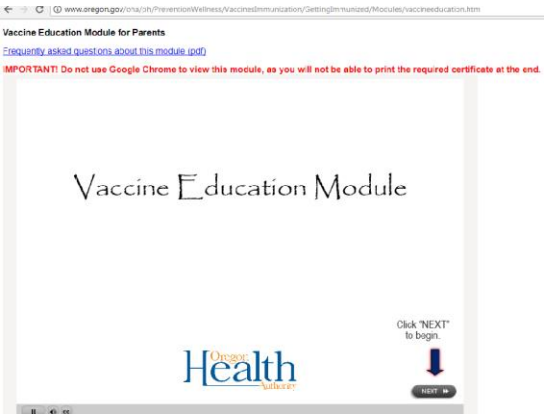
2. Students who have incomplete doses should be provided 30 days to bring immunization records current or show that they have initiated the process of immunization if missing multiple doses in a series of vaccines.
3. The administrator of a school can decline to permit a new student begin school if records are not current or provided.
4. Parents not wishing to immunize have 30 days to complete a non-medical exemption and provide documentation consistent with state law.

Exemptions

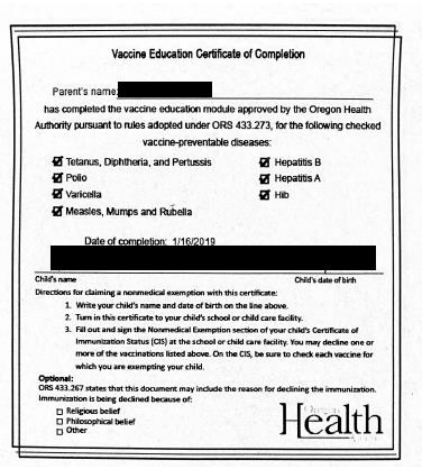
There are two specific processes for exemptions in Oregon. These include Medical and Non-medical Exemptions.

- *Medical Exemptions* are provided through the health department when there are specific contraindications for immunization (i.e. documented anaphylaxis related to vaccine administration by a medical professional, certain diagnoses). In this situation the parent must work with their provider to submit a medical exemption to the local health department. A doctor's note is NOT a medical exemption.
- *Non-medical exemptions* replace previous religious exemptions. These exemptions are selected by choice of the parent and require documentation per legislative requirements set forth by the Oregon Health Authority (OHA).

These requirements include documentation of online or in person education of vaccines. The Vaccine Education Modules and Certificates can be accessed via the Oregon Immunization Program Vaccine Education web page.



Vaccine Education Module certificates are printable at the end of each module; these certificates must be presented to the school for a non-medical exemption to be granted. Each completed module will check off a vaccine that the student(s) are then exempt from. If the vaccines have a line through them, the module was not completed for that specific vaccine and is not an acceptable document (i.e. ☐ ~~Varicella~~). The alternative to the online module is a Vaccine Education Certificate signed by an Oregon provider (MD, NP, ND, DO, PA) who provided vaccine education that is consistent with Oregon law.



Vaccine Education Certificate of Completion

Parent's name: [redacted]

has completed the vaccine education module approved by the Oregon Health Authority pursuant to rules adopted under ORS 433.273, for the following checked vaccine-preventable diseases:

- ☑ Tetanus, Diphtheria, and Pertussis
- ☑ Polio
- ☑ Varicella
- ☑ Measles, Mumps and Rubella
- ☑ Hepatitis B
- ☑ Hepatitis A
- ☑ Hib

Date of completion: 1/16/2019 [redacted]

Child's name | Child's date of birth

Directions for claiming a nonmedical exemption with this certificate:

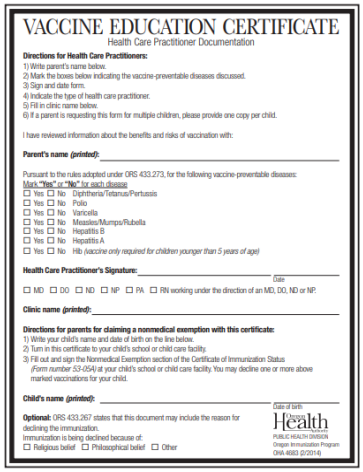
1. Write your child's name and date of birth on the line above.
2. Turn in this certificate to your child's school or child care facility.
3. Fill out and sign the Nonmedical Exemption section of your child's Certificate of Immunization Status (CIS) at the school or child care facility. You may decline one or more of the vaccinations listed above. On the CIS, be sure to check each vaccine for which you are exempting your child.

Optional:
ORS 433.267 states that this document may include the reason for declining the immunization.
Immunization is being declined because of:

- ☐ Religious belief
- ☐ Philosophical belief
- ☐ Other

Health

*Vaccine Education Certificate(online) ****



VACCINE EDUCATION CERTIFICATE

Health Care Practitioner Documentation

Directions for Health Care Practitioners:

1) Write parent's name below.
2) Mark the boxes below indicating the vaccine-preventable diseases discussed.
3) Sign and date form.
4) Indicate the type of health care practitioner.
5) Fill in clinic name below.
6) If a parent is requesting this form for multiple children, please provide one copy per child.

I have reviewed information about the benefits and risks of vaccination with:

Parent's name *(printed)*: _____

Pursuant to the rules adopted under ORS 433.273, for the following vaccine-preventable diseases:
Mark "Yes" or "No" for each disease

- ☐ Yes ☐ No Diphtheria/Tetanus/Pertussis
- ☐ Yes ☐ No Polio
- ☐ Yes ☐ No Varicella
- ☐ Yes ☐ No Measles/Mumps/Rubella
- ☐ Yes ☐ No Hepatitis B
- ☐ Yes ☐ No Hepatitis A
- ☐ Yes ☐ No Hib *(vaccine only required for children younger than 5 years of age)*

Health Care Practitioner's Signature: _____ Date _____

☐ MD ☐ DO ☐ ND ☐ NP ☐ PA ☐ RN working under the direction of an MD, DO, ND or NP.

Clinic name *(printed)*: _____

Directions for parents for claiming a nonmedical exemption with this certificate:

1) Write your child's name and date of birth on the line below.
2) Turn in this certificate to your child's school or child care facility.
3) Fill out and sign the Nonmedical Exemption section of the Certificate of Immunization Status *(Form number 53-054)* at your child's school or child care facility. You may decline one or more above marked vaccinations for your child.

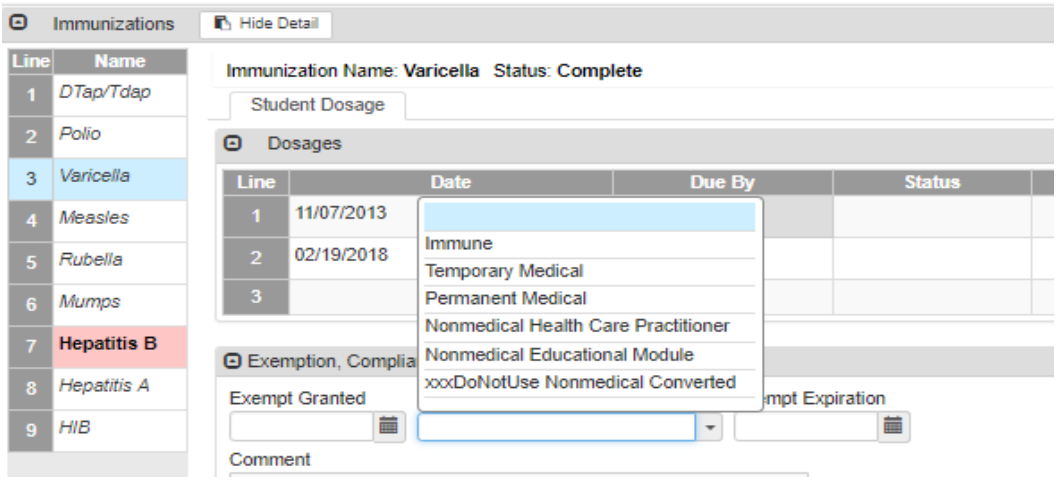
Child's name *(printed)*: _____ Date of birth _____

Optional: ORS 433.267 states that this document may include the reason for declining the immunization.
Immunization is being declined because of:
☐ Religious belief ☐ Philosophical belief ☐ Other

Health
PUBLIC HEALTH DIVISION
Oregon Immunization Program
OHA 4683 (2/2014)

*Vaccine Education Certificate (provider) ****

For students who have exemptions these must be entered in the record portion. This is done by selecting the number next to the vaccine which is exempted. This expands the field:



Students who have Nonmedical exemptions should be entered based on the date their certificate was provided. The certificates are parent specific. Not student specific, so the document may be copied and used for each student within a family. Select the appropriate document-either Health Care Practitioner or Education Module. These exemptions do not have expiration dates.

For students with Medical Exemptions, the physician will note whether it is permanent or temporary. For temporary exemptions the expiration date provided from the physician should be noted . Any additional information should be captured in the notes section.

For cases where the parents provide documentation indicating the student is immune to the disease the exemption is granted based on immunity, "Immune" should be selected and this should be noted in the comments box. Laboratory documentation of vaccine titers are required for all immunizations expect Varicella, this is the exception where history of disease can be used to document immunity, in this situation "history of disease" should be noted in the comments. For others "laboratory evidence" should be noted. All records must be saved to populate the appropriate information in the Immunization Record.

Example Exemption:

Immunizations Show Detail

Line	Name		Nonmedical Exemption - has parent signature
1	DTap/Tdap	☑	Nonmedical Educational Module
2	Polio	☑	Nonmedical Educational Module
3	Varicella	☑	Nonmedical Educational Module
4	Measles	☑	Nonmedical Educational Module
5	Rubella	☑	Nonmedical Educational Module
6	Mumps	☑	Nonmedical Educational Module
7	Hepatitis B	☑	Nonmedical Educational Module
8	Hepatitis A	☑	Nonmedical Educational Module
9	HIB	☑	Not Required (Age)

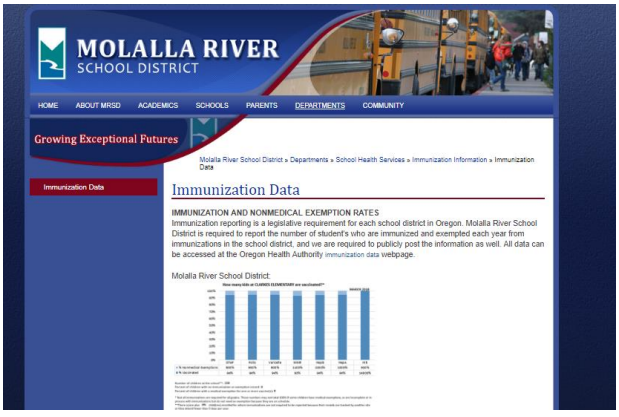
Example Immune:

Immunizations Show Detail

Line	Name		Complete - has parent signature
1	DTap/Tdap	☑	Complete
2	Polio	☑	Complete
3	Varicella	☑	Immune
4	Measles	☑	Complete
5	Rubella	☑	Complete
6	Mumps	☑	Complete
7	Hepatitis B	☑	Complete
8	Hepatitis A	☑	Complete
9	HIB	☑	Not Required (Age)

Dosage Data

October-November



Within 30 days of the start of the new school year, immunization rates from the preceding year are required to be posted as per Oregon Health Authority. All Immunization rates are posted on the district website by the district RN; they shall additionally be posted on each school's website, in the school physically, on social media or in newsletters or emails. The website includes overall district data as well as school specific data.

Evaluation of all attendees' immunization records needs to occur subsequent to review of all new enrollees. To evaluate all records, run report **HLT 414** to evaluate any missing immunizations. Records that have become outdated due to minimum spacing since the prior exclusion date or who

may be now due for a subsequent immunization (such as 7th grade Tdap, for example) will populate this report.

Molalla High School
Student Immunization List
Effective Date Used for Assessment: 6/7/2017

Year: 2016-2017
Report: HLT414

Student ID	Student Name	Birth Date	Age	Gender	Grade	Room Name	School Name	Parent Name

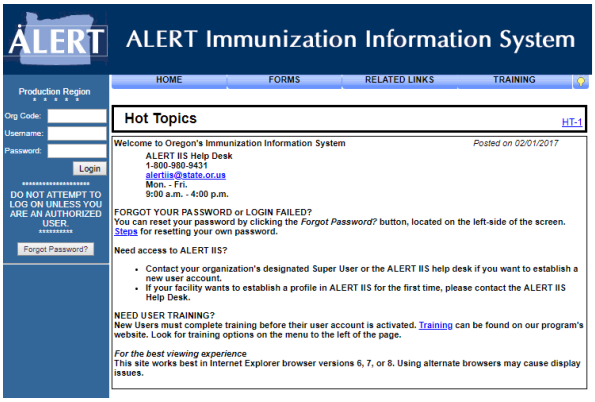
Molalla High School
Registration: E1 09/06/2016

Series	Status	1	2	3	4	5	6	7	Immune	Exempt	Temp	Overall Status
DTap/Tdap	Incomplete	11/19/2015	01/07/2016									Incomplete
Polio	Nonmedical Educational Mc									1/11/2016		
Varicella	Complete	11/19/2015	01/07/2016									
Measles	Complete	11/19/2015	01/07/2016									Parent Signature on File
Rubella	Complete	11/19/2015	01/07/2016									☑
Mumps	Complete	11/19/2015	01/07/2016									
Hepatitis B	Complete	07/08/2010	08/16/2010	11/19/2015								
Hepatitis A	Not Required (Grade)											
HIB	Not Required (Age)											

Molalla High School
Registration: E1 09/06/2016

Series	Status	1	2	3	4	5	6	7	Immune	Exempt	Temp	Overall Status
DTap/Tdap	Incomplete	11/02/2000	01/04/2001	03/01/2001	08/11/2004	01/10/2007						Incomplete
Polio	Complete	11/02/2000	01/04/2001	03/01/2001	01/10/2007							
Varicella	Complete	11/03/2004	01/10/2007									
Measles	Complete	08/11/2004	01/10/2007									Parent Signature on File
Rubella	Complete	08/11/2004										☑
Mumps	Complete	08/11/2004	01/10/2007									
Hepatitis B	Complete	09/25/2000	11/02/2000	08/11/2004								
Hepatitis A	Not Required (Grade)	12/30/2011	02/17/2014									
HIB	Not Required (Age)	11/02/2000	01/04/2001	03/01/2001	09/26/2001							

For students who are incomplete or missing records as per HLT 414:

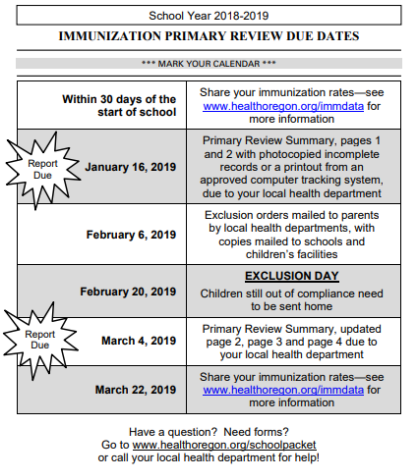


1. Check Alert Immunization Information System (Alertiis) for missing doses. Update Synergy if doses are documented in Alertiis.
2. If no updated records are available, provide notification to parents in writing, informing them of missing doses, and requiring updated immunization records within 30 days.
3. If a student is erroneously enrolled without a vaccine record the district nurse can request a special exclusion order from the local health department (LHD), once the family has been notified in writing to provide updated records, and failed to do so within 30 days.

In such cases this should be facilitated via administration and the district RN. This exclusion order request will be made to the LHD from the RN, with administrations approval.

December

Enrollment cutoff date for exclusion is December. Exclusion packets *should* be electronically sent to schools during the month of December from the Local Health Department with precise timelines, which should be followed for submission of reports to Clackamas County Public Health (immunizations@clackamas.us) . When the local health department does not provide guidance documents, the State Immunization timeline should be deferred to. Any families remaining out of compliance with immunization records should receive an additional notification that they will be excluded if records are not brought current prior to exclusion.



School Year 2018-2019

IMMUNIZATION PRIMARY REVIEW DUE DATES

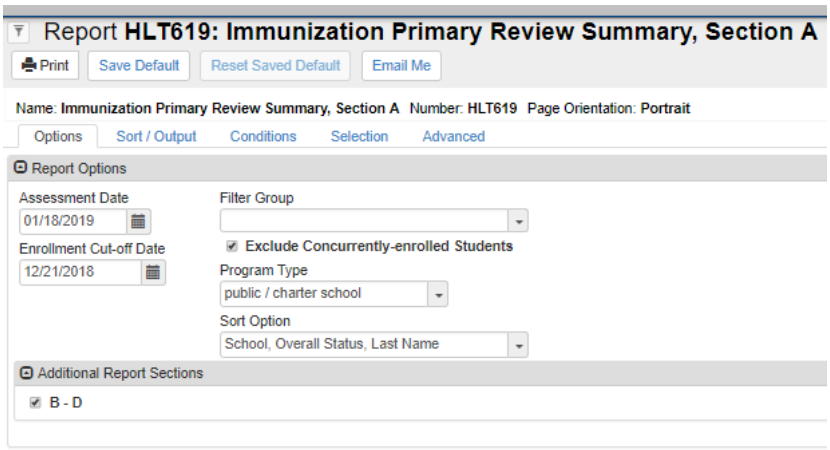
*** MARK YOUR CALENDAR ***

Within 30 days of the start of school	Share your immunization rates—see www.healthoregon.org/immdata for more information
Report Due **January 16, 2019**	Primary Review Summary, pages 1 and 2 with photocopied incomplete records or a printout from an approved computer tracking system, due to your local health department
February 6, 2019	Exclusion orders mailed to parents by local health departments, with copies mailed to schools and children's facilities
February 20, 2019	**EXCLUSION DAY** Children still out of compliance need to be sent home
Report Due **March 4, 2019**	Primary Review Summary, updated page 2, page 3 and page 4 due to your local health department
March 22, 2019	Share your immunization rates—see www.healthoregon.org/immdata for more information

Have a question? Need forms?
Go to www.healthoregon.org/schoolpacket
or call your local health department for help!

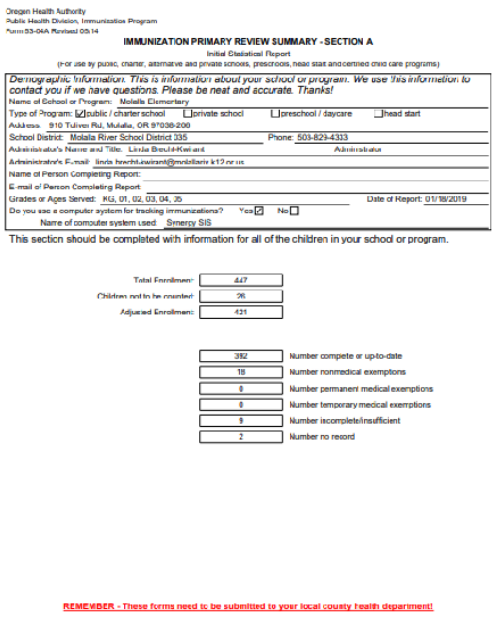
January

School exclusion process begins in January. The submission of Immunization Primary Review Summary is to be provided to the Local Health Department by mid-January (the specific due date is provided each year). The Primary Review Summary can be pulled from Synergy with Quick Launch of **HLT-619 (Primary Review Summary Section A).** Specific fields must be completed: the assessment date should be the day the report is ran, the cutoff date is the date prior to winter break and the Additional Report Sections B-D should be selected.



To run the report, select the Print icon at the top of the screen. The system will allow you select the format. Select PDF.

The report will provide you and overview of your student census and the number of students with missing or incomplete records, in addition a line listing of each student requiring follow up will be created:



Oregon Health Authority
Public Health Division, Immunization Program
Form 53-04A Revised 05/14

IMMUNIZATION PRIMARY REVIEW SUMMARY - SECTION A

Initial Statistical Report

(For use by public, charter, alternative and private schools, preschools, head start and certified child care programs)

Demographic Information. This is information about your school or program. We use this information to contact you if we have questions. Please be neat and accurate. Thanks!

Name of School or Program: Molalla Elementary

Type of Program: ☑ public / charter school ☐ private school ☐ preschool / daycare ☐ head start

Address: 810 Toliver Rd, Molalla, OR 97038-2060

School District: Molalla River School District 35J Phone: 503-829-4333

Administrator's Name and Title: Linda Brecht-Kwiram Administrator

Administrator's E-mail: linda.brecht-kwiram@molallaris.k12.or.us

Name of Person Completing Report:

E-mail of Person Completing Report:

Grades or Ages Served: KG, 01, 02, 03, 04, 25 Date of Report: 01/18/2019

Do you use a computer system for tracking immunizations? Yes ☑ No ☐

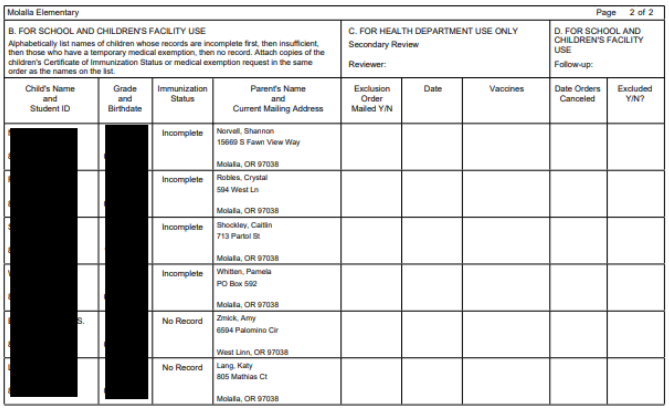
Name of computer system used: Synergy SIS

This section should be completed with information for all of the children in your school or program.

Total Enrollment:	447
Children not to be counted:	26
Adjusted Enrollment:	421

392	Number complete or up-to-date
18	Number nonmedical exemptions
8	Number permanent medical exemptions
8	Number temporary medical exemptions
9	Number incomplete/insufficient
2	Number no record

REMEMBER - These forms need to be submitted to your local county health department!



Molalla Elementary Page 2 of 2

B. FOR SCHOOL AND CHILDREN'S FACILITY USE

Alphabetically list names of children whose records are incomplete first, then insufficient, then those who have a temporary medical exemption, then no record. Attach copies of the children's Certificate of Immunization Status or medical exemption request in the same order as the names on the list.

C. FOR HEALTH DEPARTMENT USE ONLY
Secondary Review
Reviewer:

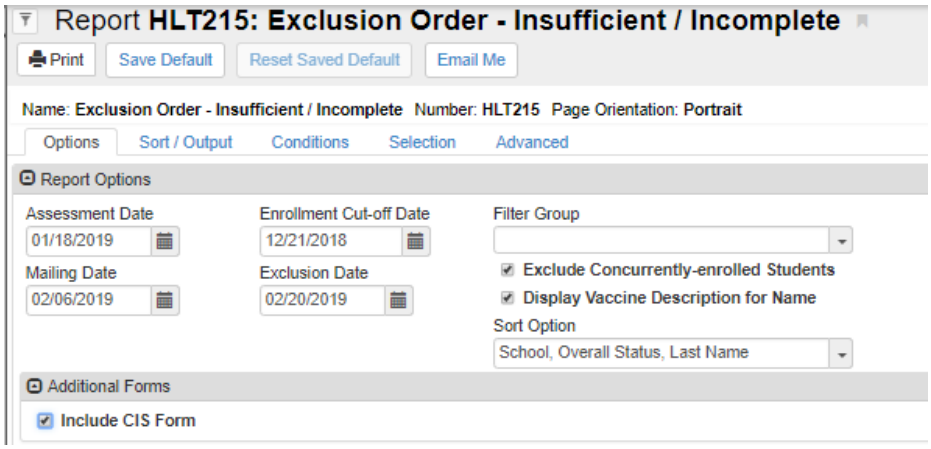
D. FOR SCHOOL AND CHILDREN'S FACILITY USE
Follow-up:

Child's Name and Student ID	Grade and Birthdate	Immunization Status	Parent's Name and Current Mailing Address	Exclusion Order Mailed Y/N	Date	Vaccines	Date Orders Canceled	Excluded Y/N?
[redacted]	[redacted]	Incomplete	Norvell, Shannon 15669 S Fawn View Way Molalla, OR 97038					
		Incomplete	Robles, Crystal 594 West Ln Molalla, OR 97038					
		Incomplete	Shockley, Caitlin 713 Partol St Molalla, OR 97038					
		Incomplete	Whitten, Pamela PO Box 592 Molalla, OR 97038					
		No Record	Zmick, Amy 6594 Palomino Cir West Linn, OR 97038					
		No Record	Lang, Katy 805 Mathias Ct Molalla, OR 97038					

REMEMBER - These forms need to be submitted to your local county health department!

OHA 53-04B (5/14)

In addition to the Primary Review Summary, Exclusion Orders need to be pulled from Synergy and sent to the LHD with the Primary Review Summary. This is accomplished by Running 2 reports. **HLT 215 Exclusion Orders – Incomplete/ Insufficient** and **HLT 216 Exclusion Orders-No Record**



Report **HLT215: Exclusion Order - Insufficient / Incomplete**

Print | Save Default | Reset Saved Default | Email Me

Name: **Exclusion Order - Insufficient / Incomplete** Number: **HLT215** Page Orientation: **Portrait**

Options | Sort / Output | Conditions | Selection | Advanced

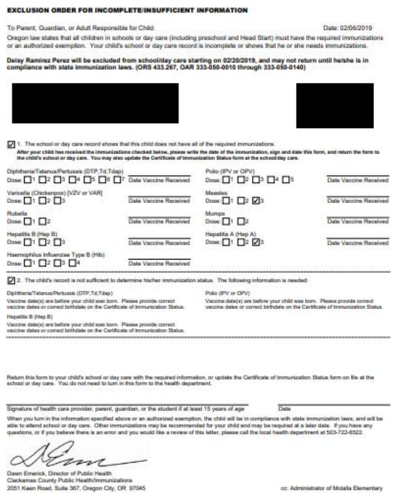
Report Options

Assessment Date: 01/18/2019
Enrollment Cut-off Date: 12/21/2018
Filter Group:
Mailing Date: 02/06/2019
Exclusion Date: 02/20/2019
☑ Exclude Concurrently-enrolled Students
☑ Display Vaccine Description for Name
Sort Option: School, Overall Status, Last Name

Additional Forms

☑ Include CIS Form

Running the report includes inputting dates from the state guidance documents including the Assessment Date, which is the day of the report. The Enrollment Cut-Off Date which is typically a date prior to Winter Break, the Mailing Date which is traditionally a day designated the first week of February and Exclusion date which is typically the third Wednesday in February. To run these reports, select the "Print" icon at the top of the page and then select PDF as the type of report. Letters and documents for the parents that are student specific will be created. These are emailed to the LHD and the LHD mails them in envelopes with County seals.



EXCLUSION ORDER FOR INCOMPLETE/INSUFFICIENT INFORMATION

To Parent, Guardian, or Adult Responsible for Child: Date: 02/06/2019

Oregon law states that all children in schools or day care (including preschool and Head Start) must have the required immunizations or an authorized exemption. Your child's school or day care record is incomplete or shows that he or she needs immunizations.

Deisy Ramirez Perez will be excluded from school/day care starting on 02/20/2019, and may not return until he/she is in compliance with state immunization laws. (ORS 433.267, OAR 333-050-0010 through 333-050-0140)

[redacted] [redacted]

☑ 1. The school or day care record shows that this child does not have all of the required immunizations.
After your child has received the immunizations checked below, please write the date of the immunization, sign and date this form, and return the form to the child's school or day care. You may also update the Certificate of Immunization Status form at the school/day care.

Diphtheria/Tetanus/Pertussis (DTP,Td,Tdap) Dose: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ____ Date Vaccine Received
Polio (IPV or OPV) Dose: ☐1 ☐2 ☐3 ☐4 ☐5 ____ Date Vaccine Received
Varicella (Chickenpox) [VZV or VAR] Dose: ☐1 ☐2 ☐3 ____ Date Vaccine Received
Measles Dose: ☐1 ☐2 ☑3 ____ Date Vaccine Received
Rubella Dose: ☐1 ☐2 ____ Date Vaccine Received
Mumps Dose: ☐1 ☐2 ____ Date Vaccine Received
Hepatitis B (Hep B) Dose: ☐1 ☐2 ☐3 ____ Date Vaccine Received
Hepatitis A (Hep A) Dose: ☐1 ☐2 ☑3 ____ Date Vaccine Received
Haemophilus Influenzae Type B (Hib) Dose: ☐1 ☐2 ☐3 ☐4 ____ Date Vaccine Received

☑ 2. The child's record is not sufficient to determine his/her immunization status. The following information is needed:

Diphtheria/Tetanus/Pertussis (DTP,Td,Tdap)
Vaccine date(s) are before your child was born. Please provide correct vaccine dates or correct birthdate on the Certificate of Immunization Status.

Polio (IPV or OPV)
Vaccine date(s) are before your child was born. Please provide correct vaccine dates or correct birthdate on the Certificate of Immunization Status.

Hepatitis B (Hep B)
Vaccine date(s) are before your child was born. Please provide correct vaccine dates or correct birthdate on the Certificate of Immunization Status.

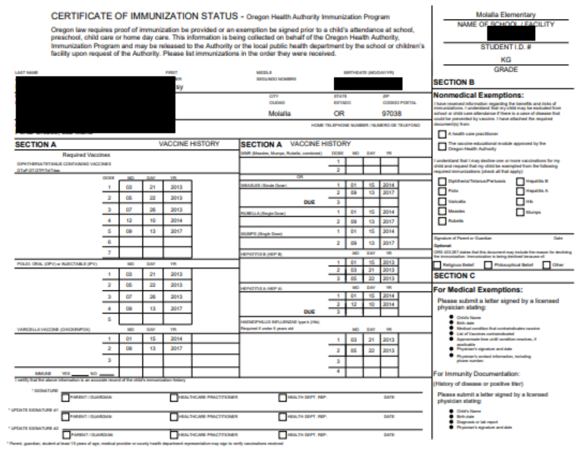
Return this form to your child's school or day care with the required information, or update the Certificate of Immunization Status form on file at the school or day care. You do not need to turn in this form to the health department.

Signature of health care provider, parent, guardian, or the student if at least 15 years of age ____ Date

When you turn in the information specified above or an authorized exemption, the child will be in compliance with state immunization laws, and will be able to attend school or day care. Other immunizations may be recommended for your child and may be required at a later date. If you have any questions, or if you believe there is an error and you would like a review of this letter, please call the local health department at 503-722-6522.

Dawn Emerick, Director of Public Health
Clackamas County Public Health/Immunizations
2051 Kaen Road, Suite 367, Oregon City, OR 97045

cc: Administrator of Molalla Elementary



CERTIFICATE OF IMMUNIZATION STATUS - Oregon Health Authority Immunization Program

Oregon law requires proof of immunization be provided or an exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority, Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

Molalla Elementary
NAME OF SCHOOL / FACILITY
[redacted]
STUDENT I.D. #
KG
GRADE

[redacted] [redacted]

Molalla OR 97038

SECTION A VACCINE HISTORY

SECTION B

Nonmedical Exemptions:

SECTION C

For Medical Exemptions:

This process must be completed for both HLT-215 and HLT 216 Exclusion Orders.

As reports are being ran, save reports to an Immunization Exclusion File with the following:

- Primary Review Summary-Name of School
- Exclusion Orders-No Record-Name of School
- Exclusion Orders- Incomplete-Insufficient-Name of School

On the designated January date, attach each of these files to an email addressed to Clackamas County Public Health Immunization Department (immunizations@clackamas.us) , cc your district RN on this email and administrator if this has been requested.

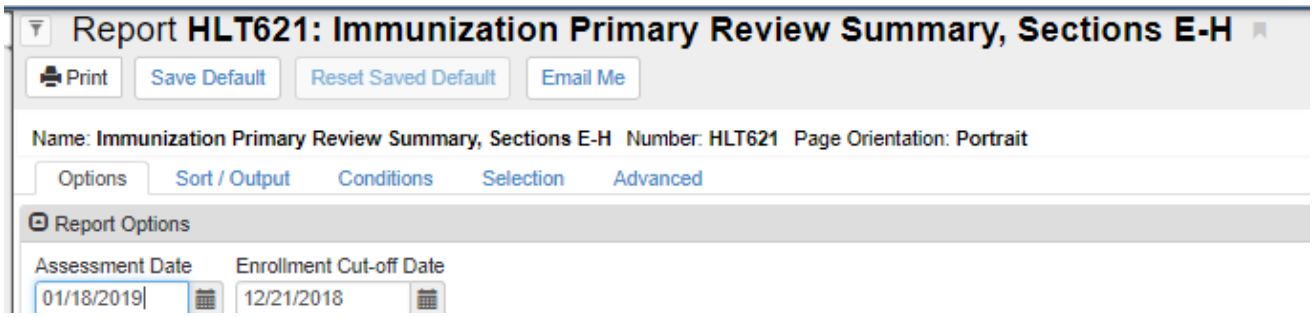
February

Annual immunization exclusion day is typically the third Wednesday of February; Exclusion Orders are mailed at the beginning of the month by the LHD. Students who have failed to bring their immunization records up to date must be excluded on the designated Exclusion Day. These students should be reported to the principal and district RN. The administrator must enforce this until all records or exemptions are current.

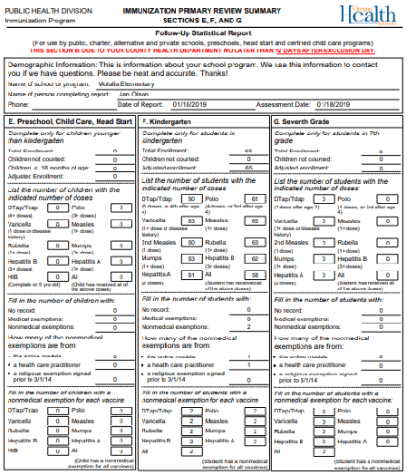
March

Follow up of data submission of Immunization Primary Review Summary Sections D and Sections E, F, G and H are due to Clackamas County Public Health typically by the first week of March. The specific date is designated on the timeline from the State Health Division each year.

These reports are accomplished by rerunning report **HLT-619 Primary Review Summary Section A** and selecting **B-D** and running HLT **621: Immunization Primary Review Summary, Sections E-H.**



These reports are running by selecting the "Print" icon at the top of the page and selecting PDF as the report type when prompted.



A follow up copy of the initial Primary Review Summary and The Follow Up Statistical Report will need to be saved to files and submitted to the LHD as attached PDF's to immunizations@clackamas.us with the district RN cc'd. These are typically required to be submitted about 12 days after exclusion day, but the specified date should be listed on the annual timeline.

At the end of March, update exclusion rates are once again required to be posted. The rates will again be posted to the district web page.

April-May

Immunization packets and requirements are prepared for incoming Kindergartners for following school year for Kindergarten Round-Up and ECSE Transition students.

Health Screenings

Health screenings are a method of identifying children with potential barriers to learning in the school setting or identifying students who may need referral or access to health care services that may otherwise not be identified. The Individuals with Disabilities Education Act (IDEA) requires states to identify children from 3 to 21 years of age with disabilities, this includes areas such as vision. The nature of the large pediatric population in the school setting affords an ideal environment for routine health screenings (ODE, 2013).

Vision

Visual impairments can occur at any age, and their effects can be subtle. Catching and treating vision problems early is one of the best ways to prepare children for visual tasks in school. Without visual screening programs, vision needs may go undetected in children and consequently potentially impede learning, athletic performance, self-esteem, and safety. Vision screenings promote identification of visual deficiencies in order to provide early intervention to prevent or minimize effects on educational progress (ODE, 2013).

State mandates

OAR 581-022-0705 Health Services (excerpted) (1) the school district shall maintain a prevention-oriented health services program for all students that provides: (f) Vision and hearing screening.

Oregon Department of Education suggests the following students at minimum should be screened for vision:

- Depending upon resources, screen starting with these guidelines: Preschool (ages 3-5); kindergarten; and grades 1, 2, or 3; 4 or 5; 7 or 8; and 10 or 11. ·
- First entry into school.
- Students entering special education for the first time without recent vision exam.
- Students being retained in grade level without recent vision exam.
- Students as requested by parents
- Students as referred by teacher or counselor

School-age children who already receive regular vision management need not participate in a vision screening program.

Molalla River School District participates annually in screening in elementary grades and older grades as fiscally able.

Any student that an educator believes may need a vision screen may be referred to the RN outside of routine vision screening.

Mandatory Vision Certificates:

In 2014 House Bill 3000 made it mandatory for all students 7 and under attending school to present a certificate indicating that they have undergone a vision screening prior to entry into school for the first time. The district vision screenings fulfill this requirement. Students who do not participate in the vision screen should provide a certificate (Appendix G).

Hearing

Hearing screenings promote identification of hearing deficiencies in order to provide early intervention to prevent or minimize effects on educational progress. Hearing impairments can occur at any age and their effects can be subtle, making school an ideal site for screening programs. Without hearing screening programs, hearing losses may go undetected in students and consequently potentially impede academic success while also possibly creating speech and language delays, social and emotional problems, and additionally impacting general physical well-being and safety. The Individuals with Disabilities Education Act (IDEA) requires states to identify children from 3 to 21 years of age with disabilities, including hearing loss (ODE, 2012). In order to be successful, especially academically and socially, children must learn how to communicate with others. The most significant effect of a hearing loss is the creation of a speech and language barrier that interferes with communication. Guidelines allow for limited hearing screening, if resources allow within the district. Speech and Language Pathologists are the consultants for hearing assessments in the school setting.

Dental

Oral health is an important part of a student's overall health. There are documented connections between overall health and a student's academic performance and attendance. Dental Certificates are required upon enrollment for any students 7 and under (Appendix H). These should be provided to parents of Kindergarten and first graders upon enrollment. A school may choose to provide dental certification screenings at school. The screenings may be conducted using passive consent (i.e. all children are screened except those children providing an opt-out form). The screenings must be provided by one of the following:

- Dentist;
- Dental hygienist;
- Health care practitioner; or
- Employee of an education provider trained by the guidelines established by the State Dental Director

Dental screenings and access are recommended in the school setting, but not mandated. Various outside entities allow for provision of dental health access, resources, education and screenings, this is determined on a year to year basis.

Dental Vans are typically based on individual schools free and reduced lunch rates (generally >40%) and on the amount of funds granted annually for dental services. Dental Van services vary year to year as well.

Dental services are a combined effort of school administration, support staff, the district RN and the outside agency.

Other Health Screenings:

Height & Weight

Height and weight screenings can be used as a stool to identify some conditions and associated risks as well as deficiencies in growth and developments. Height and weight screenings are not a legislative mandate in the school setting, but can be a component of overall health screenings. These screenings should be overseen by the RN if the district opts to provide these screenings (ODE, 2012).

Posture

The onset of significant spinal conditions generally occurs between 10 and 14 years. Schools may provide a useful environment for the facilitation of spinal screening. Posture screening may generally include assessment for scoliosis (side to side curve), kyphosis and lordosis, i.e., round back or sway back. Schools are not required to do postural screenings in the state of Oregon.

Blood Pressure

Increasing numbers of children demonstrate risk factors for hypertension (high blood pressure) such as obesity, decreased physical activity, and smoking. Hypertension is often a silent ease (the person who has it does not have symptoms). Blood pressure can be a marker of cardiac health and blood pressure screenings can promote identification such conditions. There is no mandate for blood pressure screenings in the school setting, blood pressure screenings can be a part of overall health screenings facilitated by the RN, or specific populations such as middle school and high school students who participate in cardiac screenings (ODE, 2012)

Cardiac

The most common causes of sudden cardiac death in children are often a result of undiagnosed cardiac conditions that are not apparent on a routine health physical. Cardiac Screenings include blood pressure and EKG screenings, these tools are not mandated, but are best practice for prevention and early detection. Youth cardiac screenings are provided via Providence Heart and Vascular Clinic through Play Smart. The district may choose to partner with Providence during the academic year to screen students 12-18 years of age.

This process requires engagement from Health and Physical Education teachers, Athletic Directors and Coaches, Administration, School Nurse and support staff to promote and endorse screening and facilitate appropriate scheduling and authorizations.

Stock Epinephrine

Anaphylaxis is increasing with incidence each year. Best public health practice and Oregon legislation supports and endorses stock epinephrine for use in the event of a severe allergic reaction if trained staff believes in good faith an individual is experiencing anaphylaxis. This is the only medication in the school setting not specifically prescribed to any one student.

Stock epinephrine prescription is available to Molalla River School District via partnership between the district and Clackamas County Public Health. Prescriptions are filled annually via Epipens 4 Schools® Program.

Staff who have participated in *Oregon Health Authority's Severe Allergic Reaction Training* may administer stock epinephrine. The only staff delegated to deliver this training in the district as per state statute is the district RN.

Training

In order to ensure appropriate level of preparedness for student health related incidents, training should be supported to ensure appropriateness of response for best health and legal outcomes. While the RN may make suggestions on the appropriateness of staff to be trained, the administrator is responsibility for designating trained staff.

It is important to note that while training is a prerequisite for delegated care, fulfillment of training does not indicate that staff has been delegated to perform specific tasks for specific students. While the majority of trainings center around population based care, training for individual health protocols are student specific. Protocols are unique in that they may deviate from standard first aid practice and thus require an additional level of planning and training on the student specific protocol and while the administrator may select staff to be delegated, ultimately the RN has the decision who his is delegated under their license and when that delegation is rescinded. The RN does not legally have to delegate nursing tasks to staff that is determined to be less than safe (OSBN, 2004).

It is important for designated staff to understand their own legal and civil liability to maintain competency in the areas they are trained in. Individuals trained in glucagon and epinephrine for example should take refreshers annually if they are not confident in the information year to year as it is only required training every 3 years, and as certified providers are functioning independently. While the nurse may assess for competency at the initial training and follow up in regards to maintaining knowledge and skillset, the designated staff should communicate to the RN always if there are questions in regards to procedures.

Medication trained providers likewise do not function under the RN' s license and are responsible to fulfill requirements as designated in the law and board policy. Medication training is required annually. Nursing Delegation are the only trainings that function under the RN's license completely. The staff is only protected under the RN's license if they follow completely protocols as written. Staff can be civilly liable for performing delegations differently than assigned by the RN. It is the RN's responsibility to periodically review delegations. Some delegations require specialized training, however specialized training is considered a prerequisite, and it is not a delegation unless it is student specific, with individualized training, written protocol and a sign off of the content. It is also important to note that delegations are relative to specific nursing tasks. Many health plans contain procedures that are can be taught but are not delegated because they are not regarded as exclusively nursing tasks. This is noted to provide clarification in regards to the difference between Teaching/Training and Delegation.

All designated staff should participate in:

- Glucagon Training-Required every three years for school with Type 1 diabetic students, recommended annually. Refresher required annually.
- Severe Allergic Reaction Training-Required –Required every three years for all schools, recommended annually. Refresher required annually.
- Adrenal Insufficiency Training- Required annually for schools who have students with Adrenal Insufficiency.
- Medication Training-Required annually. Initial training must be face to face and every 3rd year. Online trainings are suitable other years.
- Standard Procedure Training- Recommended annually. Review required.

- First Aid and CPR Training –Required very 2 years.
- Stop the Bleed Training- Recommended.

Molalla River School District Health Services Staff Training Site

Appendix A: The Whole School, Whole Community, Whole Child Model

WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD (WSCC)

The WSCC Model is a result of a recent collaboration between The Centers for Disease Control and Prevention's (CDC) Coordinated School Health (CSH) program and Association for Supervision and Curriculum Development (ASCD). By focusing on children and youth as students, addressing critical education and health outcomes, organizing collaborative actions and initiatives that support students, and strongly engages community resources, the WSCC approach offers important opportunities that will improve educational attainment and healthy development for students. The WSCC approach builds upon the traditional CSH model that redirects health in in the school setting from the traditional siloes into an integrative program.

The ASCD implored communities, educators, and key decision makers to work together to ensure the implementation of policies that would result in successful learners who are knowledgeable, emotionally and physically healthy, civically active, artistically engaged, prepared for economic self-sufficiency, and ready for adulthood. The Whole Child approach responds to this call with 5 tenets that make the student the focal point:

- Each student enters school healthy and learns about and practices a healthy lifestyle.
- Each student learns in an environment that is physically and emotionally safe for students and adults.
- Each student is actively engaged in learning and is connected to the school and broader community.
- Each student has access to personalized learning and is supported by qualified, caring adults.
- Each student is challenged academically and prepared for success in college or further study and for employment and participation in a global environment.

The CSH approach follows a systems-based approach addressing 8 components of the school as a venue for health promotion and disease prevention:

- Health education
- Physical education
- School health services
- Counseling, psychological, and social services
- Family and community involvement
- Health promotion for staff
- Healthy and safe school environment
- Nutrition services

Lewallen, T. C., Hunt, H., Potts-Datema, W., Zaza, S. and Giles, W. (2015)

	COMPONENTS	KEY PLAYERS
Health Education	Formal, structured health education consists of any combination of planned learning experiences that provide the opportunity to acquire information and the skills students need to make quality health decisions. When provided by qualified, trained teachers, health education helps students acquire the knowledge, attitudes, and skills they need for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others. *Health Curriculum* Comprehensive school health education includes curricula and instruction for all students in that address a variety of topics such as alcohol and other drug use and abuse, healthy eating/nutrition, mental and emotional health, personal health and wellness, physical activity, safety and injury prevention, sexual health, tobacco use, and violence prevention. Health education curricula and instruction should address the National Health Education Standards (NHES). *Health Promotion* Small campaigns and policies throughout the school/district, such as tobacco free campuses, drug free promotions, mental health or disease awareness, raising money for specific health campaigns, bike helmet promotions etc. *Health Fairs* Events that promote healthy and safe environment and healthy decision making, provision of screenings, positive nutrition, activities etc. that reinforce health messages received in other areas. *Classroom Education* Incorporation of health literature into applicable topics and incorporate healthy attitudes and promote healthy decision making. *Health Information* Students acquire health information throughout school, via posters, promotions, public service announcements, conversations with staff and visits to the school Nurse.	Health Teachers Classroom Teacher Office Staff Administration School Nurse Student Leadership Community Partners

Nutrition Environment and Services	*Nutrition Environment* The nutrition environment includes what is accessible to students for food and beverage in the school setting; this is beyond the cafeteria and includes celebrations, rewards, kiosks, vending machines, school stores and concession stands. The nutrition environment should aim to include health options and reduce or eliminate unhealthy options. *Nutrition Information* Nutrition information should be accessible to students in obvious ways, especially in the cafeteria setting, which allows for informed decision making with food choices. *Healthy Food Choices* National School Lunch and Breakfast Programs meet national standards, Competitors foods, meet school nutrition standards. School nutrition professional's meet minimum education requirements and receive annual professional development and training to ensure provision of these services. *Water Stations* Access to drinking water throughout the day is crucial in keeping kids hydrated and functioning at their best. *Outcomes Education* School Nurse and applicable staff are well versed in how nutrition plays a critical role in chronic disease development and how nutrition affects specific chronic conditions.	Administration Nutrition Services Facilities School Nurse Health Educators
Health Services	Comprehensive Health Services Departments seek to provide related services to students with chronic health conditions in order to remain in school. These services decrease health related barriers in the academic environment and provide daily intervention for potential and actual health issues. Such services include emergency care, case management, provision of coordination of care and engagement with community support services to increase ability of families to access necessary health related services. Delivery of prevention related services and screening resources, assessment and accommodations for student's daily activities.	Administration School Nurse Support Staff Counselors Case Managers

Employee Wellness	*Safe Work environments* Environments free of risk of injury and illness (mold, asbestos), healthy policy adoptions. *Wellness Approach* Coordinated policies and benefits as well as environmental supports (i.e. access to physical; activity, no tobacco policy). School can create work environments that endorse policies that promote active lifestyles, healthy eating, and tobacco free environments. Promotion of stress management *Benefits* Partnership between school district and health insurance for resources and preventative health *Employee Wellness Committee* Coordination of healthy work environment and provision of resources can improve the districts bottom line and decrease health insurance premiums, reduce employee turnover and reduce costs of substitutes.	Facilities Wellness Committee School Board Risk and Benefits Committee/Human Resources Safety Committees Administration
Social Emotional School Climate	The psychosocial aspects of the school setting are important in overall health of the individuals who work and attend school. Educational experiences are influenced by both social and emotional development. A student's social and emotional climate heavily impacts a student's engagement in school activities and relationship with other students, staff, family and community and is relational to academic outcomes. A positive school environment is promoted by establish a safe and supportive learning environment, promotions of health and adequate understanding of normal growth and development. Components of social and emotional health can be aided by: • Bullying prevention • Access to care and resources and services including health, social and nutritional. • Access to specialized school staff, mental health, counselors, nurse, social workers. • Family support • Scholarship or assistance programs for extracurricular activities. • Support groups.	Teachers Instructional Assistants Counselors Social Workers School Psychologist School Nurse Athletics Leadership Campus Monitors Community Partners

Physical Environment	The physical condition of the school environment is imperative to student health. This includes safe and clean grounds, decreased risk of injury or illness and endorsement of healthy environmental decisions. This is also an extension of the community climate and overall provision of students feeling safe from crime or violence in the school setting and community. Key focal points: • Clean and uncontaminated water • Appropriate ventilation, temperature, moisture and mold • Noise pollution • Appropriate lighting • Chemical pollutants • Safe playgrounds • Safe building • Secure campuses	Facilities Law enforcement Campus Monitors Counselors Administration Staff
Counseling, Psychological and Social Services	Prevention and intervention services support the mental, behavioral, and social-emotional health of students and promote success in the learning process. Services include: • Psychological, psychoeducational, and psychosocial assessments; • Direct and indirect interventions to address psychological, academic, and social barriers to learning, such as individual or group counseling and consultation; and referrals to school and community support services as needed. • Systems-level assessment, prevention, intervention, and program design by school-employed mental health professionals contribute to the mental and behavioral health of students as well as to the health of the school environment. These services can be accomplished through resource identification and needs assessments, school-community-family collaboration, and ongoing participation in school safety and crisis response efforts. Additionally, school-employed professionals can provide skilled consultation with other school staff and community resources and community providers. School-employed mental health professionals ensure that services provided in school reinforce learning and help to align interventions provided by community providers with the school environment. Professionals such as certified school counselors, school psychologists, school nurses and school social workers provide these services.	Counselors School Psychologist School Nurse Community Partners

Community Involvement	Community groups, organizations, and local businesses create partnerships with schools, share resources, and volunteer to support student learning, development, and health-related activities. The school, its students, and their families benefit when leaders and staff at the district or school solicits and coordinates information, resources, and services available from community-based organizations, businesses, cultural and civic organizations, social service agencies, faith-based organizations, health clinics, colleges and universities, and other community groups. Schools, students, and their families can contribute to the community through service-learning opportunities and by sharing school facilities with community members such as school-based community health centers or fitness facilities.	All Staff Community Members Community Partners Students Leadership
Family Engagement	Families and school staff work together to support and improve the learning, development, and health of students. Family engagement with schools is a shared responsibility of both school staff and families. School staff members are committed to making families feel welcomed, engaging families in a variety of meaningful ways, and sustaining family engagement. Families are committed to actively supporting their child's learning and development. This relationship between school staff and families cuts across and reinforces student health and learning in multiple settings—at home, in school, in out-of-school programs, and in the community. Family engagement should be continuous across a child's life and requires an ongoing commitment as children mature into young adulthood.	Staff Families
Physical Education/ Physical Activity	Schools can create an environment that offers many opportunities for students to be physically active throughout the school day. A comprehensive school physical activity program (CSPAP) is the national framework for physical education and youth physical activity. A CSPAP reflects strong coordination across 5 components: • Physical education, • Physical activity during school, • Physical activity before and after school, • Staff involvement, • Family and community engagement. Physical education serves as the foundation of a CSPAP and is an academic subject characterized by a planned, sequential K-12 curriculum (course of study) that is based on the national standards for physical education. Physical education provides cognitive content and instruction designed to develop motor skills, knowledge, and behaviors for healthy active living, physical fitness, sportsmanship, self-efficacy, and emotional intelligence. A well-designed physical education program provides the opportunity for students to learn key concepts and practice critical skills needed to establish and maintain physically active lifestyles throughout childhood, adolescence, and into adulthood. Teachers should be certified or licensed, and endorsed by the state to teach physical education.	Administration Licensed Staff Families Coaches Communities Athletic Director

District Checklist

- ✓ Employs staff crucial to WSCC model: Counselors, Licensed Staff, Credentialed PE and Health Educators, School Nurses, School Psychologists, Knowledgeable Facilities Management, Human Resources, Nutrition Services, Support Staff.
- ✓ Each staff understands the role they play in overall school health from a holistic perspective.
- ✓ Overall comprehension of normal child, physical social and emotional development.
- ✓ Understanding of the demographic, community and resources.
- ✓ Collaborative interdisciplinary teams
- ✓ Comprehensive communication plans to best serve all students
- ✓ Policies and protocols to reflect best practice
- ✓ Aligned goals between partners
- ✓ Measureable Outcomes
- ✓ Active Employee Wellness Program
- ✓ Community Engagement
- ✓ Family Engagement
- ✓ Engaged Administration
- ✓ Engaged School Board
- ✓ Engaged Staff

Document: Jan Olson, MSNEd, BSN, RN

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Appendix B: HIPPA versus FERPA

Source: Astho Legal Public Health Series, School Toolkits

Comparison of FERPA and HIPAA Privacy Rule for Accessing Student Health Data

Fact Sheet

Public health agencies view schools and education agencies as important partners in protecting children and adolescents from health threats. Sharing data between schools and public health agencies may, in some instances, be the only realistic and reliable method for getting the information necessary to conduct public health activities, such as tracking immunization rates. Federal privacy protections for student education records have created confusion and difficulties for public health efforts to conduct ongoing and emergency public health activities in schools. This document compares key aspects of the Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule related to the use and disclosure of information. The following chart provides only a snapshot of the rights, duties, and limitations imposed by FERPA and HIPAA. Please see the ASTHO *Public Health Access to Student Health Data Issue Brief* and the text of the federal laws and regulations for more detailed information.

	FERPA	HIPAA Privacy Rule
Privacy Rights Conferred	• FERPA prevents the disclosure of **personally identifiable information (PII)** in a student's education record without the consent of a parent or eligible student (aged 18 or older) unless an exception to the law's general consent requirement applies. • FERPA also grants parents and eligible students the right to review the student's education records maintained by the school and request correction of records they believe to be inaccurate or misleading.	• The HIPAA Privacy Rule prohibits covered entities from disclosing **protected health information (PHI)** to any third parties, unless the individual who is the subject of the information (or the individual's personal representative) authorizes it in writing or the rule otherwise permits the disclosure. • Disclosure is required to be made to the individual/representative.
Persons or Entities Covered	FERPA applies to the following entities: • All educational institutions (e.g., elementary, high school, college) and agencies that receive any funds for programs administered by the U.S. Department of Education (ED) are covered by FERPA. • FERPA also applies to "non-school" entities that do not have students but receive funding from ED. • All public schools and school districts, most public and private post-secondary institutions (e.g., colleges), and any other programs receiving ED funds are covered by FERPA. • Private and religious elementary and secondary schools are not subject to FERPA because they generally do not receive funding from ED.	The Privacy Rule applies to the following entities as defined by the rule: • "Covered entity," which is a health plan, healthcare clearinghouse, or any healthcare provider who transmits health information in electronic form in connection with transactions for which the Secretary of HHS has adopted standards under HIPAA. • A school that is not covered by FERPA may be a covered entity if it provides health services for which it transmits health information electronically, such as submitting claims for payment from a health plan. • "Business associate" is a person or organization not employed by the covered entity that performs certain activities for a covered entity that involve the use or disclosure of individually identifiable health information. • "Hybrid entity" is an entity that conducts both covered and noncovered activities. State and local health departments and schools can be hybrid entities if they provide healthcare services to patients for which they transmit health information electronically.

Information Covered	FERPA covers the following types of information and records: • "Personally identifiable information" (PII) which includes name, address, personal identifiers like Social Security number or date of birth, or other information that could be used alone or in combination to identify a student. • "Education record" is defined as records that are: (1) directly related to a student and (2) maintained by an educational agency or institution or by a party acting on behalf of the agency or institution.	The Privacy Rule covers the following types of information and records: • "Protected health information" (PHI), which is individually identifiable health information held or transmitted by a covered entity or its business associate, in any form or media—electronic, paper, or oral. • PHI includes demographic data; common identifiers (e.g., name, address, birth date, Social Security number); information relating to the individual's past, present, or future physical or mental health condition,
	FERPA	**HIPAA Privacy Rule**
	• A student's health records, including immunization information and other records maintained by a school nurse, are considered part of the student's education record and are protected from disclosure under FERPA. • A school may disclose "directory information" about a student without consent. Directory information includes information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. • Schools must tell parents and eligible students about directory information and allow them a reasonable amount of time to request that the school not disclose directory information about them.	healthcare provided to him or her, or payment for healthcare; and data that identifies the individual or which could be reasonably used to identify the individual. • Employment records maintained by a covered entity for its own employees are excluded from the definition of PHI. • Education records covered by FERPA are also specifically excluded from the definition of PHI.
Accessing Data *With* Consent	• Under FERPA, health agencies can access education records—including student health data maintained by the school or a person acting on its behalf—if the school has received written consent from a parent or eligible student. • ED notes that such releases are advisable for health agencies wishing to use PII to track absences or immunization rates before an emergency is recognized. • ED has developed sample consent forms for schools and health agencies to use.	• Under the Privacy Rule, health agencies can obtain PHI from covered entities if the agency receives written consent from the patient or their representative.
Accessing Data *Without* Consent: Exceptions and Generally Permitted Uses	• FERPA contains a number of exceptions that allow schools to disclose PII from a student's education record without consent of a parent or an eligible student. • FERPA exceptions have generally been narrowly construed by ED to err on the side of protecting the student's privacy and may present challenges for health agencies in accessing student health data.	Under the Privacy Rule, a covered entity is permitted to use and disclose PHI without an individual's authorization for the following purposes or situations: • For treatment, payment, and healthcare activities like quality assessment or evaluations. • Informal opportunities to agree or object such as providing information for hospital directories or notifications to family members. • Disclosures incident to an otherwise permitted use and disclosure. • The use or disclosure of limited data sets for the purposes of research, public health, or healthcare operations. • Public interest and benefit activities. There are a dozen "public purposes" identified in the rule under the public interest and benefit permitted use. These include public health activities and addressing serious threats to health and safety. (See discussion of each below.)

De-Identified and Limited Data	• Schools can provide health agencies with access to student health and other relevant data if the information does not contain PII. • ED notes that, in instances like the H1N1 influenza pandemic or other outbreaks, a school may share general information about the number of students absent from the school without prior written consent. However, if absentee data to be shared includes PII and no FERPA exception applies, then the school must obtain written consent before sharing the data with health officials. • De-identified data must not allow the recipients to identify the students through either single or multiple releases of data or by combining the data with other information.	• The Privacy Rule does not restrict the use or disclosure of de-identified health information. • The rule also allows the release of limited data sets— in which specific identifiers about the patient or household have been removed—for public health, research, and other purposes. • Users of limited data sets must complete a data use agreement covering the protection of remaining PHI in the data. • This exception permits health agencies to access limited health data about children and adolescents that are not covered under FERPA.
Public Health Activities	• FERPA does not contain a "public health exception" akin to the one found in HIPAA. • Because education records covered by FERPA are expressly excluded from the Privacy Rule, public	The Privacy Rule contains a robust exception which allows public health authorities to receive PHI without prior consent of a patient or his or her representative. Covered entities may disclose PHI to:

	FERPA	**HIPAA Privacy Rule**
	health authorities cannot use HIPAA's public health exception to access school education records covered under FERPA without consent unless a FERPA exception applies.	• Public health officials authorized by law to collect or receive such information for preventing or controlling disease, injury, or disability. • Public health or other government officials authorized to receive reports of child abuse and neglect. • Entities subject to FDA regulation regarding FDA regulated products or activities for purposes such as adverse event reporting, tracking of products, product recalls, and post-marketing surveillance. • Individuals who may have contracted or been exposed to a communicable disease when notification is authorized by law.
Emergencies and Threats to Health or Safety	• FERPA permits disclosure without written consent in specified emergency situations if the information is necessary to protect the health and safety of the student or other individuals. • Disclosure of PII in student education records may be made to "appropriate parties," which include health agencies. • ED has narrowly construed the emergency exception so that it must be limited to the time period of the emergency; disclosures made for general emergency preparedness activities are *not* covered under the emergencies exception. • This exception would not apply where a threat of a possible or eventual emergency exists but the likelihood of its occurrence is unknown. • Each school or education agency is responsible for making a case-by-case determination that the release of PII is necessary to address an "articulable and significant threat." • ED will defer to the judgment of the school or agency in making the determination that there was a "rational basis" regarding the nature of the emergency and the appropriate parties to whom the disclosure was made.	• The Privacy Rule has a specific exception for disclosure of PHI in emergencies in addition to its broad public health exception. • The rule allows covered entities to disclose PHI that they believe is necessary to prevent or lessen a serious and imminent threat to a person or the public, when such disclosure is made to someone they believe can prevent or lessen the threat (including the target of the threat). • HHS notes that PHI can be released without disclosure to public officials responding to a bioterrorism or other public health threat or emergency.

	FERPA	HIPAA Privacy Rule
		in the rule, including, but not limited to, that the conflicting provision serves a compelling public health, safety, or welfare interest, and, if the conflicting provision relates to a privacy right, that the intrusion into privacy is warranted given the public interest being served.
Enforcement	• FERPA does not include a private cause of action; individual parents or students may not bring a lawsuit to enforce the act's provisions or to seek redress for violations of the act. • Persons who believe their rights under FERPA have been violated may file a complaint with the ED's Family Policy Compliance Office (FPCO), which investigates the complaint. • FPCO is authorized to, among other things, revoke funding for institutions found in violation of FERPA and its regulations.	• The Privacy Rule does not authorize individuals to sue for violations; individuals must direct their complaints to HHS's Office for Civil Rights (OCR), which then investigates the complaint. • In cases of noncompliance, the Secretary is directed to resolve the matter by informal means. • If the matter cannot be resolved informally, the Secretary may issue written findings of noncompliance that may be used as a basis for initiating a civil action or a criminal case. • Violators that knowingly and improperly disclose identifiable health information are subject to civil monetary and criminal penalties.
Data Not Maintained by School	• If a person or entity is employed by or acts on behalf of the school by providing health services (whether at the school or off-site) under contract or otherwise under the "direct control" of a school and maintains student health records, then these records are considered education records under FERPA as if the school was maintaining the records directly. • However, if a person or entity provides health services directly to students and is not employed by, under contract to, or otherwise acting on behalf of a school, then the resulting health records are not deemed to be part of the education record covered by FERPA, even if the services are provided at the school site.	• If a school's education records are not covered under FERPA—as is generally the case for private elementary and secondary schools—they may be subject to HIPAA as a covered entity if they transmit health information electronically. • In this scenario, the school is a covered entity and student health records are PHI under the Privacy Rule. One of the rule's permitted uses, such as a public health activity, would have to apply before the records are released without consent. • If the records are not covered under FERPA or HIPAA, state or local privacy laws may still apply.
Effect on State Law	• Any state law or regulation that conflicts with FERPA and its regulations are preempted by the federal law. • If a school determines that it cannot comply with FERPA because of a conflict with state or local laws, it must notify ED and the agency will review the conflicting law and any interpretations of it made by the state and provide guidance to the requesting entity regarding FERPA's applicability to the situation.	• In general, a state law or regulation that conflicts with HIPAA and the Privacy Rule is preempted by the federal law. • The Privacy Rule contains exceptions that allow differing state requirements to control if the state law: (1) relates to privacy of individually identifiable health information and provides greater protections or rights than the Privacy Rule; (2) requires the reporting of disease, injury, child abuse, birth, or death, and for public health surveillance, investigation, or intervention; or (3) requires certain reporting by health plans, such as for management or financial audits or evaluations. • States can also request a determination that a conflicting state law will not be preempted by HIPAA if the state can demonstrate one of the conditions listed

	FERPA	HIPAA Privacy Rule
		in the rule, including, but not limited to, that the conflicting provision serves a compelling public health, safety, or welfare interest, and, if the conflicting provision relates to a privacy right, that the intrusion into privacy is warranted given the public interest being served.
Enforcement	• FERPA does not include a private cause of action; individual parents or students may not bring a lawsuit to enforce the act's provisions or to seek redress for violations of the act. • Persons who believe their rights under FERPA have been violated may file a complaint with the ED's Family Policy Compliance Office (FPCO), which investigates the complaint. • FPCO is authorized to, among other things, revoke funding for institutions found in violation of FERPA and its regulations.	• The Privacy Rule does not authorize individuals to sue for violations; individuals must direct their complaints to HHS's Office for Civil Rights (OCR), which then investigates the complaint. • In cases of noncompliance, the Secretary is directed to resolve the matter by informal means. • If the matter cannot be resolved informally, the Secretary may issue written findings of noncompliance that may be used as a basis for initiating a civil action or a criminal case. • Violators that knowingly and improperly disclose identifiable health information are subject to civil monetary and criminal penalties.

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Appendix C: Student Acuity

Guidance for the ODE Medically Fragile/School Nurse Data Collection

This document is provided as guidance for completing the Annual Oregon Department of Education School Nurse Data collection. It is recommended that district administration review all laws, administrative rules, and guidance documents when making decisions affecting nursing ratios. *It is also strongly recommended that school nurses are consulted in the assessment of student health conditions.*

Student Health Counts

1. General Student Population

FTE RN for up to 750 students (per ORS 336.201)

Description: Students with normal growth & development or intermittent acute illness/injury events; if a condition exists, it is uncomplicated and predictable.

Registered Nurse Assessment: No identified/ongoing nursing need at school; with no individual health plan necessary.

Examples:

- **Asthma**: Student identified on registration forms as having asthma. No known events at school, no contact from parents/staff/student. Student may or may not have rescue inhaler at school. Asthma is well managed, no exacerbations or hospitalizations in past year.
- **Seizure**: Student with past history of seizure(s) with no further seizure activity and no seizure medication. A student with a well-controlled seizure disorder with medication and rare breakthrough seizures outside of the school setting, not requiring emergency medication or vagal nerve stimulator (VNS).
- **Severe Allergic Reaction (SAR):** Student has a medication allergy or other allergy that is unlikely to impact the school day (seasonal allergies, grass allergies).
- **Mental/Emotional/Behavioral Health**: Student who is on long term, consistent treatment related to depression, anxiety, attention deficit disorder or other mental health diagnoses that does not require monitoring or pose safety concerns.
- **Medication**: Student with over the counter (OTC), non-prescription medications available at school (acetaminophen, ibuprofen, cough drops, etc.); self-administration of medications.
- **Miscellaneous**: Student with cerebral palsy but no ongoing health needs at school. RN chooses to monitor student annually.

2. Medically Complex Students

1 FTE RN for up to 225 students (per ORS 336.201)

Definition: Medically complex students means students who may have an unstable health condition and who may require daily professional nursing services. (ORS 336.201)

Registered Nurse Assessment: Needs more than a first aid response; a health plan may or may not be in place.

Examples:

• **Asthma**: A student that uses their rescue inhaler multiple times per week. Frequent health room visits that require assessment and intervention by a nurse. Student on multiple maintenance meds for asthma and rescue meds at school that may experience complications related to asthma exacerbations. Student may/may not have nebulizer.

• **Seizure**: Student is on seizure medication and has occasional breakthrough seizures at school. Student with seizure disorder that may or may not require emergency medications or VNS.

• **SAR:** Student with a potentially life-threatening allergy that may require emergency medication administration.

• **Diabetes**: Student with Type 1 diabetes that has blood glucose monitoring supplies and Glucagon at school. Student may/may not be independent self-manager.

• **Mental/Emotional/Behavioral Health**: Student on medication for depression or other mental/emotional/behavioral health issues with frequent medication dosage changes or complications that may require symptom monitoring. Student who has or is receiving crisis treatment for a mental/emotional/behavioral health issue, such as anxiety, depression, and/or eating disorders.

• **Medication Example**: Student has a daily medication given at school by school staff, may require student/family education and/or side effects monitoring.

• **Miscellaneous Examples**: Student requires clean intermittent catheterization daily at school; student has a long-term G-tube feeding at school.

• **Concussion example:** Student with a recent concussion that needs monitoring and interventions to help with their recovery and academic success.

3. Medically Fragile Students

1 FTE RN for up to 125 students (per ORS 336.201)

Definition: Medically Fragile students means students who may have a life-threatening health condition and who may require immediate professional nursing services. (ORS 336.201)

Nursing Assessment: Licensed nurse should be readily available for assessment and/or intervention

Examples:

• **Asthma**: Student uses rescue inhaler 3-4 times in 24 hours. Peak flows are 65% or less of student's expected normal. Hospitalizations and/or emergent ED visit(s) have occurred in past year.

• **Seizure**: Severe seizure disorder requiring immediate intervention with VNS, rectal Diastat, or intranasal Versed; student has frequent cluster seizures making it difficult for unlicensed staff to identify beginning and/or end of seizure activity. Student has frequent or prolonged seizures. Student often has prolonged postictal phase.

• **SAR**: Severe and/or multiple life-threatening allergies necessitating wide-ranging accommodations in the school setting, including administration of emergency epinephrine. • **Diabetes**: Student with highly variable blood glucose levels, student requiring insulin administration at school by school staff, non-compliant student, student with cognitive impairment, and/or a newly diagnosed student.

• **Mental/Emotional/Behavioral Health**: Suicidal ideation or attempts, or volatile behavior, requiring frequent monitoring and interventions. Student who has recently been hospitalized for a mental/emotional/behavioral health issue, such as anxiety, depression, and/or eating disorders.

• **Miscellaneous example**: Multiple 'complex' conditions that combined put the student at risk of a life- threatening event.

4. Nursing Dependent Students

1 RN or LPN for every 1 nursing dependent student (per ORS 336.201)

Definition: Nursing-dependent students means students who may have an unstable or life -threatening health condition and who may require daily, direct, and continuous non-delegable professional nursing services. (ORS 336.201)

Registered Nurse Assessment: Student requires direct and continuous care by a licensed nurse (1:1)

Examples:

• Student with tracheostomy that requires nursing assessment & care to maintain airway.

• Student with multiple health conditions e.g. compromised airway, severe seizure disorder, GT feedings, etc. that requires skilled nursing assessment and intervention.

School Nursing Definitions

1. **Total Licensed Practical Nurse (LPN) Count**

   Full-time equivalent (FTE) count of all nurses licensed as LPNs in Oregon as defined in ORS 678.010 to 678.410. Do not include registered nurses.
   Example: 10 hours per week = 0.25 FTE

2. **Licensed Practical Nurses (LPNs) Assigned to a Single Student Count**

   Full-time equivalent (FTE) count of licensed practical nurses (LPNs) assigned exclusively to a single student. Do not include registered nurses.
   Example: 20 hours per week = 0.5 FTE

3. **Total Registered Nurse (RN) Count**

   Full-time equivalent (FTE) count of all nurses licensed as RNs in Oregon as defined in ORS 678.010 to 678.410. Number should represent all nurses licensed as RNs in your district.
   Example: 25 hours per week = 0.625 FTE

4. **Registered Nurses (RNs) Assigned to a Single Student Count**

   Full-time equivalent (FTE) count of registered nurses (RNs) assigned exclusively to a single student. This is a subset of the "total Registered Nurse" count above.
   Example: 12 hours per week = 0.3 FTE

For questions please contact:

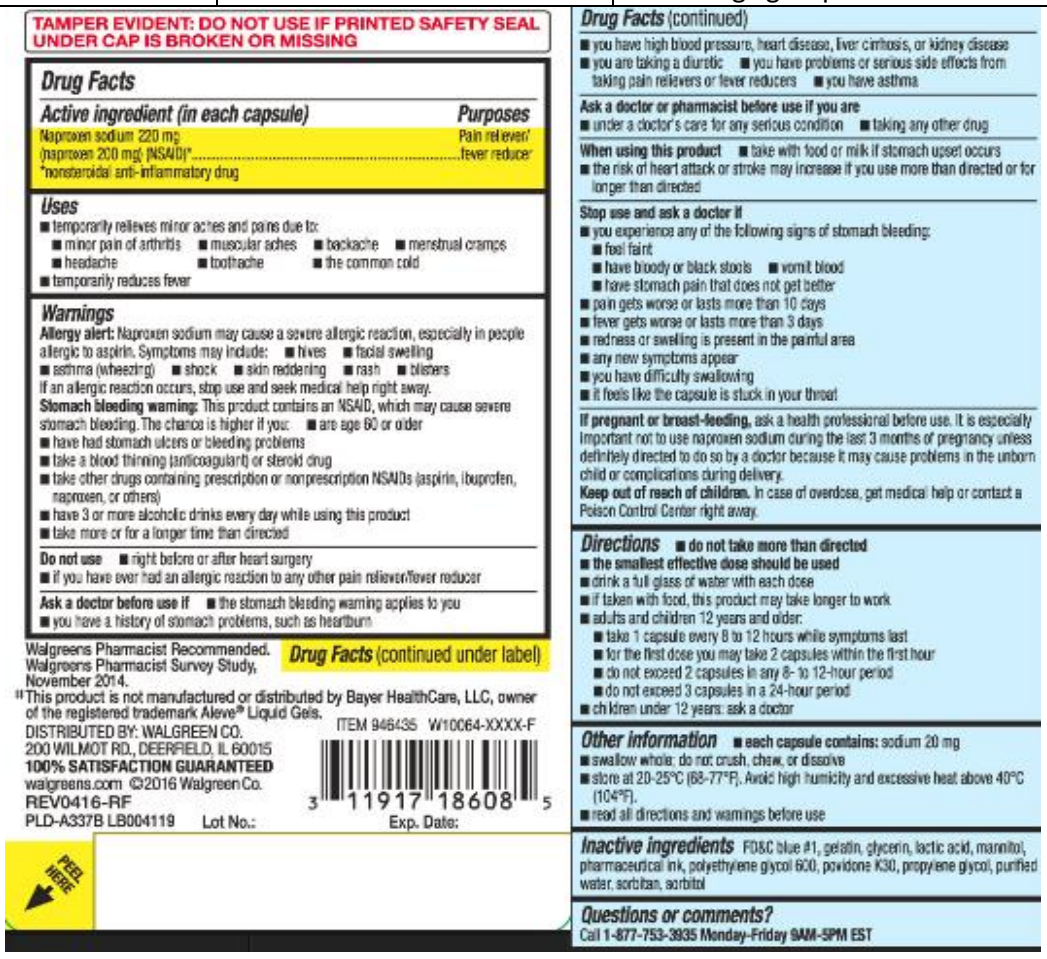
Sasha Grenier, sasha.grenier@ode.state.or.us

Sexual Health and School Health Specialist
Oregon Department of Education ,Office of Student Services
503-947-5689

Appendix D: Medication Administration

Problem Solving

EXAMPLE 1	PROBLEM	ACTION
An 8 year old student has Naproxen Sodium brought in by parents with Medication Authorization form completed to administer 1 pill every four hours as needed.	The package directions indicate that Naproxen sodium is for use in those 12 and older and should be administered every 8 to 12 hours	This Medication cannot be accepted, the medication and form should be returned to the parent. The parent should be advised that state law does not permit administration of a medication or dose that is different from the manufacturer's directions, and the parent will have to get a note from a medical doctor to allow it, or provide an alternate medication intended for the age group.



TAMPER EVIDENT: DO NOT USE IF PRINTED SAFETY SEAL UNDER CAP IS BROKEN OR MISSING

Drug Facts

Active ingredient (in each capsule) — **Purposes**
Naproxen sodium 220 mg (naproxen 200 mg) (NSAID)* — Pain reliever/fever reducer
*nonsteroidal anti-inflammatory drug

Uses
- temporarily relieves minor aches and pains due to:
  - minor pain of arthritis
  - muscular aches
  - backache
  - menstrual cramps
  - headache
  - toothache
  - the common cold
- temporarily reduces fever

Warnings
Allergy alert: Naproxen sodium may cause a severe allergic reaction, especially in people allergic to aspirin. Symptoms may include: ■ hives ■ facial swelling ■ asthma (wheezing) ■ shock ■ skin reddening ■ rash ■ blisters
If an allergic reaction occurs, stop use and seek medical help right away.
Stomach bleeding warning: This product contains an NSAID, which may cause severe stomach bleeding. The chance is higher if you: ■ are age 60 or older ■ have had stomach ulcers or bleeding problems ■ take a blood thinning (anticoagulant) or steroid drug ■ take other drugs containing prescription or nonprescription NSAIDs (aspirin, ibuprofen, naproxen, or others) ■ have 3 or more alcoholic drinks every day while using this product ■ take more or for a longer time than directed

Do not use ■ right before or after heart surgery ■ if you have ever had an allergic reaction to any other pain reliever/fever reducer

Ask a doctor before use if ■ the stomach bleeding warning applies to you ■ you have a history of stomach problems, such as heartburn

Walgreens Pharmacist Recommended. Walgreens Pharmacist Survey Study, November 2014.
Drug Facts (continued under label)
‡This product is not manufactured or distributed by Bayer HealthCare, LLC, owner of the registered trademark Aleve® Liquid Gels.
DISTRIBUTED BY: WALGREEN CO.
200 WILMOT RD., DEERFIELD, IL 60015
100% SATISFACTION GUARANTEED
walgreens.com ©2016 Walgreen Co.
REV0416-RF
PLD-A337B LB004119 Lot No.:
ITEM 946435 W10064-XXXX-F
3 11917 18608 5
Exp. Date:
PEEL HERE

Drug Facts (continued)

■ you have high blood pressure, heart disease, liver cirrhosis, or kidney disease ■ you are taking a diuretic ■ you have problems or serious side effects from taking pain relievers or fever reducers ■ you have asthma

Ask a doctor or pharmacist before use if you are ■ under a doctor's care for any serious condition ■ taking any other drug

When using this product ■ take with food or milk if stomach upset occurs ■ the risk of heart attack or stroke may increase if you use more than directed or for longer than directed

Stop use and ask a doctor if
■ you experience any of the following signs of stomach bleeding:
  ■ feel faint
  ■ have bloody or black stools ■ vomit blood
  ■ have stomach pain that does not get better
■ pain gets worse or lasts more than 10 days
■ fever gets worse or lasts more than 3 days
■ redness or swelling is present in the painful area
■ any new symptoms appear
■ you have difficulty swallowing
■ it feels like the capsule is stuck in your throat

If pregnant or breast-feeding, ask a health professional before use. It is especially important not to use naproxen sodium during the last 3 months of pregnancy unless definitely directed to do so by a doctor because it may cause problems in the unborn child or complications during delivery.
Keep out of reach of children. In case of overdose, get medical help or contact a Poison Control Center right away.

Directions ■ **do not take more than directed**
■ **the smallest effective dose should be used**
■ drink a full glass of water with each dose
■ if taken with food, this product may take longer to work
■ adults and children 12 years and older:
  ■ take 1 capsule every 8 to 12 hours while symptoms last
  ■ for the first dose you may take 2 capsules within the first hour
  ■ do not exceed 2 capsules in any 8- to 12-hour period
  ■ do not exceed 3 capsules in a 24-hour period
■ children under 12 years: ask a doctor

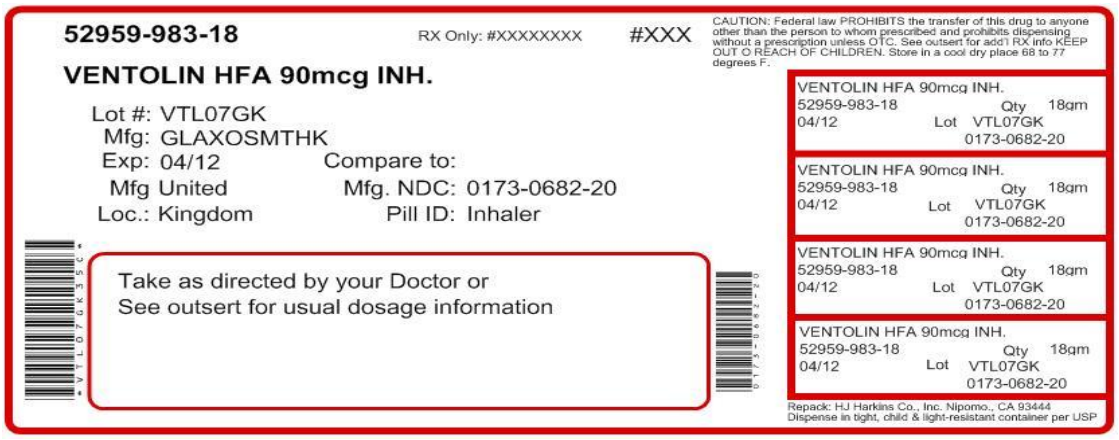
Other information ■ **each capsule contains:** sodium 20 mg
■ swallow whole; do not crush, chew, or dissolve
■ store at 20-25°C (68-77°F). Avoid high humicity and excessive heat above 40°C (104°F).
■ read all directions and warnings before use

Inactive ingredients FD&C blue #1, gelatin, glycerin, lactic acid, mannitol, pharmaceutical ink, polyethylene glycol 600, povidone K30, propylene glycol, purified water, sorbitan, sorbitol

Questions or comments?
Call 1-877-753-3935 Monday-Friday 9AM-5PM EST

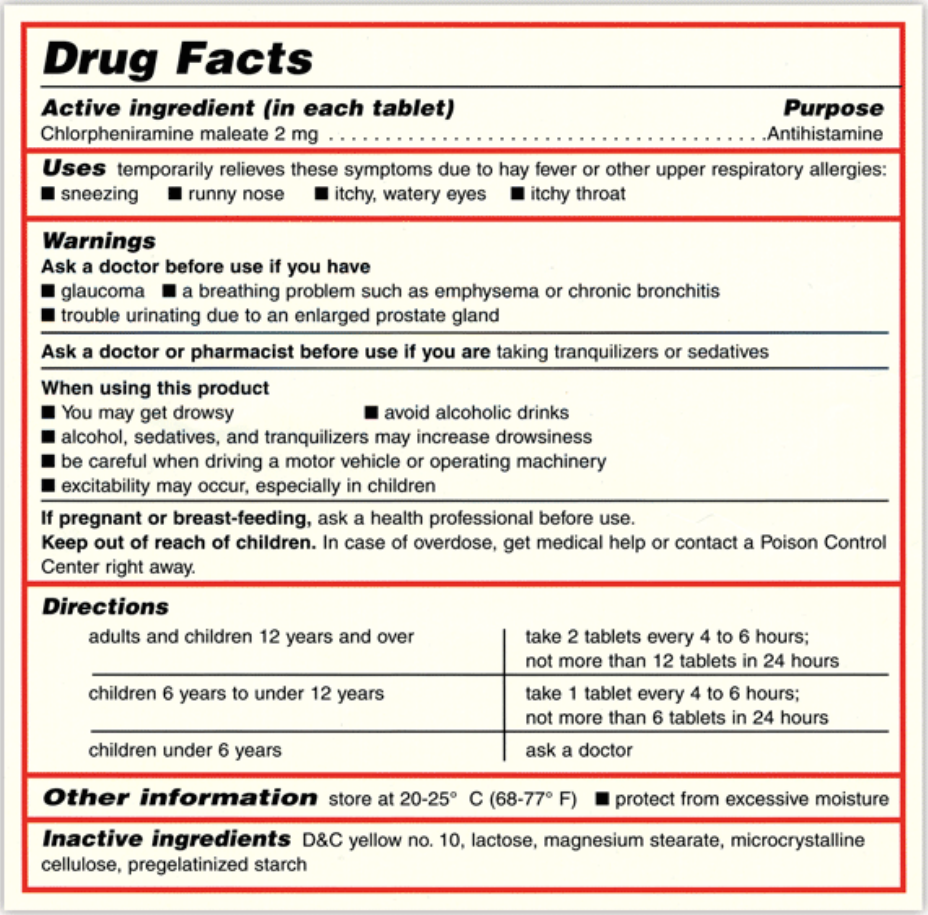
Medication Administration Problem Solving Continued

EXAMPLE 2	PROBLEM	ACTION
An Inhaler is provided from and ER visit that does not have the students name on it and states "take as directed" with no directions.	The medication is not student specific and the dose and specifications are not provided as required. The authorization must include student, medication, dose, route, time and frequency and must be consistent with the student specific label.	This Medication cannot be accepted unless the parent also provides the written instructions with the student's name on them (such as a discharge summary), additionally an Asthma Action Plan must be completed to match the instructions. It is the legal obligation of the provider to provide specific medication instructions when meds are given in the ER. It is the parent's legal responsibility to bring those instructions to where their child will be. An Asthma Action Plan must be completed with the medication authorization, If the parents do not have written instructions, they can have the provider sign the Asthma Action Plan.



Medication Administration Problem Solving Continued

EXAMPLE 3	PROBLEM	ACTION
An antihistamine is brought in with an indication for "hives".	Although antihistamines may frequently be used to treat hives, the indication is often not listed on the box, as it requires direction from a MD.	For all antihistamines or "allergy medications" an Allergy Action Plan is required. This document must be completed along with the medication authorization, and the MD must sign this document or provide a written order indicating that the medication should be used to treat hives for this specific student.



Drug Facts

Active ingredient (in each tablet) — **Purpose**
Chlorpheniramine maleate 2 mg ..... Antihistamine

Uses temporarily relieves these symptoms due to hay fever or other upper respiratory allergies:
■ sneezing ■ runny nose ■ itchy, watery eyes ■ itchy throat

Warnings

Ask a doctor before use if you have
■ glaucoma ■ a breathing problem such as emphysema or chronic bronchitis
■ trouble urinating due to an enlarged prostate gland

Ask a doctor or pharmacist before use if you are taking tranquilizers or sedatives

When using this product
■ You may get drowsy ■ avoid alcoholic drinks
■ alcohol, sedatives, and tranquilizers may increase drowsiness
■ be careful when driving a motor vehicle or operating machinery
■ excitability may occur, especially in children

If pregnant or breast-feeding, ask a health professional before use.
Keep out of reach of children. In case of overdose, get medical help or contact a Poison Control Center right away.

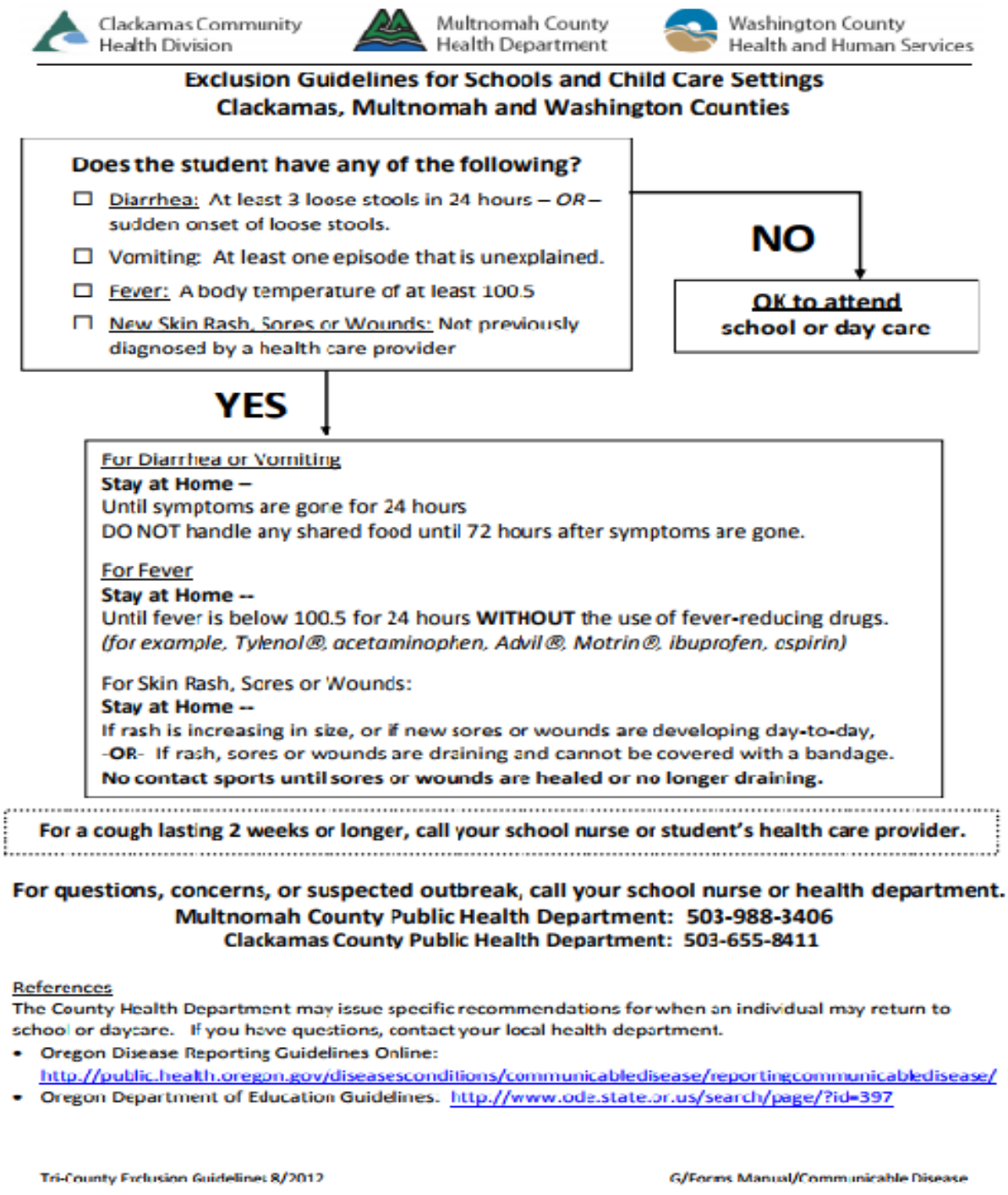
Directions

adults and children 12 years and over	take 2 tablets every 4 to 6 hours; not more than 12 tablets in 24 hours
children 6 years to under 12 years	take 1 tablet every 4 to 6 hours; not more than 6 tablets in 24 hours
children under 6 years	ask a doctor

Other information store at 20-25° C (68-77° F) ■ protect from excessive moisture

Inactive ingredients D&C yellow no. 10, lactose, magnesium stearate, microcrystalline cellulose, pregelatinized starch

Appendix E: Tri-County Exclusion



Clackamas Community Health Division | Multnomah County Health Department | Washington County Health and Human Services

Exclusion Guidelines for Schools and Child Care Settings
Clackamas, Multnomah and Washington Counties

Does the student have any of the following?

- ☐ Diarrhea: At least 3 loose stools in 24 hours – *OR*– sudden onset of loose stools.
- ☐ Vomiting: At least one episode that is unexplained.
- ☐ Fever: A body temperature of at least 100.5
- ☐ New Skin Rash, Sores or Wounds: Not previously diagnosed by a health care provider

NO

OK to attend school or day care

YES

For Diarrhea or Vomiting
Stay at Home –
Until symptoms are gone for 24 hours
DO NOT handle any shared food until 72 hours after symptoms are gone.

For Fever
Stay at Home --
Until fever is below 100.5 for 24 hours **WITHOUT** the use of fever-reducing drugs.
(for example, Tylenol®, acetaminophen, Advil®, Motrin®, ibuprofen, aspirin)

For Skin Rash, Sores or Wounds:
Stay at Home --
If rash is increasing in size, or if new sores or wounds are developing day-to-day,
-**OR**- If rash, sores or wounds are draining and cannot be covered with a bandage.
No contact sports until sores or wounds are healed or no longer draining.

For a cough lasting 2 weeks or longer, call your school nurse or student's health care provider.

For questions, concerns, or suspected outbreak, call your school nurse or health department.
Multnomah County Public Health Department: 503-988-3406
Clackamas County Public Health Department: 503-655-8411

References
The County Health Department may issue specific recommendations for when an individual may return to school or daycare. If you have questions, contact your local health department.

- Oregon Disease Reporting Guidelines Online: http://public.health.oregon.gov/diseasesconditions/communicabledisease/reportingcommunicabledisease/
- Oregon Department of Education Guidelines. http://www.ode.state.or.us/search/page/?id=397

Tri-County Exclusion Guidelines 8/2012 G/Forms Manual/Communicable Disease

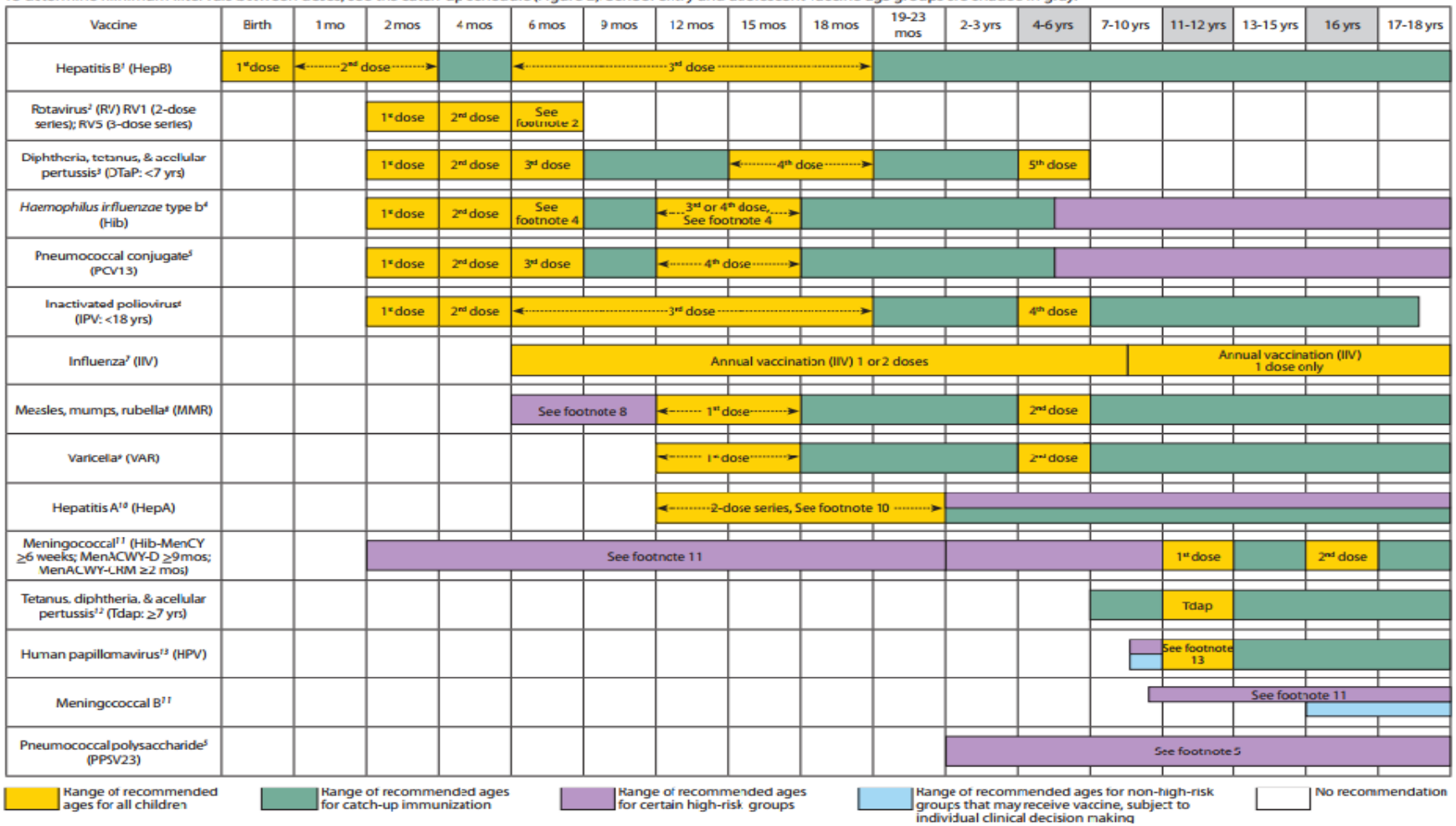
Appendix F: IMMUNIZATION INFORMATION

VACCINE SCHEDULE

Figure 1. Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger—United States, 2017.

(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2]).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded in gray.



https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

IMMUNIZATION INFORMATION CONTINUED

Minimum Spacing

Recommended and Minimum Ages and Intervals Between Doses of Routinely Recommended Vaccines[1,2,3,4]

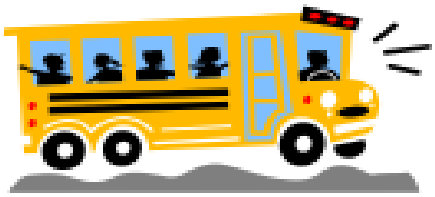
Vaccine and dose number	Recommended age for this dose	Minimum age for this dose	Recommended interval to next dose	Minimum interval to next dose
Diphtheria-tetanus-acellular pertussis (DTaP)-1[5]	2 months	6 weeks	8 weeks	4 weeks
DTaP-2	4 months	10 weeks	8 weeks	4 weeks
DTaP-3	6 months	14 weeks	6-12 months[6]	6 months[6]
DTaP-4[6]	15-18 months	15 months[6]	3 years	6 months
DTaP-5	4-6 years	4 years		
Haemophilus influenzae type b (Hib)-1[7]	2 months	6 weeks	8 weeks	4 weeks
Hib-2	4 months	10 weeks	8 weeks	4 weeks
Hib-3[8]	6 months	14 weeks	6-9 months	8 weeks
Hib-4	12-15 months	12 months	—	—
Hepatitis A (HepA)-1[5]	12-23 months	12 months	6-18 months	6 months
HepA-2	≥18 months	18 months	—	—
Hepatitis B (HepB)-1	Birth	Birth	4 weeks-4 months	4 weeks
HepB-2	1-2 months	4 weeks	8 weeks-17 months	8 weeks
HepB-3[9]	6-18 months	24 weeks	—	—
Herpes zoster (HZV)[10]	≥60 years	60 years	—	—
Human papillomavirus (HPV)-1[11]	11-12 years	9 years	8 weeks	4 weeks
HPV-2	11-12 years (+ 2 months)	9 years (+ 4 weeks)	4 months	12 weeks[11]
HPV-3[11,12]	11-12 years (+ 6 months)	9 years (+5 months)	—	—
Influenza, inactivated (IIV)[13]	≥6 months	6 months[14]	4 weeks	4 weeks
Influenza, live attenuated (LAIV)[13]	2-49 years	2 years	4 weeks	4 weeks
Measles-mumps-rubella (MMR)-1[15]	12-15 months	12 months	3-5 years	4 weeks
MMR-2[15]	4-6 years	13 months	—	—
Meningococcal conjugate (MenACWY)-1[16]	11-12 years	6 weeks[17]	4-5 years	8 weeks
MenACWY-2	16 years	11 years[18] (+ 8 weeks)	—	—
Meningococcal polysaccharide (MPSV4)-1[16]	—	2 years	5 years	5 years
MPSV4-2	—	7 years	—	—
Pneumococcal conjugate (PCV13)-1[7]	2 months	6 weeks	8 weeks	4 weeks
PCV-2	4 months	10 weeks	8 weeks	4 weeks
PCV-3	6 months	14 weeks	6 months	8 weeks
PCV-4	12-15 months	12 months	—	—
Pneumococcal polysaccharide (PPSV)-1	—	2 years	5 years	3 years
PPSV-2[19]	—	7 years	—	—
Poliovirus, Inactivated (IPV)-1[5]	2 months	6 weeks	8 weeks	4 weeks
IPV-2	4 months	10 weeks	8 weeks-14 months	4 weeks
IPV-3	6-18 months	14 weeks	3-5 years	6 months
IPV-4[20]	4-6 years	4 years	—	—
Rotavirus (RV)-1[21]	2 months	6 weeks	8 weeks	4 weeks
RV-2	4 months	10 weeks	8 weeks	4 weeks
RV-3[21]	6 months	14 weeks	—	—
Tetanus-diphtheria (Td)	11-12 years	7 years	10 years	5 years
Tetanus-diphtheria-acellular pertussis (Tdap)[22]	≥11 years	7 years	—	—
Varicella (Var)-1[15]	12-15 months	12 months	3-5 years	12 weeks[23]
Var-2[15]	4-6 years	15 months[24]	—	—

https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/a/age-interval-table.pdf

IMMUNIZATION INFORMATION CONTINUED

School Requirements

Parents, don't let your child get left behind!



School Year 2018-2019

Oregon law requires the following shots for school and child care attendance*

A child 2-17 months entering **Child Care or Early Education** needs*	Check with your child's program or healthcare provider for required vaccines
A child 18 months or older entering **Preschool, Child Care, or Head Start** needs*	4 Diphtheria/Tetanus/Pertussis (DTaP) 3 Polio 1 Varicella (chickenpox) 1 Measles/Mumps/Rubella (MMR) 3 Hepatitis B 2 Hepatitis A 3 or 4 Hib
A student entering **Kindergarten or Grades 1-6** needs*	5 Diphtheria/Tetanus/Pertussis (DTaP) 4 Polio 1 Varicella (chickenpox) 2 MMR or 2 Measles, 1 Mumps, 1 Rubella 3 Hepatitis B 2 Hepatitis A
A student entering **Grades 7-10** needs*	5 Diphtheria/Tetanus/Pertussis (DTaP) 1 Tdap 4 Polio 1 Varicella (chickenpox) 2 MMR or 2 Measles, 1 Mumps, 1 Rubella 3 Hepatitis B 2 Hepatitis A
A student entering **Grades 11-12** needs*	5 Diphtheria/Tetanus/Pertussis (DTaP) 1 Tdap 4 Polio 1 Varicella (chickenpox) 2 MMR or 2 Measles, 1 Mumps, 1 Rubella 3 Hepatitis B

**At all ages and grades, the number of doses required varies by a child's age and how long ago they were vaccinated. Other vaccines may be recommended. Exemptions are also available. Please check with your child's school, child care or healthcare provider for details.* 1/2018

Appendix G: Vision Screening Certificate

CONFIDENTIAL VISION CERTIFICATION

Molalla River School District
PO Box 188 / 412 S. Sweigle Ave
Molalla, OR 97038
| Phone: 503-829-2359 | Fax: 503 829-8428

VISION CERTIFICATION

Students ages 3-7

Dear Parents and Guardians:

Vision requirements from the State of Oregon (OAR 581-021-0031) state that each school district must require a student who is **age seven or younger and entering a school for the first tome** to submit a certification that the student received a vision screening or eye examination and any further eye exams and necessary treatments.

Please have this form completed by your health care provider:

Student Name:	DOB:
Date of vision screening or eye exam:	
Results of vision screening or eye exam:	
Referral made to vision specialist for further eye exams or necessary treatments?	
Health care professional who conducted the vision screening or eye exam:	

This form may be faxed to your child's school:

☐ Clarkes Elementary School	Ph (503) 632-2390	Fx (503) 632-5212
☐ Molalla Elementary School	Ph (503) 829-4333	Fx (503) 829-2614
☐ Mulino Elementary School	Ph (503) 829-6888	Fx (503) 829-2037
☐ Rural Dell Elementary School	Ph (503) 651-2128	Fx (503) 655-2127

If this vision screen is contrary to your religious beliefs or if you have barriers or questions related to finances or access in obtaining a vision screening, please contact your district nurse at (503) 759-7394.

05/2016 STUDENT RECORD

Appendix H: ODE Dental Screening Form

OREGON DEPARTMENT OF EDUCATION

Dental Screening Certification Form

State law now requires a child who is 7 years of age or younger to have a dental screening before entering school for the first time. *HB 2972 (2015)*

IF YOUR CHILD HAS ALREADY RECEIVED A DENTAL SCREENING

Parent/Guardian:

- If you know your child has already had a dental screening, please check the box below, fill out this section, and sign it.
- If you do not know if your child has had a dental screening, please have a dental provider fill out this section and sign it.
- Please return this form to the school office.

☐ My child_____has received a dental screening.
(First name) (Middle initial) (Last name)

Parent/Guardian or Dental Provider

Print Name: ✍ _____

Signature ✍ _____ Date ✍ _____

TO OPT-OUT OF THE DENTAL SCREENING REQUIREMENT

Parent/Guardian: You may choose to have your child opt-out of a dental screening due to a reason listed below. Please fill out this section and sign it. Then return this form to the school office.

My child _____was not screened due to the following:
(First name) (Middle initial) (Last name)

Please check all that apply:

☐ We already submitted a certification form at a previous school.
☐ The dental screening is contrary to student or families religious beliefs.
☐ The dental screening is a burden.

The dental screening is a burden for the student or the parent or guardian of the student when:

(A) The cost of obtaining the dental screening is too high;
(B) The student does not have access to a screener or;
(C) The student was unable to obtain an appointment with a screener

Parent/Guardian

Print Name ✍: _____

Signature ✍ _____ Date ✍ _____

Form 1468-1

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Glossary

Adrenal Insufficiency: Adrenal Insufficiency or Addison's disease is a rare endocrine, or hormonal disorder that affects about 1 in 100,000 people. It occurs in all age groups and afflicts men and women equally. The disease is characterized by weight loss, muscle weakness, fatigue, low blood pressure, and sometimes darkening of the skin in both exposed and non-exposed parts of the body. Addison's disease occurs when the adrenal glands do not produce enough of the hormone cortisol and in some cases, the hormone aldosterone. For this reason, the disease is sometimes called chronic adrenal insufficiency, or hypocortisolism.

Cortisol is normally produced by the adrenal glands, located just above the kidneys. It belongs to a class of hormones called glucocorticoids, which affect almost every organ and tissue in the body. Scientists think that cortisol has possibly hundreds of effects in the body. Cortisol's most important job is to help the body respond to stress. Among its other vital tasks, cortisol helps maintain cardiovascular function, aids the immune system with inflammatory response, potentiates the effect of insulin in breaking down sugar and regulates the metabolism of proteins, carbohydrates and fats (National Institute of Diabetes, Digestive and Kidney Diseases, n.d.).

Adrenal Crisis: Sudden, severe worsening of adrenal insufficiency symptoms is called adrenal crisis. If the person has Addison's disease, this worsening can also be called an Addisonian crisis. In most cases, symptoms of adrenal insufficiency become serious enough that people seek medical treatment before an adrenal crisis occurs. However, sometimes symptoms appear for the first time during an adrenal crisis.

Symptoms of adrenal crisis include

- sudden, severe pain in the lower back, abdomen, or legs
- severe vomiting and diarrhea
- dehydration
- low blood pressure
- loss of consciousness

If not treated, an adrenal crisis can cause death. (National Institute of Diabetes, Digestive and Kidney Diseases, n.d.).

Anaphylaxis is a serious, life-threatening allergic reaction most commonly to food, inset venom or medication. Anaphylaxis is an immune overreaction to an allergen that causes a release of chemicals that cause severe symptoms such as edema leading to airway restriction and shock. Anaphylaxis requires immediate medical treatment including prompt epinephrine and medical attention, Anaphylaxis is fatal without treatment (AAAI, 2017)

Allergy: Allergies occur when the immune system reacts to a foreign substance — such as pollen, bee venom or pet dander — or to a food that doesn't cause a reaction in most people. Your immune system produces substances known as antibodies. With allergies, the immune system makes antibodies that identify a particular allergen as harmful, even though it isn't. When you come into contact with the allergen, your immune system's reaction can inflame your skin, sinuses, airways or digestive system. The severity of

allergies varies from person to person and can range from minor irritation to anaphylaxis — a potentially life-threatening emergency (Mayo Clinic, 2016).

Antihistamine: Antihistamines are a class of agents that block histamine release from histamine-1 receptors and are used to treat the symptoms of an allergic reaction, such as edema (swelling), itch, inflammation (redness), sneezing, or a runny nose or watery eyes (Drugs.com, n.d.).

Asthma: Asthma is a chronic (long-term) lung disease that inflames and narrows the airways. Asthma causes recurring periods of wheezing (a whistling sound when you breathe), chest tightness, shortness of breath, and coughing (National Heart, Lung and Blood Institute, 2014).

Diabetes: Diabetes is a chronic disease in which the body does not make or properly use insul in. Insulin is a hormone that converts sugar, starches and other food into energy in the body's cells. Individuals with diabetes have increased blood glucose (blood sugar) levels because they lack insulin, have insufficient insulin or are resistant to insulin's effects. High blood sugar builds up in the body causing a variety of symptoms. In order to allow the body to maintain sugar in the cells, a healthcare provider may order injectable insulin, oral medication or sometimes both. It is important to note that in addition to carbohydrate consumption and insulin administration, other factors can affect blood glucose levels such as physical activity, stress, illness, and other medications. ***Type 1 Diabetes*** Historically referred to as juvenile onset, type 1 diabetes is caused when the pancreas does not produce insulin. Without insulin, sugar cannot enter the cells of the body to be used for energy. Type 1 diabetes is treated with insulin either through shots or a pump. Type 1 diabetes is the usual type diagnosed in children and young adults. This type of diabetes is life-long and cannot be prevented. ***Type 2 Diabetes*** Type 2 diabetes occurs when either not enough insulin is being produced or when a person's cells do not respond to insulin (insulin resistance). Type 2 diabetes may be treated with diet, lifestyle changes, oral medications and/or insulin shots. Type 2 diabetes is typically found in adults however it is now becoming common among adolescents (Oregon Health Authority, 2017).

Epinephrine: Epinephrine also known as Adrenaline is a chemical that narrows blood vessels and opens airways in the lungs. These effects can reverse severe low blood pressure, wheezing, severe skin itching, hives, and other symptoms of an allergic reaction. An injection of adrenaline is used to treat severe allergic reactions (anaphylaxis) to insect stings or bites, foods, drugs, and other allergens (Rxlist.com, 2017).

Glucagon: Glucagon, like insulin, is a hormone made in the pancreas. It acts on the liver by converting glycogen to glucose. Glucagon is also available as a prescription to treat severe hypoglycemia in insulin dependent diabetes (Oregon Health Authority, 2017).

Insulin is a hormone made by the pancreas that allows your body to use sugar (glucose) from carbohydrates in the food that you eat for energy or to store glucose for future use. Insulin helps keeps your blood sugar level from getting too high (hyperglycemia) or too low (hypoglycemia). For diabetics who cannot produce insulin, insulin is administered via injection in order to allow the body to use glucose and control blood sugar (Endocrineweb.org).

Medication for the purposes of the school settings refers to a substance that is prescribed by a provider with prescriptive authority in the state of Oregon for students as a curative or remedial substance. Non-

prescription medication is considered those which a student requires to be able to remain in school for the day that are regulated and commercially prepared.

Self-Administration means that a student has signed a self-medication agreement and is developmentally and behaviorally competent to administer medication as directed without involvement of school personnel.

Self-Manager, much like students who self-administer medication, must be able to administer medication without assistance from trained personnel and be behaviorally and developmentally competent, in addition they must have enough understanding of the physiology of their diagnosis such as diabetes, to recognize complications and when to seek assistance or self-medicate to prevent adverse events (ODE, 2013).

Solu-Cortef is an injectable form of hydrocortisone that is used to treat adrenal crises in someone with underlying adrenal insufficiency (RXlist.com)

Vaccines are a biological preparation that provides active acquired immunity to a particular disease. A vaccine typically contains an agent that resembles a disease-causing microorganism and is often made from weakened or killed forms of the microbe, its toxins or one of its surface proteins. The agent sti mulates the body's immune system to recognize the agent as a threat, destroy it, and recognize and destroy any of these microorganisms that it later encounters. Vaccines can be prophylactic

Resources

CDC-School Health Tips for Teachers
https://www.cdc.gov/healthyschools/npao/pdf/tips-for-teachers.pdf

CDC-School Health Index
https://www.cdc.gov/healthyschools/shi/index.htm

CDC-School Health Services
https://www.cdc.gov/healthyschools/schoolhealthservices.htmhttps://www.cdc.gov/healthyschools/schoolhealthservices.htm

CDC-Vaccine Acronyms and Abbreviations
https://www.cdc.gov/vaccines/acip/committee/guidance/vacc-abbrev.pdf

Molalla River School District Board Policies
http://policy.osba.org/mriver/

Molalla River School District Health Services
http://www.molallariv.k12.or.us/cms/One.aspx?portalId=110787&pageId=30033790

Oregon Administration Rules- School Health
https://www.oregonlaws.org/ors/342.475
https://www.oregonlaws.org/ors/433.810
https://www.oregonlaws.org/ors/433.001
https://www.oregonlaws.org/ors/433.004
https://www.oregonlaws.org/ors/433.815
https://www.oregonlaws.org/ors/433.830
https://www.oregonlaws.org/ors/433.817
https://www.oregonlaws.org/ors/433.825
https://www.oregonlaws.org/ors/339.869
https://www.oregonlaws.org/ors/339.867
https://www.oregonlaws.org/ors/433.103
https://www.oregonlaws.org/ors/433.273
https://www.oregonlaws.org/ors/433.267

Oregon Legislation- School Health
https://www.oregonlegislature.gov/bills_laws/lawsstatutes/2013orLaw0318.pdf
https://www.oregonlegislature.gov/bills_laws/lawsstatutes/2007orLaw0830.html
https://www.oregonlegislature.gov/bills_laws/lawsstatutes/2013orLaw0486.pdf
https://www.oregonlegislature.gov/bills_laws/lawsstatutes/2015orLaw0676.pdf
https://www.oregonlegislature.gov/bills_laws/ors/ors339.html
https://www.oregonlegislature.gov/bills_laws/lawsstatutes/2001orLaw0143ses.html

https://www.oregonlegislature.gov/bills_laws/ors/ors433.html

Oregon Department of Education- School Nurses
http://www.ode.state.or.us/search/page/?=397

Oregon Department of Education-Health Screenings
http://www.ode.state.or.us/search/page/?=5528

Oregon Department of Education-Medication Information
http://www.ode.state.or.us/search/page/?=5527

Oregon Department of Education- Medication Administration Training
http://www.oregon.gov/ode/students-and-family/healthsafety/Documents/medicationtrainingpacket.pdf

Oregon Health Authority-Glucagon Training
http://www.oregon.gov/oha/ph/DiseasesConditions/ChronicDisease/Diabetes/Documents/Glucagon_Training_Protocol_Manual.pdf

Oregon Health Authority- Immunizations
http://www.oregon.gov/oha/PH/PreventionWellness/VaccinesImmunization/GettingImmunized/Pages/school.aspx

Oregon Health Authority-Severe Allergic Reaction Training

http://www.oregon.gov/oha/ph/ProviderPartnerResources/EMSTraumaSystems/Documents/epinephrine-training-protocol.pdf

Oregon State Board of Nursing-Division 47
http://www.oregon.gov/OSBN/Pages/delegation_process.aspx

Record of Updates

Date	Version	Page #	Change
01/2019	2	Entire Document	Placed each new section on its own Page-This made the document longer in page number but done for organization.
01/2019	2	2	Updated Index
01/2019	2	4-6	Added specialized staff, counselors, educators and special education staff to school health services
01/2019	2	5	Deleted itemized RN roles
01/2019	2	8	Section on Confidentiality added
01/2019	2	9	Added section of CPR trained staff and emergency response moved Standard Procedures to this section.
01/2019	2	14	Added Nursing Summaries to IEP Minutes
01/2019	2	15	Removed specific Standard Procedures and placed links under emergency teams. Referenced purpose of Standard Procedures as they relate to plans of care.
01/2019	2	18	Order changed of Notification, IHP and ICP. Quick reference added
01/2019	2	22	Updated Medical Protocol Training link
01/2019	2	24	Updated OAR and Molalla Board Policy links
01/2019	2	24	Notation provided in regards to allowance of Epidialex (FDA approved CBD at school)
01/2019	2	25	Updated Medication Documents.
01/2019	2	26	Added "right documentation" to change the five rights to the six rights. Added Medication Incident Report.
01/2019	2	30-36	Created Section of Special Documents and Packets. Addition of Packets. Updated documents and Guidance.
01/2019	2	41	Added hyperlink to District Incident Report.

01/2019	2	46-57	Complete revision of immunization process and procedures.
01/2019	2	Appendices	Removed forms that were hyperlinked. Changed Immunization Information. Moved TriCounty Exclusion to Updated Vaccine Requirements. Added section on HIPAA and FERPA . Added Vision and Dental Certificates. Updated Acuity Documents
01/2019	2	References	Updated
01/2019	2	96	Record of updates added for version 2
06/11/2020	3	14	Removed " How to Enter Nursing Minutes into Synergy" to "Nursing Minutes in IEPs"
06/11/2020	3	15	Updated Acuity Image
06/16/2020	3	16	Updated IHP section, remove ICP's
06/16/2020	3	20	Updated Medication Administration Training to include online refresher and Naloxone training.
06/22/2020	3	41	Added reference to Exposure Control Plan
06/22/2020	3	41	Added COVID-19 to restrictable conditions
06/22/2020	3	42	Added referral to Pandemic Plan