

# **NORTHWEST LOCAL SCHOOL DISTRICT**

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## **NURSE/HEALTH ASSISTANT POLICY AND PROCEDURES MANUAL**

**24/25**



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## **A. DEPARTMENTAL JOB DESCRIPTIONS**

Job Title: District Nurse Supervisor

Classification: Administration

Department: Student Services

Reports To: Director of Student Services

FLSA Status: Exempt

Date: May 2022

Approved by : Northwest Local School District Board of Education

Job Summary: To establish and maintain District health services and wellness programs to ensure the health and safety of all students and employees.

Job Qualifications:

1. Bachelor's Degree in nursing and licensed as an RN.
2. Certificates, Licenses, Registrations - Must maintain the appropriate license status issued by the State of Ohio Pupil Services license from ODE. Current CPR certification.
3. Technology skills - These skills include basic computer skills and the ability to work with Google Docs, Microsoft etc.
4. Communication skills as it relates to working with students, staff and parents.
5. A high level of organizational skills
6. Ability to maintain a high level of ethics and confidentiality regarding student and staff health information and records.

Leadership Expectations

1. To collaborate in a shared leadership model with other leaders
2. To ensure alignment with district goals and priorities while leading
3. To promote understanding of the why behind our work and connect it to others through relationships that grow staff toward the district vision
4. To listen to staff, students, and stakeholders to ensure representation of all perspectives
5. To lead by removing barriers, eliminating isolation, sharing information and data through fostering cross department and interagency collaboration
6. To ensure success through data based evaluation and reflective processes

Essential Duties:

1. To work cooperatively and oversee the health assistants and health technicians in the daily operation of the health rooms in the schools.
2. To develop and direct programs regarding the delivery of health and wellness services including orientation and staff development of health assistants, health technicians, and volunteers who provide these services.
3. To establish a Staff Wellness committee and work to provide services and

- opportunities for Staff Wellness activities/events for the entire district.
4. To assist in the selection of health assistants.
  5. To consult with the building principal in completing evaluations regarding job performance of the health assistants in aspects not related to nursing care evaluation.
  6. To identify and utilize available community resources.
  7. To assist in the coordination of health education in the classroom, at faculty and parent meetings according to request, needs and expertise.
  8. To coordinate vision, hearing, and scoliosis screenings. To make appropriate referrals and assist parents in obtaining corrective care.
  9. To review and implement policies and procedures related to medical and dental emergencies.
  10. To oversee or perform the development of student individualized health plans and emergency action plans.
  11. To implement guidelines for communicable disease control, exclusion and readmission as established by the district in conjunction with local and state health departments.
  12. To review and interpret immunization requirements as mandated by the State of Ohio.
  13. To provide necessary information and guidelines to school personnel regarding health promotion and problems of students.
  14. To supervise the maintenance of confidential school health records in accordance with state and federal requirements.
  15. To attend training sessions for vision and hearing screening as mandated by the Ohio Department of Health.
  16. To provide first-aid, emergency care, and maintain health records of students in accordance with established school district policies.
  17. To inspect children for suspected communicable and nuisance diseases, recommend exclusion and readmission in accordance with state and board policy.
  18. To oversee health summary reports on candidates of special programs or re-evaluations of current special education students as mandated by federal and state law.
  19. To recognize, report and document suspected child abuse cases in accordance with district policy and procedure. To recognize, record, and report substance abuse.
  20. To obtain documentation of tuberculosis testing on students new to the United States according to State Law (3701-15-02).
  21. To coordinate or oversee the collection and continuous updating of information on Emergency Medical Authorization forms for students and staff.
  22. To coordinate and oversee obtaining physician's order; parent/guardian signature for permission to administer prescribed medications and treatments; dispenses medication; observes drug interaction and observes for side effects.

- 23.To order all health room equipment and supplies; maintain an ongoing inventory of health room supplies; assess needs of handicapped students' medical supplies and equipment.
- 24.To maintain good working relationship with all social agencies, public health nurses and caseworkers.
- 25.To notify building administration of emergency situations involving students.
- 26.To perform or delegate the following procedures in a school setting as designated by the Ohio Board of Nursing:
  - a. Catheterization: clean intermittent; sterile
  - b. Ostomy Care
  - c. Percussion and postural drainage
  - d. Suctioning: nasopharyngeal and endotracheal
  - e. Tracheostomies: care, tube replacement, tracheobronchial suctioning (RN Only)
  - f. Enteral Tube Feeding;continuous or bolus
  - g. Oxygen administration
  - h. Ventilator monitoring (RN Only)
- 27.To accompany an administrator on home visits.

#### Other Duties and Responsibilities

1. Problem Solving - Identifies and resolves problems in a timely manner; Develops alternative solutions; Works well in group problem solving situations; Uses reason even when dealing with emotional topics.
2. Interpersonal Skills - Focuses on solving conflict, not blaming; Maintains confidentiality; Listens to others without interrupting; Keeps emotions under control; Remains open to others' ideas and tries new things.
3. Oral and written communication - Communicates clearly and persuasively in positive or negative situations; Listens and gets clarification; Responds well to questions; Participates in meetings.
4. Teamwork - Exhibits objectivity and openness to others' views; Gives and welcomes feedback; Contributes to building a positive team spirit.
5. Quality Management - Looks for ways to improve and promote quality; Demonstrates accuracy and thoroughness.
6. Diversity - Shows respect and sensitivity for cultural differences; Promotes a harassment-free environment.
7. Ethics - Treats people with respect; Keeps commitments; Inspires the trust of others; Works with integrity and ethically; Upholds organizational values.
8. Judgement - Exhibits sound and accurate judgment; Includes appropriate people in the decision-making process.
9. Planning/Organizing - Prioritizes and plans work activities; Uses time efficiently; Sets goals and objectives.

10. Professionalism - Approaches others in a tactful manner; Reacts well under pressure; Treats others with respect and consideration regardless of their status or position; Accepts responsibility for own actions; Follows through on commitments.

11. Adaptability - Adapts to changes in the work environment; Manages competing demands; Changes approach or method to best fit the situation; Able to deal with frequent change, delays, or unexpected events.

12. Attendance/Punctuality - Is consistently at work and on time; Ensures work responsibilities are covered when absent; Arrives at meetings and appointments on time.

**Physical Requirements:**

Physical and emotional ability and dexterity to perform required work and move about as needed in a fast paced, highly intensive work environment. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Terms of Employment: 247 days

2. Job Title: Licensed Health Assistant (RN/LPN)

Classification: Classified

Department: Building

Reports To: Building Principal, District Nurse

FLSA Status: Non-Exempt

Date: June 2019

Approved by : Northwest Local School District Board of Education

Job Summary: Provide healthcare to students who require basic first aid, emergency care, administer medication, and perform treatments and tasks as prescribed by a licensed healthcare provider, advised by a parent and designated by the Northwest Board of Education, or delegated by a Registered Nurse (if an LPN). It is each nurse's responsibility to know, and ensure he/she operates within the specific scope of their licensure as defined by the Ohio Board of Nursing: Registered Nurse ORC 4723.01(B), and Licensed Practical Nurse ORC 4723.01(F).

**Job Qualifications:**

1. Ohio Department of Nursing License RN or LPN.

2. Certificates, Licenses, Registrations - Must maintain the appropriate license status issued by the State of Ohio. ODE Educational Aide Permit. Current CPR/First Aid certification.



3. Technology skills - These skills include basic computer skills and the ability to work with Google Docs, Microsoft etc.
4. Communication skills as it relates to working with students, staff and parents.
5. A high level of organizational skills.
6. Ability to maintain a high level of ethics and confidentiality regarding student and staff health information and records.
7. Such alternatives to the above qualifications as the Board may find appropriate and acceptable.

#### Essential Duties:

1. Evaluate ill or injured students and notify parents as needed. Provide care in emergency situations and call parents or emergency personnel when necessary. Document health concerns, immunizations, daily office visits, and updates to medical histories in the district's computerized student information system.
2. Provide basic first aid based on the health assistant policy and procedure manual, daily medications, monitor illness and injury and notify parents of concerns.
3. Administer medication and perform procedures as delegated by the District RN, if outside of LPN scope of practice.
4. Gather and report student health information to the District RN following the guidelines as required by the state on all special education students' Individual Education Plans (IEP's).
5. RN's are required to create and implement Individualized health plans and emergency action plans for students with known medical needs. LPN's may contribute to the care planning, and are required to have an RN approve the plan of care prior to implementation. Provide staff each school year and as needed with an updated communication regarding health plans for these students. Ongoing communication with the District RN providing detailed information of students with medical concerns. Open lines of communication with parents, and essential school personnel regarding student health related concerns.
6. Servicing the students at the annual back-to-school Health and Safety Fair, attending scheduled nursing department in-services and professional development.
7. Coordinate and complete vision and hearing screenings as required by the State of Ohio. This includes students new to the district, students with IEPs and requests from staff and parents.
8. Perform other job-related duties that pertain to the operation of the healthroom as assigned including cleaning health office, maintaining equipment, medical supply inventory, compiling and preparing reports, communicating with administration and District RN regarding attendance issues.

#### Other Duties and Responsibilities:

1. Problem Solving - Identifies and resolves problems in a timely manner; Develops alternative solutions; Works well in group problem solving situations; Uses reason even when dealing with emotional topics.
2. Interpersonal Skills - Focuses on solving conflict, not blaming; Maintains confidentiality; Listens to others without interrupting; Keeps emotions under control; Remains open to others' ideas and tries new things.
3. Oral and written communication - Communicates clearly and persuasively in positive or negative situations; Listens and gets clarification; Responds well to questions; Participates in meetings.
4. Teamwork - Exhibits objectivity and openness to others' views; Gives and welcomes feedback; Contributes to building a positive team spirit.
5. Quality Management - Looks for ways to improve and promote quality; Demonstrates accuracy and thoroughness.
6. Diversity - Shows respect and sensitivity for cultural differences; Promotes a harassment-free environment.
7. Ethics - Treats people with respect; Keeps commitments; Inspires the trust of others; Works with integrity and ethically; Upholds organizational values.
8. Judgement - Exhibits sound and accurate judgment; Includes appropriate people in the decision-making process.
9. Planning/Organizing - Prioritizes and plans work activities; Uses time efficiently; Sets goals and objectives.
10. Professionalism - Approaches others in a tactful manner; Reacts well under pressure; Treats others with respect and consideration regardless of their status or position; Accepts responsibility for own actions; Follows through on commitments.
11. Adaptability - Adapts to changes in the work environment; Manages competing demands; Changes approach or method to best fit the situation; Able to deal with frequent change, delays, or unexpected events.
12. Attendance/Punctuality - Is consistently at work and on time; Ensures work responsibilities are covered when absent; Arrives at meetings and appointments on time.

**Physical Requirements:**

Physical, emotional ability and dexterity to perform required work such as lifting immobile students including with the use of equipment, bending, standing for long periods of time, or running to medical emergencies in a highly intensive work environment. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Terms of Employment: Varies based on student calendar.

#### 4. Health Assistant (Non-Licensed)

Job Title: Non-Licensed Health Assistant

Classification: Classified

Department: Building

Reports To: Building Principal, District Nurse

FLSA Status: Non-exempt

Date: June 2019

Approved by : Northwest Local School District Board of Education

Job Summary: Provide healthcare to students who require basic first aid, emergency care, administer medication, and perform treatments and tasks as prescribed by a licensed healthcare provider, advised by a parent and designated by the Northwest Board of Education, or delegated by a Registered Nurse.

##### Job Qualifications:

1. High School diploma or GED.
2. Educational Aide Permit.
3. Good written and verbal communication skills with sensitivity to needs of students.
4. First Aid training.
5. Current CPR certification.
6. Good health with the ability to lift 75 pounds.
7. Such alternatives to the above qualifications as the Board may find appropriate and acceptable.

##### Essential Duties:

1. To cooperate with school personnel in identifying and meeting social, emotional, and the physical needs of school children.
2. To help arrange and perform hearing and vision screening according to the Ohio Department of Health guidelines.
3. To render immediate first-aid to seriously ill or injured students, and maintain health records of students in accordance with established school district policies.
4. To keep accurate daily records of illness, injury, procedures and medication given as mandated by the State of Ohio.
5. To recognize, record, and report substance abuse.
6. To help determine immunization compliance of students according to the Ohio Department of Health guidelines and the Ohio Revised Code.
7. To contact schools in or out of the district to obtain health and immunization records on all new enrollees when indicated.
8. To help order all health room equipment and supplies; maintain an on-going inventory of health room supplies; assess needs of handicapped students' medical supplies.
9. To maintain good working relationship with all social agencies, public health nurses and caseworkers.
10. To notify building administration of emergency situations involving

students.

- 11.To assist in maintaining proper student discipline.
- 12.To counsel students in good health habits.
- 13.To assist with attendance as needed.
14. To perform other duties assigned by the Principal or District Nurse.

Other Duties and Responsibilities:

1. Problem Solving - Identifies and resolves problems in a timely manner; Develops alternative solutions; Works well in group problem solving situations; Uses reason even when dealing with emotional topics.
2. Interpersonal Skills - Focuses on solving conflict, not blaming; Maintains confidentiality; Listens to others without interrupting; Keeps emotions under control; Remains open to others' ideas and tries new things.
3. Oral and written communication - Communicates clearly and persuasively in positive or negative situations; Listens and gets clarification; Responds well to questions; Participates in meetings.
4. Teamwork - Exhibits objectivity and openness to others' views; Gives and welcomes feedback; Contributes to building a positive team spirit.
5. Quality Management - Looks for ways to improve and promote quality; Demonstrates accuracy and thoroughness.
6. Diversity - Shows respect and sensitivity for cultural differences; Promotes a harassment-free environment.
7. Ethics - Treats people with respect; Keeps commitments; Inspires the trust of others; Works with integrity and ethically; Upholds organizational values.
8. Judgement - Exhibits sound and accurate judgment; Includes appropriate people in the decision-making process.
9. Planning/Organizing - Prioritizes and plans work activities; Uses time efficiently; Sets goals and objectives.
10. Professionalism - Approaches others in a tactful manner; Reacts well under pressure; Treats others with respect and consideration regardless of their status or position; Accepts responsibility for own actions; Follows through on commitments.
11. Adaptability - Adapts to changes in the work environment; Manages competing demands; Changes approach or method to best fit the situation; Able to deal with frequent change, delays, or unexpected events.
12. Attendance/Punctuality - Is consistently at work and on time; Ensures work responsibilities are covered when absent; Arrives at meetings and appointments on time.

Physical Requirements:

Physical and emotional ability and dexterity to perform required work and move about as needed in a fast paced, highly intensive work environment. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is frequently required to stand; walk; sit; use hands to finger, handle, or feel; reach with hands and arms; stoop, kneel, crouch, or crawl and talk or hear.

The employee must regularly lift and/or move up to 10 pounds, frequently lift and/or move up to 25 pounds and occasionally lift and/or move up to 75 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision and ability to adjust focus. Maintains an office in the school health room. The noise level in the work environment is usually moderate.

Terms of Employment: Varies based on student calendar.

## **B. GENERAL GUIDELINES**

### **RELEASING STUDENTS:**

When releasing a student from school due to a medical problem, the parent/guardian must be contacted and permission obtained. Only the phone numbers and designated alternates list by the parent/guardian on the current **EMERGENCY MEDICAL AUTHORIZATION (EMA)** may be used. In Elementary and Middle schools, the student is released directly to the parent, or a person designated by the parent.

Reference: *Emergency Medical Authorization (EMA) and Health History*

The following is a general guide to determine when a student should be released from school. Consultation with the parent/guardian and knowledge of past and present medical history is helpful. Students are to be released from school when they present with any acute signs of illness, such as:

Temperature at or greater than 100 degrees  
Vomiting  
Abdominal pain, persistent diarrhea  
Pus filled, painful eyes (non-allergic)  
Swollen glands accompanied by an elevated temperature.  
Suspected Impetigo or ringworm of the scalp or body  
Suspicious rash  
Head lice and/or nits

Decisions regarding students with milder symptoms that prevent the child from participating in learning will be made between the parent/guardian and the Nurse/HA.

Every attempt is made to keep students who are physically well enough to be present in school.

### **EMERGENCY EVACUATIONS**

When an Emergency Evacuation is called, the Nurse/Health Assistant must exit the building to the designated area with all emergency medications and school issued devices (laptop). An emergency bag, containing first aid equipment/supplies should be readily accessible at all times and located in the Nurse's office for easy transport. Items for this bag should be ordered with your yearly supplies and the bag is to be checked quarterly for proper supplies.

Procedures for your schools evacuation plan are located in your Crisis Manual. Every Nurse/Health assistant in the district should be an active member of the school's crisis team.

## TRANSPORTING STUDENTS

Under most circumstances, if a student is to be transported by the Emergency Life Squad (911), every effort should be made to contact the parent/guardian to accompany the student. If a parent/guardian is not available however, the student should be accompanied by a school administrator or their designee. The Nurse/Health Assistant should NOT accompany the student, as this would remove the Nurse/Health Assistant from the building for other emergencies.

Personal vehicle: no student can be transported by NWLSD staff members unless they have been approved by the district with a BMV check. This is performed yearly and a certificate is given to approved staff members.

Reference: *BMV authorization* given by Principal yearly

## STUDENT SCREENINGS

All students may receive, based on State minimum guidelines, periodic and individual:

- Hearing screening
- Vision screening
- Postural screening
- Immunization status evaluation

## DOCUMENTATION

Accurate and detailed recording on the students health record is necessary and required.

Each Health room visit should have an entry in the health record and include: time of visit, complaint, illness or injury, assessment, treatment, plan and outcome.

Reference: *Individualized student health room visit form*

## HEALTH RECORDS

There is to be a Health Record folder (green file) for each student in the district.

The Health Record remains locked in a file cabinet in the Health Room. Health records should not be kept with the general cumulative file.

If a student transfers to **another school district**, the health record is kept in a closed file within the school, and a copy of information from the file is to be sent to the new school.

If the child is transferring to another **school in the district**, the entire green file, along with health/action plans are sent to the new school.

Reference: *Physicians Physical Exam and Immunization Report*

## MED ALERT LIST

While the use of a list which contains multiple student's names and health concerns is prohibited to distribute to all staff in the school, the Nurse/Health Assistant will compile a list for Nurse's use ONLY. This list is to contain the student's name and specific health concern for all students with a health/action plan. This list is confidential, never shared with staff, and used as a tool for the Nurse/Health Assistant and substitutes for the health room.

The list should be maintained throughout the year, adding new enrollees and new diagnosis' when necessary.

## **HEALTH PLANS/ACTION PLANS**

Students with health concerns requiring information to be shared with staff/teachers, require an individualized health plan and Emergency Action Plan. These plans are individual, and compiled from information obtained from the parent, physician, therapist, etc. for the specific diagnosis of the student. **Each form should be adapted to the individual child.** After the plans are complete, the teacher and appropriate administrator will receive a copy. The Nurse keeps the original.

**All Health/Action Plans require the District Nurse or a designated Registered Nurse signature prior to distributing to staff.**

Health/Action Plans need to be maintained throughout the year. If changes occur, plans will be updated and information communicated to staff who need to know.

Some diagnoses that require a Health Plan/Action Plan, but not limited to:

Asthma  
Diabetes  
Seizures  
Anaphylactic Allergies  
Heart conditions  
Hemophilia  
Immunological disorders  
Cerebral Palsy  
Feeding Tubes  
Trachs  
Sickle Cell  
Shunts, Med ports, etc.

\*Any condition which requires a treatment or observation during school hours.

Reference: *Individual Health Plan Form/blank or specific diagnosis*  
*Individual Health Care Plans for the School Nurse Program*

## **DAILY SCHEDULE AND GENERAL ROUTINE**

Each Nurse/HA reports to the building Principal for the hours assigned and other special assignments. See Nurse's Monthly Activities as a guideline for due dates, screenings, etc.

## **ABSENCE DUE TO ILLNESS OR PERSONAL LEAVE**

NWLSO uses the **AESOP** System, an automated absence management system for all employees in the Northwest Local Schools. Current employees have been trained to enter absences, and new employees will be trained as they are hired.

In the event of need for absence, notify the district nurse as soon as possible in an effort to secure a substitute, when applicable.

Absence requests must also be entered into **TimeClock Plus** to ensure that you are paid appropriately.

## **SUBSTITUTES**

Obtaining a Substitute: If you know you will be taking time off, enter your information into the AESOP and TCP system as early as possible. Notify the District Nurse and your building administrator that you will need to be out.

### Substitute Folder:

The Sub Binder in your office is intended to provide up-to-date, pertinent information to a substitute regarding the daily procedures in your building. This binder gives direction to the care and management of student health needs. It is an invaluable tool to supplement the initial or updated orientation experience of the substitute nurse.

The substitute binder is required to be accessible and up to date. This Binder is an **early year priority** and should be completed as soon as possible.

Reference:       Substitute Binder checklist  
                      Substitute (health Room) general instructions

## **INSERVICE**

In-services for Nurses/Health Assistants are held throughout the year and are a required work day. The dates will be located on the district calendar. In-service days are treated like any other work day, if you need to take a sick day the absence must be entered into Aesop, the district nurse must be notified of your absence.

Missing in-service days can affect Professional Development (PDL) status.

## **PROFESSIONAL MEETING REQUEST**

Any requests to attend a professional meeting must be submitted three weeks prior to the meeting date. *The Northwest Local School District Professional Meeting Request/Reimbursement Form* can be obtained from your school secretary. This must be filled out in its entirety and submitted to the district nurse. Further instructions will be attached to the form upon the meeting's approval/disapproval.

## **CRISIS TEAM**

All Nurses/Health Assistants are active members of their school's Crisis Teams and should attend all scheduled meetings within their building. Crisis teams are crucial in maintaining a safe environment for all students and staff. Your building Principal is the Crisis Team leader.

## **C. Medication Administration - Administering Medications to Students Ohio Revised Code 3313.713**

Designated persons employed by the board are authorized to administer to a student a drug prescribed for the student. Effective July 1, 2011, only employees of the board who are licensed health professionals, or who have completed a drug administration training program conducted by a licensed health professional and considered appropriate by the board, may administer to a student a drug prescribed for the student.

Northwest Local School District Policy for ADMINISTRATION OF MEDICATION IS CONSISTENT WITH THE OHIO REVISED CODE 3313.713 (THE MEDICATION POLICY LAW) IN ITS ENTIRETY.



**Required Documentation:**

In the event that a student requires medication, prescription and/or over-the-counter, during the school day, an *Administration of Medication* form must be completed in its entirety and signed by the prescribing doctor and the parent.

**Receiving and Counting Medication:**

Medication is to be brought to the Nurse/Health Assistant by the parent/guardian in the original container. Medication is **never** to be sent with a student. In the event that the Nurse/Health Assistant is unavailable, an employee designated by the school Principal will accept and count medication with the parent/guardian.

When any prescription medication is received, the amount of medication is to be recorded on the yellow *Medication Record Form*, in the presence of the parent/guardian. Upon initially receiving any medication or subsequent refills of medication classified as a controlled substance, the quantity and from whom the medication was received should also be documented on the medication record form.

All prescription medication must be counted according to the following guidelines:

- When medication is received, and **at least once a week thereafter**.
- When medication is refilled
- When medication is discontinued/disposed of.

Each count must be reconciled with the previous count and the number of administrations since the last count. If time permits, controlled substances should be counted after each administration occurs. After each subsequent dose is given, the remaining quantity of medication should be documented on the medication record form. If a discrepancy in a medication is found, the Nurse/Health Assistant or designated staff must notify the District Nurse and the Principal immediately.

**Medication counts should be documented on the Medication Record.**

**Storing Medication:**

Medication must be stored in compliance with state and federal law. A location in each school building should be established for the storage of medications to be administered to students. All medications **not** requiring refrigeration must be stored in a LOCKED storage location. Medications requiring refrigeration should be kept in a refrigerator located in an area not commonly used by students.

**Administration of Medication:**

The administration of medication requires accuracy by school personnel. School personnel must pay full attention to this responsibility and should not attempt to do other tasks simultaneously. Hands should be clean before preparing and administering medication.

NWLSD Administration of Medication procedures require a statement from the student's licensed prescriber and written permission of the parent/guardian before either prescription or over the counter medications may be given. Such documentation is required for students who must receive medication routinely or as needed throughout the school day and/or during school sponsored events and extra-curricular activities. School personnel should be advised that the administration of medicine without the order of a licensed prescriber may be interpreted as practicing medicine and is prohibited by law.

It is the responsibility of the parent/guardian to instruct the student to come to the health room at the appropriate time for medication administration.

It is the responsibility of the parent/guardian to obtain an updated physician's order when the medication is changed in any way.

Any medication that remains after the course of medication is completed, discontinued, or not used by the close of the school year should be safely returned to the parent/guardian or disposed of.

A new medication order must be submitted every school year.

### **Documenting Administration of Medication:**

In order to properly and completely document the administration of medication the following must be adhered to:

There must be an administration of medication form and a medication record for **EACH** medication the student is receiving.

EACH DOSE of medication administered by school personnel must be documented (signature, date and time) on the student's medication record by the person administering the medication. Initials may be used in lieu of the signature of the person administering the medication, although a full signature must appear on the record with the corresponding initials.

When a dose of medication is not given including omission, absence, early dismissal, noncompliance, no supply of medication at school, a signed and dated notation should be entered on the medication record identifying the reason for the non-administration of medication.

When a medication routinely given by school personnel is administered by a parent, a signed and dated notation should be entered on the medication record by the witnessing school personnel.

When school personnel witness the administration of medication by a parent to a student who does not have an administration of medication form for the medication being given by the parent, school personnel should document such observations in the student's health record.

ADMINISTRATION OF MEDICATION forms and Medication Records should be stapled together and placed in the Student's health record when the course of medication is completed, discontinued or at the end of the school year.

### **Compare Affixed Label To Licensed Prescriber's Order**

Medication must **NOT** be given if there is any discrepancy in the following information:

1. Name of student
2. Name of medication  
If the generic brand has been substituted for a brand name drug, the medication must not be given until it has been determined that the generic and the brand are synonymous.  
Any unfamiliar drug should be researched before administration and there must be same day contact with the sponsoring adult.

3. Dosage to be administered  
A medication dosage that is above the safe dosage range may not be given until clarification is obtained from the licensed prescriber. School personnel have the right to refuse to administer medication that is determined to be above the established safe dosage range.

Upon visual inspection of the medication, it should appear to be the right color and size of table or capsule. Any questions about the appearance of the medications must be clarified with the licensed prescriber before medication can be given.

4. Time or interval of time the medication is to be administered.  
An acceptable time frame for the administration of medication is ½ hour before and after ordered time.
5. Route of Administration:  
Oral medication should be offered to the student in the cap of the medication container, or in a medication cup.

All oral medications are to be taken with water or some other fluid. The student should be watched carefully to make sure the medication is swallowed.

## **IDENTIFY THE STUDENT**

Student identification must be accurately determined each time medication is administered. One or more of the following methods may be used, but picture ID is the safest and most accurate.

1. Compare the student's appearance with the picture ID that has the student's name affixed.
2. Ask the student his/her name and date of birth.
3. Ask school personnel familiar with the student to verify the student identity.

## **ADMINISTRATION OF MEDICATION DURING FIELD TRIPS, EXTRA CURRICULAR ACTIVITIES, AND EVENTS**

Students who would normally take medication before or after the school day may require medication administration by school personnel when extracurricular activities or events occur outside usual hours of the school day. In all situations where students are attending a school sponsored activity, all established medication administration policies and procedures must be followed.

Field trips are very common school sponsored events that impact a large amount of students. The following procedures for field trips and similar extra-curricular activities and events are to be as followed:

At the beginning of each school year, Field Trip Information form should be distributed to teachers. Receiving timely information about field trips allows ample opportunity to communicate with parents to determine their wishes regarding medication administration during field trips and obtain needed permission forms and supply of medication. Time is also needed to adequately train school personnel that will be responsible for administering medication.

If a student has a PRN medication available at school, the nurse should assess the likelihood of needing the medication during the field trip (location of trip, type of activity, plans for meals, etc.) and frequency that it has to be administered during the typical school day. This will allow the Nurse/HA to communicate with parents and provide guidance in the decision whether or not the PRN medication should be sent on the field trip. Medication used to treat LIFE THREATENING conditions should ALWAYS be sent on field trips.

Should the parents wish to omit the medication dose for the day/time of the field trip, or choose not to have the school send the PRN medication on a field trip, the parent's directions should be documented on the medication record. A regularly scheduled medication may not be omitted without physician's order and parent approval. The parent should submit in writing the request to withhold the medication for the day of the field trip.

The teacher/ designated adult responsible to give the medication during the field trip must properly sign out and be responsible for that medication. The teacher/designated adult should administer the right medication at the ordered time, to the right student, with the right dose and route. The teacher/designated adult must document on the correct medication form.

All medication must be properly stored and locked during the field trip.

If for any reason the medication is not given on the field trip, the teacher or designated adult responsible for giving the medication must document.

\*\*If medication is provided when school is not in session to a sponsor or coach, (such as Band Camps, Athletic Camps, Cheerleading, Show Choir, etc.) it is the **responsibility of the PARENT** to collect the physician's order and medication from the sponsor or coach.

## **MEDICATION ERRORS**

All medication errors are to be reported to the Principal and the District RN as soon as the error has been discovered. The Medication Error Reporting Form is to be completed by the employee making the error and the form is sent to the District Nurse.

In addition, notify the parent immediately.

Reference:  
ORC 3313.713  
NWLSD Board Policy

## **Medical Treatments**

School Policy requires consent of the parent/guardian, order of the licensed prescriber, and agreement of school personnel before a prescribed medical treatment can be administered to a student.

The Parent/Guardian is responsible for providing all needed supplies and equipment required to safely perform the medical treatment within the school environment. A revised form or statement must be signed by a physician and parent if any change in treatment occurs.

Reference: NWLSD Administration of Prescribed Medical Treatment at School

## **D. EMERGENCY MEDICAL AUTHORIZATION (EMA) FORMS (per ORC 3313.712)**

This form is used by the child's school as a signed authorization to provide emergency medical treatment if needed.

(A) Annually the board of education of each city, exempted village, local, and joint vocational school district shall, before the first day of October, provide to the parent of every pupil enrolled in schools under the board's jurisdiction, an emergency medical authorization form that is an identical copy of the form contained in division (B) of this section. Thereafter, the board shall, within thirty days after the entry of any pupil into a public school in this state for the first time, provide his parent, either as part of any registration form which is in use in the district, or as a separate form, an identical copy of the form contained in division (B) of this section. When the form is returned to the school with Part I or Part II completed, the school shall keep the form on file, and shall send the form to any school of a city, exempted village, local, or joint vocational school district to which the pupil is transferred. Upon request of his parent, authorities of the school in which the pupil is enrolled may permit the parent to make changes in a previously filed form, or to file a new form. If a parent does not wish to give such written permission, he shall indicate in the proper place on the form the procedure he wishes school authorities to follow in the event of a medical emergency involving his child. Even if a parent gives written consent for emergency medical treatment, when a pupil becomes ill or is injured and requires emergency medical treatment while under school authority, or while engaged in an extra-curricular activity authorized by the appropriate school authorities, the authorities of his school shall make reasonable attempts to contact the parent before treatment is given. The school shall present the pupil's emergency medical authorization form or copy thereof to the hospital or practitioner rendering treatment. Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempts to comply with this section.

## **COLLECTION AND STORAGE OF FORMS**

NWLSD maintains only electronic/computer generated EMA's and student health conditions forms created/updated by parent/guardians in the Registration Gateway annually. These entries/updates are to be inspected by the health assistants; extracting pertinent information to create health plans, alert lists, and contact parents as necessary.

Students who do not have an EMA on file will still receive appropriate medical care, provided reasonable attempts to contact parents have been made. **Forms are able to be accessed digitally during Emergency evacuations.**

## **E. COMMUNICABLE DISEASE**

OHIO DEPT. OF HEALTH COMMUNICABLE DISEASE CHART

All Northwest Local School District Nurses/Health Assistants follow the **Ohio Department of Health Communicable Disease Chart (chart content subject to change)**. Each Health office must have the chart hanging for use.

Re-order information is located at the bottom of the chart and can be done online on the Ohio Department of Jobs and Family Service website, or ordered by phone at 614-728-7300.

## OHIO REPORTABLE INFECTIOUS DISEASES

### Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio

From the Ohio Administrative Code Chapter 3701-3; Effective August 1, 2019

#### Class A:

Diseases of major public health concern because of the severity of disease or potential for epidemic spread – report immediately via telephone upon recognition that a case, a suspected case, or a positive laboratory result exists.

- Anthrax
- Botulism, foodborne
- Cholera
- Diphtheria
- Influenza A – novel virus infection
- Measles
- Meningococcal disease
- Middle East Respiratory Syndrome (MERS)
- Plague
- Rabies, human
- Rubella (not congenital)
- Severe acute respiratory syndrome (SARS)
- Smallpox
- Tularemia
- Viral hemorrhagic fever (VHF), including Ebola virus disease, Lassa fever, Marburg hemorrhagic fever, and Crimean-Congo hemorrhagic fever

Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other disease of major public health concern, because of the severity of disease or potential for epidemic spread, which may indicate a newly recognized infectious agent, outbreak, epidemic, related public health hazard or act of bioterrorism.

#### Class B:

Disease of public health concern needing timely response because of potential for epidemic spread – report by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known.

- Amebiasis
- Arboviral neuroinvasive and non-neuroinvasive disease:
  - Chikungunya virus infection
  - Eastern equine encephalitis virus disease
  - LaCrosse virus disease (other California serogroup virus disease)
  - Powassan virus disease
  - St. Louis encephalitis virus disease
  - West Nile virus infection
  - Western equine encephalitis virus disease
  - Yellow fever
  - Zika virus infection
  - Other arthropod-borne diseases
- Babesiosis
- Botulism
  - infant
  - wound
- Brucellosis
- Campylobacteriosis
- *Candida auris*
- Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)
  - CP-CRE *Enterobacter* spp.
  - CP-CRE *Escherichia coli*
  - CP-CRE *Klebsiella* spp.
  - CP-CRE other
- Chancroid
- *Chlamydia trachomatis* infections
- Coccidioidomycosis
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- *E. coli* O157:H7 and Shiga toxin-producing *E. coli* (STEC)
- Ehrlichiosis/anaplasmosis
- Giardiasis
- Gonorrhea (*Neisseria gonorrhoeae*)
- *Haemophilus influenzae* (invasive disease)
- Hantavirus
- Hemolytic uremic syndrome (HUS)
- Hepatitis A
- Hepatitis B (non-perinatal)
- Hepatitis B (perinatal)
- Hepatitis C (non-perinatal)
- Hepatitis C (perinatal)
- Hepatitis D (delta hepatitis)
- Hepatitis E
- Influenza-associated hospitalization
- Influenza-associated pediatric mortality
- Legionnaires' disease
- Leprosy (Hansen disease)
- Leptospirosis
- Listeriosis
- Lyme disease
- Malaria
- Meningitis:
  - Aseptic (viral)
  - Bacterial
- Mumps
- Pertussis
- Poliomyelitis (including vaccine-associated cases)
- Psittacosis
- Q fever
- Rubella (congenital)
- *Salmonella* Paratyphi infection
- *Salmonella* Typhi infection (typhoid fever)
- Salmonellosis
- Shigellosis
- Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF)
- *Staphylococcus aureus*, with resistance or intermediate resistance to vancomycin (VRSA, VISA)
- Streptococcal disease, group A, invasive (IGAS)
- Streptococcal disease, group B, in newborn
- Streptococcal toxic shock syndrome (STSS)
- *Streptococcus pneumoniae*, invasive disease (ISP)
- Syphilis
- Tetanus
- Toxic shock syndrome (TSS)
- Trichinellosis
- Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB)
- Varicella
- Vibriosis
- Yersiniosis

#### Class C:

Report an outbreak, unusual incident or epidemic of other diseases (e.g. histoplasmosis, pediculosis, scabies, staphylococcal infections) by the end of the next business day.

##### Outbreaks:

- Community
- Foodborne
- Healthcare-associated
- Institutional
- Waterborne
- Zoonotic

#### NOTE:

Cases of AIDS (acquired immune deficiency syndrome), AIDS-related conditions, HIV (human immunodeficiency virus) infection, perinatal exposure to HIV, all CD4 T-lymphocyte counts and all tests used to diagnose HIV must be reported on forms and in a manner prescribed by the Director.



\*If you receive information regarding a student potentially having an infectious disease. This must be reported to the District Nurse and building administrator **immediately**.

Ohio Administrative Code ([3701-3-02](#), [3701-3-05](#) and [3701-3-12](#)) requires cases of certain communicable or highly contagious diseases to be reported to local health departments. Examples of communicable diseases include salmonella, hepatitis, rabies, crypto, tetanus, chickenpox, whooping cough and more. Identification of a suspected or confirmed case of an infectious disease is the first step. This can be done by physicians, laboratories, school nurses, nurse practitioners, infection control practitioners, and others. Suspected cases are to be reported so that measures to protect contacts of the case can be planned and instituted as soon as the disease is confirmed. This is especially important in diseases which are easily spread, such as measles, or for which exposure is particularly hazardous, such as meningococcal disease. Case reporting to a local health jurisdiction, and subsequently to the state, allows identification of related cases, or outbreaks, which might not be apparent to a practitioner seeing only one or two affected patients.

How to report

1. Review the [Ohio Infectious Disease Control Manual](#) for specific reporting information and educational materials about the suspected disease.
2. Complete the appropriate form: [Disease Reporting Form](#)
3. Fax your report to (513) 946-7930

or-

4. Contact the Health District via phone  
Communicable Disease Investigators: (513) 946-7887 or (513) 946-7849  
After-hours Contact (Weekends, Holidays, M-F after 4:30pm): (513) 946-7800

Once a reportable communicable disease diagnosis is verified, a public health disease investigator begins their work to:

- Confirm each diagnosis and original source of the disease.
- Locate affected persons.
- Look for potential common modes of transmission among affected persons.
- Provide affected persons and the public with information about the disease including: symptoms, how diagnosis is confirmed, how the disease is spread, and prevention measures.

## **F. IMMUNIZATIONS**

### **COMPLIANCE**

A critical area of school nursing and communicable disease control is the monitoring of student's immunization records. The Nurse/Health Assistant will follow *the Approved Means of Immunization as Required by Section 3701.13, 3313.671, and 5104.001 A(5) of the Ohio Revised Code and the Ohio Department of Health*. The Nurse/Health Assistant will receive revised issues as they are published.

**The Nurse/Health Assistant is responsible for seeing that each student; including foreign exchange students and students sent to other programs from their respective building, has written proof on file that they have the following minimum requirements.**

Immunization requirements are set by the Ohio Department of Health and are subject to change. A copy of the most up to date immunization requirements can be found at: <https://odh.ohio.gov>

## **IMMUNIZATION “IN-PROCESS” EXCEPTION:**

In-Process exception: Students who have not received the minimum number of immunizations and are not otherwise exempt.

Students who have received measles, mumps and rubella vaccine, and at least one immunization against diphtheria, pertussis and tetanus (DPT/TD), at least one dose against polio vaccine, and at least one dose of Hepatitis B vaccine, may remain in school, but they must make satisfactory progress in completing all immunization series in order to maintain “in-process” status. Failure to do so is cause for school exclusion. The Nurse/Health Assistant will exclude by following Northwest Local School Districts Exclusion timetable which opens at 14 days into the school year.

## **IMMUNIZATION EXEMPTION**

Exemptions include students whose parents present a written statement that immunization is objectionable for religious reasons or other reasons of “good cause”. Similarly, a student is exempt if he/she presents a physician’s statement that immunization against a particular disease (or all diseases) “is medically contraindicated”.

This written statement must be presented to the school yearly.

**Reference:** *Religious, Good Cause, and Medical Exemption form.*

## **G. STUDENT HEALTH ASSESSMENTS/EVALUATIONS**

Health Assessments are an important part of school health. The total student, along with behavior, and screening results are correlated with the *Health History*, parent and teacher information. This combined with the Nurse’s professional judgment is used to determine the need for follow up and referral. The Nurse is an integral part of this process having been trained to conduct the initial screenings. Screening is done according to the following guidelines:

New enrollees: All exams within one year

- Physical Exam
- Immunizations
- Health History
- Hearing Screening
- Vision Acuity
- Muscle Balance and Stereopsis: kindergarten
- Color Vision: grade 1 boys only
- Postural Screening: grade 7

Preschool and Kindergarten Registration:

- Physical Exam including immunizations
- Dental Assessment (from Dentist)
- Health History
- Vision Assessment: muscle balance, stereopsis
- Hearing Screening
- Lead and Hemoglobin testing (preschool only)

Yearly School Screenings/Program:

- Vision and Hearing Screenings
  - Deadline: Nov 1- Preschool, Kdg
  - Deadline: End of school year- 1<sup>st</sup>, 3<sup>rd</sup>, 5<sup>th</sup> 7<sup>th</sup> 9<sup>th</sup> and 11<sup>th</sup> (no hearing for gr.7 ONLY)
- \*Reporting done online to Ohio Dept. of Health, and is the responsibility of the health assistant(s) at building level. Links to report sent out annually from District Nurse.
- Postural Screening            Grade 7, boys and girls (optional)



Periodic student screening: IEP and/or Special Education Services (ETR's)

Reference: *Evaluation Team Report*  
*Growth and Development Parent Letter*  
*Scoliosis Screening Referrals*

## **HEALTH ASSESSMENT PROCEDURES:**

If available assistance for vision, hearing and postural screenings will be provided by volunteers, or health tech/nursing students as arranged or approved by the District Nurse. The health assistant in the building is responsible for training the assistive staff in screening procedures and documentation.

### **Vision**

Preschool, K 1,3,5,7 and 9. Stereopsis for Preschool, K and 1. Color either K or 1 (boys only). Near muscle balance 1st. Near muscle balance should be done by licensed personnel or screeners trained by ODH.

### **Hearing**

PreK, 1, 3, 5, and 9 and 11. State law says that first time Kindergarten and 1st grade students must be screened by Nov. 1st.

Written notification of failed screening results shall be reported in a sealed envelope addressed to the parent or guardian.

**\*Please refer to ODH Manuals and Powerpoints for more detailed accurate descriptions of screening procedures related to hearing and vision, as well as referral information.**

### **Vision Screening: Distance Acuity**

Follow the most current *Ohio Department of Health Vision Screening Guidelines and Requirements* Booklet as some specifications are subject to change without advance notice.

1. Use a lighted visual acuity Chart at 10 feet.
2. Student is to be seated/standing with the chart at eye level.
3. If the student wears glasses, test with glasses on. If the student claims that sight is better with glasses off, test both ways.
4. Occlude the left eye and test the right eye first, then the left. The eye not being tested should be open and relaxed under the occluder. If you see the child turn his/her face to the side, reposition the face so that it is squarely opposite the eye chart. At all times, keep your eyes on the child.
5. Familiarize young children with the eye chart prior to use. Point below the letter to be identified. Initially the student identifies one letter/shape from each line until one is missed. The screener does not have to point to every letter/shape on every line until the pass line at 20/30. On this line, the screener must indicate each letter/shape. The recorded visual acuity is the smallest line of letters/shapes that can be read at 75% accuracy:

Allows no misses with 1-3 letters

Allow 1 miss with 4-7 letters

Allow 2 misses with 8-11 letters

1. A child failing any portion of the vision screening must be re-screened. If the child fails a second time, he must be referred to a Vision Specialist promptly.

2. Observation of the students being tested is important for referral purposes. Referrals may be made for the following conditions:

a. Appearance

- \*Ocular asymmetry, including eye size, color, and shape of pupil
- \* red swollen eyelids
- \* drooping eyelids
- \*growth on eyelid or eye
- \*crusty eyelashes
- \*Cloudiness or haziness of cornea
- \* red and watery eyes
- \* misaligned eyes, muscle imbalance
- \* eyes in constant motion, nystagmus
- \* poorly fitting frames /scratched lenses

B. Behaviors

- \* holding materials close or far away
- \* squinting
- \* frequent rubbing and blinking of eyes
- \* frowning when reading
- \* thrusting head forward, tilting, or turning
- \* covering eye while reading
- \* closing eye in sunlight

C. Symptoms

- \* eye pain
- \* itching or burning
- \* double vision/blurred vision
- \* frequent headaches
- \* light sensitivity
- \* spots floating across the field of vision

All vision information from screenings are to be recorded in DASL/Progressbook.

Reference: *Vision Service Packet forms*

*Ohio Department of Health Vision Screening Guidelines booklet*

*ODH Eye Specialist Report (referral form)*

## Hearing Screening

There is a Puretone audiometer in every health office. Follow the *Ohio Department of Health, Hearing Screening guidelines and Requirements* booklet. Screen in a quiet surrounding.

1. Instruct the child to raise his hand when he hears a soft sound and to put his hand down when he does not hear it. If the child does not respond by raising his hand, there are other ways he can let you know he has heard the tone.
2. Place the earphone over the child's ears with the red over the right ear, and the blue over the left ear.
3. Present the following tones in both ears:
  - 1000 Hz. – 20 dB
  - 2000 Hz. - 20 dB
  - 4000Hz. - 20 dB

- Any child who fails the screening (who does not respond to 20 dB HL to all 6 test tones) shall be re-screened immediately after the instructor has repositioned the earphones.
- The screening is now complete and results are to be recorded. If the child hears all the tones in the right ear, he passes the screening in the right ear, and likewise for the left ear. If the child does not hear all three tones for the right ear, he fails the screening. This should be recorded as an “F” (fail) under the Right ear column. Use the same procedure for the left ear.
- A second screening must be performed in 4 weeks for those who have failed the screening. If failed again, refer to a Hearing Specialist.
- Observation of the students being tested is important for referral purposes. Immediate referral for discharge from ear canal, malformation of the ear, and soreness or pain in the ears.

All Hearing screening results are recorded in DASL/Progressbook.

Reference: *Ohio Department of Health Hearing booklet Hearing Referral Report (ODH)*

### **Postural Screening**

Procedure: An annual screening of the entire 7<sup>th</sup> grade population **may** be done in middle schools. All new enrollees to the 7<sup>th</sup> grade may be screened upon enrollment. The entire screening process should take no more than 30 seconds and should effectively detect or rule out signs of early scoliosis, kyphosis, or lordosis.

#### **Scoliosis:**

Balance, does the head and base of the neck line up over the center of the buttocks?

Is one shoulder higher than the other?

Is there a deeper crease over one side of the waist than the other, or is there a greater distance between the arm and the body?

Does the spine appear to curve?

Is there asymmetrical contour of the trunk and hips?

The student bends forward at the waist with the back parallel to the floor, keeping the knees straight, feet together, arms hanging with the palms together, and head down. Is there a prominence or bulge on one side of the back or both?

#### **Kyphosis:**

After checking for scoliosis, the nurse moves to the right or left to view the child’s back from the side.

Do the shoulders hunch forward excessively?

Is there excessive prominence, angulation or rounding of the spine?

Can the child correct the above postural defects when asked to stand straight as possible?

When the child bends forward, does the rounding remain prominent or increase?

#### **Lordosis:**

With the student standing erect, is there an increased angle between lumbar spine and sacrum and an unusual prominence of the sacrum?

When the student bends forward, does he have difficulty touching his toes? Does the lordosis or sway back correct or remain unchanged?

**If a possible postural problem is suspected, the student will be rechecked with a 2<sup>nd</sup> screening. The Nurse completes the *District Scoliosis Referral form* and sends the report home with the student or mailed to the home address.**

Reference: Scoliosis Screening Referral Letter

## H. **FIRST AID GUIDELINES**

**NWLSD board policy (Support Services file: EBBA and EBBA-P)**

**Board Policy located in the forms section.**

General Considerations:

First aid equipment and supplies must be available to the school staff at all times.

### **Major Accidents:**

Those accidents occurring within the school during school hours and are serious enough to require medical attention, First Aid should be given immediately and the parent notified.

Consult the **Emergency Medical Authorization (EMA)** form and **Individual Health Plans/Action Plans** for additional information.

If the Nurse assesses the condition to be life threatening, she instructs another staff member to call 911, then the parent/guardian.

In non-life threatening situations, call the parent/guardian immediately for instructions as to how they would like the child transported.

An **ACCIDENT REPORT form** should be completed for all major accidents with students and visitors in the building. This form is completed by the staff member who witnessed the accident, with help from the Nurse. If no one witnesses the accident, the Nurse will complete the form "as reported by". A copy is sent to the District Nurse at the Administrative Office, and the original is stored in the Nurse's files.

**Accidents/Injuries/Exposures involving staff are NOT documented on paper, please instruct the employee to fill out the accident/exposure report within Public School Works, online and accessible via the intranet.**

### **Minor Accidents/Injuries:**

For minor injuries or health concerns when the nurse is unable to contact the parent, a letter informing them that their child was seen in the health room should be sent home with the child.

**References:** NWLSD Student/Visitor Accident Report Form  
Emergency medical Authorization  
Individual Health Plans  
Emergency Action Plans  
Child Seen In the Health Room Form (see below)  
First Aid Guidelines (for Health Clinic Use)

### **Blood and Bodily Fluid Exposure (Staff Members):**

In the Case of Exposures to Blood and bodily fluids, the health assistant(s) role is as follows:

1. To provide first aid to the affected parties if necessary
2. To provide the staff member with the BBE packet (contains info on how and where to receive medical attention, prophylaxis and follow up.
3. **Have the staff member sign the first page of the packet immediately, send the packet to benefits dept. at AO via pony mail.**

4. To inform the staff member of the need to fill out an accident report on PSW  
Paper versions of staff accident reports will NOT be accepted
5. Inform the building administrator that an exposure has occurred and a packet was given.

\*See NWLSD exposure control plan for greater detail. Available on the intranet, and in the forms section of this handbook.

## **I. FIRST AID FOR COMMON SCHOOL CONDITIONS AND INJURIES**

**See: Emergency Guidelines for Schools (book)**

### **Abdominal Pain:**

Most often related to constipation, stress, or fatigue. Obtain a history regarding bowel movement pattern, duration of pain, location of pain, diet, exercise, cause of pain. Any blunt trauma or pain that will not stop should be referred to a medical source and parent.

Encourage use of toilet and abdominal self-massage.  
Permit 10 minutes of rest and observation.

### **Anaphylaxis:**

Anaphylaxis is a severe and sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as a food or insect sting). Although death is rare, an anaphylactic reaction always requires an emergency response. Prompt treatment with injected epinephrine is required to halt progression and can be life-saving. Fortunately anaphylactic reactions are usually preventable by implementing strategies for avoiding allergens.

Common allergens that can trigger anaphylaxis are:

- foods (e.g. peanuts and other nuts, shellfish and fish; and in pre-school age children, milk and egg)
- insect stings (e.g. bee, wasp)
- medications (e.g. antibiotics, aspirin)
- latex (e.g. rubber gloves, balloons, swimming caps).

### **Having Asthma increases the likelihood of having a severe reaction.**

The severity of an anaphylactic reaction can be influenced by a number of factors including exercise, hot weather and in the case of food allergens, the amount eaten. In the case of severe food allergies, an anaphylactic reaction is usually triggered by ingestion of the food. The school can help by assisting the student in the avoidance of allergens and ensuring that an emergency response plan is in place for all activities. The early recognition of the signs and symptoms of anaphylaxis may save lives by allowing the earlier administration of first aid and contact of the appropriate emergency medical services.

### **Who is at risk of anaphylaxis?**

Children who are highly allergic to any of the above allergens are at risk of anaphylaxis if exposed. Those who have had a previous anaphylactic reaction are at increased risk. Asthmatics have a higher risk of severe reactions.

### **How can you recognize an anaphylactic reaction?**

Reactions usually begin within minutes of exposure and can progress rapidly at any time over a period of two hours. A student at risk of anaphylaxis will often recognize the early symptoms of an allergic reaction before any other signs are observable. Common symptoms are:

- flushing and/or swelling of the face
- itching and/or swelling of the lips, tongue or mouth
- itching and/or a sense of tightness in the throat, hoarseness, difficulty breathing and/or swallowing.
- hives, itchy rash and/or swelling about the face, body or extremities
- nausea, abdominal cramps, vomiting
- shortness of breath, repetitive coughing and/or wheezing
- faint, rapid pulse, low blood pressure
- lightheadedness, feeling faint, collapse
- distress, anxiety and a sense of dread.

### **Staff responsibility in an emergency**

In an emergency, all staff have a duty of care. Staff members are to use common sense which dictates that, while they should not act beyond their capabilities, they are expected to do as much as they can to take appropriate action.

### **What should I do?**

The student's individual health care plan will spell out what needs to be done. It includes an emergency response plan detailing how to deal with a reaction should it occur. Details on how to use an EpiPen in an emergency should be distributed to staff members in the school. If your school has a student at risk of anaphylaxis the emergency response plan should be posted in suitable locations for easy reference as agreed by the parent and where appropriate, the student.

*Early recognition of symptoms and immediate treatment could save a child's life.*

### **Training in the management of anaphylaxis**

The Nurse/Health Assistant will inform appropriate staff about anaphylaxis and advise them of relevant details of the individual student's severe allergy. **Training will need to be arranged for staff, including the use of an EpiPen. This should be determined by the Nurse/Health Assistant and the Principal.**

A student should never be sent to the Health Clinic alone during an episode.

**Reference:**        *Anaphylaxis IHP (food allergies, bee stings, etc.)*  
                          *Anaphylaxis EAP*  
                          *EPIPEN Directions for Use*

### **Asthma:**

#### **Mild to Moderate Signs and Symptoms:**

- mildly increased respirations
- mild to moderate wheezing or
- no wheezing
- pale nail beds and mucous membranes
- may speak in partial sentences

#### **Action:**

1. Have child sit upright
2. Use bronchodilator inhaler as prescribed
3. Try to calm/relax child
4. Assess temp/pulse/resp. lung fields, alertness, cough.
5. if child uses peak flow, assess PEFR

6. Reassess respiratory status after 15 minutes

**Clears after 1<sup>st</sup> treatment or improves with Relaxation:**

1. Observe for 15-30 minutes
2. Return to class (RTC)

**No inhaler and No improvement with relaxation:**

1. Notify parent to pick up STAT
2. Send Physician's order for medication Form to parent.

**No response to 1<sup>st</sup> treatment:**

1. Wait 15 minutes, repeat dose
2. check vital signs

If improvement with 2 doses:

1. Observe 30 mins. and RTC
2. Notify Parent
3. Reassess in 2 hours Principal.

No improvement with 2 doses:

1. Notify parent to pick up child  
If unable to reach parent, or parent Refuses to pick up, consult the
2. Continue to monitor
3. Repeat inhaler every 15 mins. for a Total of 4 doses

**If Symptoms Worsen: CALL 911**

- Notify Principal
- Assess vitals every 5-10 mins.
- Designate personnel to notify parent
- Obtain EMA for Paramedics
- 

**A student should never be sent to the clinic alone during an episode.**

**Reference:** NWLSD Nursing Protocol for Asthma Form  
Other Asthma related forms:  
*Asthma IHP*  
*Asthma EAP (meds and no meds)*  
*Asthma Student Contract (self-medication)*  
*Asthma inhaler request form*

**Back and Neck Injuries**

Notify Parent/Guardian

Special considerations: Severe injuries occur when the neck is forcefully flexed, the chin strikes the chest. Most injuries are sprains, strains, and broken bones. When damage to the spinal cord is suspected,

## **DO NOT MOVE THE STUDENT - call 911.**

### Physical findings:

1. Pain made be worse by pressure and movement
2. Pain may radiate down arm or leg
3. Nerve involvement, weakness, tingling, numbness, or inability to move limb.
4. If one or all neurological signs are present, call an emergency ambulance to transport the student for further evaluation.

If all neurological signs are normal and the student is able to move all extremities freely, ice may be applied to relieve pain. Check the student throughout the school day and notify the PE teacher.

## **Bedbugs**

Northwest Local Schools follow Hamilton County Guidelines

Public Health scientific evidence does not show that bed bugs directly spread disease. Students should not be excluded from the school due to bed bugs. If a student has bed bugs, privately and with dignity, follow these guidelines:

### **If bedbugs are found on a child:**

1. Discreetly remove the child from the classroom so the school nurse or a qualified individual can perform an inspection of child's clothing and other belongings (including but not limited to shoes, jackets, hats, books, backpacks, school supplies, etc.). Place any of the child's unneeded items, such as book bags, into a large bag and tightly seal the bag.
2. Check areas where students or affected belongings may have had a chance to sit for extended periods of time.
3. Remove bugs by use of gloves, tweezers, tissue, paper towel, etc. Place bugs in a sealed bag, destroy the bug, and dispose of the bag.
4. Belongings showing a presence of bed bugs need to be bagged, sealed, and sent home with the child at the end of the day. If the school has a washer/dryer available, the school may wish to wash and dry clothing on a high heat setting.
5. Contact the parents or guardian to inform them of the bed bug presence on their child.
  - Require a clean, freshly laundered and sealed change of clothes be sent to the school. Clothes should be laundered on high heat.
  - Send only essential items to school with the student and inspect items upon arrival. If possible, the school could offer to keep non essential items overnight to help ensure the items are bed bug free.
6. Give parents or guardians a copy of Hamilton County Public Health's Bed Bug Fact Sheet (included). Refer parents to Hamilton County Public Health for home consultation if necessary. **Visit [www.hamiltoncountyhealth.org](http://www.hamiltoncountyhealth.org) or contact us at 946-7832 for more information.**

### **If bedbugs are found in a school room:**

1. Check any students/belongings that may have been in the affected area.
2. If students are found to have bed bugs on them, follow above guidelines.
3. Distribute letters to all student/staff households describing bed bugs, their control, and how to check their own homes and children. Follow Hamilton County Public Health's guidelines located on the Bed Bug Fact Sheet.



4. Refer parents to Hamilton County Public Health for home consultation if necessary.
5. Vacuum the affected area during the normal after school cleaning schedule. Dispose of the vacuum bag in its own sealed garbage bag.
6. Contact Student Services to determine if it is necessary for a licensed pest control operator for any treatment to be performed inside a school building. According to Ohio Law, it is illegal for anyone other than a licensed pest control applicator to apply pesticide in any public building.

**General Guidelines:**

- It is recommended that schools separate children’s belongings to prevent the spread of bed bugs.
- It is essential that all staff be trained to identify bed bugs, skins, eggs, and feces.

Adult



Eggs



Skin



Fecal Deposits



Reference forms:  
 Northwest Local School District Action Plan for Bed Bugs  
 Hamilton County “know the facts”

**Behavior Emergencies:**

Students with a history of behavioral problems, emotional problems, or other special needs should be known to appropriate school staff. An emergency care plan should be developed.

Behavioral emergencies may take many forms such as depression, anxiety, phobias, destructive or aggressive behavior, talk of suicide, etc.

Intervene only if the situation is safe for you.

Does student behavior present an immediate risk of physical harm to persons or property? Is the student armed with a weapon?

If **YES**:

1. Follow the District Crisis Plan

If **NO**:

1. The cause may be emotional, psychological, or physical. The student should be seen by a health care provider to determine the cause. Suicide and violent behavior should be taken seriously. If the student has threatened to harm himself, contact the responsible school authority and the Parent/guardian immediately.

### **BITES - Animal**

Special consideration: control bleeding if necessary

1. Clean the area with soap and water and flush with water for 5 min's.
2. Apply a loose dressing
3. Ask another staff member to locate and isolate the animal (if in the building or on the grounds).
4. Call parent/guardian
5. Refer all **open skin** bites to the physician.
6. Report any unprovoked animal bites on school grounds to the Township Police Department.

### **Bites - human**

Bites from humans involve both the biter and the person receiving the bite. If someone cuts his or her knuckles on another person's teeth, as might happen in a fight, this is also considered a human bite.

Special considerations: Human bites that break the skin have the greatest potential for infection.

Also, consider transmission of infectious diseases (Hep. B and HIV) to either student.

1. Clean the area with soap and water and flush with water for 5 min's.
2. Control bleeding with direct pressure
3. Inform parent
4. Refer to physician (facial bites are referred immediately)

### **Bites/Insect Stings**

Special Considerations: CHECK FOR ALLERGIES

1. Remove stinger if necessary by scraping action DO NOT use tweezers.
2. Wash with soap and water/sting relief pads
3. Apply ice
4. Observe for local reaction; itching, redness, pain, swelling, hives.  
These are all at the site of the sting and are not life threatening. Observe for 15 minutes.  
Inform the teacher that the student was stung and may need to return to the health room if symptoms increase.

Inform parent/guardian  
Systemic Allergic Reactions or Anaphylaxis

1. Generalized itching
2. Generalized hives
3. Facial edema
4. Sneezing, wheezing, nausea
5. Abdominal cramping
6. Difficulty breathing
7. Swelling of the throat, larynx, lower airway.

These are signs and symptoms distant from the site and are LIFE THREATENING: Call 911. The students prescribed emergency epinephrine (EPIPEN) should be given their injection immediately followed by a call to 911.

## **Bleeding**

Serious injury with significant damage:  
Call 911

Intervention:

- Press area firmly with a clean bandage
- Elevate bleeding body part gently
- Bandage wound firmly without interfering with circulation
- Do NOT use a tourniquet

If the wound is gaping, the student may need stitches. Contact parent and urge medical care  
If bleeding is uncontrollable, CALL 911

Bloody clothing should be cleaned or replaced.

## **Blunt Injury (blow to the body)**

Signs and symptoms: Rapid, shallow respirations, painful breathing, distended neck veins, cyanosis, muffled heart sounds, low blood pressure, appearance and feeling of apprehension.

Notify Parent

1. If no pain or symptoms, allow them to return to class after observing for 20 mins.
2. If symptoms persist, refer to a physician.
3. Refer significant baseball chest injury to physician even though asymptomatic at the time.

(There have been reports of sudden or delayed coma leading to death in children who have been struck in the chest by a baseball or handlebars. Pneumothorax or cardiac tamponade can develop slowly, even over 1-2 days post trauma.

## **Burns**

Special instructions: Facial, chemical or electrical burns: refer to physician in ALL cases.

Assess the degree of the burn.

1. First degree burns begin with pain and redness as in a sunburn, no blisters
2. Second degree burns begin with pain, redness and blisters.
3. Third degree burns begin with little or no pain, with red, black or white discoloration. Full thickness of skin is destroyed.

Rapidly immerse burn in cold water. This not only helps with pain, but also stops destruction of tissue. Do not apply ice.

Wash gently but thoroughly with antiseptic soap and pat dry.

Avoid lotions and ointments

First and second degree burns: cool compress, apply non-stick dressing to cover.

Third degree; cover with a sterile dressing and take the child to the emergency room.

Chemical burn; Flush with copious amounts of cool water for a full 15 minutes.

Notify parent/guardian

**Be alert to possible child abuse**

## **Cardiopulmonary Resuscitation (CPR)**

**All NWLSD Nurses/Health Assistant's must be trained and hold current CPR certification.**

**CPR and Heimlich maneuver posters must be hanging in the Health Room. Contact the District Nurse to obtain a poster.**

## **CHILD ABUSE AND NEGLECT - NWLSD Policy:**

“All certificated or licensed personnel of the Northwest Schools are to report any case where there is reasonable indication of:

A child less than 18 years of age who has suffered any wound, injury, disability or other condition of such nature as to indicate abuse or neglect of a child.

Any special needs or otherwise physically or mentally handicapped child under the age of 21 who has suffered any wound, injury, disability, or other condition of such a nature as to indicate abuse or neglect of the child.

Any report made as a result of this regulation and the Ohio Revised Code Section 2151.421, shall be maintained as confidential and available only to the person making the initial complaint, administrator filing the report, Superintendent of Schools, Board of Education and legally constituted authorities entitled to said report pursuant to section 2151.421 of the Ohio Revised Code.

The Ohio law specifically states that “any individual or agency participating in the making of such reports, or anyone participating in a judicial proceeding resulting from such reports, shall be immune from any civil or criminal liability that might otherwise be incurred or imposed as a result of such actions.”

School personnel and volunteers have an opportunity to interact with children on a daily basis over an extended period of time. Regular interaction allows for observation of unusual behavior(s) and for the opportunity to develop trusting relationships that may lead to direct or indirect disclosures of child maltreatment. All employees and volunteers within the school setting must be knowledgeable of, and strictly adhere to state mandated reporting laws as well as district policy for child abuse and neglect. Federal law mandates that teachers and administrators in schools must report child abuse. In all states, federal law mandates that teachers and administrators report child abuse and neglect. In most states, nurses and other school personnel are also mandated reporters. In order to ensure the privacy and protection of children and their families, many state laws prohibit dissemination of confidential information to school employees after the initial interview of a child.

Child abuse and neglect is a crime. Victims of child abuse and neglect are adversely affected in many ways, and early intervention is crucial in preventing further victimization and insuring complete psychological recovery. As the primary health care provider in the educational setting, the school nurse is frequently consulted about suspicions of child abuse and/or neglect. It is the professional responsibility of school nurses to keep current on mandated reporting requirements so they can provide leadership and support to staff members, especially when making a report, to assure that the reporting procedure is properly carried out for each and every child, as mandated by law.

Reference: *Suspected Child Abuse/Neglect form*

## **Choking (asphyxiation)**

Special instructions:

- \* Student is conscious and making attempts to breathe
- \* Complete or near-complete inability to speak
- \* Grasping of neck
- \* Rapid onset of cyanosis, cessation of breathing efforts, and loss of consciousness

### **If student is unable to cough, speak or breathe:**

1. Have another person call 911
2. If a solid object is in the throat, administer the Heimlich Maneuver
3. If no pulse, begin CPR

### **If student is able to cough, speak or breathe:**

1. No immediate intervention is needed, observe only.
2. Do not hit back, raise arms, or give water.
3. Notify the parent of the episode.

## **Cold Sores (oral) - Canker sores, fever blisters**

Canker sores occur only inside the mouth and may be due to viruses. Fever blisters or cold sores occur on the lips, chin, cheeks and nostrils; sometimes inside the mouth. These are caused by the Herpes Simplex virus.

It is highly contagious when blisters are present. The virus remains in the body and recurs from time to time, often when the body is under stress.

Management:

1. Blisters should be kept dry and clean to prevent bacterial infection.
2. Exclusion from school is only necessary if secondary infection occurs such as impetigo and the lesions are draining.
3. Referral may be needed for severe and/or long lasting cases.

## **COMMUNICABLE DISEASES**

OHIO DEPT. OF HEALTH COMMUNICABLE DISEASE CHART

All Northwest Local School District Nurses/Health Assistants follow the **Ohio Department of Health Communicable Disease Chart**. Each Health office must have the chart hanging for use.

Re-order information is located at the bottom of the chart and can be done online on the Ohio Department of Jobs and Family Service website, or ordered by phone at 614-728-7300.

OHIO REPORTABLE INFECTIOUS DISEASE

Ohio Administrative Code Chapter 3701-3

Reference: *Ohio Department of Health Communicable Disease Chart*  
*Exclusion for Doctor's Diagnosis form*

## **Dental Emergencies**

**Tooth knocked out:**

1. Gently rinse the tooth of debris and keep tooth moist by placing Tooth in a wet cloth in a plastic bag, or using a "toothsaver" product.
2. Call parent to make an emergency appointment with the dentist.

**Chipped or Broken Tooth:**

1. Save tooth fragment
2. Pad jagged edge of tooth with gauze
3. apply cold compress if painful
4. Call parent to make emergency dental appointment

**Toothache:**

1. rinse mouth with warm water
2. Call parent

**Orthodontic Problems:**

1. Brace wire can be gently bent out of the way to relieve discomfort by using a tongue depressor. If not able to move, cover the area with gauze. Do not try to remove any wire that is embedded in the cheeks, gum, or tongue.
2. Call parent for orthodontic referral

**Fractured Jaw:**

Immobilize the jaw by placing a scarf, tie or towel under the chin. Tie the ends at the top of the head.

Call parent for emergency referral

**Diabetes:**

Accommodating Students with Diabetes

The health assistant is appointed to:

Consult and coordinate with the parents and health care providers of students with diabetes; and train and supervise the appropriate staff in the care of students with diabetes.

The District shall develop and the Nurse/HA shall follow an individual health plan for each student with diabetes.

Each individual health care plan shall include an individual emergency plan or *IHP/EAP*. The health plans shall be updated annually, and more frequently as needed.

In addition to adhering to the requirements of each individual health plan, for the general care of students with diabetes, the district shall:

Follow the orders written by the treating physician.

Acquire necessary parent requests and instructions for treatment.

Acquire monitoring and treatment orders from licensed health care providers prescribing within the scope of their licensed authority.

Provide sufficient and secure storage for medical equipment and medications provided by the parent.

Permit students with diabetes to perform blood glucose tests, administer insulin, treat hypoglycemia and hyperglycemia, with easy access to the necessary supplies, equipment and medication necessary under their individual health care plan. This includes the option for students to carry the essential, necessary supplies, equipment and medication on their person and perform monitoring and treatment functions wherever they are on school grounds or at school sponsored events. The health assistant has the right to limit excessive quantities of sharps and vials of medication that are regularly carried by the student, and storing these items in a secured location within the health office.

**Reference:**                    *Diabetes IHP and EAP*  
*Diabetes Monitoring Log*  
*Carbohydrate list provided by NWLSD Food Services*  
*(NWLSD website: Nutrislice)*

**Diarrhea:**

A student may come to the office because of repeated diarrhea or after an accident.

Does the student have any of the following signs of possible illness?

- More than 2 loose stools
- Oral temp over 100.0
- Stomach discomfort
- Dizzy or pale

**If YES:**    Contact parent/guardian and urge medical care

**If NO:**    Allow student to rest if experiencing any discomfort  
              Give the student water to drink

**Dislocations – Joint:**

Lack of symmetry compared to the other side, usually following trauma.

Localized pain and swelling associated with dislocation and may be associated with a chip fracture.

health assistant intervention:

- Ice Pack, applied gently
- Do NOT compress
- Do NOT try to put back in place
- Call parent
- Evacuate to Doctors office or emergency care center

Reference:        *Accident Report* - if injury occurred at school.

**EARS** - Drainage from ear, earache, object in ear canal

Drainage:

Wipe away excess on outer ear, but Do NOT try to irrigate ear.

**URGE MEDICAL CARE.** Contact parent/legal guardian.

Object in canal:

Ask the student if he/she knows what is in the ear. Do you suspect a live insect is in the ear?

**Do NOT attempt to remove.** Gently tilt head toward the affected side. Did the object come out on its own?

If there is no pain, the student may return to class. Notify the parent or legal guardian.

**Eye:**

This involves trauma, foreign object and conjunctivitis

**Trauma:**

History of blow to eye

Pain in eye

Redness of conjunctiva

Inability to open eye

- If student is unable to open eye, do not force.
- Check for fluid or blood in anterior chamber
- Check for double vision
- Check pupils
- Patch affected eye with gauze

Refer to physician without delay if:

- Laceration on eyelid or eyeball
- Visible trauma to eye
- Vision is impaired
- Painful eye

Without above symptoms, wait and observe if:

- Bruised, black eye
- Small, closed laceration of the eye that can be washed and left uncovered.

Follow up:

Ice pack may be used for minor trauma

Notify parent

Examine child during school day

Foreign object:

- Eye painful, tearing, irritation
- Pull down the lower lid with the tip of a gloved finger. If an object can be seen in the sac of the lower lid, remove with a cotton-tipped applicator.
- If unsuccessful, or if foreign object is in any other location, patch the eye and refer to the physician.

### **Conjunctivitis - pinkeye:**

All types can cause:

- Redness
- Itching and rubbing of eyes
- Watery and purulent drainage
- Redness and swelling of eyelids
- Crusty eyes

Allergic; Discharge remains watery without pus formation

Infectious (bacterial); pus formation along with drainage. Crusty eye when dried. Requires treatment.

Viral; usually less severe, often without pus, runs a 3-5 day course and self eliminates.

Do NOT exclude from school if condition is:

- mild with no visible pus
- mild and associated with a common cold



- allergy related

In other cases, refer to the child's physician and exclude until treated.

### **Sty:**

A tiny abscess on the edge of the eyelid causing redness, pain and swelling.

Treatment

1. warm compresses
2. Physician may order antibiotic drops or ointment
3. School exclusion is NOT necessary

### **Fainting:**

Fainting may have many causes including:

- Injuries
- Illness
- Blood loss
- Heat exhaustion
- Diabetic reaction
- Allergic reaction
- Standing for too long

If you observe any of the following signs, have the student lie down:

- Weakness or fatigue
- Dizziness or light-headed
- Extreme sleepiness
- Pale, sweaty skin
- Nausea

Most students who faint recover quickly when lying down. If the student does not regain consciousness immediately, call 911 and assess vitals until EMS arrives.

### **Intervention:**

- Keep student flat
- Elevate feet
- Loosen clothing around the neck and waist
- Call Parent/guardian

### **FEVER & NOT FEELING WELL:**

Take the student's temperature. Note oral temperature at or greater than 100.0 F as fever.

Have the student lie down in a room that affords privacy.

Give no medication, unless previously authorized.

### **If student has elevated temp:**

Contact the parent/guardian to pick up the child.

### **No elevated temp:**

Allow to rest then return to class

Reference: Sick (symptoms) Letter

## Fractures:

Special instructions:

1. localized pain
2. swelling and redness
3. use ice, compression, elevation
4. splint if available
5. with all suspected fractures, notify parent and refer to a physician.
6. complete an *Accident Report*

Types of fractures:

Simple:	The bone is lined up and does not need to be set, just immobilized.
Hairline:	A fine crack that may or may not show up on x-ray.
Greenstick:	Bone splits on one side but the rest of the bone is intact.
Displaced:	End of bones do not line up and may overlap
Impacted:	Two broken ends are jammed together
Compound:	Both ends are apart and protruding through the skin

## Headache

Have student lie down for a short time

Apply a cold compress to head

Administer medication if prescribed by physician

If headache persists, call parent/guardian

Call Parent and urge medical care If headache is severe, or with symptoms of:

Vomiting

Temp at or above 100.0

Blurred vision

Dizziness

Diagnosis of Migraine by a physician: Follow student's IHP

Reference: *Individualized Health Plan*

## Head Injury:

**Scalp Bruises:** The characteristic hematoma (goose egg) which is mildly painful, occurs with a scalp bruise. These are usually caused by a light blow to the head with no fracture, brain damage, or loss of consciousness.

**Skull fracture:** Linear is a "cracked egg" break where the edges of the bone are at about the same level as before the fracture.

Depressed involves a fragment of bone that is pressing down on the brain.

Laceration is a cut or crushing injury of the brain which is always accompanied by a skull fracture.

Contusion is a leakage of blood from ruptured vessels which destroys surrounding brain tissue.

Concussion is a “shaking up” of the brain inside the skull and can be; mild (dizziness and disorientation) severe; (loss of consciousness, dilated pupils and vomiting)

Assessment:

Obtain History;

- \*Cause of injury
- \*Site of injury
- \*Suspect cervical spine injury as well as head injury
- \*Inspect injury site, orientation, general status, bleeding, hematoma, depression in skull.
- \*check mouth, nose and ears for bleeding and clear drainage
- \*check color of skin; pale, diaphoretic, cyanotic.
- \*Check level of consciousness, orientation.
- \*Check pupils: reaction to light, size and equality.
- \*Take vital signs

Interventions:

If any of the following signs are observed, call parent and 911

- Level of consciousness deteriorating
- Vomiting
- Pupils not reactive or unequal
- Unusually rapid or slow pulse

If a student exhibits all normal findings but is still groggy, notify the parent to get the child to the doctor.

If a student has a hematoma but all other findings are normal, have the student rest with a cold pack on the area for 15-30 minutes. Call the parents and return to class. If unable to reach parent, send home the *Head Injury Parent Letter*.

If injury occurred at school, fill out an *Accident Report*.

Reference: *Accident Report*  
*Head Injury Parent Letter*

### **Head Lice - pediculosis:**

#### **NORTHWEST LOCAL SCHOOLS MAINTAINS A NO NIT POLICY IN REGARDS TO HEAD LICE**

Lice are obligatory blood sucking ectoparasites that depend on their human hosts for both food and warmth. Females lay approximately 6-10 eggs per day that they will attach to the hair shaft with glue like substance. The egg is enclosed inside an egg case referred to as a nit. 7-12 days after the egg is laid, it hatches and for the first 3-4 days has no central nervous system, an important fact when using pediculicides.

Transmission of head lice occurs through direct head to head contact. Lice crawl quickly, but do not hop or fly. The Nurse/Health Assistant should assess whether a child is infested by finding either a live louse, or the presence of nits.

When a parent/guardian or adult designee comes to pick up a child from school with head lice, the Nurse/HA will:

1. Demonstrate that the child is infested. Seeing exactly what a nit/lice looks like enables the parent to examine others in the family.
2. Check siblings of the child that has been identified.

3. Siblings will be checked of the child who has been identified as having nits/lice.
4. Check classrooms randomly on an as needed basis at the Nurse's discretion. Full school checks are not necessary and not recommended. HIPPA laws prohibit volunteers from performing lice checks.

3 step process to rid lice:

1. Kill the lice
2. Remove the nits
3. Clean the environment

Over the counter pediculicides are safe and effective. They work by interfering with the louse's central nervous system. None of the products kill all the nits. Manual removal of nits is critical. It is necessary to vacuum carpets and wash bedding, coats, hats, etc. of the affected person.

Eradicating head lice is an unpleasant and time consuming process that may be complicated by increased resistance to some pediculicides. Health care providers should remind parents that infestation is common among school aged children.

**Management: Northwest Local School policy maintains that a student who is identified with head lice/nits will be treated and NIT free before returning to school. Students with head lice/nits are to be excluded from school.**

The parent will:

1. Be notified to pick up the student from school.
2. Be given the *Head Lice exclusion letter*.
3. Will personally bring the student back to school to be checked by the Nurse/HA before attending class.

The Nurse/HA will check the student again in 7-10 days after re-entry to school.

When a child is identified, and time permits, the classroom will be checked. If a whole class check is not feasible, send home the check a head form and lice classroom letter, and ask the teacher to send any suspected students to the office to be examined within 24 hours. Parents will be notified by a letter sent home with all checked students.

**Reference:**        ***Check Head form***  
                          ***Head Lice exclusion Letter***  
                          ***Head Lice Classroom Letter***

### **Lacerations:**

Cuts which are clean, straight, less than ¾" long with edges separated less than 1/8".

1. Apply firm pressure until bleeding stops
2. Clean thoroughly with antiseptic soap and water
3. Apply steri-strips if needed, then dressing
4. Notify parent

Cuts that are contaminated, longer or wider than above, or located on the face or flexor area:

1. Apply firm pressure
2. Refer to physician

Cuts on the scalp bleed more due to large blood supply

1. apply firm pressure
2. wash gently with gauze and water
3. call parent

**Note: Blood on clothing requires cleansing or replacing**

**Nose Bleeds:**

Sit the student up, lean forward.

Firmly pinch nostrils closed for a minimum of 5 minutes. If bleeding continues, hold for another 5 minutes and apply a bag of ice to the bridge of the nose.

If bleeding continues for 15 minutes or longer, call the parent and refer to the physician/emergency room.

Notify parent if nosebleeds are repeated occurrences.

Note: Blood on clothing requires cleansing or replacing

**PLANNING FOR OXYGEN USE IN SCHOOLS**

1. Notify Fire Department; Principal/Fire Dept.to set up a school evacuation and safety plan.
2. In-service all staff who will directly work with the student on oxygen.
3. Include:
  - a. Underlying condition- reason for the oxygen
  - b. The type of oxygen; how to use the oxygen (turning it on and off, switching tanks, etc.)
  - c. Troubleshooting (e.g., check for loose connection, control knob, etc.),
  - d. Adaptation of classroom for safe storage and use of oxygen.
  - e. The oxygen tubing and route of delivery (mask, cannula, tubing, etc.)
  - f. Oxygen safety guidelines
  - g. Oxygen orders
  - h. How oxygen level will be checked regularly (both student’s and back-up tank) who will check it regularly and how it will be recorded.
  - i. Spare oxygen supply and safe storage
  - j. Signs and symptoms of problems for the student; steps to take if a problem is suspected- also note how the student communicates discomfort or distress.
4. **Custodian does not work directly with the student but needs to know about the oxygen- location, safety, fire department recommendations, etc.** Other non-direct service staff also need to know about oxygen presence and safety guidelines in school, keeping student confidentiality.
5. Include on health care plan and with student information for teacher - oxygen company name, contact name, phone number for reference.
6. Post “oxygen in use” placards in the school and classroom. The oxygen company supplies the signs.
7. The oxygen company should provide a back-up supply for the school in case of emergency. Safe storage should be planned with the Oxygen Company, fire department, principal, and custodian.
8. Get baseline student data including BP, Pulse, Respirations, Color and Oxygen saturation.
9. Oxygen is considered a **medication**- doctor’s orders are required.

### **Poisoning:**

1. Keep student calm and quiet
2. Determine what and how much was ingested
3. Obtain the MSDS Listing from online or office personnel
4. **CALL POISON CONTROL: 1-800-222-1222**  
\* instructions on care will be given from Poison control
5. Notify Parent

Reference: *Accident report if applicable*

### **Pregnancy:**

**Pregnant students should be known to appropriate school staff.**

**Any student, who is old enough to be pregnant, might be pregnant.**

**Call 911 for:**

**Severe stomach pain/cramping**  
**Seizure (this may be a serious complication of pregnancy)**

**Call Parent and URGE medical care for:**

Vaginal Bleeding  
Amniotic Fluid leakage  
Excessive vomiting/morning sickness

### **Puncture Wounds:**

Pencil graphite, splinters, scissor stabs

Wash area with soap and water

Apply pressure and dressing if necessary

Do not try to remove a splinter or foreign object unless it is small and visible or protruding and can be grasped with forceps/tweezers. Do not dig below the surface of the skin with a needle.

Notify Parent

Reference: *Accident report if applicable*

### **Rashes:**

Rashes may have many causes including heat, infection, illness, reaction to medications, allergic reactions, insect bites, dry skin or skin irritations.

Appearance:

Hives  
Red spots, small to large, flat and raised.  
Purple spots  
Small blisters

Some rashes are contagious, take caution.

Contact parent and urge medical care if:

Oral temp at or over 100.0

Headache

Diarrhea

Sore throat

Vomiting

Rash is bright red and sore

Hives are covering entire body

Student is extremely uncomfortable and unable to participate.

Reference: *Exclusion for Doctor's Diagnosis* if applicable

### **Seizures:**

- Cushion head
- Loosen tight neck wear
- Turn on side
- Nothing in mouth
- Do not hold down
- Monitor time of seizure
- Administer emergency meds as ordered by physician
- Call 911 if seizure lasts longer than 5 minutes
- Call parent
- Assess type of seizure

Most seizures end naturally without emergency treatment. A seizure in someone who does not have Epilepsy could be a sign of serious illness.

### **CALL 911 if:**

- seizure lasts longer than 5 minutes
- no Epilepsy/Seizure disorder is diagnosed
- Slow recovery, a second seizure, or difficulty breathing post seizure
- Pregnancy or other medical ID
- Any signs of injury or sickness

Students with Seizure Disorder will have a Health plan and Emergency Action Plan.

Reference: *Seizure IHP*

*Seizure EAP*

*Seizure Parent Questionnaire*

### **Sprains or Strains of muscle:**

Sprain: injury to ligament

Strain: injury to tendon or muscle

Check for: pain, swelling, redness

Health assistant intervention: R.I.C.E.

R: Rest; avoid putting weight on area

I: Ice; apply ice pack

C: Compression; wrap in ace bandage to reduce swelling

E: Elevation; raise area above hip

### **Call Parent**

## **Approaches with Suicidal Students:**

\*Promptly notify your building Administration and Counselor regarding threats of suicide by students.

### General Guidelines for all school faculty and staff to observe with Suicidal Crisis:

1. Take every threat seriously
2. Remain calm
3. Listen actively and without judgment. Give the student permission to express the full range of his/her feelings.
4. Acknowledge the student's feelings. Ask questions for clarity.
5. Do NOT get into a debate about whether suicide is wrong.
6. Offer hope. Let the student know that there is help, and that he/she can feel better.
7. Do not promise confidentiality. Do not act shocked.
8. Do not underestimate or brush aside a threat.
9. Do not take too much upon yourself. Your responsibility to the student in a crisis is limited to listening, being supportive, and getting him/her to a trained professional. Under no circumstances should you attempt to counsel the student.
10. Explain to the student the next steps in the intervention (example: going together to see the Guidance Counselor or designated staff).

The following are procedures for dealing with students who express a desire to harm themselves. When the risk of suicide exists, the situation must be managed by the designated staff. Under no circumstances should an untrained person attempt to assess the severity of suicidal risk. All assessment of threats, attempts or other risk factors must be left to the appropriate professionals (i.e. Guidance Counselors, social workers, psychologists, mental health therapists, resource coordinators, building administrators, or the school nurse).

In cases of risk, the school should maintain a confidential record of actions taken. This will assure that appropriate monitoring, and support are provided as well as document the school's effort to intervene and protect the student.

### **STEPS for School Staff/Teachers**

During the school day, if a student indicates to any School Employee that they are thinking of harming themselves, call the student's guidance counselor, school psychologist and principal.

**DO NOT LEAVE THE STUDENT ALONE.** Take immediate action to isolate the individual posing a threat and prevent access to potential weapons (if known). Do not allow the student to use a private bathroom and lock the door. The student should be escorted to the guidance department or an administrator's office.

### **STEPS for Guidance Counselors/Administrators/Designated Staff**

#### Assessment of Risk/Threat

The counselor/school psychologist and an administrator will assess the seriousness of the threat. In the case of a life-threatening situation, the student and the staff members involved must understand that the issue of confidentiality shall no longer apply. Question the student about:

- a. any feelings of hopelessness and the length of time of such feelings.
- b. any thoughts about killing himself/herself and discuss the persistency and strength of the thoughts.



c. whether any plans have been made, the details of the plan, and whether any preliminary actions have been taken. Determine lethality for suicide by asking pointed questions.

NOTE: Should the student reveal issues of parental abuse or neglect, school professional should notify Children's Services immediately and emphasize possible contributory factors in suicidal ideation. Children's Service Hotline 513-241-kids

PARENTAL COMMUNICATION: The parent/guardian must be notified immediately. Contact with parent/guardian should be made by the building principal, a Building Crisis Team member, and/or other trained school personnel. **The student may only be released to a parent/guardian, law enforcement officials or emergency medical staff.**

If in the course of parental contact, the parent refuses to acknowledge the child's Suicidal intent and indicates no plans to act for the immediate safety of the child, the parent is unavailable to be consulted, Call Youth Mobile Crisis at 513-588-8888 or 911 (if student over 18 years of age)

#### 4. CARE FOR OTHER STUDENTS:

If a peer alerted the staff to the situation, a debriefing for this individual should take place, a parental notification is required, and any further intervention provided as necessary.

#### STEPS for Student's Re-entry to School

The student and parent will meet with the student's guidance counselor and an administrator or their designee. If the student is on an IEP, the support educator will be included in the re-entry meeting.

#### Universal Precautions

A fresh 10% chlorine bleach solution (mix 1 part bleach to 10 parts water) or anti-bacterial/veridical agent should be available at all times.

Building custodians provide the cleaning chemical needed in the health office.

An MSDS sheet is required to be readily available for any chemical in the health office. See custodian for this information.

Vinyl Gloves and disposable paper towels should be used for cleaning spills.

Per protocol, for exposures involving extensive amounts of bodily fluids contact your supervisor/building administrator for support.

Discard all items in two plastic waste can liners or red biohazard bags and tie up for immediate disposal.

## **Bloodborne Pathogens**

Staff and students incur some risk of infection and illness each time they are exposed to bodily fluids or other potentially infectious materials. While the risk to staff and students of exposure to body fluids due to casual contact with individuals in the school environment is very low, the Board regards any such risk as serious.

Consequently, the Board directs adherence to universally recognized precautions. Universally recognized precautions require that staff and students approach infection control as if all direct contact with human blood and body fluids is known to be infectious for HIV, HBV and/or other bloodborne pathogens.

To reduce the risk to staff and students by minimizing or eliminating staff exposure incidents to bloodborne pathogens, the Board directs the Superintendent to develop and implement an exposure control plan.

Reference:

- Bloodborne pathogen exposure control plan
- Bloodborne pathogen post exposure flowsheet
- Post exposure packet

## **Family Educational Rights and Privacy Act (FERPA)**

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age (eligible students) certain rights with respect to the student's education records.

1. Parents or eligible students have the right to restrict the release of directory information. Northwest Local School District may disclose appropriately designated "directory information" without written consent, unless you have advised Northwest to the contrary in accordance with Northwest's procedures. The primary purpose of directory information is to allow Northwest to include this type of information from your child's education records in certain school publications, such as the annual yearbook and recognition lists.

The following information is designated as directory information:

- Student's name, address, and telephone listing
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Photograph
- Degrees, honors, awards, dates of attendance and graduation
- Date and place of birth
- Major field of study

Directory information, which is information that is generally not considered harmful or an invasion of Privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to: companies that manufacture class rings or publish yearbooks, charitable organizations, and colleges and universities.

In addition, two federal laws, as well as Ohio Law, require Northwest to provide military recruiters, upon request, with three directory information categories: name, address and telephone listing, unless parents have advised Northwest that they do not want their student's information disclosed without their prior written consent.

If you do not want Northwest to disclose directory information from your child's education records without your prior written consent, you must notify in writing the Northwest Student Services Office, 3240 Banning Road, Cincinnati, Ohio 45239, within thirty (30) days of the first day of classes.

2. Parents or eligible students have the right to inspect and review the student's education records within 45 days of the day Northwest receives a request for access. Parents or eligible students should submit to the principal a written request that identifies the record(s) they wish to inspect. The principal will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

3. Parents or eligible students have the right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate or misleading. They should write the principal, clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading. If Northwest decides not to amend the record as requested by the parents or eligible student, Northwest will notify the parents or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parents or eligible student when notified of the right to a hearing.

4. Parents or eligible students have the right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent. One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by Northwest as an administrator, supervisor, faculty, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the Northwest Board of Education; a person or company with whom Northwest has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility. Upon request, Northwest will disclose education records, without consent, to officials of another school district in which a student seeks or intends to enroll.

5. Northwest uses personally identifiable information contained in a student's education records to complete research and program accountability reports. Such use only results in composite reports that exclude any individually identifiable results. If you do not want Northwest to utilize personally identifiable information from your child's education records to complete research and program accountability reports without your prior written consent, you must notify Northwest, in writing, within thirty (30) days of the first day of classes.

6. Parents or eligible students have the right to file a complaint with the U.S. Department of Education concerning alleged failures by Northwest to comply with the requirements of FERPA. The name and Address of the Office that administers FERPA is:  
Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue SW  
Washington, D.C. 20202-8520

Reference: Classified Employee Handbook

## Ohio Board of Nursing Scope of Practice:

Registered Nurses (RNs) and Licensed Practical Nurses (LPNs)

This document is to provide guidance regarding the scopes of practice for RNs and LPNs based on the requirements in the Nurse Practice Act (NPA) and administrative rules. The Nurse Practice Act and administrative rules can be found on the “law and rules” page of the Board website at [www.nursing.ohio.gov](http://www.nursing.ohio.gov).

Section 4723.01, Ohio Revised Code (ORC), specifies scopes of practice for RNs and LPNs. Chapter 4723-4, Ohio Administrative Code (OAC), specifies RN and LPN standards of practice, and addresses patient safety and the nursing process.

### Registered Nurses

Section 4723.01(B), ORC, defines the scope of RN practice as: “Providing to individuals and groups nursing care requiring specialized knowledge, judgment, and skill derived from the principles of biological, physical, behavioral, social, and nursing sciences. Such nursing care includes:

- (1) Identifying patterns of human responses to actual or potential health problems amenable to a nursing regimen;
- (2) Executing a nursing regimen through the selection, performance, management, and evaluation of nursing actions;
- (3) Assessing health status for the purpose of providing nursing care;
- (4) Providing health counseling and health teaching;
- (5) Administering medications, treatments, and executing regimens authorized by an individual who is authorized to practice in this state and is acting within the course of the individual’s professional practice;
- (6) Teaching, administering, supervising, delegating, and evaluating nursing practice.”

RNs have independent licensed authority to engage in all aspects of practice specified in Section 4723.01(B), ORC, except that, when providing nursing care pursuant to Section 4723.01(B)(5), ORC, the RN must have an order from an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice for administration of medication or treatments or for the regimen that is to be executed. Rule 4723- 4-03(D), OAC.

The RN determines the data to be collected to "assess the patient’s health status for the purpose of providing nursing care," as identified in Section 4723.01(B)(3), ORC. Assessing health status is further defined in Section 4723.01(D), ORC, as “the collection of data through nursing assessment techniques, which may include interviews, observation, and physical evaluations for the purpose of providing nursing care.”

Based on the “health status assessment” RNs determine the nursing care needs of the patient and the resulting nursing regimen that will be executed in accordance with Section 4723.01(B)(2), ORC. Nursing regimen is defined in Section 4723.01(C), ORC, in that it “may include preventative, restorative, and health-promotion activities.” The definition of patient, set forth in Rule 4723-4-01(A)(4), OAC is “the recipient of nursing care, which may include an individual, a group, or a community.” Therefore, the nursing regimen determined by RNs is not limited to individual patients, but may be established for specific populations or defined groups. Rule 4723-4-03, OAC, provides further information about the implementation of the nursing regimen and the standards of RN practice.

## RN Role/Nursing Process

The following examples of RN practice are in the NPA and administrative rules. The RN:

- Collects patient health data from patient, patient family, and LPN or other health care providers.
- Analyzes data to determine nursing regimen.
- Establishes, accepts, or modifies a nursing diagnosis or problem.
- Implements and communicates the plan of nursing care.
- Evaluates and documents the patient's response to the nursing care.
- Reassesses and revises the nursing plan of care as appropriate.

## Licensed Practical Nurses

Section 4723.01(F), ORC, defines the scope of LPN practice as "Providing to individuals and groups nursing care requiring the application of basic knowledge of the biological, physical, behavioral, social, and nursing sciences at the direction of a registered nurse or any of the following who is authorized to practice in this state: a physician, physician assistant, dentist, podiatrist, optometrist, or chiropractor. Such nursing care includes:

- (1) Observation, patient teaching, and care in a diversity of health care settings;
- (2) Contributions to the planning, implementation, and evaluation of nursing;
- (3) Administration of medications and treatments authorized by an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice, except that administration of intravenous therapy shall be performed only in accordance with section 4723.18 or 4723.181 of the Revised Code. Medications may be administered by a licensed practical nurse upon proof of completion of a course in medication administration approved by the board of nursing.
- (4) Administration to an adult of intravenous therapy authorized by an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice, on the condition that the licensed practical nurse is authorized under section 4723.18 or 4723.181 of the Revised Code to perform intravenous therapy and performs intravenous therapy only in accordance with those sections;
- (5) Delegation of nursing tasks as directed by a registered nurse;
- (6) Teaching nursing tasks to licensed practical nurses and individuals to whom the licensed practical nurse is authorized to delegate nursing tasks as directed by a registered nurse."

LPNs have a "dependent" practice, which means the LPN is authorized to practice only when the practice is directed by a registered nurse or any of the following who is authorized to practice in this state: a physician, physician assistant, dentist, podiatrist, optometrist or chiropractor (Section 4723.01(F), ORC). The "direction" required for LPN practice is further defined as "communicating a plan of care to a licensed practical nurse" in Rule 4723-4-01(B)(6), OAC. A physician, physician assistant, dentist, podiatrist, optometrist or chiropractor, or the RN may provide LPNs verbal or written direction of the plan that each of these health care providers have established for the patient. LPNs are authorized to execute the plan in accordance with the standards of LPN practice in accordance with Rule 4723-4-04, OAC. When the RN communicates the plan of care to the LPN, it may be verbally, in the form of an established nursing plan of care, or both. Rule 4723-4-04, OAC, further explains that the direction provided by RNs to LPNs about nursing practice is not meant to imply the RN is supervising the LPN in the employment context. The LPN is accountable to identify the RN or other authorized health care provider who is directing the LPN's practice. Otherwise, the LPN may be engaging in practice beyond the LPN authorized scope.

## LPN Practice Prohibitions

The following are specific LPN practice prohibitions contained in the NPA and rules:

- Engaging in nursing practice without RN or authorized health care provider direction.
- Administering IV push medications (IV medications other than Heparin or Saline to flush an intermittent infusion device).
- Teaching the “practice of nursing.”
- Supervising and evaluating “nursing practice.”
- Assessing health status for purposes of providing nursing care.

The LPN contributes to all steps of the nursing process by communicating with the RN or the directing authorized health care provider concerning the patient’s status and needs. When a RN is directing LPN practice, it is the RN who establishes the nursing regimen and communicates the nursing practice needs of the patient.

#### LPN Role/Nursing Process

The following are examples of LPN practice in the NPA and administrative rules. The LPN:

- Collects and documents objective and subjective data and observations about the patient.
- Contributes observations and health information to the nursing assessment and reports all data to the RN or authorized directing health care provider.
- Implements the current plan of nursing care at the direction of the RN, or the medication or treatment authorized by the directing physician, physician assistant, dentist, podiatrist, optometrist or chiropractor.
- Documents the patient’s response to the nursing plan of care or the medication or treatment.
- Contributes to the revision of the nursing plan of care.
- Contributes to the evaluation of the patient’s response to the plan of care through documentation and verbal communication with other members of the health care team.

#### LPN IV Therapy

Chapter 4723-17, OAC, addresses LPN IV therapy for the LPN who is IV therapy certified. The Chapter defines terms, IV therapy procedures IV therapy certified LPNs may perform, and IV

therapy procedures that LPNs are prohibited from performing. It also establishes the minimum curriculum requirements for LPNs to obtain their IV therapy certification.

#### Supervision of Nursing Practice

The supervision of nursing practice is specified within the definition of RN practice, noting that RNs teach, administer, supervise, delegate, and evaluate nursing practice (Section 4723.01(B)(6), ORC). The LPN is authorized to delegate nursing practice when directed to do so by a RN, to teach a nursing task, and to make observations and provide patient teaching (Section 4723.01(F)(1), (F)(5), and (F)(6), ORC). Regarding the RN supervision of nursing practice, it is the “practice” of nursing that the RN supervises and evaluates, rather than a person’s employment performance. Supervision and evaluation of nursing practice is further addressed in Rule 4723-4-06, OAC.

The supervision of nursing practice may include a determination by the RN that a particular nursing intervention is no longer appropriate for a patient and that the nursing regimen should be changed in response to the patient’s needs. The RN may base this change on information communicated by the LPN and the RN may further direct the LPN to implement the revised nursing regimen, or the RN may implement the revision him/herself. The supervising RN must be continuously available through some form of telecommunication with the supervised nurse. Although the supervising RN is not required to be on-site on a routine basis to supervise the LPN in all of the nursing practice activities performed by the LPN, the supervising RN is required to take all action necessary, including but not limited to conducting periodic on-site visits, in order to insure the supervised nurse is practicing in accordance with acceptable and prevailing standards of safe nursing care. There are circumstances when on-site

supervision by a RN is explicitly required by nursing law and rule. For example, on-site supervision is required in certain environments in which a qualified LPN performs IV therapy (Section 4723.18(B) and (C), ORC).

Supervision of employee performance and other employment requirements are established by the employer and may encompass responsibilities beyond the licensed practice of nursing.

#### Implementing Health Care Provider Orders

Both the RN and the LPN administer medications and treatments authorized by an authorized prescriber/health care provider, such as a physician or an advanced practice registered nurse. The RN is also authorized to execute a regimen authorized by an authorized health care provider. When administering medications and treatments, or when a RN is executing an authorized regimen, the licensed nurse must practice within their statutorily defined scope. An authorized health care provider's order does not expand the licensed nurse's scope. For example, an order from a physician does not authorize a LPN to intravenously administer a dose of Lasix because Section 4723.18, ORC, prohibits it. Similarly, an order does not authorize an RN to engage in activities that constitute advanced practice registered nursing or the practice of medicine or surgery, as prohibited by Section 4723.151(A), ORC.

#### Implementing the Nursing Process

Both the RN and LPN implement the nursing process in the provision of nursing care in accordance with Rules 4723-4-07 and 4723-4-08, OAC, respectively. The scope of LPN practice does not include assessing health status for purposes of providing nursing care that is included in the RN scope. Although it is the RN who reviews and assimilates the patient's health status data and information into the nursing assessment for purposes of providing nursing care, the LPN is authorized to contribute to this process by obtaining responses to health questions posed to the patient, performing physical examinations, recognizing changes in patient status or complications that occur and communicating information collected to the RN

or to the authorized health care provider who is directing the LPN's practice.

#### Delegation

Chapter 4723-13, OAC, addresses delegation of nursing tasks to an unlicensed person. The rules in this chapter provides general information about the delegation of nursing tasks; specific prohibitions regarding delegation of nursing tasks; criteria and standards for a licensed nurse delegating to an unlicensed person; minimum curriculum requirements for teaching a nursing task; and supervision of the performance of a nursing task performed by an unlicensed person.

#### FAQs

Q. Can LPNs perform an initial assessment of a patient who has just been admitted to the unit?

A. Whether it is an initial or ongoing assessment of a patient, the LPN's role is the same, which is to collect only objective and subjective data. The assimilation and analysis of the data and the formulation of the plan of nursing care is always the RN's responsibility.

Q. Is the RN required to co-sign the documentation of the LPN?

A. The law and rules regulating the practice of nursing do not require that the RN co-sign the LPN's documentation. It is within the LPN scope of practice and a requirement of nursing standards that LPNs accurately and timely document their observations of the patient, the nursing care they provide, and the patient's response to the nursing care.

Q. What is meant by directing the nursing care provided by the LPN?

A. Direction means communicating a plan of care to a LPN (Rule 4723-4-01(B)(6), OAC). The LPN has a scope of practice defined in law. The RN directs the LPN in the provision of nursing care for individuals or groups of individuals within the scope of practice of the LPN. Rule 4723-4-03(K), OAC, requires a RN to assess certain aspects of the clinical situation and the LPN's knowledge skill and ability when directing a specific LPN's practice:

“(K) When a registered nurse provides direction to a licensed practical nurse in accordance with Chapters 4723-1 to 4723-23 of the Administrative Code, the registered nurse shall first assess:

- (1) The condition of the patient who needs nursing care, including, but not limited to, the stability of the patient;
- (2) The type of nursing care the patient requires;
- (3) The complexity and frequency of the nursing care needed;
- (4) The training, skill, and ability of the licensed practical nurse who will be performing the specific function or procedure, to perform the specific function or procedure; and
- (5) The availability and accessibility of resources necessary to safely perform the specific function or procedure.”



## Monthly Health Office Timeline

### August/ September

#### Health and Safety Fair

NWLSD Health and Safety Fair: Help needed to assist medical, dental, pediculosis and screening stations as indicated by the District Nurse. This is a regular calendar work day, attendance rules apply.

#### Create/Update Medical Alert Lists (Ongoing Process)

Indicate any new or continuing students with health concerns, distribute IHP/EAP paperwork to parents, follow up may be necessary. While this should be updated throughout the year, your administrators and or appropriate staff who need the information should receive a copy by October 1<sup>st</sup>. Also send a copy of your list to the District Nurse by October 1st.

\*This list is STRICTLY for Nurse's and substitutes use only. It is NOT to be distributed, but used as a tool to assist you in obtaining IHP's/EAP's for students.

#### Create Health records (Ongoing Process)

Create a new green folder for all new enrollees. The folder should contain an EMA/Health conditions form, as well as any original documentation submitted by the parents such as immunization records, documentation from hospitals/physicians, etc.

#### Obtain and review records immunizations and health concerns of new and continuing students (Ongoing Process)

Refer students who have incomplete immunizations to their physician, or the Hamilton County Health Department. Begin exclusions if necessary according to District protocol and State Law. The District Nurse will send guidelines via email at the start of the year.

Obtain compliance by referring to the Ohio Immunization Requirements

Guidelines in accordance with Ohio Law:

1. Call the parent guardian immediately to inform of non-compliance, document your efforts after all steps have been completed..
2. **Letter #1** to students NOT in compliance after 7 days of enrollment/start date.
3. **Letter #2** send with date for exclusion after 14 days of enrollment/start date.

Work closely with your administrators as letter 1 is sent, they may be able to assist in getting documentation submitted.

\*Please remember when records are received to enter all immunizations into DASL not yet documented, not just those pertinent to your grade levels. This is especially important when records are received mid year, do not store them without entry to the medical record.

#### Individualized Health Plans (Ongoing Process)

IHP's and Emergency Action Plans (EAP's) for students requiring special needs throughout the school day. Review and update plans for students from the previous year, these must be signed annually by the nurse and parent. District Nurse to collaboratively develop and sign all IHP/EAP's with LPN's and unlicensed Health Assistants. You keep the original and the student's teacher and administrator receives a copy.

### **Stock and organize supplies**

Unpack summer shipments, organize inventory, discard expired products. Compare packing slip with supplies received. When packing slip inventory is completed, send the slips to the District Nurse. (keep a copy for your own records) Your submission of this form indicates you received all items listed on the invoice. If any discrepancies are noted, please contact the district nurse.

### **Collect data for ODH Immunization Report**

In preparation for the Ohio Immunization report in October, use the *Procedure for Obtaining Proof of Immunization forms*. A list of new enrollees up to and including September 15<sup>th</sup> is kept separately from those enrolling after that date.

Please note: for state purposes only, the cut-off date for new enrollees included on the report is September 15<sup>th</sup>.

In an effort to keep infection rates down all year long, clean your office space daily: Disinfect cots, phone, desk top, counter surfaces, door knobs and change waste container bags if not done by custodian every day. Let administration know if your office is not being properly cleaned.

### **Provide education and instruction to staff**

As the health assistant in your building, it is your duty to provide education and guidelines for common conditions such as Asthma and Diabetes, equally important is to address the location of Epi-pens and AED devices to staff. Inform staff of clinic policies and procedures, along with your schedule and availability. Review bedbugs and lice information and provide fact sheets from Hamilton County Board of Health. It is suggested to seek a time on Inservice days to address staff/teachers as a group. Inservice throughout the year staff who need training in medication administration and inform them they must complete the online PSW module, as well as a hands on demo upon initial training prior to any field trips.

Teachers must complete every two years *only* the online PSW module to renew their certification to administer medication. File their completion certificates in a file within the health office.

Provide teachers with band aids, gloves and any additional supplies needed for their rooms.

### **Create Medication Binder**

Physicians orders and med sheets should be arranged together in a three ring binder, specifications for binder per district nurse.

### **Emergency Medical Authorizations (Ongoing Process)**

District will distribute EMA's to health offices prior to the start of school. Inspect the documents, noting health conditions pertinent to creating IHP's, EAP's and medical alert lists.

Health assistants are responsible for printing individual EMA's and student health conditions forms (from RG Notifications links sent via email) after original batch prints are processed at central office. ALL ORIGINAL EMA FORMS ARE KEPT ON FILE IN THE HEALTH OFFICE.

Originals should be kept in alphabetical order in an accessible location.

### **Create/Update Sub binder per information from District nurse.**

Consistency is key, and information needs to be presented in a uniform format at each building in the

district. Please follow sub binder specifics as determined by the District Nurse.

**Prepare Emergency To-Go-Bags and field trip bags/kits.**

To be used during emergency evacuations, all EMA's and emergency medication must be taken during emergency evacuations). Check bags quarterly for appropriate supplies.

**Monitor AED/Stock EpiPens (Ongoing Process)**

Each building has at least one AED device and a set of Stock Epi-Pens. Monthly the health assistant is required to inspect and complete the form, noting any deficiencies to the District Nurse.

**Inventory Clothing Supply**

Collaborate with your building administrators and/or PTA's to get donations for new or gently used clothing that is used for students who have personal accidents. It may also be beneficial to have coats and gloves on hand as the winter approaches. Swap items between buildings if you have sizes or items that you cannot use. Please request new underwear if needed from the district nurse.

**Pre-School**

Send letters to those parents who have not reported their child's hemoglobin and lead test results. Send letters for physicals and dental reports which are about to reach their due date of one year plus one month. Continue throughout the school year as physical and dental reports become overdue. Follow up with phone calls if necessary.

## October

**Med Alert/Asthma Alert lists**

Due to District Nurse, Building Administrators and teachers who need to know by October 1<sup>st</sup>.

**Complete required Ohio Department of Health Immunization Report**

Due by October 15<sup>th</sup> of each year. Keep a copy of the worksheet in your files and send the original to the District Nurse upon online submission.

**Plan and implement VISION AND HEARING SCREENINGS.**

Work with building administrators to book rooms in advance for best screening results.

- Vision:*       Preschool, Kdg.-1-3-5-7-9-and 11th grades
- Muscle balance: kindergarten
- Random Dot E: Pre-school & kindergarten
- Color Perception: first grade
- Hearing:*     Preschool, Kdg.-1-3-5-9 and 11th grades

Preschool and Kindergarten students must be tested and reported by November 1<sup>st</sup>. Send referrals for all students who did not pass the vision and hearing screenings.

**Create Immunization Outbreak Exclusion List**

Keep a copy in your office file and sub binder of students who have exclusions for immunization(s). These students may need to be excluded during outbreaks of vaccine preventable diseases. Complete by October 31<sup>st</sup>.

### **Plan Education and Health Promotion for students**

As the resident health professional in your building, it is your duty to provide health promotion that is pertinent to your student population ie. handwashing, sleep, stress management, drug/alcohol prevention, dating violence education, nutrition and healthy lifestyle choices, etc. Use the bulletin boards within your office to present the information, and take advantage of moments of student interaction. It is a good idea to seek permission from your building administrator to decorate your office door, a bulletin board within the building, or to submit information to the school newsletter prior to its publication. Be creative in the ways that you get useful information to your kiddos.

### **Holiday Assistance**

Building/District leadership may ask for your assistance in identifying students with support needs during the holiday season. Through sponsorship and community support, we are able to provide needy families with hot meals, basic necessities, clothing and toys during the holiday season. Please try to be vigilant in assessing the unmet basic needs of students who frequent the health office, and submit the information during the designated period.

## **November/December**

### **Attend Scheduled Inservice Days**

Time and location to be announced by the District Nurse. Not attending inservice day will negatively affect the PDL process. Attendance policies apply to inservice sessions.

### **Hearing and Vision Screenings (Ongoing Process)**

Pre-school, K and 1<sup>st</sup> due to be completed and reported online by November 1<sup>st</sup>  
Remaining screenings due to be completed and reported by the end of the SY (Early May).  
It is best practice to start early, and work slowly to avoid the scramble.

Do not document vision/hearing/health screenings on green file, these results are to be entered into DASL.

Send referrals to parents and encourage screening follow up.

### **Disease Surveillance**

Begin to monitor student incidence related to communicable diseases, ie. Influenza, Pertussis, etc.

## **January/February**

### **Attend Inservice Day**

Time and location to be announced by the District Nurse.  
Not attending inservice will negatively affect the PDL process.

**Follow up on outstanding screening referrals if time permits.**

### **Elementary Grade 4**

Plan and book areas for group based growth and development education, see district nurse for materials and available products. You will need to send home a permission slip for boys and girls in the fourth grade prior to scheduled education.

### **Middle School Grade 7**

Plan and implement Scoliosis Screening.

Assistance from volunteers or nursing students may be available. Contact the District nurse for more information.

You will need to send home a permission slip for all seventh grade students prior to scheduled education.

## **March**

### **Elementary**

Kindergarten Registration underway. Watch for new enrollee paperwork, and begin to create green folders for incoming students, ensuring to file them separately from current students.

## **April/May**

### **Transition Information**

Each year, every building with the exception of the High Schools will have one grade level that is transitioning up to a different building and nurse. Within that grade level are students who have special health needs. It is your responsibility to communicate this information with the receiving nurse and if you are aware of any pending transition meetings to let them know. Copy all of your IHP's and EAP's from your binder, place the original form in the students green file, then send a list of your transitioning students all copies of IHP/EAP's to the new Nurse by May 25.

Prepare Health files for the move to the next school, box and send the records at the end of May to the appropriate school(s). Please collaborate with your building office staff to determine the best way to do this. Connect with the receiving nurse

Send updated ODH immunization schedule home to parents for transitioning students who will need immunizations. Check with your building admin on the best way to get this information out.

### **Send out Medication Pick Up letters:**

Notify parents by May 10<sup>th</sup> that an adult must pick up any excess medication on or before the last day of school or it will be destroyed. Have a witness cosign your disposal.

### **Place Supply Orders:**

Catalog and order form for health room supplies are available on the Google "Health Assistant Drive" for you to print and complete. Submit to District Nurse.

### **Prepare IHP/EAP and Medication Orders for next school year:**

Send home a Physician's Medication Order form and updated IHP/EAP to students who currently have medications in your school. Encourage families to visit the physician to get new orders over the summer. This will help reduce chasing paperwork in early August.

### **Last week of school**

Send over your audiometers to AO for summer calibration.