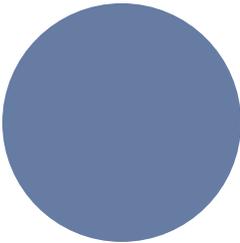
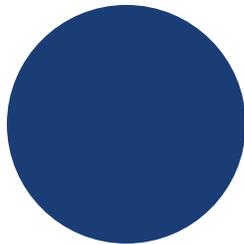


# Health Guidelines for North Dakota Schools



2010 Edition

**North Dakota Department of Health**

Terry L. Dwelle, M.D., M.P.H.T.M.

State Health Officer

600 E. Boulevard Ave., Dept. 301

Bismarck, N.D. 58505-0200

- *Coordinated School Health CDC Cooperative Agreement  
#5U87DP001235-02*
- *Department of Health and Human Services Health Resources  
and Services Administration, Social Security Act, Title V  
(Maternal and Child Health)  
#B04MC11162*



**North Dakota Department of Public Instruction**

Dr. Wayne G. Sanstead

State Superintendent

600 E. Boulevard Ave.

Bismarck, N.D. 58505-0440

- *Coordinated School Health CDC Cooperative Agreement  
#5U87DP0001235-02*



# **Acknowledgements**

The North Dakota Department of Health and the North Dakota Department of Public Instruction would like to acknowledge and thank everyone who contributed to these Guidelines. Keeping students healthy and safe requires a coordinated approach to ensure a continuum of care involving partnerships among schools, families, community groups and individuals. This would not be possible without the collaborative effort by our many partners including schools, parents, health professionals, universities and businesses.

Healthy children make better students, and better students make healthy communities!

## **Dakota Medical Foundation (DMF)**

4152 30<sup>th</sup> Ave. S., Suite 102

Fargo, N.D. 58103



### **Dakota Medical Foundation Model School Nurse Initiative (2002–2007)**

In support of its mission to improve access to health-care services, especially for children, DMF has invested more than \$1 million over the past five years to develop a replicable Model School Nurse Initiative. School nurse partners included Cass County Schools, Fargo Catholic Schools Network and Grand Forks Public Schools.

Goals of the initiative included:

- Decreased health-related absenteeism.
- Improved access to community health sources.
- Early identification, referral and follow-up for unresolved health problems.
- Implementation of disease prevention and health promotion education.
- Improved student access to basic health services at school.
- Program sustainability.

The Model School Nurse Initiative successfully addressed all of the above goals while also assisting in the development of this Health Guidelines for North Dakota Schools Manual. To view the five-year evaluation summary, visit [www.dakmed.org](http://www.dakmed.org).

It is hoped that schools without nursing services will utilize this manual as a guide to provide students with basic school health services proven to improve their health.

Schools with a nursing program also should benefit from using the manual and the detailed health procedures outlined within.

DMF is proud to sponsor the printing and distribution of the Health Guidelines for North Dakota Schools Manual.

**Your health is our foundation!**



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**Forms**

It is the decision of each school district to determine what forms they will use. Some of the samples provided in this section are state-developed forms; while others were developed by a school district or a local public health unit that delivers school health services. These forms may be adapted to fit your school’s needs. In addition, many associations have sample forms available on their websites (i.e., American Lung Association – Asthma Action Plan). In these cases, website links have been provided.

We would to thank Bismarck and Fargo Public Schools, along with Bismarck-Burleigh Public Health and Fargo Cass Public Health, for providing copies of their forms.

**Forms provided in this section:**

- Authorization for Administration of Specialized Health-Care Procedures (Fargo Public Schools)
- Allergy Management Plan (Bismarck-Burleigh Public Health)
- Anaphylaxis Action Plan and Authorization for Epi-Pen (Bismarck Public Schools)
- Asthma Action Plan and Authorization for Reliever Medication (Bismarck Public Schools)
- Asthma Emergency Care Plan (Fargo Public Schools)
- Asthma Management Plan (Bismarck-Burleigh Public Health)
- Diabetes Emergency Care Plan (Fargo Public Schools)
- Documentation of Procedure Administration (Fargo Public Schools)
- Emergency Plan, General (Bismarck-Burleigh Public Health)
- Emergency Care Plan, General (Fargo Public Schools)
- Epi-Pen Emergency Plan/Epi-Pen Procedure (Bismarck-Burleigh Public Health)
- Individualized Health-Care Plan/Health Management Plan, General (Bismarck-Burleigh Public Health)
- Medication Record Administration (Fargo Public Schools)
- Prescription and Authorization for Medication Administration (Fargo Public Schools)
- Request and Authorization for Self-Administration of Medication (Fargo Public Schools)
- Seizure Emergency Care Plan (Fargo Public Schools)
- Seizure Management Plan/Seizure First Aid (Bismarck-Burleigh Public Health)
- Specialized Procedure Training (Fargo Cass Public Health)
- Specialized Procedure Training – Medication Administration (Fargo Cass Public Health)
- Staff Training Record

**Links to forms available online:**

- Anaphylaxis Action Plan (state-developed form) available online at [www.ndhealth.gov/asthma/forms.htm](http://www.ndhealth.gov/asthma/forms.htm)
- Asthma Action Plan (American Lung Association) available online at [www.lungusa.org/site/c.dvLUK9O0E/b.22581/k.A24C/Asthma\\_Management.htm](http://www.lungusa.org/site/c.dvLUK9O0E/b.22581/k.A24C/Asthma_Management.htm)
- Asthma Action Plan (state-developed form) available online at [www.ndhealth.gov/asthma/forms.htm](http://www.ndhealth.gov/asthma/forms.htm)





- Diabetes Medical Management Plan (American Diabetes Association) available online at [www.diabetes.org](http://www.diabetes.org) (click Living With Diabetes, For Parents and Kids, Diabetes at School, Written Care Plans, Diabetes Medical Management Plan)
- Immunization Record Request Form available online at [www.ndhealth.gov/Immunize/Documents/Public/ImmunizationRecordRequest.pdf](http://www.ndhealth.gov/Immunize/Documents/Public/ImmunizationRecordRequest.pdf)
- North Dakota High School Activities Association Athletic Pre-Participation – Form A available online at [www.ndhsaa.org/files/Form\\_A.pdf](http://www.ndhsaa.org/files/Form_A.pdf)
- North Dakota High School Activities Association Athletic Pre-Participation – Form B available online at [www.ndhsaa.org/files/Form\\_B.pdf](http://www.ndhsaa.org/files/Form_B.pdf)
- Seizure Action Plan (Epilepsy Foundation) available online at [www.epilepsyfoundation.org/programs/schoolnurse/schoolnurse.cfm](http://www.epilepsyfoundation.org/programs/schoolnurse/schoolnurse.cfm)

### Resources included with this manual

- Head Lice – A Lousy Problem booklet  
Also available online at [www.ndhealth.gov/head-lice/](http://www.ndhealth.gov/head-lice/)
- Health-Care Coverage Options brochure  
Also available online at [www.ndhealth.gov/cshs/](http://www.ndhealth.gov/cshs/)
- Ocular Emergency cards  
Additional cards can be ordered from the American Optometric Association, 243 Lindbergh Blvd., St. Louis, MO 63141.
- Protecting and Disclosing Student Health Information – How to Develop School District Policies and Procedures book  
Additional books can be ordered at [www.asha.org](http://www.asha.org). Click on ASHA publications.
- Spine Check – A School Nurse’s Guide to Scoliosis Screening CD  
Additional CDs can be ordered at [www.iscoliosis.com/nurses.html](http://www.iscoliosis.com/nurses.html).

### Resources available online

- North Dakota Department of Health Division of Disease Control disease fact sheets – [www.ndhealth.gov/Disease/faq/Faqs.aspx](http://www.ndhealth.gov/Disease/faq/Faqs.aspx)
- North Dakota School Nurses Organization – [ndsno.tripod.com](http://ndsno.tripod.com)
- North Dakota Department of Health Immunization Program – [www.ndhealth.gov/Immunize/NDIIS/NDIIS.htm](http://www.ndhealth.gov/Immunize/NDIIS/NDIIS.htm)

**Note:** We suggest that you check the above websites periodically to ensure that you have the most updated versions of the information.





## Intent of this Manual

This manual has been developed to provide the school health caregiver with general information and resources about meeting the basic health-care needs of students in the schools. Please remember that these are only guidelines and are not intended to replace caregiver judgment or to substitute for school policy or the advice of a health-care provider. Always consult a school administrator, the student's parents/legal guardians and/or a health-care provider for questions regarding the care of the student. If a situation appears serious or life-threatening, always follow school policy regarding notifications or calling for emergency assistance.

One reason this manual was created is to help address the shortage of school nurses in North Dakota. Presently, we have approximately one school nurse for every 3,000 students. This shortage requires that many people working within school systems provide for the health-care needs of students and others. At times, students may have complex conditions and may require special care. This manual will help address those complex needs, as well as provide information and resources about common health-care needs.

## Definition of School Health

School health services are designed to promote the health and well-being of students and staff, identify and prevent health-related problems and injuries, and ensure care. This includes preventative services, educational services, emergency care, screening recommendations, referrals, and management of acute and chronic health conditions.





## How To Use this Manual

This manual can be used by all staff members who provide health care in the school and is intended as a quick reference to procedures and policies that can be adopted as needed. This manual contains:

- Table of Contents – Each section listed in the Table of Contents is marked with a corresponding tab.
- Flowcharts – The flowcharts give step-by-step instructions to administer each procedure. The flowcharts have starting and ending points and offer directions at each level.
- Narrative – The narrative offers more detailed information and provides resources. Where appropriate, websites are provided to ensure access to the most current, up-to-date information.
- Forms – The Forms section includes samples of forms, listed in alphabetical order, that can be adapted as necessary to meet the needs of your school.
- Resources – The Resources section includes additional informational books, brochures and CDs.





## Staff Training

Information in this manual is condensed for quick reference of each topic. Individuals performing procedures require formal training by the student's parent/guardian, or preferably by a health-care provider. Simply reading this manual does not qualify staff to perform procedures. The training should be repeated as needed. All staff training should be recorded and kept on record. A copy of a staff training record is in the Forms section.

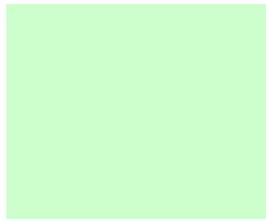
An Individualized Health-Care Plan (IHP) and/or Emergency Care Plan (ECP) should be in place for students with special health-care needs. In addition to the Special Health-Care Needs section of this manual, more information on the IHPs and ECPs can be found under various topics and in the Forms section.

It is recommended that a variety of staff be trained in cardiopulmonary resuscitation (CPR) and first aid. To find a class in your community, contact your local hospital or chapters of the American Heart Association or Red Cross.





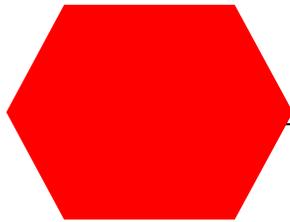
## Flow Chart Symbols



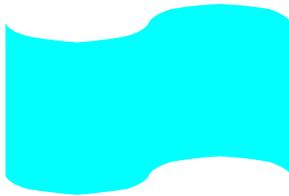
**Start here**  
(This symbol  
will appear in a  
light green color)



**Response to a  
question or action  
based on an answer**  
(This symbol  
will appear in a  
bright yellow color)



**Stop here**  
(This symbol  
will appear in a  
red color)



**Special issues or  
concerns to note**  
(This symbol  
will appear in a  
turquoise color)





## Basic First Aid Supplies

The following are recommended first aid supplies. Some of the materials can be used several times; other supplies will need to be disposed of after each use and replaced. **Inventory should be completed at least once a month and supplies replaced as needed.** As with all other information found in this manual, this is only a guide; each school may require special items to meet the needs of students. Medications or supplies for a specific child should not be stored in the first aid kit. **Kits should be located in all buildings and kept in a cool, dry area. Make sure every staff member knows where kits are located.** Portable kits are best since most accidents do not happen in relation to the location of emergency kits. Plastic tool or tackle boxes make good containers for first aid supplies because they are lightweight, sturdy, portable and close securely.

The following materials/supplies will be used more than one time:

1. Current American National Red Cross First Aid Manual or equivalent (American Heart Association)
2. American Academy of Pediatrics First Aid Chart ([www.aap.org](http://www.aap.org))
3. Portable stretcher
4. Cot (mattress with waterproof cover)
5. Blankets, sheets, pillows, pillowcases with disposable covers
6. Washcloths or hand towels with portable basin
7. Covered waste receptacle with disposable liner
8. Thermometer with disposable covers
9. Sharps container (will need to replace when full) – Refer to the Disposal of Sharps section for more information.

The following are expendable supplies:

1. Sterile cotton-tipped applicators
2. Sterile adhesive compresses
3. Cotton balls
4. Sterile gauze squares (2", 4" and other sizes as needed)





5. Adhesive tape (at least 1” in width)
6. Sterile gauze bandages (1” and 2” widths)
7. Splints, both long and short
8. Disposable thermometer (if disposable covers are not available for #8 above)
9. Triangle bandage for a sling
10. Sterile tongue depressors
11. Safety pins
12. Liquid soap or hand sanitizer. Note that hand sanitizers are not effective if hands are visibly soiled or sticky. Refer to the Hand Washing section for more information.
13. Disposable paper towels and facial tissue
14. Eye droppers/eye wash
15. Non-latex disposable gloves (various sizes)
16. Pocket mask/face shield for CPR (child and adult sizes) – You may wish to issue these to all trained staff members.
17. Activated charcoal – **ONLY ADMINISTER AFTER CALLING THE POISON CONTROL CENTER** – \*Poison Control number for North Dakota – **800.222.1222**  
Poison Control magnets and phone stickers are available through the North Dakota Department of Health by calling 701.328.4536 or 800.472.2286 (toll-free).

**REMEMBER** to inventory materials on a regular basis. First aid kits are useful when full, but useless when not kept stocked. Emergency phone numbers should be available in numerous locations throughout the school. The Emergency Guidelines for North Dakota Schools manual has a template form for recording emergency contact information.

### Resources

- American Association of Poison Control Centers – **[www.aapcc.org](http://www.aapcc.org)**
- National Safety Council – Pediatric First Aid and CPR – **[www.nsc.org](http://www.nsc.org)**
- North Dakota Department of Health, Injury Prevention Program – **[www.ndpoison.org](http://www.ndpoison.org)**





## Emergency Medical Equipment (Optional)

The following equipment may be added as your administration feels it is appropriate. Each type of equipment may be obtained from several sources. Each school will need to follow established procedures for obtaining equipment and supplies.

**Air splint** – used to immobilize limbs for suspected sprains and breaks.

**Automated electronic defibrillator (AED)** – used in cardiac emergencies when a person’s heart goes into cardiac arrest or dangerous arrhythmia. Training should be provided about how to use an AED. Most CPR classes provide this training.

**Blood pressure cuff** – used in taking blood pressure. Training about how to take blood pressure can be provided by local health units or health-care providers.

**Crutches** – kept for leg injuries on school grounds. They are adjustable and are relatively inexpensive.

**Disposable syringes** – kept in case students who administer medications lose, misplace or damage their supply.

**Epi-pen** – a pre-measured dose (epinephrine) given to a person suffering from an anaphylactic reaction. This can be administered only with a physician’s order.

**Oxygen** – used for air intake during an emergency. Tanks are refillable and can be used as long as they are tested and certified as local regulations require. Oxygen requires tubing and facial masks, which are disposable. Follow the manufacturer’s instructions for storage.

**Personal protective equipment (PPE)** – includes gowns, face shields, gloves, sterile caps and disposable coverings for large spills of body fluids or procedures that expose staff to contamination or infection. All material should be disposable to prevent any cross contamination.



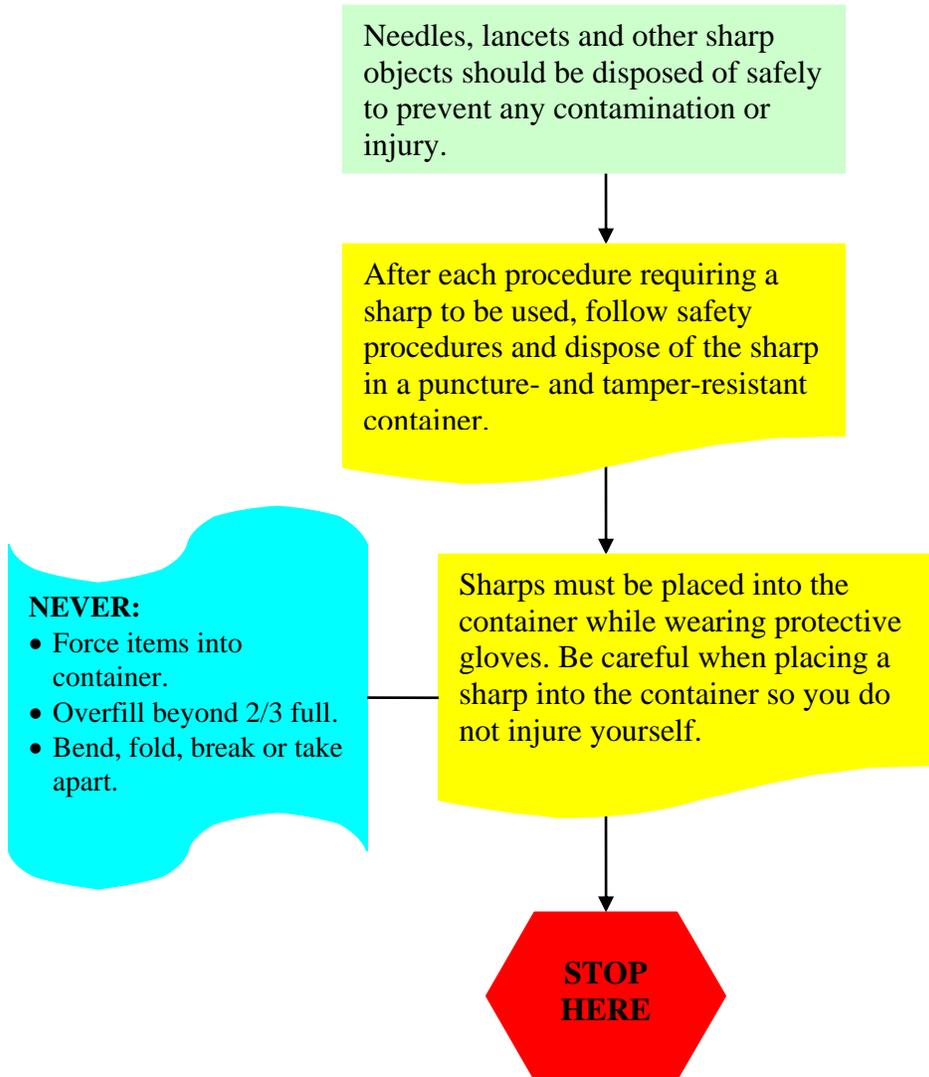


**Stethoscope** – used for listening to heartbeats, breathing and monitoring blood pressure.

**Wheelchair** – used to move students who become injured from one place to another. This does not have to be the latest model but must be mechanically sound and safe.



# Disposal of Sharps







## Disposal of Sharps

### Overview

Needles, lancets and other sharp objects should be disposed of safely to prevent any contamination or injury.

A sharps disposal device should be used by schools that regularly have need for the disposal of sharps. Check with your local pharmacy, health-care entity or local public health unit, or search the Internet using the keywords “sharp disposal devices” to purchase the device. The prices of these devices vary according to product types and manufacturers.

A hard plastic or metal container with a screw-on or tightly secured lid may be used by schools that infrequently have the need for the disposal of sharps. If these types of containers are used, a heavy plastic container with a narrow top is the safest. Soft drink containers are not appropriate for sharps disposal. Be sure to label the container “Sharps Disposal.”

### Procedure

- Wear protective gloves at all times during the procedure and handling of sharps.
- After use of sharp, place into a puncture- and tamper-resistant container marked for sharps. Take special care not to injure yourself when placing sharp into the container. If using a purchased disposal device, be sure to read the manufacturer’s directions for use prior to using the device.
- Be sure that the container cover is secure after placing the sharp into the container to prevent any spills of items inside.
- When container is two-thirds full, seal the container and take to disposal site.
  - If using a heavy plastic or metal container, be sure to reinforce the lid with heavy-duty tape before disposal. Purchased sharps disposal devices have self-locking lids.





- Contact the North Dakota Department of Health (contact information below), your local pharmacy, health-care entity or local public health unit to arrange for a disposal site.
- Obtain a new container and repeat steps.

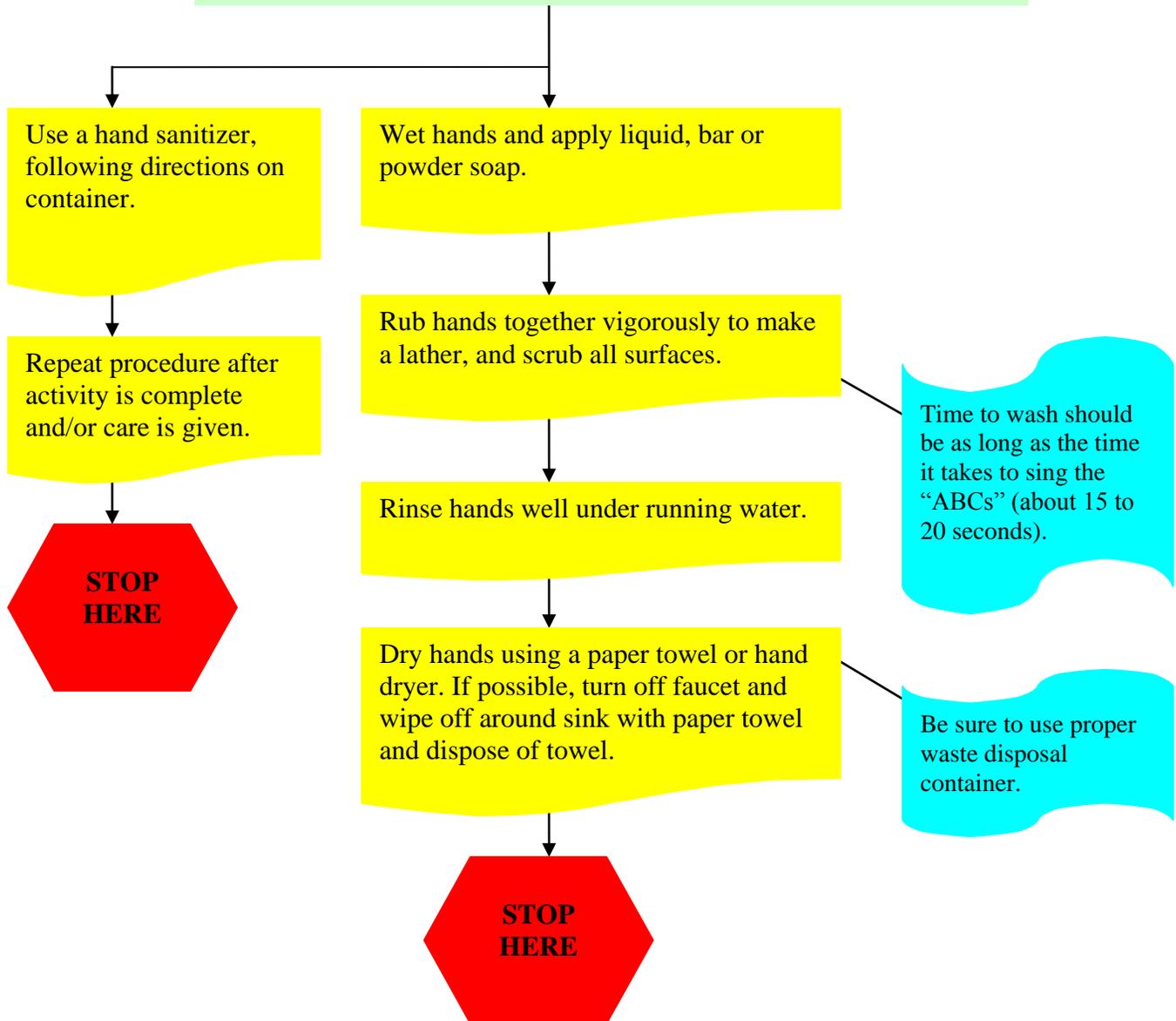
### Resources

- North Dakota Department of Health  
Division of Waste Management  
918 E. Divide Ave., 3<sup>rd</sup> Floor  
Bismarck, N.D. 58505-1947  
Telephone: 701.328.5166  
Fax: 701.328.5200  
**[www.ndhealth.gov/WM](http://www.ndhealth.gov/WM)** (click on Infectious Waste)
- Local Public Health Units  
**[www.ndhealth.gov/localhd](http://www.ndhealth.gov/localhd)**



# Hand Washing

Hands are to be washed by all staff before and after administering care to students. Students also are encouraged to wash hands for prevention of disease transmission.



Use of a hand sanitizer is permitted. This eliminates the need for water and ensures good practice even on field trips. Follow label instructions for best results.  
**Note:** Hand sanitizers are not effective if hands are visually dirty or sticky.





# Hand Washing

## Overview

Hand washing, when done correctly, is the best way to prevent spread of common infectious concerns.

Hand washing is to be done by all staff before and after contact with students when performing procedures.

- a. Wet hands and apply liquid, bar or powder soap.
- b. Rub hands together vigorously to make a lather, and scrub all surfaces. Scrub well for 20 seconds! It takes that long to dislodge and remove stubborn germs. To time yourself, sing the ABCs.
- c. Rinse hands well under running water.
- d. Dry hands using a paper towel or air dryer.
- e. If possible, use a paper towel to turn off the faucet.

A **waterless** solution of 62 percent alcohol may be used to sanitize hands. Many products are currently available. They are effective at killing germs on the hands, as long as your hands are not visibly dirty or sticky. Sanitizers should be used when soap and water are not available, but you should wash with soap and water as soon as you can.

Teaching students how to correctly wash their hands, and when to wash their hands, will help prevent the spread of illness.

## Resources

- The North Dakota Department of Health, Division of Disease Control has a fact sheet titled “Hand Washing – 5 Easy Steps To Prevent Disease.” To access this fact sheet, go to [www.ndhealth.gov/disease/Documents/faqs/handwashingbrochure.pdf](http://www.ndhealth.gov/disease/Documents/faqs/handwashingbrochure.pdf).





# Head Lice Screening

Possible signs of head lice infestation that indicate a need for screening include itching, sores on the head, a tickling feeling, a feeling of something moving on the head and tiredness. (Head lice are more active at night; hence, children with lice might not be sleeping well.)

Visual inspection of student.

See “Head Lice, A Lousy Problem” booklet included with this manual. This booklet provides information about head lice, treatment options and guidelines for schools.

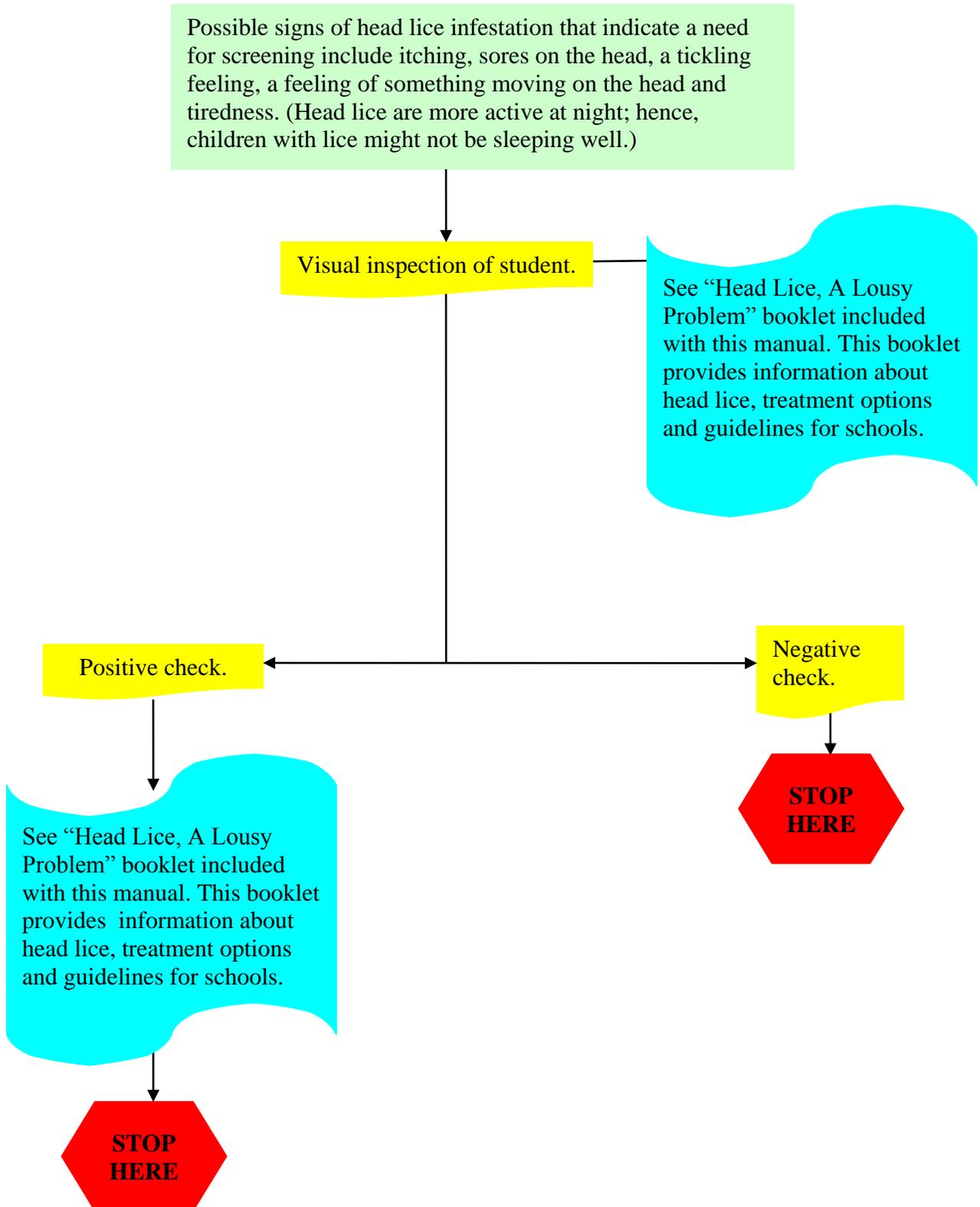
Positive check.

See “Head Lice, A Lousy Problem” booklet included with this manual. This booklet provides information about head lice, treatment options and guidelines for schools.

**STOP  
HERE**

Negative check.

**STOP  
HERE**







## Head Lice Screening

### Overview

Please refer to the “Head Lice, A Lousy Problem” booklet that is included at the back of this manual under Resources. The booklet was developed to provide information about head lice, treatment options and guidelines appropriate for use in the home, child-care settings, schools and communities. Within the professional literature, controversy exists about the treatment and management of head lice. The enclosed booklet is designed to provide a balanced review of the issues pertaining to the treatment and management of head lice.

The last two pages of the booklet contain two fact sheets: “Head Lice (Pediculosis)” and “Quick Guide for Removing Head Lice.” These fact sheets may be reproduced and given to parents and others trying to get rid of head lice. To access the booklet and fact sheets online, go to **[www.ndhealth.gov/familyhealth](http://www.ndhealth.gov/familyhealth)**, click on Publications (left side) and scroll down to the Head Lice category.

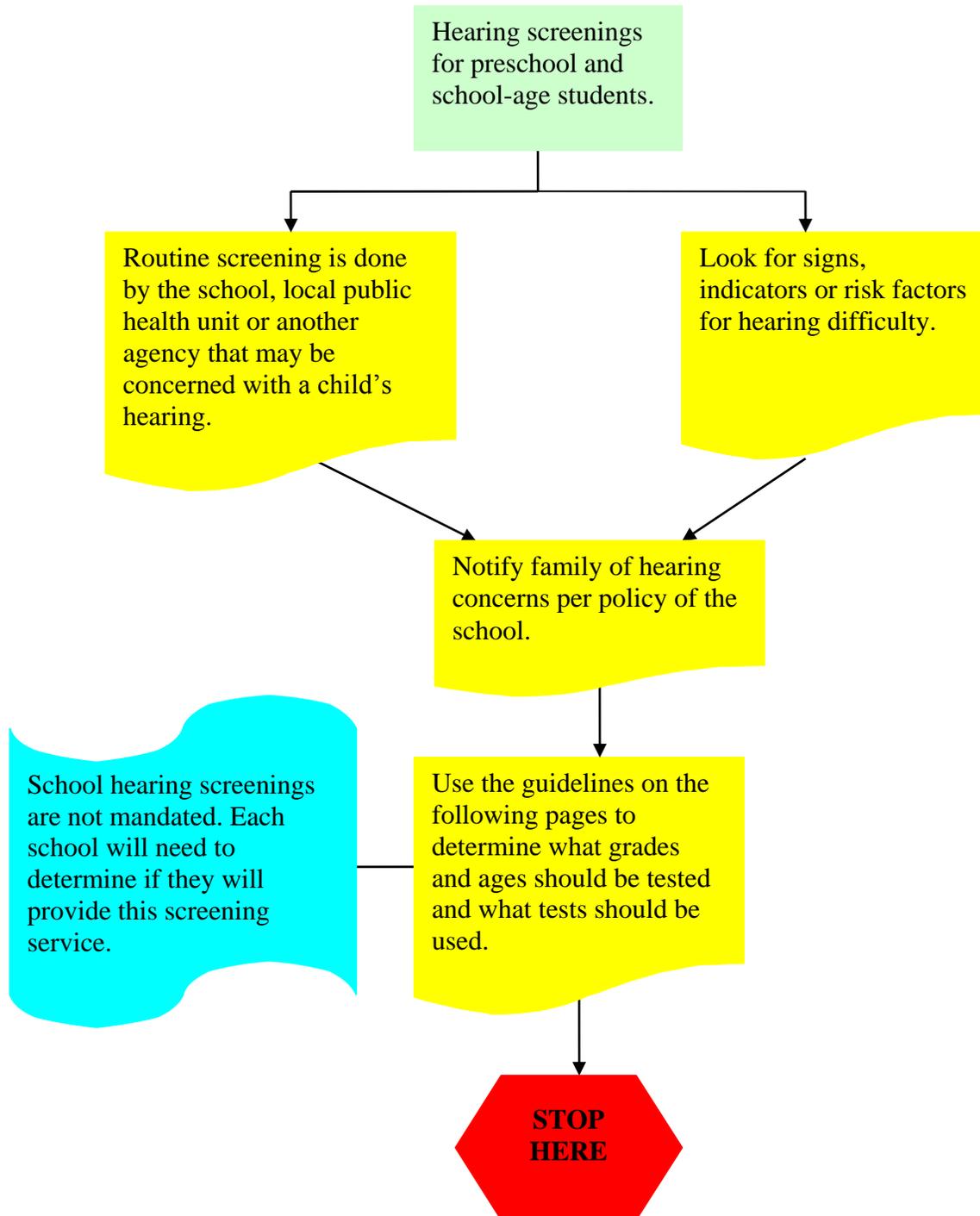
### Resources

- The North Dakota School Boards Association (NDSBA) has a policy on head lice. Contact your school administrator to inquire about the NDSBA’s *Policy Ponderings* Library.
- North Dakota Department of Health  
Division of Family Health  
Coordinated School Health Program  
600 E. Boulevard Ave., Dept. 301  
Bismarck, N.D. 58505-0200  
Telephone: 701.328.2493  
Fax: 701.328.1412  
**[www.ndhealth.gov/familyhealth](http://www.ndhealth.gov/familyhealth)**
- Your local health-care provider or local public health unit also can be valuable resources. To obtain contact information for your local public health unit, go to **[www.ndhealth.gov/localhd](http://www.ndhealth.gov/localhd)**.





# Hearing Screening







# Hearing Screening

## Overview

Hearing screenings are most often done outside of a school setting and are routinely performed at birth. It is important to know what to look for and what to recommend if you suspect issues involving your students.

## Preschool (Ages 3 to 5)

The goal of screening preschool children for hearing loss is to identify children who may have hearing loss that interferes with communication, development, health or future school performance. Some children may pass an initial hearing screening but still be at risk for hearing loss that fluctuates, is progressive or is acquired later in development. Screening should be provided by audiologists, speech-language pathologists and/or other personnel under the supervision of a certified audiologist.

## Screening Techniques

Two screening methods are suggested as the most appropriate tools for preschool children who are functioning at a developmental age of 3 years: visual reinforcement audiometry (VRA), which can be done only in a sound room; and conditioned play audiometry (CPA). Both of these methods are behavioral techniques that require the involvement and cooperation of the child. With both of these methods, sounds of different frequencies are presented at a sound level that children with normal hearing can detect.

## What Happens if a Preschool Child Does Not Pass the Screening?

1. The child will be screened using infant-toddler procedures or will be recommended for a more in-depth audiologic assessment.
2. If the child did not pass the screening, then referral for audiological assessment by a certified audiologist is recommended.

The hearing status of children referred after screening should be confirmed within one month, but no later than three months, after the initial screening.





### **School-Age (Ages 5 to 18)**

School-age children should be screened for hearing loss as needed, requested or mandated, or when conditions place them at risk for hearing disability. Screening for hearing loss identifies school-age children who may have a hearing impairment that may interfere with development, communication, health and education. School-age children with even minimal hearing loss are at risk for academic and communication difficulties.

Periodic screenings are recommended because of the increased potential for hearing loss due to overexposure to high levels of noise. The importance of identifying children at risk for hearing impairment may affect their future educational, vocational or social opportunities.

#### **Suggested Screening Times for School-Age Children:**

1. On first entry into school.
2. Every year from kindergarten through third grade.
3. In seventh grade.
4. In 11th grade.
5. Upon entrance into special education.
6. Upon grade repetition.
7. Upon entering a new school system without evidence of having passed a previous hearing screening.
8. Upon returning to school after serious illness.

#### **Screening Techniques**

Screening practitioners should be limited to audiologists, speech-language pathologists and support personnel under the supervision of a certified audiologist and/or the school nurse.



### **Risk Factors for More Frequent Screening:**

1. Parent/legal guardian, health-care provider, teacher or other school personnel have concerns regarding hearing, speech, language or learning abilities; for example, needing to repeat instructions to the student repeatedly so tasks can be completed.
2. There is family history of late-onset or delayed-onset hereditary hearing loss.
3. Otitis media with effusion (fluid in the middle ear) recurs.
4. There are skull or facial abnormalities, characteristics or other findings associated with a syndrome known to include hearing loss.
5. There is head trauma with loss of consciousness.
6. There is reported exposure to potentially damaging noise levels or to drugs that frequently cause hearing loss.
7. An individual contracts bacterial meningitis or mumps.

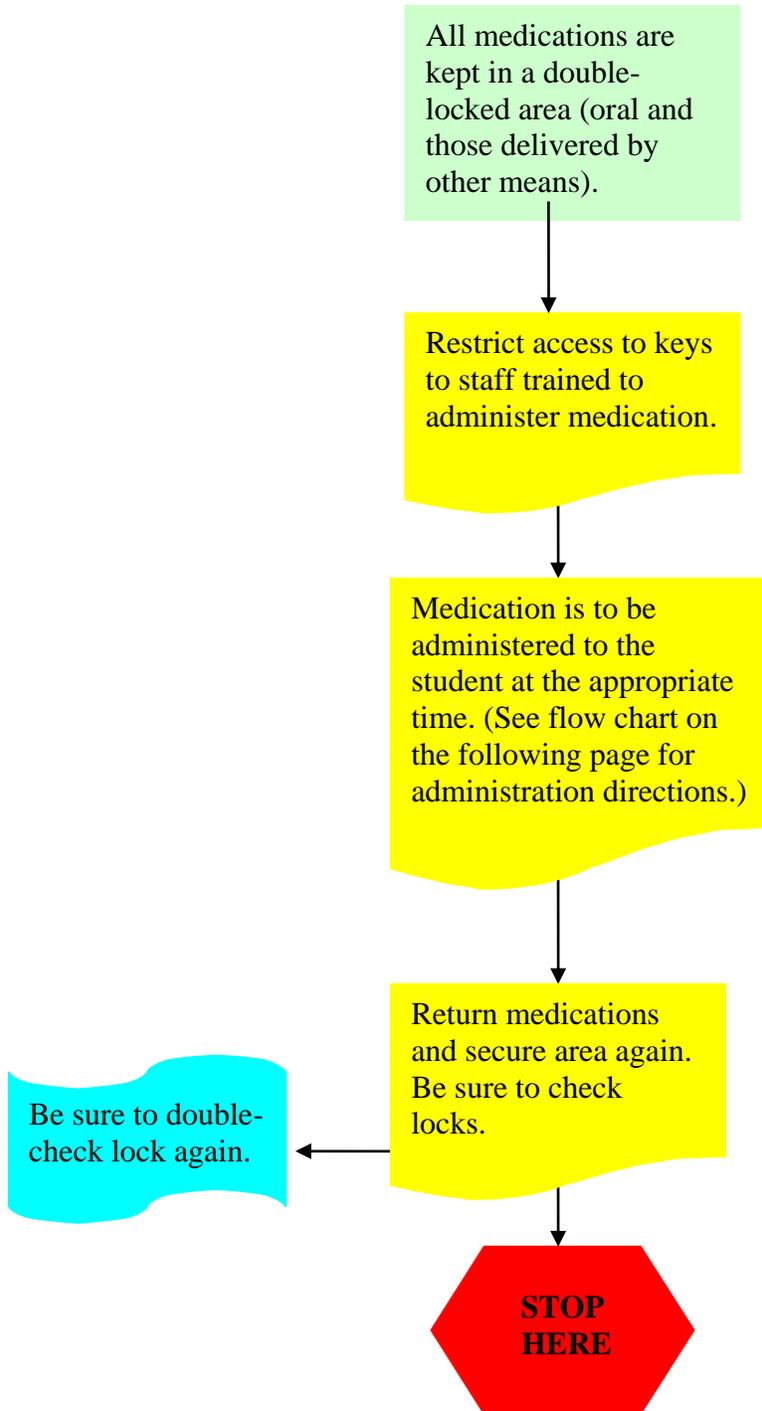
### **Resources**

- North Dakota Department of Public Instruction  
Special Education  
600 E. Boulevard Ave., Dept. 201  
Bismarck, N.D. 58505-0440  
Telephone: 701.328.2277 or 1.866.741.3519 (toll-free)  
Fax: 701.328.4149  
**[www.dpi.state.nd.us/speced/guide/assist.pdf](http://www.dpi.state.nd.us/speced/guide/assist.pdf)**
- North Dakota Early Hearing Detection and Intervention (EHDI) Information:  
North Dakota Department of Health  
Division of Children's Special Health Services  
600 E. Boulevard Ave., Dept. 301  
Bismarck, N.D. 58505-0200  
Telephone: 701.328.2436 or 800.755.2714 (toll-free)  
Fax: 701.328.1645  
**[ndcpd.misu.nodak.edu/1stsounds](http://ndcpd.misu.nodak.edu/1stsounds)**  
**[www.infanthearing.org/states/northdakota/index.html](http://www.infanthearing.org/states/northdakota/index.html)**



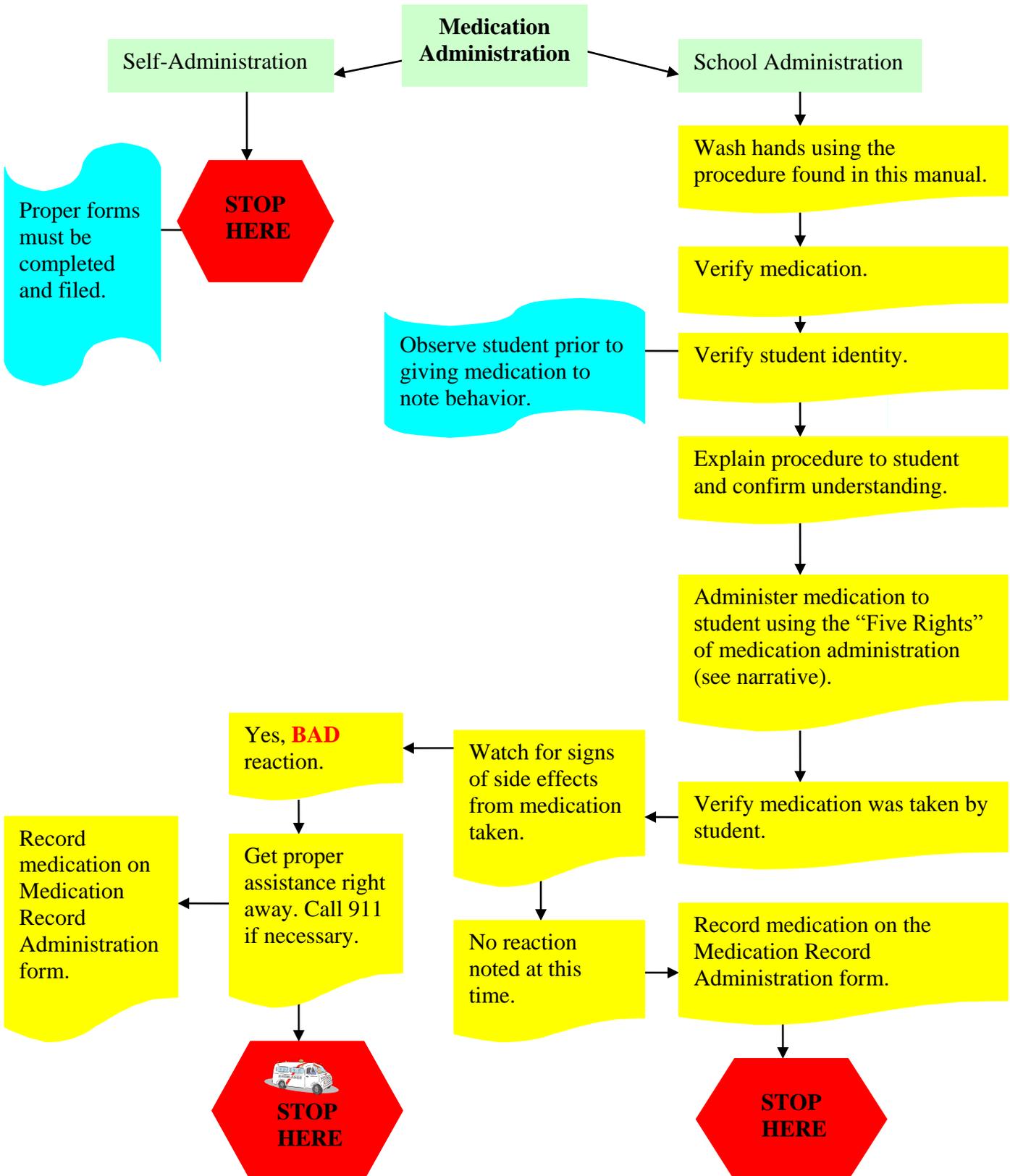


# Medication Storage/Security





# Medication Administration







## Medication Storage, Security and Administration

### Overview

Medication administration is one of the most common health-related activities performed in schools. The safe and effective use of medications for the treatment of certain health conditions or illnesses has enabled many children to attend school and achieve academic success; however, medication can be one of the most dangerous items kept on school grounds. Medication taken properly is useful, but medication taken improperly can be dangerous and even deadly. For this reason, we suggest schools have a policy for medication storage, security and administration. The school administrator is responsible for assigning the task of medication administration.

In most cases, nurses are not the people administering the medication; often this is handled by support staff having many other duties. In these cases, it is recommended that a nurse or other qualified health-care provider provide training and education about how to correctly and safely administer medications. Be sure to record the training of staff on the staff training record. Refer to the Forms section of this manual for a sample of the Specialized Procedure Training – Medication Administration form. (Note to nurses: Providing training and education to school staff is not delegation.)

Nurses generally have many questions regarding medication administration in schools. The North Dakota Board of Nursing, the North Dakota School Nurses Organization, the North Dakota Department of Health and the North Dakota Department of Public Instruction have provided responses to some of the most frequently asked questions. To view the questions and responses, go to [www.ndbon.org/faq.asp](http://www.ndbon.org/faq.asp) and click on School Nursing Questions and Answers.





## Medication in School

Parent/caregivers are encouraged to administer medications at home whenever possible. Medications should be administered at school only when necessary for the health and safety of students. Medication coming into school must be documented by school personnel. It does not matter if the medication is to be self-administered or given by school personnel or the manner of administration (oral, injection, inhaler, etc.). Any medication found in school without approval may be held and given back to the responsible adult in charge of the student. An authorization for medication administration form must be completed, signed by the legal guardian and filed at the school before the medication can be given. Refer to the Forms section of this manual for sample forms.

## Security of Medication in School

In the case of self-administered medication, the student may keep the medication and be responsible for the proper handling of the medication and administration. For school-administered medication, the school should designate a location for medication to be kept in an office under double lock. Other areas may come into play in the case of medications that may need refrigeration. In this case, the school should make sure that area is secured in a similar fashion.

The person responsible for passing out the medication and the school administrator should have access to the keys and medications and be the only people with knowledge of the keys' location. The keys shall be in a monitored area at all times where school personnel can ensure the security of the keys. At the end of each school day, the keys will be secured to provide assurance that they will not fall into unauthorized hands.

## Administering of Medications

1. Administering personnel will not allow any other distraction in the administration area.
2. Before administering medication each time, check for the “Five Rights” (right medication, right dose, right route, right person and right time). This can be done by looking on the bottle and checking with the student present and by matching bottle label with forms for administration of medication. **All information must match.**





3. Ask student for his or her name and double-check against another form of identification.
4. Explain procedure to the student and have him or her confirm understanding. Observe the student for present appearance and demeanor. Use this information to compare for signs of side effects that may occur after the medication is taken. School staff who have direct contact with the student after medication is taken should be aware that the student has received a medication so that they can observe for any possible side effects.
5. Administer the medication to the student and verify that the medication is taken. If taken orally, a simple method is to have the student open his/her mouth and check for any medication left in the mouth.
6. Watch for any immediate side effects and note if any. If none, go to step 7. If there are side effects, take the following steps:
  - Make all the appropriate contact calls.
  - Get medical attention for the student.
  - Once the student is safe, record all actions taken on the Medication Record Administration form and any other forms, as needed. Refer to the Forms section of this manual for a sample.
7. Record medication.
8. Excuse student and replace medication into locked area.
9. Secure keys.

Check and double-check steps as you go. Medication has a high liability and extra care is required.

### **Safeguards**

- Never give a student someone else's medication.
- Do not use expired medication.
- Do not mix bottles of medication, even if they are the same.
- Never give a student a different dosage amount than what is indicated on the bottle, not even if a parent or caregiver instructs you to do so. The medication dosage given must match the label instructions on the bottle.
- Never give a medication unless it is properly packaged and labeled.





## Field Trips

- If self-administered, follow the same school procedure.
- Any medication to be administered to a student while on a trip or during other activities will be kept in the possession of an adult with assigned duties to administer medications and who is accompanying the student on the trip or activity.
- All medication is to be clearly marked and in a sealed envelope with the student's name, name of medication and directions for administration.
- Upon return to school, the person administering the medication must record all information on the Medication Record Administration form for that student.

## Resources

- The North Dakota School Boards Association (NDSBA) has a policy on administering medication to students. Contact your school administrator to inquire about the NDSBA's *Policy Ponderings* Library.
- North Dakota Department of Health  
Division of Family Health  
Coordinated School Health Program  
600 E. Boulevard Ave., Dept. 301  
Bismarck, N.D. 58505-0200  
Telephone: 701.328.2493  
Fax: 701.328.1412  
**[www.ndhealth.gov/familyhealth](http://www.ndhealth.gov/familyhealth)**





## Medications Delivered by Other Than Oral Routes

### Overview

Medications may often be administered by methods other than by mouth. The following is a listing of information in general terms for other routes of administration. As with oral medications, an authorization for medication administration form must be completed, signed by the legal guardian and on file at the school before the medication can be given.

As with oral medications not administered by a school nurse, it is recommended that a nurse or other qualified health-care provider provide training and education about how to correctly and safely administer medications. Be sure to record the training of staff on the staff training record. Refer to the Forms section of this manual for a sample of the Specialized Procedure Training – Medication Administration form.

### Topical Medications

1. Compare the medication package with the Medication Record Administration form to double-check the “Five Rights” (right medication, right dose, right route, right person and right time).
2. Wash hands.
3. Using warm water, wash off the area where topical medication is to be applied.
4. Apply amount prescribed to specific area of skin as directed with tongue blade or gloves.
5. Close container and return medication to secure area.
6. Dispose of tongue blade or gloves appropriately.
7. Wash hands.
8. Document dose on Medication Record Administration form. Refer to the Forms section of this manual for a sample form.

### Ear Drops

1. Compare the medication package with the Medication Record Administration form to double-check for the “Five Rights” (right medication, right dose, right route, right person and right time).





2. Wash hands.
3. Obtain container and warm ear drops to near body temperature.
4. Gently shake the bottle for 10 seconds if drops are a cloudy suspension, then check bottle or dropper tip to ensure it is not dirty, chipped or cracked. Most drops will come in package with own dropper attached to top.
5. Draw medication into dropper, tilt affected ear up and place correct number of drops in each ear while tugging on outer ear to allow drops to run in.
6. Keep ear tilted several minutes or insert soft cotton plug as directed.
7. Replace cap and tighten immediately.
8. Return medication to secure area.
9. Wash hands to remove any medication.
10. Document dose on Medication Record Administration form. Refer to the Forms section of this manual for a sample form.

### **Eye Drops**

1. Compare the medication package with the Medication Record Administration form to double-check for the “Five Rights” (right medication, right dose, right route, right person and right time).
2. Wash hands.
3. Obtain container and check bottle or dropper top to ensure it is not dirty, chipped or cracked. Most drops will come in a bottle with dropper on top.
4. Tilt head back or have child look at the ceiling.
5. Pull down lower lid of correct eye with index finger to form a pocket.
6. Dispense correct number of drops without touching dropper to eye while holding hand against forehead to steady it.
7. Instruct child to close eye gently for two to three minutes.
8. Child or staff may wipe any spill from cheeks.
9. Replace cap and tighten immediately.
10. Return medication to secure area.
11. Wash hands to remove any medication.





12. Document dose on Medication Record Administration form. Refer to the Forms section of this manual for a sample form.

### **Ophthalmic Eye Ointment**

1. Compare the medication package with the Medication Record Administration form to double-check for the “Five Rights” (right medication, right dose, right route, right person and right time).
2. Wash hands.
3. Check container to be sure it is not contaminated (i.e., cap off, tube punctured).
4. Take cap off tube.
5. Pull down lower lid of eye with finger.
6. Have student look upward.
7. Dispense a small ribbon of medicine according to directions on container (usually along the bottom of the lower lid).
8. Allow student to close eye. Student may experience blurred vision and will report a greasy feeling in eye for a short time.
9. Close container and return to secure area.
10. Wash hands before returning to work.
11. Record in the Medication Record Administration form. Refer to the Forms section of this manual for a sample form.

### **Inhaler Use**

1. Compare the medication package with the Medication Record Administration form to double-check for the “Five Rights” (right medication, right dose, right route, right person and right time).
2. Wash hands.
3. Shake inhaler for five seconds, if directed.
4. Attach spacer to inhaler, if directed.
5. Hold inhaler between index finger and thumb and remove cap.
6. Have the student insert the inhaler mouthpiece or spacer into mouth and close lips around it.





7. Have student exhale normally with head tilted back slightly.
8. Press down inhaler to release spray and have the student inhale deeply and slowly one time over three to five seconds.
9. Student should hold breath for 10 seconds and then exhale.
10. Wait two to three minutes and repeat steps 4 through 8, if directed.
11. Student may rinse mouth with water after using the inhaler to remove the medication taste and residue.
12. Replace cap and return medication to secure area.
13. Wash hands before returning to work.
14. Document dose on the Medication Record Administration form. Refer to the Forms section of this manual for a sample form.

In 2005, legislation was passed that enable students to possess and self-administer *emergency* asthma medication. Training for medical and school personnel to help meet the requirements of this law – along with fact sheets, parent letters and forms – can be found at [www.ndhealth.gov/asthma](http://www.ndhealth.gov/asthma). It is highly recommended that medical and school personnel view this training. Please note that this law does not provide for carrying and administration of asthma inhalers that are used on a daily basis to *control* asthma. More information on inhaler use can be found in this manual under Special Situation, Asthma/Wheezing Concerns.

### **Auto-Injector (Epinephrine, Epi-Pen) for Allergic Emergencies**

It is highly recommended that training about how to administer an auto-injector is received. Your local clinic, pharmacy or public health unit should be able to provide this training. Be sure to record the training of staff on the staff training record. Refer to the Forms section of this manual for a sample Specialized Procedure Training – Medication Administration form.

1. At first appearance of symptoms and signs of impending serious allergy reaction (facial swelling, hives, difficulty breathing) or as directed, be prepared to use epinephrine (adrenalin) by injection.
2. While preparing to use an injection, have someone call the emergency number (usually 911) for immediate transportation to the nearest health-care facility or hospital emergency room.





3. Pull off safety cap if present.
4. Place tip of Epi-pen® or needle at right angle to the front of and just to the outside of the leg in the fleshiest part of the front of the thigh. Press into thigh hard (Epi-pen ®) or push plunger (Anakit®) to release medication and hold for a few seconds before removing the needle.
5. Massage area for 10 seconds.
6. Dispose of sharps appropriately.
7. Wash hands to remove any medication.
8. Document dose on Medication Record Administration form. Refer to the Forms section of this manual for a sample form.

In 2005, legislation was passed that enable students to possess and administer anaphylaxis medications (Epi-Pen). Training for medical and school personnel to help meet the requirements of this law – along with fact sheets, parent letters and forms – can be found at **[www.ndhealth.gov/asthma](http://www.ndhealth.gov/asthma)**. It is highly recommended that medical and school personnel view this training. More information relating to allergic reactions can be found in this manual under Special Situation, Allergic Reactions.



## Resources

- North Dakota Department of Health  
Division of Family Health  
Coordinated School Health Program  
600 E. Boulevard Ave., Dept. 301  
Bismarck, N.D. 58505-0200  
Telephone: 701.328.2493  
Fax: 701.328.1412  
**[www.ndhealth.gov/familyhealth](http://www.ndhealth.gov/familyhealth)**
- The North Dakota School Boards Association (NDSBA) has a policy on administering medication to students. Contact your school administrator to inquire about the NDSBA's *Policy Ponderings Library*.



# Oral Health Prevention Services

Student presents with an oral health related problem:

- Toothache/pain
- Broken/fractured teeth
- Tooth missing
- Bleeding

Notify parent/legal guardian of situation to follow up with student's dentist/dental home.

Parent/legal guardian reports no dental home or difficulty finding a dentist, contact the North Dakota Department of Health, Oral Health Program at 701.328.2356 or 800.472.2286 (press 1).

**STOP  
HERE**





## Oral Health Prevention Services

### Overview

Oral health is an essential and integral component of overall health. Oral disease restricts activities at school, work and home, and often significantly diminishes the quality of life. Schools can be very important in the education process of students. Integration of oral health into your classroom can be part of overall health care. Oral health training programs for health professionals and teachers are available on the North Dakota Department of Health's Oral Health Program website at [www.ndhealth.gov/oralhealth](http://www.ndhealth.gov/oralhealth) under the Training Programs and Curricula link.

### Public Health Consultants

Regional public health consultants are available to assist local communities, health professionals and educators in designing and implementing preventive dental programs and health promotion efforts. Services include classroom oral health education sessions, oral health screenings, school fluoride programs, and oral health in-service and training programs for other health professionals. For more information and to find an public health consultant in your area, go to [www.ndhealth.gov/oralhealth/Publications/Fact\\_Sheet\\_Consultants.pdf](http://www.ndhealth.gov/oralhealth/Publications/Fact_Sheet_Consultants.pdf).

### Prevention Programs:

#### School Fluoride Mouth Rinse Program

The North Dakota Department of Health's Oral Health Program supports fluoride mouth rinse programs for elementary schools in fluoride deficient areas of the state. Fluoride mouth rinse is important in the prevention of tooth decay. Public health hygienists (employees of the North Dakota Department of Health) train school personnel regarding distribution and storage of mouth rinse, as well as provide an oral health educational component for students. Fluoride mouth rinse is economical and easy to dispense and is provided one time weekly by trained school personnel.





### **Healthy Smiles Fluoride Varnish Program**

The North Dakota Department of Health's Oral Health Program provides training to health-care professionals in non-dental settings, including local public health units, schools, Head Start programs and medical offices. Fluoride varnish is effective in reducing tooth decay among individuals who are at higher risk of decay. Public health hygienists (employees of the North Dakota Department of Health) train health-care professionals regarding the impact of tooth decay as a disease, risk factors, anticipatory guidance and storage and application of fluoride varnish. Fluoride varnish is economical and easy to apply and may be applied one time every three months.

### **Seal! North Dakota Sealant Program**

The North Dakota Department of Health's Oral Health Program currently partners with Bridging the Dental Gap safety net clinic, located in Bismarck, to provide sealants (screening and application) to second- and sixth-grade students at qualifying schools within a 50-mile radius of the Bismarck-Mandan area.

In addition to the great partnership with Bridging the Dental Gap, the North Dakota Department of Health's Oral Health Program will be implementing a future expansion to Seal! North Dakota involving portable clinics.

Public health hygienists (employees of the North Dakota Department of Health) will conduct sealant screening and application clinics at nontraditional settings, including local public health units, schools, Head Start programs and medical offices. An educational component also will be provided for students. If the children present with areas of dental concern, that information will be provided to the parent/legal guardian with recommended referral to a dentist or dental home.





## Dental Access Programs

The North Dakota Department of Health’s Oral Health Program does not run dental clinics in the state but provides support to selected agencies and organizations to provide dental care. A listing that provides information about the ways you may be able to find dental care for children and families can be found at

[www.ndhealth.gov/oralhealth/Publications/Fact\\_Sheet\\_Dental%20Access.pdf](http://www.ndhealth.gov/oralhealth/Publications/Fact_Sheet_Dental%20Access.pdf).

## Resources

- **Dental Coverage**

**Safety Net Dental Clinics** are programs that usually see patients who do not have other access to dental care. The patients typically are covered by Medicaid or the clinic offers sliding fee schedules or reduced fees.

- **Bridging the Dental Gap** is a nonprofit community dental clinic serving low-income and uninsured individuals within a 50-mile radius of Bismarck-Mandan. (701.221.0158)

- **Family Healthcare Center Dental Clinic** is a federally qualified community health center serving low-income and uninsured individuals within the Fargo/Red River Valley region. (701.271.3332)

- **Red River Valley Dental Access Project** serves low-income, uninsured and Medicaid-eligible individuals who have urgent dental pain and do not have access to a dentist in Fargo-Moorhead. (701.364.5364)

- **Valley Community Health Center Dental Clinic** is a federally qualified health center serving low-income, uninsured and insured individuals of all ages in the Northern Red River Valley. (701.757.2100)

**North Dakota Donated Dental Services** is a network of volunteer dentists who provide dental care to the state’s most vulnerable people: disabled, elderly or medically compromised individuals who cannot afford necessary treatment or get public aid. (866.572.9390)

**Jerene’s Wish** is a program that provides orthodontic treatment at a minimal cost to eligible children. For more information, contact Warford Orthodontics at 701.255.1311 or at [info@warfordorthodontics.com](mailto:info@warfordorthodontics.com).

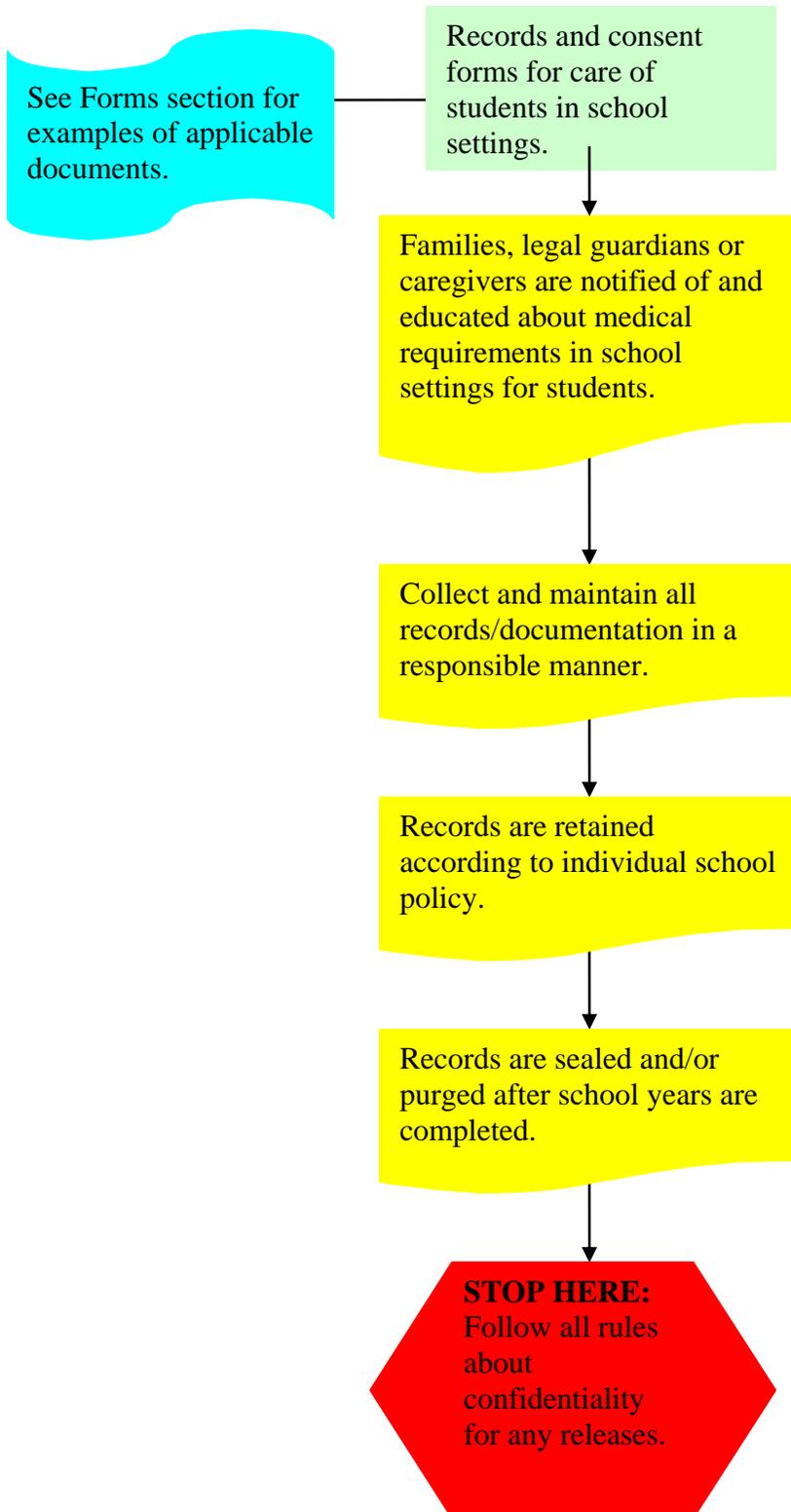




- North Dakota Department of Health  
Division of Family Health  
Oral Health Program  
600 E. Boulevard Ave., Dept. 301  
Bismarck, N.D. 58505-0200  
Telephone: 701.328.2356 or 800.472.2286  
Fax: 701.328.1412  
**[www.ndhealth.gov/oralhealth](http://www.ndhealth.gov/oralhealth)**
- American Dental Association, **[www.ada.org](http://www.ada.org)**
- American Association of Endodontists, **[www.aae.org](http://www.aae.org)**
- Academy for Sports Dentistry, **[www.sportsdentistry-asd.org/](http://www.sportsdentistry-asd.org/)**
- Dental Access Programs, 701.328.4930



# Records and Authorizations







## Records and Authorizations

**It is strongly recommended that schools keep medical records and academic records separate to comply with privacy laws.** The *Protecting and Disclosing Student Health Information: How to Develop School District Policies and Procedure* booklet is included at the back of this manual under Resources. Additional copies may be purchased online at **[www.ashaweb.org](http://www.ashaweb.org)**.

The employees of the school system, by nature of their position or occupation, are exposed to confidential information that should not be discussed outside the school system. Information concerning student performance and behavior can only be discussed with the student's parents or legal guardians and school personnel directly associated with the student. Such information may be discussed with other school employees only as it benefits either the individual student involved or the objectives of the school system.

A student's academic and medical records are private and are protected from unauthorized inspection or use. A cumulative record is maintained for each student from the time the student enters the district until the student withdraws or graduates. This record moves with the student from school to school. The Forms section of this manual contains examples of medical records.

You may modify each form as needed. Documentation is the best protection in cases where people may question school practices. **If it is not written down, it did not happen.**



## Rules of Privacy and Records

Issues of confidentiality, privacy of records and questions have been raised regarding the interplay of the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA). Is a school health program or its staff covered by the HIPAA Privacy, Security or Transaction Rules if it transmits any information electronically in connection with a HIPAA standard transaction? For general purpose, it should be understood that all records are private and are not to be shared with individuals not having a legal right to access. Parents have the right to review records unless the following conditions are present:

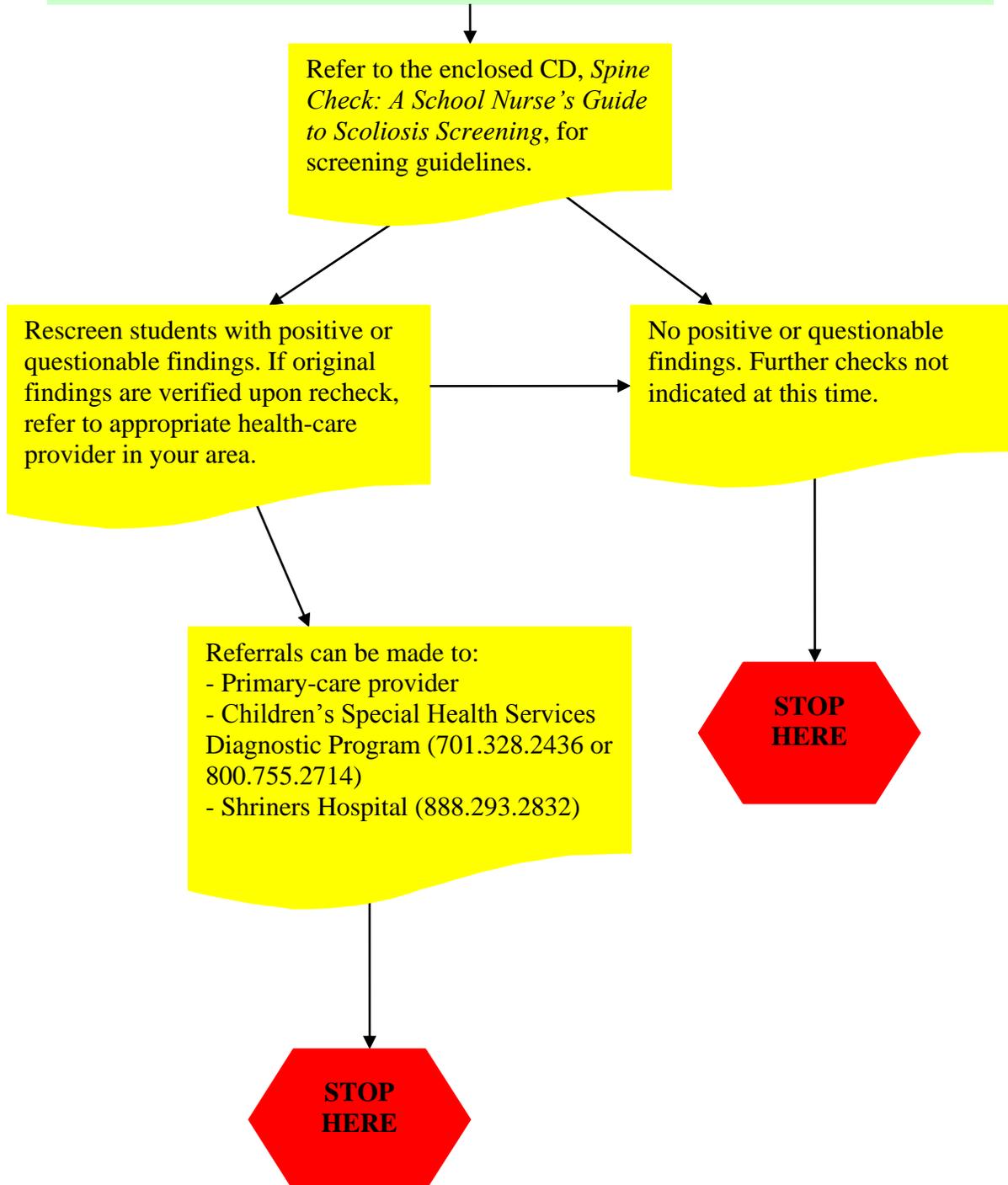
- The parent has had rights terminated or suspended by court order.
- Student is 18 years of age or older (in this case student has access).

### Resources

- *Protecting and Disclosing Student Health Information: How to Develop School District Policies and Procedure* manual  
American School Health Association  
\* This booklet is located at the back of this manual.
- The North Dakota School Boards Association (NDSBA) has a policy on student medical records. Contact your school administrator to inquire about the NDSBA's *Policy Ponderings* Library.

# Scoliosis Screening

Suggested school screening for girls in grades six and eight and boys in grade eight.







## Scoliosis Screening

The North Dakota Department of Health no longer has a scoliosis screening program. It is up to each school to decide whether or not to provide scoliosis screenings. If the decision is made to discontinue scoliosis screenings, it is recommended local health-care providers are notified of that decision.

The CD, *Spine Check – A School Nurse’s Guide to Scoliosis Screening*, is included at the back of this manual under Resources as a comprehensive resource for information about scoliosis screenings. The CD is designed to give you the tools you need to conduct in-school screenings and provide valuable scoliosis information to students and parents. The CD kit includes:

- A video about how to perform the Adam’s Forward Bend Test.
- Fact sheets, diagrams and links to websites about scoliosis.
- Ways to avoid “schooliosis” and misidentification of scoliosis, leading to unnecessary physician referrals.
- Ways to enlist parents, nursing/medical students or volunteers in screenings.
- Sample release forms and parent communications.
- Sample promotional materials for use within the school or community.
- Ideas for alternatives to actual in-school screenings.

### Referrals

When children are referred from school scoliosis screening, the families have the option of seeing their primary care provider, or they can be seen by a specialist through Children’s Special Health Services (CSHS) Diagnostic Program to rule out or confirm the diagnosis of scoliosis. The CSHS Diagnostic Program does not have income eligibility levels. If families want to use CSHS Diagnostic Services, please refer them to their county social service office where they can talk with the CSHS worker. They can also contact CSHS directly at 701.328.2436 or 800.755.2714.



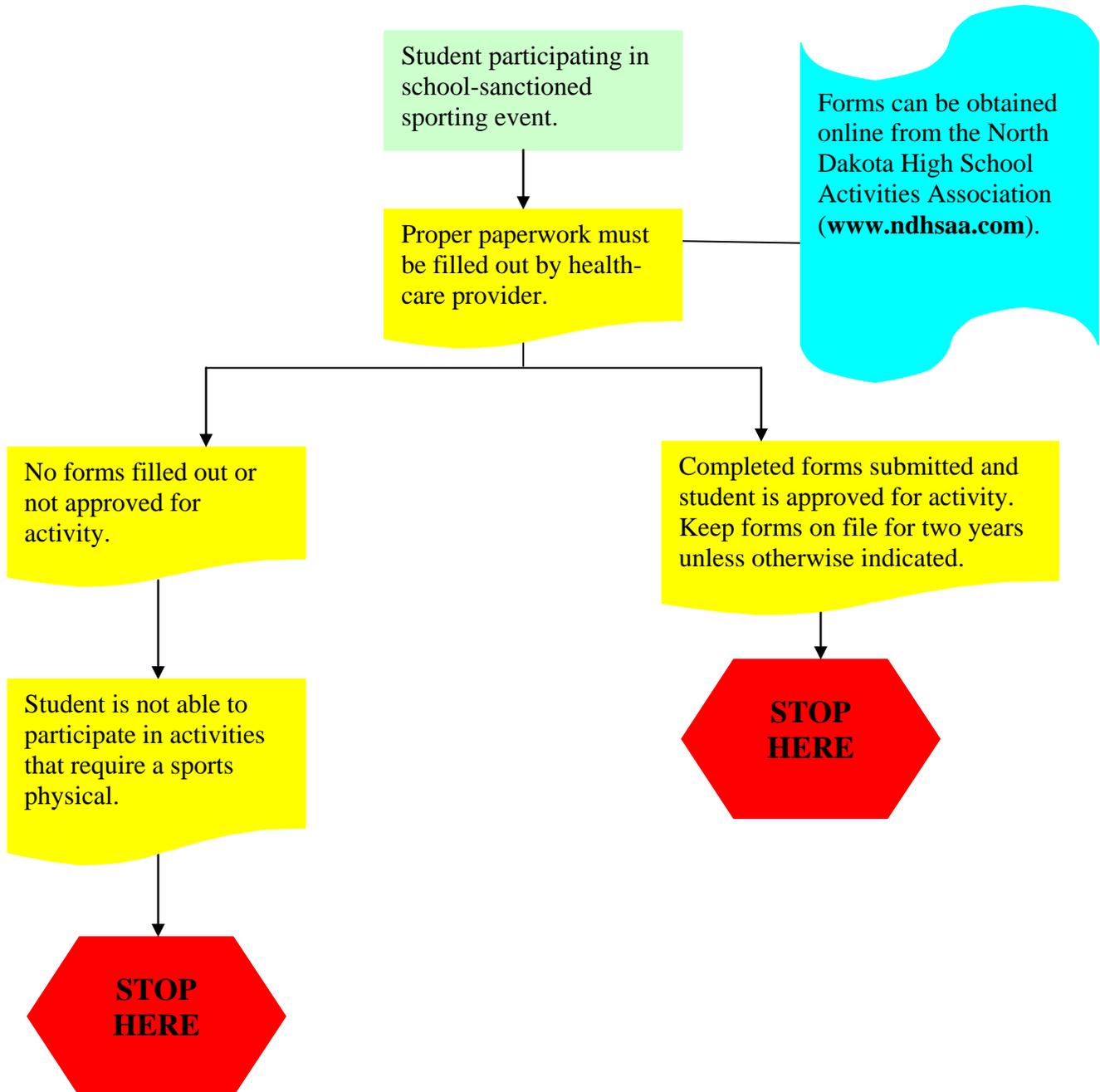


Children also can be referred to the Shriners screening and follow-up clinics. Outreach clinics are available in various communities throughout North Dakota. To make an appointment for one of these clinics, call Shriners at 888.293.2832 and ask for clinic scheduling.

## Resources

- North Dakota Department of Health  
Division of Children’s Special Health Services (CSHS)  
600 E. Boulevard Ave., Dept. 301  
Bismarck, N.D. 58505-0200 Telephone: 701.328.2436 or 800.755.2714  
Fax: 701.328.1645  
**[www.ndhealth.gov/cshs](http://www.ndhealth.gov/cshs)**  
CSHS has a scoliosis screening video, *Scoliosis Screening for Early Detection*, which can be checked out through their lending library. They also have a video regarding bracing treatment for scoliosis titled *Bracing Yourself for the Future*. Please contact CSHS to request the videos.
- Shriners Hospitals for Children  
2025 East River Parkway  
Minneapolis, MN 55414  
Telephone: 612.596.6100 or 888.293.2832  
Fax: 612.339.7634  
**[www.shrinershq.org/Hospitals/Main](http://www.shrinershq.org/Hospitals/Main)**  
Shriners Hospitals provides treatment for spine deformities at no cost to families for children up to age 18.
- Scoliometers can be ordered/purchased through the National Scoliosis Foundation at **[www.scoliosis.org/store/scoliometer.php](http://www.scoliosis.org/store/scoliometer.php)**.

# Sports and Activities Physicals







## Sports and Activities Physicals

### Overview

Sports and activities physicals are required for all students who participate in a sanctioned sport sponsored by the North Dakota High School Activities Association (NDHSAA).

Starting with the 2010-11 school year, student athletes participating in NDHSAA sanctioned sports programs will be required to file a pre-participation health history screening and physical examination with their school office prior to their participation on a yearly basis. The Athletic Pre-Participation Health History Screening and Physical Examination is valid for one school year; a physical examination must be completed on or after June 15 to be valid for participation the following school year. Proper forms and instructions for completing can be obtained from the NDHSAA website at [www.ndhsaa.com](http://www.ndhsaa.com).

Students should not be allowed to participate in a sport until documents are completed and turned in to a school official.

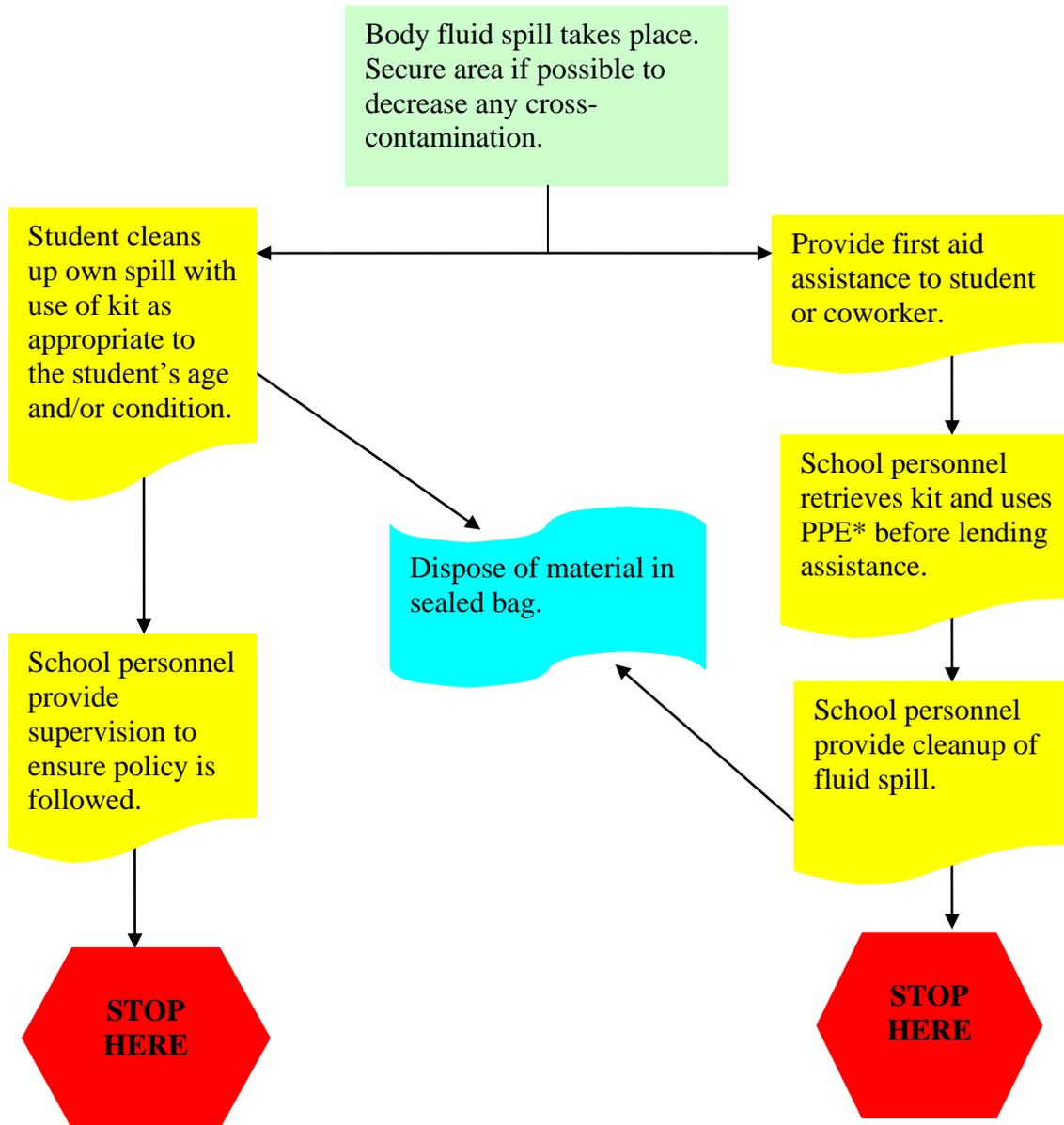
### Resources

- North Dakota High School Activities Association  
134 Third St. NE  
Valley City, N.D. 58072  
Telephone: 701.845.3953  
Fax: 701.845.4935  
Email: [ndhsaa.com@sendit.nodak.edu](mailto:ndhsaa.com@sendit.nodak.edu)  
[www.ndhsaa.com](http://www.ndhsaa.com)
- The North Dakota School Boards Association (NDSBA) has a policy for extracurricular participation guidelines. Contact your school administrator to inquire about the NDSBA's *Policy Ponderings* Library.





# Universal Precautions



Be sure to treat all students, staff and visitors to your school as positive for blood-borne pathogens.  
**Use kits for all spills.**

\*Personal protective equipment.





## Universal Precautions

**Treat all body fluid spills as positive for blood-borne pathogens.**

### Overview

Schools should keep universal precaution kits to assist staff and students in the event of body fluid spills. Kits can be either purchased prepackaged or assembled by the school. These kits are to be used in the event of any body fluid spill of any size and should be kept in an area readily accessible to all staff. Personal protective equipment (PPE) will be kept in each kit. **It is recommended that kits be kept in all classrooms and buses and with playground staff.**

Kit Supplies	Purpose	Recommendations
Container for kit: plastic container, tote tray or fanny pack	To safely store kit materials.	Each kit should be restocked after each use and reviewed annually for outdated materials.
Large, resealable plastic bag	To dispose of bloody and/or soiled materials	A sealable plastic bag will help contain soiled materials.
4 single use, disposable, non-sterile gloves	To use as a barrier against body fluids	Stock gloves in a variety of sizes.
4 – 4x4 gauze squares	To cover wounds and stop bleeding	
6 assorted bandages	To cover wounds	
Absorbent paper towels	To clean up blood, vomit, etc.	The site must be cleaned and properly disinfected with bleach or an antiseptic.
Alcohol-based hand sanitizer	If soap and water are not immediately available, hand sanitizers can be used temporarily for germs on hands. <i>Hand sanitizers should not be used (and are not effective) if visible dirt, blood or other body fluids are present.</i>	Hand washing with soap and water for at least 15 to 20 seconds is the best single way to prevent the spread of germs from one person to another.
One kit containing personal protective equipment (PPE) should be available at each school. PPE may include gloves, gown, face shields or masks, eye protection, and resuscitation bags or pocket masks for ventilation (CPR).		





In the event of a fluid spill, staff must put on PPE before attending to the situation, then attend to the needs of the student, allowing the student to do as much for himself/herself as possible. This minimizes the number of people exposed to possible contaminants. After the student's basic first aid is complete, proceed with cleanup.

1. Be sure PPE is still intact, and if any part needs to be replaced, do so.
2. Use the product the school has purchased to sanitize body fluid spills. Follow instructions on package.
3. Use paper towels and wipe up spill area as well as you can. Place paper towels into large, resealable bag.
4. Repeat steps 2 and 3 until area is clean.
5. When area is clean, place your PPE into bag and seal.
6. Place all material inside a second bag for double protection.
7. Once all cleaning is complete, place sealed bags into proper disposal container designated by policy for hazardous material removal.
8. Follow hand washing procedure for cleaning up after event.

**Body fluids to which universal precautions apply:**

- Saliva
- Vomit
- Vaginal secretions
- Breast milk
- Semen
- Fecal matter
- Urine
- Blood

**This is a list of the most common fluids, but any fluid from the body should be treated as potentially dangerous and precautions are to be taken.**



## Resources

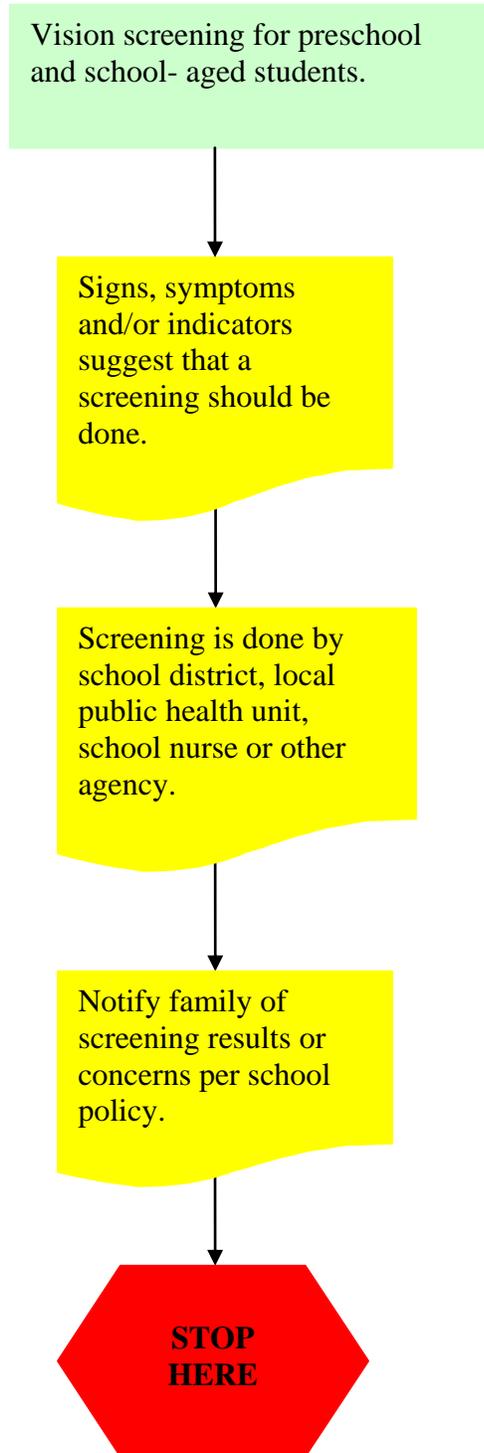
These resources/websites provide information regarding school requirements, model policies, how to make universal precaution kits and significant contagious diseases.

- North Dakota Department of Public Instruction  
Coordinated School Health Unit  
600 E. Boulevard Ave., Dept. 201  
Bismarck, N.D. 58505-0440  
Telephone: 701.328.2260  
Fax: 701.328.2461  
**[www.dpi.state.nd.us/health/HIV/index.shtm](http://www.dpi.state.nd.us/health/HIV/index.shtm)**
- North Dakota Department of Health  
HIV/AIDS Program  
600 E. Boulevard Ave., Dept. 301  
Bismarck, N.D. 58505-0200  
Telephone: 701.328.2378 or 800.472.2180 (in-state callers only)  
Fax: 701.328.0356  
**[www.ndhiv.com/programs/prevention/](http://www.ndhiv.com/programs/prevention/)**
- The North Dakota School Boards Association (NDSBA) has policies for Significant Contagious Disease and Sanitary Cleanup. Contact your school administrator to inquire about the NDSBA's *Policy Ponderings* Library.





# Vision Screening







# Vision Screening

## Overview

If not treated early, vision problems in children can lead to a variety of long-term consequences. Vision problems can and do affect the physical, intellectual, social and emotional development of children. Early detection of vision problems will provide a child more opportunity for educational success.

The North Dakota Optometric Association has developed a Vision Referral and Report Form, Instructional Guidelines and a Data Referral Form. The Instructional Guidelines contain information about how to complete near vision, far vision, color vision, depth perception, muscle coordination and accommodation testing. In addition, recommended screening procedures and criteria for referral are discussed. These forms can be accessed by going to [www.ndeyecare.info/](http://www.ndeyecare.info/) and clicking on ND School Nurses Information.

Many states have created Vision Screening Manuals that detail all aspects of a comprehensive school vision screening program. Here are some links to comprehensive vision screening manuals:

- Arizona Department of Health Services – Recommended Vision Screening Guidelines – [www.azdhs.gov/phs/owch/pdf/vision\\_screening\\_2004.pdf](http://www.azdhs.gov/phs/owch/pdf/vision_screening_2004.pdf)
- Kansas Department of Health and Environment – Vision Screening Guidelines for Infants, Toddlers, Children and Youth – [www.kdheks.gov/bcyf/download/VisionGuidelines2004.pdf](http://www.kdheks.gov/bcyf/download/VisionGuidelines2004.pdf)
- Massachusetts Vision Screen Protocol for School Districts – [www.mass.gov/Eeohhs2/docs/dph/com\\_health/school/vision\\_letter.pdf](http://www.mass.gov/Eeohhs2/docs/dph/com_health/school/vision_letter.pdf)
- Minnesota Department of Health – Vision Screening Procedures – [www.health.state.mn.us/divs/fh/mch/hlth-vis/index.html](http://www.health.state.mn.us/divs/fh/mch/hlth-vis/index.html)





The American Academy of Ophthalmology has developed a policy statement for Vision Screening for Infants and Children that contains the policy statement, background information and recommendations for screening. The policy statement can be accessed at [www.aaopt.org/about/policy/index.cfm](http://www.aaopt.org/about/policy/index.cfm).

## Resources

Resources are available to assist students and families with financial support for eye exams and/or glasses.

- **Vision USA – North Dakota Project** provides free eye care to uninsured, low-income workers and their families  
Website: [www.ndeyecare.info](http://www.ndeyecare.info) (click on Vision USA – North Dakota Project)
- **Sight for Students**, a Vision Service Plan (VSP) program, provides eye exams and glasses for children 18 years and younger whose families cannot afford vision care.  
Telephone: 888.290.4964  
[www.sightforstudents.org](http://www.sightforstudents.org)
- **New Eyes for the Needy** provides vouchers for the purchase of new prescription eyeglasses.  
Address: 549 Millburn Ave., PO Box 332, Short Hills, N.J. 07078-0332  
Telephone: 973.376.4903  
E-mail: [neweyesfortheneedy@verizon.net](mailto:neweyesfortheneedy@verizon.net)  
[www.neweyesfortheneedy.org](http://www.neweyesfortheneedy.org)
- Many local organizations (e.g., Lions Clubs) may provide assistance. County social services workers may be able to direct you to financial assistance programs. Contact information for county social service information can be found at [www.nd.gov/dhs/locations/countysocialserv/index.html](http://www.nd.gov/dhs/locations/countysocialserv/index.html).





- Vision screening equipment can be purchased through numerous sources:
  - **School Health** provides technical support for products  
Telephone: 800.323.1305  
**[www.schoolhealth.com](http://www.schoolhealth.com)**
  - Good-Lite  
Telephone: 800.362.3860  
**[www.good-lite.com](http://www.good-lite.com)**
  - MacGill  
Telephone: 800.323.2841  
**[www.macgill.com](http://www.macgill.com)**
  - School Nurse Supply, Inc.  
Telephone: 800.485.2737  
**[www.schoolnursesupplyinc.com](http://www.schoolnursesupplyinc.com)**
- North Dakota Department of Health  
Division of Family Health  
Coordinated School Health Program  
600 E. Boulevard Ave., Dept. 301  
Bismarck, N.D. 58505-0200  
Telephone: 701.328.2493 or 800.472.2286  
**[www.ndhealth.gov/familyhealth](http://www.ndhealth.gov/familyhealth)**
- North Dakota Department of Public Instruction  
Coordinated School Health Unit  
600 E. Boulevard Ave., Dept. 201  
Bismarck, N.D. 58505-0440  
Telephone: 701.328.2260  
**[www.dpi.state.nd.us](http://www.dpi.state.nd.us)**
- Your local health-care provider or local public health unit can also be valuable resources.  
To obtain contact information for your local public health unit, go to  
**[www.ndhealth.gov/localhd](http://www.ndhealth.gov/localhd)**.
- An ocular emergency card is included at the back of this manual under Resources.



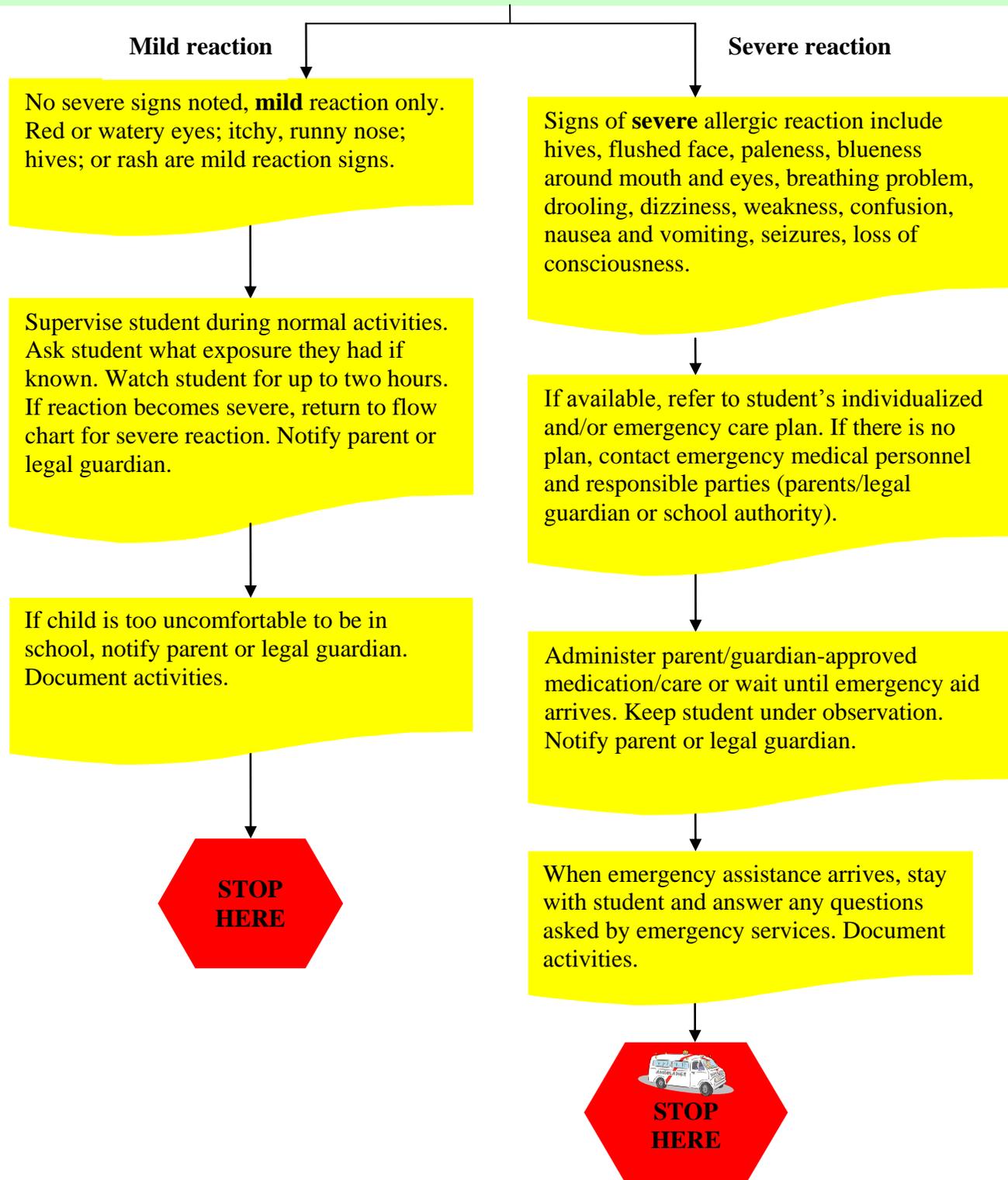


Additional information on ocular emergencies can be found in the North Dakota Emergency Guidelines for Schools manual.



# Allergic Reactions

Children may experience an allergic reaction after food ingestion, bee sting, medication administration, etc. This reaction may be immediate or occur up to two hours or more after the initial event. For students with known allergic reactions, refer to their Individualized Health-Care Plan and/or Emergency Care Plan.







# Allergic Reactions

## Overview

It is important to remember that allergic reactions can occur from anything a person ingests or is exposed to. Allergic reactions can be mild or severe. A mild reaction might show up as a skin rash; itching, watery discharge from nose; or red, watery eyes. Reactions can occur anytime. A severe allergic reaction known as anaphylactic shock usually occurs immediately after the exposure but may occur up to two hours or more after the initial event. See below for symptoms of anaphylaxis. It is important to know if your students are allergic to any medications, food, bee stings, or other issues in the environment and how to treat the reaction if it occurs. The use of the Epi-pen, if available, is suggested for reactions that are severe. Refer to student's Individualized Health-Care Plan and/or Emergency Care Plan for those known to have reactions. Refer to the Forms section of this manual for sample form, including Allergy Management Plan, Anaphylaxis Action Plan and Authorization for Epi-pen, Emergency Plans, Epi-pen Emergency Plan and Individualized Health-Care Plan.

**Anaphylaxis** is a severe allergic response to specific triggers such as foods, medications, insect venom or latex. A student may be at a higher risk for experiencing anaphylaxis if he/she has a history of allergies or asthma or has had an anaphylactic response previously.

## Symptoms of Anaphylaxis

The most distinctive symptoms of anaphylaxis include:

- Hives.
- Swelling of the throat, lips, tongue or around the eyes.
- Difficulty breathing or swallowing.

Other common symptoms of anaphylaxis may include:

- A metallic taste or itching in the mouth.
- Generalized flushing, itching or redness of the skin.
- Abdominal cramps, nausea, vomiting or diarrhea.
- Increased heart rate.





- Rapidly decreasing blood pressure and accompanying paleness.
- A sudden feeling of weakness.
- Anxiety or an overwhelming sense of doom.
- Collapse.
- Loss of consciousness.

In 2005, legislation was passed that enables students to possess and administer anaphylaxis medications (Epi-pen). Training for medical and school personnel to help meet the requirements of this law, along with fact sheets, parent letters and forms can be found at [www.ndhealth.gov/asthma](http://www.ndhealth.gov/asthma). It is highly recommended that medical and school personnel view this training.

### **Overview of Latex Concern**

Latex allergies are a reaction to the flexible, elastic material used in many rubber products. Health-care workers are among those most susceptible to the allergy, which is often triggered by exposure to the latex gloves and instruments that they use every day as part of their jobs. Children with special medical needs also have high incidences of the reaction because they frequently are exposed to latex-based products during surgeries and treatments.

Most latex allergies are caused by exposure to dipped latex, a common material found in “stretchy” products such as rubber gloves, balloons, rubber bands and condoms. These products are especially powerful triggers because they usually come into direct contact with the skin. However, latex particles also can be inhaled once they become airborne.

### **Commonly Used Latex Medical Products**

- Rubber gloves
- Balloons
- Elastic bandages
- Adhesive tape
- Urinary catheters
- Stomach and intestinal tubes





- Protective sheets
- Rubber tourniquets
- Rubber nasal-pharyngeal airways
- Rubber oral-pharyngeal airways
- Blood pressure cuffs
- Rubber endotracheal tube
- Latex cuffs on plastic tracheal tubes

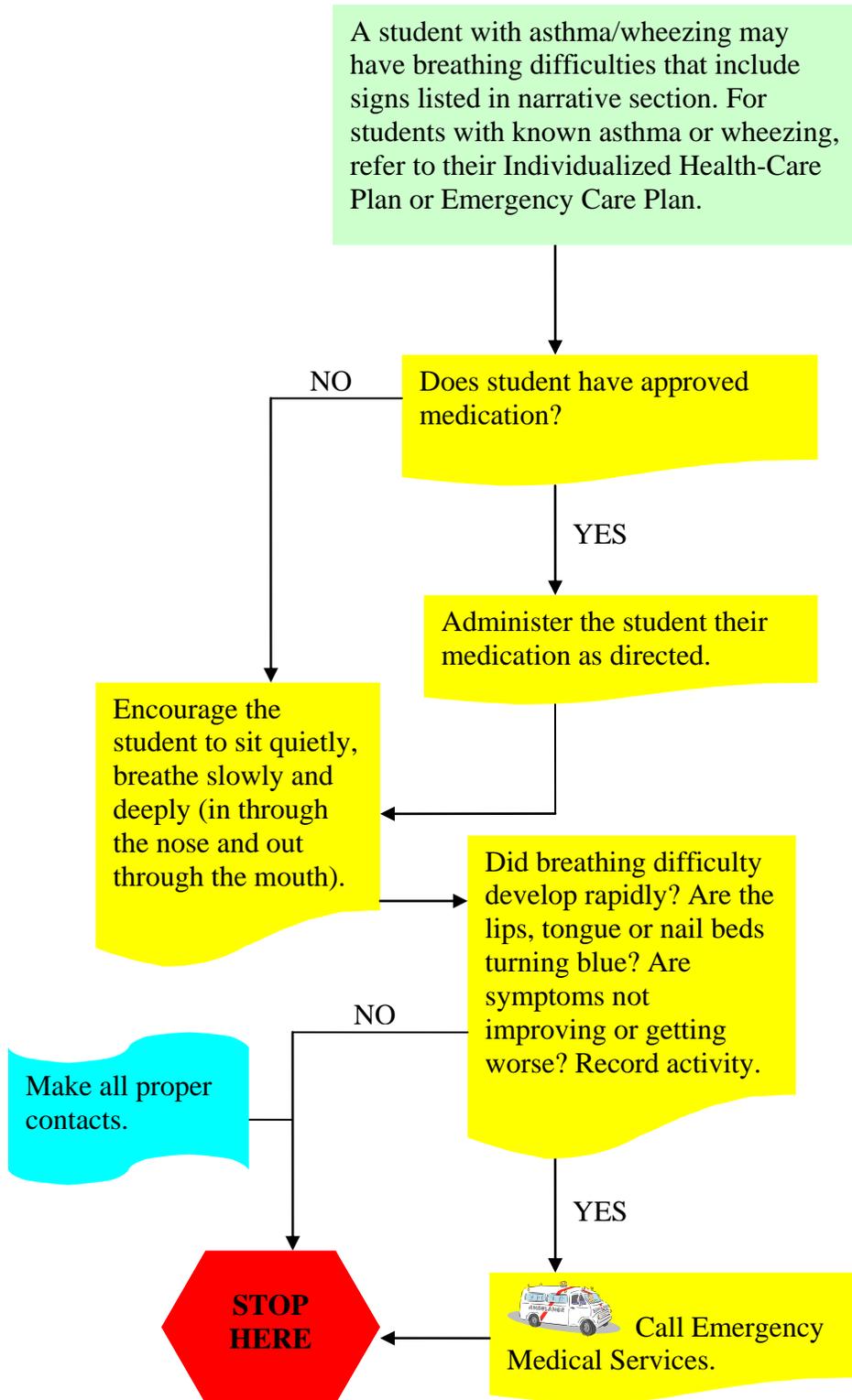
### Resources

- North Dakota Department of Health  
Division of Family Health  
Coordinated School Health Program  
600 E. Boulevard Ave., Dept. 301  
Bismarck, N.D. 58505-0200  
Telephone: 701.328.2493  
Fax: 701.328.1412  
**[www.ndhealth.gov/familyhealth](http://www.ndhealth.gov/familyhealth)**
- The North Dakota School Boards Association (NDSBA) has a policy on administering medication to students. Contact your school administrator to inquire about the NDSBA's *Policy Ponderings* Library.





# Asthma/Wheezing Concerns







## Asthma/Wheezing Concerns

### Overview

Asthma is a chronic inflammatory lung disease that affects the airways in the lungs, causing difficulty with breathing. Asthma is the most common chronic childhood disease and is the leading cause of missed days from school. In addition, it can result in missed days of work, emergency-care visits to the hospital, interrupted sleep, limited physical activity, and disruption of family and caregiver routines. Asthma episodes can be life-threatening.

### Asthma Management in School

Most people lead normal, productive lives with effective asthma management and control of their asthma symptoms. The school nurse, teachers, office personnel and other school staff members play an important role in helping students manage their asthma. Controlling asthma requires a comprehensive approach, including:

- Consistent and appropriate medical treatment.
- Student compliance with drug regimens.
- Comprehensive student and family education.
- Environmental risk factor evaluation and reduction.

One way to prevent asthma episodes is to minimize contact with triggers. Triggers are activities, conditions or substances that cause the airways to react and asthma symptoms to occur. Triggers are different for each person, but commonly include:

Dust mites	Mold
Chemicals	Changes in temperature
Tobacco smoke	Furry/feathered pets (animal dander)
Exercise	Stress
Cockroaches	Chalk dust
Strong smells/scents	Pollen



Management of asthma often involves use of medications. Asthma medications belong in two broad categories. **Quick relief** or “rescue/emergency” medications open the airways by relaxing the muscles around the bronchial tubes. They usually are taken when symptoms begin to occur or when they are likely to occur (e.g., physical education classes or sports events). **Long-term control** or “controller” medications reduce inflammation of the airways. Typically, anti-inflammatory drugs are taken on a regular basis, usually once or twice daily, even in the absence of symptoms.

### **Asthma Action Plan/Emergency Care Plan**

Students with asthma are more likely to succeed in school when students, parents, school nurses, principals, teachers, other school personnel and the student’s health-care providers work together to ensure effective asthma management. Written plans are recommended to ensure appropriate asthma management in the school setting.

An Asthma Action Plan is an individualized management plan developed by a health-care provider and the student with his or her family. The plan outlines the medical management for asthma, including:

- Instructions for decision making during an exacerbation or episode.
- Medications, and how to adjust for increasing severity of symptoms.
- Symptoms and peak flow zones, if appropriate, that predict a flare-up.

This plan is very beneficial because it provides comprehensive information needed for intervention and education of students and supports consistent communication with the family and health-care provider. The North Dakota State Asthma Workgroup has developed an Asthma Action Plan, which can be accessed at [www.ndhealth.gov/asthma/forms.htm](http://www.ndhealth.gov/asthma/forms.htm). Refer to the Forms section of this manual for additional sample health-care plans.



**Signs of an asthma episode (also known as asthma attacks or exacerbations) include:**

**Early Signs** – Often a student who is familiar with asthma will know that an episode is about to happen. A student may exhibit one or more of these signs during the initial phase of an asthma episode:

Changes in Breathing

- Coughing
- Wheezing
- Breathing through the mouth
- Shortness of breath
- Rapid breathing

Verbal Complaints

- “My chest is tight.”
- “My chest hurts.”
- “My neck feels funny.”
- “My mouth is dry.”
- “I don’t feel well.”
- “I can’t catch my breath.”

Other Signs

- Itchy chin or neck
- “Clipped” speech (very short, choppy sentences)

**What To Do in the Event of an Asthma Episode at School**

- Reassure the student and attempt to keep the student calm and breathing slowly and deeply.
- Implement the student’s Asthma Action Plan/Emergency Care Plan.
  - Have the student sit upright and check breathing with peak flow meter, if appropriate.
  - Administer prescribed medication, as directed.
  - A student will usually respond to treatment within 15 to 20 minutes. Check to see if symptoms or peak flow has improved.





- If **NO** change or breathing becomes significantly worse, get **IMMEDIATE** help from a health-care provider.
- If the student's health-care provider cannot be reached, call for emergency help (911).
- Contact the parent or legal guardian.
- Document activities as appropriate.

**Seek Immediate Emergency Care if the Student Exhibits Any of the Following:**

- Coughs constantly
- Unable to speak in a complete sentence without taking a breath
- Lips, nails, mucous membranes are gray or blue
- Demonstrates severe retractions while breathing (ribs show) and/or nasal flaring (nose opens wide)
- Vomiting persistently
- Has 50 percent reduction in his/her personal best peak flow reading and shows no improvement after 15 to 20 minutes (as documented on the student's Asthma Action Plan)
- Has pulse greater than 120 per minute
- Has respiration greater than 30 per minute
- Is severely restless

**Proper Use of a Metered Dose Inhaler (MDI)**

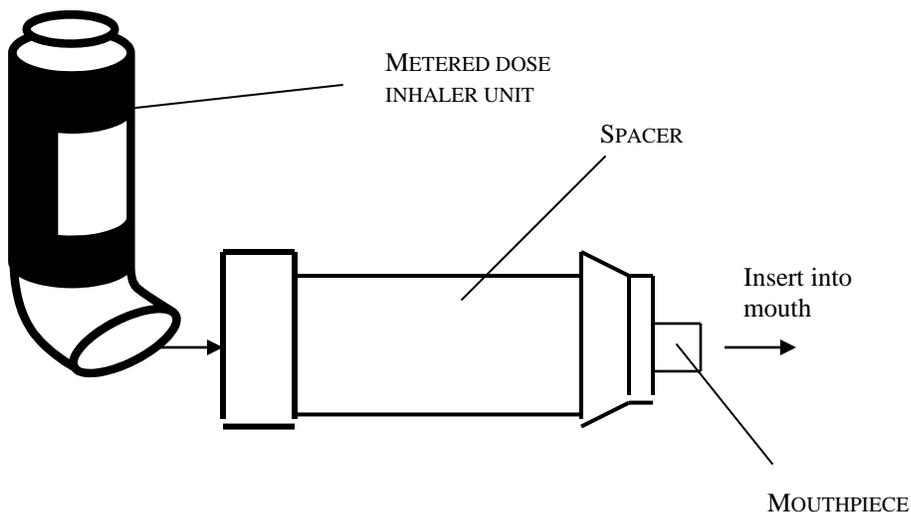
1. Shake the inhaler vigorously five or six times immediately before it is used.
2. Remove the cap from the mouthpiece.
3. Check the mouthpiece for dirt and foreign objects that could be inhaled. If the inhaler hasn't been used for several days, discharge one or two sprays into the air before it is used.
4. Consider attaching a spacer tube to the mouthpiece of the inhaler. A spacer is a 4- to 8-inch length of tubing. It helps send more of the medication deep into the lungs instead of depositing it in the mouth, which can lead to harmful side effects. Some inhalers have a spacer built into the unit. For others, you can buy a plastic tube without a prescription at a pharmacy or use a four- to eight-inch cardboard or paper tube.





5. Have the student hold his/her head erect and sit up tall or stand. Have the student exhale normally but not forcefully.
6. The student closes his/her mouth around the open end of the spacer tube. Make sure the tongue or teeth aren't blocking the opening. If a spacer tube is not available, the student should place the mouthpiece of the inhaler unit about 2 inches in front of his/her open mouth.
7. The student should breathe in very slowly while squeezing the inhaler once. The student should not stop inhaling while squeezing and should continue to breathe in slowly for several seconds or for as long as it feels comfortable. This process combines the medication with the incoming air and pulls the mix into the lungs very slowly. The student then removes the spacer tube from his or her mouth but does not exhale.
8. The student should hold his/her breath for as long as comfortable, or up to 10 seconds, to help the medication settle in the airways. The student can then exhale slowly.
9. The student should rinse his/her mouth with water (spitting out the water) or brush his or her teeth after using a corticosteroid inhaler.
10. Repeat if ordered.
11. Document activities on the Medication Record Administration form. Refer to the Forms section of this manual for a sample form.

### Metered Dose Inhaler Unit and Spacer





## **Nebulizers**

If prescribed, students may use a nebulizer to administer their asthma medications. A nebulizer is a machine that pumps air through a liquid medicine, making the medicine bubble until a fine mist is formed that is breathed in. Some nebulizers require electricity and need to be plugged in, while others are battery-powered. Parts include a cup to hold the medicine, a compressor or motor that pressurizes the liquid medicine into a mist, and a mouthpiece and T-piece so the mist can be breathed in. A mask also can be used. Nebulizer treatments usually take about five to 10 minutes to administer.

In 2005, legislation was passed that enables students to possess and administer emergency asthma medication. Training for medical and school personnel to help meet the requirements of this law – along with fact sheets, parent letters and forms – can be found at **[www.ndhealth.gov/asthma](http://www.ndhealth.gov/asthma)**. It is highly recommended that medical and school personnel view this training. Please note that the law does not provide for carrying and administration of asthma inhalers that are used on a daily basis to control asthma.

## **Resources**

- North Dakota State Asthma Workgroup  
For information about legislation, trainings, forms and links, visit **[www.ndhealth.gov/asthma](http://www.ndhealth.gov/asthma)**.
- North Dakota Department of Health  
Division of Children’s Special Health Services  
600 E. Boulevard Ave., Dept. 301,  
Bismarck, N.D. 58505-0200  
Telephone: 701.328.2436 or 800.755.2714  
E-mail: [dohcshsadm@nd.gov](mailto:dohcshsadm@nd.gov)  
**[www.ndhealth.gov/cshs](http://www.ndhealth.gov/cshs)**

# Catheter Care (Urinary)

Student requires catheter care. School staff requires formal training. Refer to the information in the narrative section and to the student's Individualized Health-Care Plan or Emergency Care Plan.

Always keep drainage bag lower than the bladder and ensure that there are no twists or kinks in the hose. See narrative section for additional precautions.

**STOP  
HERE**





## Catheter Care (Urinary)

### Overview

A urinary catheter, often called a Foley catheter, is a thin rubber tube that is put into the bladder (organ that holds urine). It is used to drain urine out of the body. To keep the catheter from slipping out, it has a balloon on the end that is inflated with sterile water once the end is inside the bladder. Urine drains into a bag that is usually attached to the thigh with rubber straps.

A urinary catheter is used when a person cannot urinate by himself or herself. This may occur because of medical conditions or when the lower part of the body is paralyzed. A Foley catheter can stay in the bladder for a short or long time. Because the catheter can be left in the bladder for a period of time, it is also called an “indwelling catheter.”

### Precautions

The urine collection bag always should be below the level of the bladder (the bladder is about at the level of the waist). Keeping the bag below this level will prevent urine from flowing back into the bladder. Backflow of urine can cause an infection.

Care should be taken to ensure that there are no twists or kinks in the drainage tubing that would impede the flow of urine. In addition, precautions should be taken not to tug or pull on the tubing. This can cause bleeding and irritation at the insertion site.

The student’s parent/legal guardian should be called if any of the following situations occur:

- No urine or very little urine is flowing into the collection bag for four or more hours.
- The student is complaining of a full bladder and no urine or very little urine is in the collection bag.
- The urine has changed color, is cloudy or has blood in it.
- The urine has foul order.
- The student’s underwear is wet with urine. This indicates that urine is leaking around the catheter insertion site.





- The student is complaining of pain at the catheter insertion site or in their abdomen, back, pelvis or legs.
- The student has nausea, vomiting, fever or chills.
- The catheter falls out.

School staff dealing with students who require catheter care during the school day require formal training by the student's parent/guardian, or preferably by a health-care provider. Be sure to record the training on the staff training record. Refer to the Forms section of this manual for a sample Specialized Procedure Training form.

The student's Individualized Health-Care Plan (IHP) and/or Emergency Care Plan (ECP) should outline the details of care, cleaning procedures, how to empty the drainage bag and what to do if the tube comes out; hence, steps for these procedures are not included in this manual. Refer to the Forms section of this manual for a sample of a general IHP and ECP.

Documentation of all cares should be recorded. Refer to the Form section of this manual for a sample Documentation of Procedure Administration form.

As with any procedure being performed, good hand washing with soap and water is critical to prevent infection.

## Resources

- North Dakota Department of Health  
Division of Family Health  
Coordinated School Health Program  
600 E. Boulevard Ave., Dept. 301  
Bismarck, N.D. 58505-0200  
Telephone: 701.328.2493  
Fax: 701.328.1412  
[www.ndhealth.gov/familyhealth](http://www.ndhealth.gov/familyhealth)



# Colostomy Care

Student requires colostomy care. School staff requires formal training. Refer to the information in the narrative section and the student's Individualized Health-Care Plan or Emergency Care Plan.

See narrative section for a list of precautions.

**STOP  
HERE**





# Colostomy Care

## Overview

A colostomy is an opening that is made in the colon with surgery. After the opening is made, the colon is brought to the surface of the abdomen to allow stool to leave the body. The opening at the surface of the abdomen is called a stoma. The stool leaves the colon through the stoma and drains into a flat, changeable, watertight bag or pouch. The pouch is attached to the skin with adhesive.

A colostomy sometimes is needed for certain health conditions or diseases. A temporary colostomy may be needed to allow the colon to rest and heal for a period of time and will eventually be closed and bowel movements will return to normal. A permanent colostomy usually is needed when a part of the colon must be removed or cannot be used again.

## Precautions

School staff should be aware that body image and/or self-esteem are common concerns many students have with a colostomy. Students with colostomies may have concerns about participating in gym or swimming classes and using the restroom or locker room. Some students also may be concerned with the inability to control when they have a bowel movement and/or the passage of gas and the accompanying odor. Many interventions can be implemented to decrease these concerns and should be addressed in the student's Individualized Health-Care Plan (IHP) and/or Emergency Care Plan (ECP).

The student's parent/legal guardian should be called if any of the following situations occur:

- Severe cramps lasting more than a few hours.
- Watery discharge from the stoma for more than a few hours.
- Blood in the stool/pouch.
- Bleeding or discoloration of the stoma.
- Injury or cut to the stoma.





- Bulging or other changes in the abdomen.
- Unusual odor lasting more than a week.

School staff dealing with students who require colostomy care during the school day require formal training by the student's parent/guardian, or preferably by a health-care provider. Be sure to record the training on the staff training record. Refer to the Forms section of this manual for a sample Specialized Procedure Training form.

The student's IHP and/or ECP should outline the details of care, cleaning procedures, how to empty the pouch and what to do if the pouch falls out; hence, steps for these procedures are not included in this manual. Refer to the Forms section of this manual for a sample of a general IHP and ECP.

Documentation of all cares should be recorded. Refer to the Forms section of this manual for a sample Documentation of Procedure Administration form.

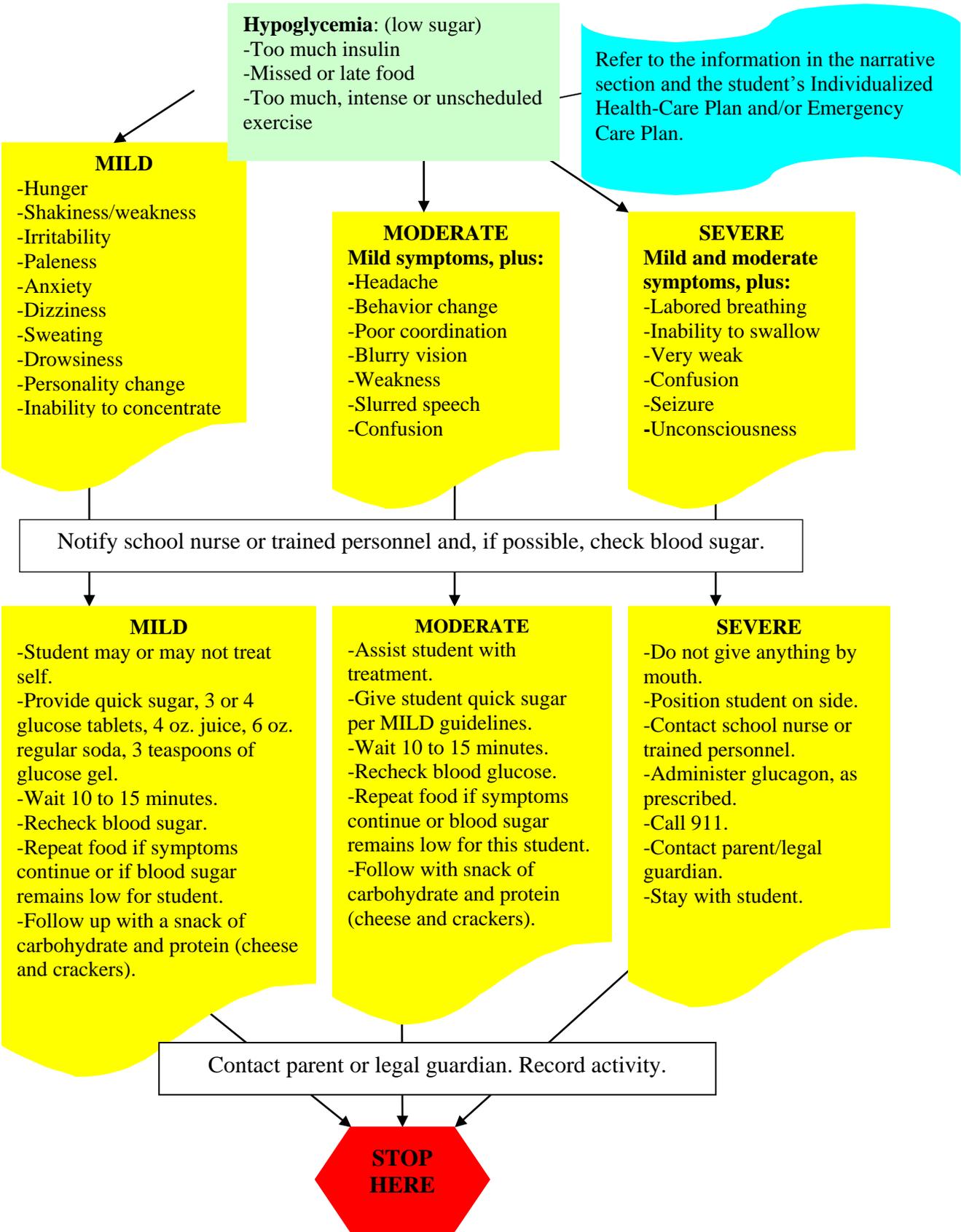
As with any procedure being performed, good hand washing with soap and water is critical to prevent infection.

### **Resources**

- North Dakota Department of Health  
Division of Family Health  
Coordinated School Health Program  
600 E. Boulevard Ave., Dept. 301  
Bismarck, N.D. 58505-0200  
Telephone: 701.328.2493  
Fax: 701.328.1412  
**[www.ndhealth.gov/familyhealth](http://www.ndhealth.gov/familyhealth)**
- United Ostomy Associations of America, Inc.  
**[www.uoaa.org](http://www.uoaa.org)**

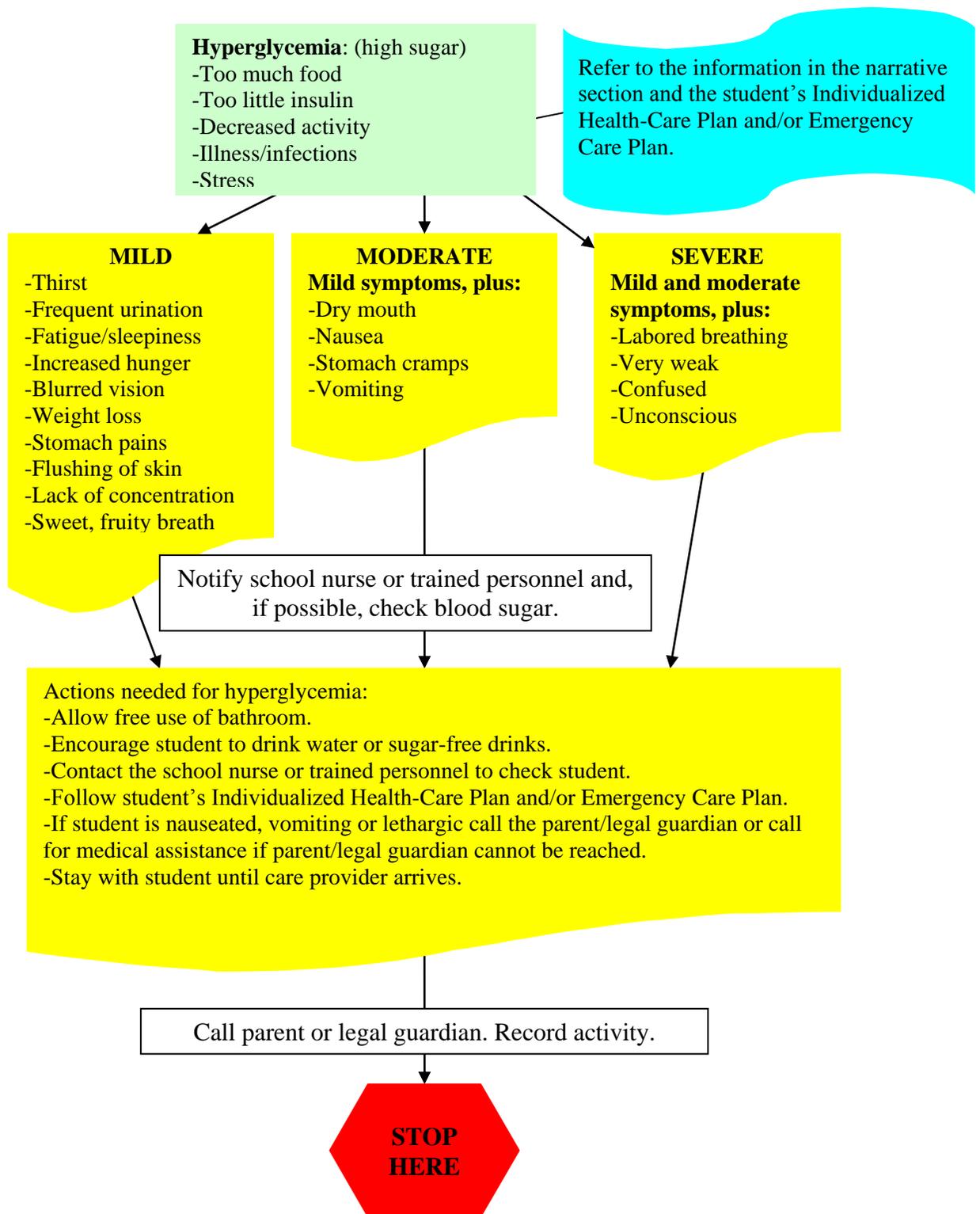


# Diabetes – Hypoglycemia





# Diabetes – Hyperglycemia







# Diabetes

## Overview

Diabetes is a chronic disease in which the body does not make or properly use insulin, a hormone needed to convert sugar, starches and other food into energy. There are two main types of diabetes: type 1 (juvenile onset) and type 2 (adult onset). A third type – gestational diabetes – occurs only during pregnancy and ends after delivery. Diabetes is one of the most common chronic diseases in school-age children.

People with diabetes have increased blood glucose (sugar) levels because they lack insulin, have insufficient insulin or are resistant to insulin's effects. High levels of glucose build up in the blood and spill into the urine. As a result, the body loses its main source of fuel. When insulin is no longer made, it must be obtained from another source – insulin shots or an insulin pump. When the body does not use insulin properly, oral medications may be taken instead of, or in addition to, insulin shots. Neither insulin nor other medications are cures for diabetes; they only help control the disease.

Taking care of diabetes is important. If not treated, diabetes can lead to serious health problems. The disease can affect the blood vessels, eyes, kidneys, nerves, gums and teeth and is the leading cause of adult blindness, lower limb amputations and kidney failure. People with diabetes also have a higher risk of heart disease and stroke. Although there is no cure, the disease can be managed and complications delayed or prevented by keeping blood glucose levels near normal.

## Diabetes Management in School

The school nurse, teachers and other school staff members play an important role in helping students manage their diabetes. As with any procedure, school staff providing assistance to students with diabetes require formal training by the student's parent/guardian, or preferably by a health-care provider. Be sure to record the training on the staff training record. Refer to the Forms section of this manual for a sample Specialized Procedure Training form.





The goal of effective diabetes management is to control blood glucose levels by keeping them within a target range that is determined for each child. The key to optimal blood glucose control is to carefully balance food, exercise, and insulin or medication. Elements of effective diabetes management in school include:

- Developing and following the student’s Individualized Health-Care Plan and/or Emergency Care Plan. (Refer to the Forms section of this manual for sample plans.)
- Monitoring blood glucose.
- Understanding hypoglycemia.
- Understanding hyperglycemia.
- Following an individualized meal plan.
- Getting regular physical activity.
- Administering insulin.
- Planning for special events.
- Planning for disasters and emergencies.
- Dealing with emotional and social issues.

Students with diabetes are more likely to succeed in school when students, parents/legal guardians, school nurses, principals, teachers, other school personnel and the student’s health-care providers work together to ensure effective diabetes management. Written plans are recommended to ensure appropriate diabetes management in the school setting. Examples include:

- *Diabetes Medical Management Plan, Education Plans (Section 504) or Individualized Health-Care Plan or Emergency Care Plan* – describes the diabetes health-care regimen developed by the student’s health-care provider. The American Diabetes Association has sample plans available for download at [www.diabetes.org](http://www.diabetes.org) (click Living With Diabetes, For Parents and Kids, Diabetes at School, Written Care Plans). You may also refer to the Forms section of this manual for sample diabetes care plans.



### Hypoglycemia

If blood glucose levels are too low or too high, students often can take corrective action, such as eating, modifying their activity level or administering insulin to prevent more severe symptoms.

Hypoglycemia means LOW blood sugar. It usually occurs as a result of administering too much insulin, skipping or delaying meals or snacks, not eating enough food as prescribed in the meal plan, exercising longer and more intensely than normal, or a combination of these factors.

**Hypoglycemia is the greatest immediate danger to students with diabetes. It can usually be treated easily and effectively but, if not treated promptly, can be life-threatening.**

Hypoglycemia Symptoms		
Mild	Moderate	Severe
<ul style="list-style-type: none"> <li>• Hunger</li> <li>• Shakiness/weakness</li> <li>• Irritability</li> <li>• Paleness</li> <li>• Anxiety</li> <li>• Dizziness</li> <li>• Sweating</li> <li>• Drowsiness</li> <li>• Personality change</li> <li>• Inability to concentrate</li> </ul>	Mild symptoms, plus: <ul style="list-style-type: none"> <li>• Headache</li> <li>• Behavior change</li> <li>• Poor coordination</li> <li>• Blurry vision</li> <li>• Weakness</li> <li>• Slurred speech</li> <li>• Confusion</li> </ul>	Mild and moderate symptoms, plus: <ul style="list-style-type: none"> <li>• Labored breathing</li> <li>• Inability to swallow</li> <li>• Very weak</li> <li>• Confusion</li> <li>• Seizure</li> <li>• Unconsciousness</li> </ul>

Many students who use insulin may have a **Glucagon Emergency Kit for Low Blood Sugar** on hand at all times to counteract severe hypoglycemia that causes loss of consciousness or if sugar cannot be given. Storage temperatures should be less than 90 degrees F (28 degrees C). In the United States, the glucagon kit is dispensed by prescription only. If glucagon is available and you have trained personnel, administer it per the instructions. Glucagon can cause vomiting, so be sure to place the person on his or her side prior to injecting so they do not choke. After injecting glucagon, call 911 or your emergency response number. Follow with food once the person regains consciousness and is able to swallow. **Never give food to a person with diabetes who is unconscious from hypoglycemia.**





### Hyperglycemia

Hyperglycemia means HIGH blood sugar. It is usually caused by too little insulin, illness, infection, injury, stress or emotional upset, ingestion of food that has not been covered by the appropriate amount of insulin, or decreased exercise or activity. In the short term, hyperglycemia can impair cognitive abilities and adversely affect academic performance. Over a long period of time, high blood glucose levels can lead to serious complications. Diabetic ketoacidosis is a condition that can occur due to insufficient insulin in the body. It causes fruity-smelling breath, deep and rapid breathing, stomach pain, nausea, vomiting and sleepiness. It can lead to coma and death if not treated promptly.

<b>Hyperglycemia Symptoms</b>		
<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
<ul style="list-style-type: none"> <li>• Thirst</li> <li>• Frequent urination</li> <li>• Fatigue/sleepiness</li> <li>• Increased hunger</li> <li>• Blurred vision</li> <li>• Weight loss</li> <li>• Stomach pains</li> <li>• Flushing of skin</li> <li>• Lack of concentration</li> <li>• Sweet, fruity breath</li> </ul>	Mild symptoms, plus: <ul style="list-style-type: none"> <li>• Dry mouth</li> <li>• Nausea</li> <li>• Stomach cramps</li> <li>• Vomiting</li> </ul>	Mild and moderate symptoms, plus: <ul style="list-style-type: none"> <li>• Labored breathing</li> <li>• Very weak</li> <li>• Confusion</li> <li>• Unconsciousness</li> </ul>

Sometimes, an extra dose of insulin may be given for high blood sugar levels. The instructions for administration of extra insulin should be outlined in the student’s Individualized Health-Care Plan and/or Emergency Care Plan. Refer to the Forms section of this manual for a sample Diabetes Medical Management Plan form and Emergency Care Plan.





## Monitoring Blood Sugar Levels

A glucose (blood sugar) meter is used to check blood sugar levels and helps to treat low or high blood sugar before it becomes an emergency. Glucose meters vary, but all require a small drop of blood to be placed on a test strip to record the blood sugar level. Some students may be able to use the monitor independently, while others may require assistance. Because there are many different types of glucose meters, staff assisting students should be instructed about the use of a specific student's meter by the parent/legal guardian or a health-care provider. It is important to remember that even if the student is independent with checking his/her blood sugar level, assistance may be required if the student is feeling ill. Students and staff should be aware of the appropriate procedures for sharps disposal of lancets for the glucose meter and insulin syringes. Refer to the Disposal of Sharps section of this manual for more information.

## Resources

- North Dakota Department of Health  
Diabetes Prevention and Control Program,  
600 E. Boulevard Ave., Dept. 301,  
Bismarck, N.D. 58505-0200  
Telephone: 800.280.5512  
**[www.diabetesnd.org/](http://www.diabetesnd.org/)**
- North Dakota Department of Health  
Division of Children's Special Health Services  
600 E. Boulevard Ave., Dept. 301,  
Bismarck, N.D. 58505-0200  
Telephone: 701.328.2436 or 800.755.2714  
E-mail: [dohcshsadm@nd.gov](mailto:dohcshsadm@nd.gov)  
**[www.ndhealth.gov/cshs](http://www.ndhealth.gov/cshs)**





- *Helping the Student with Diabetes Succeed – A Guide for School Personnel*. A joint program of the National Institutes of Health and the U.S. Centers for Disease Control and Prevention. The purpose of the guide is to educate and inform school personnel about diabetes, how to manage it and how each member of the school staff can help meet the needs of students with diabetes. Hard copies of this guide are available through the North Dakota Department of Health’s Diabetes Prevention and Control Program. (See first bullet above.)
- American Diabetes Association – North Dakota Affiliate  
315 N. 4th St.  
Grand Forks, N.D. 58201  
Telephone: 800.666.6709  
**[www.diabetes.org](http://www.diabetes.org)**
- The North Dakota School Boards Association (NDSBA) has a policy on Accommodating Students with Special Dietary Needs. Contact your school administrator to inquire about the NDSBA’s *Policy Ponderings Library*.



# Gastrostomy Tubes

Student requires gastrostomy tube feeding, care and/or medication administration. School staff requires formal training. Refer to the information in the narrative section and the student's Individualized Health-Care Plan and/or Emergency Care Plan.

Gastrostomy tube comes out. DO NOT PANIC.

- Cover the hole with a clean, dry cloth.
- Call parent or guardian.
- See narrative section for additional precautions.

**STOP  
HERE**





# Gastrostomy Tubes

## Overview

A gastrostomy feeding tube is either a tube or a button (skin-level device) that is surgically placed into the stomach through the abdominal wall. There are a wide variety of tubes and skin-level devices that are used. Children require gastrostomy feeding tubes for a variety of reasons. The primary indication for a gastrostomy tube is the child's inability to take adequate nutrition or liquids by mouth for growth and development. The reasons why the child is unable to take proper nutrition can be developmental, mechanical or secondary to other health problems. Medications also can be administered through a gastrostomy tube.

## Precautions

It is possible for the student's gastrostomy tube to accidentally come out. If this should happen, **DO NOT PANIC**. The site may bleed a little, stomach contents may leak out of the hole, and the child may complain of slight pain or discomfort. Cover the hole with a clean, dry cloth and call the child's parent/guardian. Follow additional instructions as outlined on the student's Individualized Health-Care Plan (IHP) and/or Emergency Care Plan (ECP).

School staff dealing with students who require gastrostomy feedings and/or medication administration during the school day require formal training by the student's parent/guardian, or preferably by a health-care provider. Be sure to record the training on the staff training record. Refer to the Forms section of this manual for a sample Specialized Procedure Training form.

The student's IHP and/or ECP should outline the details of feedings and/or medication administration, cleaning procedures and what to do if the tube comes out; hence, steps for these procedures are not included in this manual. Refer to the Forms section of this manual for a sample of a general IHP and ECP.

Documentation of all cares should be recorded. Refer to the Forms section of this manual for a sample Documentation of Procedure Administration form.





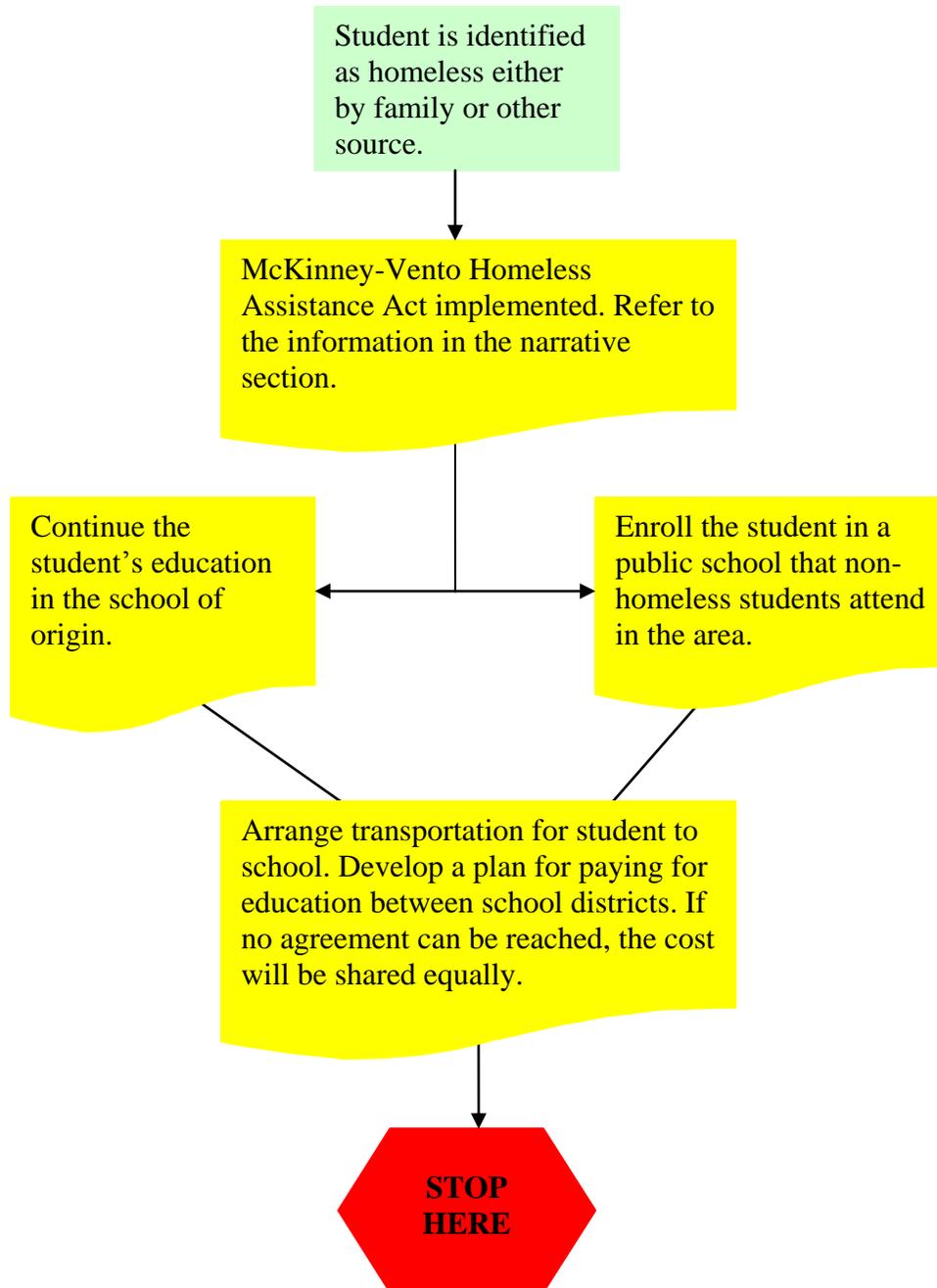
As with any procedure being performed, good hand washing with soap and water is critical to prevent infection.

### Resources

- North Dakota Department of Health  
Division of Family Health  
Coordinated School Health Program  
600 E. Boulevard Ave., Dept. 301  
Bismarck, N.D. 58505-0200  
Telephone: 701.328.2493  
Fax: 701.328.1412  
**[www.ndhealth.gov/familyhealth](http://www.ndhealth.gov/familyhealth)**
- The North Dakota School Boards Association (NDSBA) has a policy on Accommodating Students with Special Health-Care Needs. Contact your school administrator to inquire about the NDSBA's *Policy Ponderings* Library.



# Homeless Students







## Homeless Students

### Overview

Although we do not see large numbers of homeless students in North Dakota, it is important for us to become familiar with laws and regulations relating to this.

Each school district homeless education liaison must ensure that the parent or legal guardian of a homeless student, and any unaccompanied youth are fully informed, in the language of the home, of all transportation services, including transportation to the school of origin, and are assisted in accessing transportation to the school selected.

Changing schools can impede students' academic and social growth. It may take a student four to six months to acclimate educationally after changing schools. Highly mobile students have been found to have lower test scores and diminished academic achievement. Therefore, McKinney-Vento permits homeless students to remain in their school of origin despite their residential instability and to receive the transportation services that will help provide that educational stability.

### McKinney-Vento Homeless Assistance Act

The educational program for Homeless Children and Youth administered by the North Dakota Department of Public Instruction provides funding to local educational agencies, shelters and other organizations that provide services to homeless children and youth in North Dakota. Such services may include, but are not limited to tutoring, counseling, help with transportation, school supplies, etc.

The program's goal is to provide activities/services to homeless children and youth, including preschool-age children, that enable them to enroll in, attend and succeed in school. Homeless children and youth have the right to have access to the same free and appropriate public education as other children and youth.





The North Dakota Department of Public Instruction began providing McKinney-Vento, formerly known as McKinney Act, funds in 1988 to programs for homeless children and youth. North Dakota receives annual funding for this program. The funding averages at approximately \$120,000. It is estimated that about 700 homeless children and youth are served annually with McKinney-Vento Act funds.

Section 725 (2) of the Act defines the term “homeless children and youths” as an individual who lacks a fixed, regular and adequate nighttime residence. This includes:

- Children and youth who are sharing the housing of other individuals due to loss of housing, economic hardship or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement.
- Children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C)).
- Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.
- Migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

This information was taken from 42 U.S.C. 11434a(2); Pub. L. 100-77 Title VII §725 (2); 115 Stat. 2005.

### **School Selection and Transportation Requirements for Homeless Students**

This advisory is intended to provide guidance to school officials as they implement the federal McKinney-Vento Homeless Education Assistance Act requirement regarding a homeless student’s rights to school selection and transportation services.





Local school districts must act in the best interest of the homeless student by:

- Continuing the student's education in the school of origin until the end of the year in which the student obtains permanent housing.
- Enrolling the student in a public school that area or district non-homeless students attend.

In addition, school districts must adopt policies and practices to ensure that transportation is provided at the request of the parent, legal guardian or liaison (as in the case of an unaccompanied youth) to and from the school of origin.

Furthermore:

- If the homeless student continues to live in the area served by the district in which the school of origin is located, that district must provide or arrange transportation.
- If the homeless student moves to an area served by another district though continuing his or her education at the school of origin, the district of origin and the district in which the student resides must agree upon a method to apportion responsibility and costs for transportation to the school of origin.
- If the districts cannot agree upon such a method, the responsibility and costs must be shared equally.

In addition, districts must provide transportation services to homeless children and youth that are comparable to those received by other students.

**North Dakota Century Code 15.1-19-08. Homeless Child - Education.**

1. A homeless child is entitled to a free public school education, in the same manner as that provided to other public school students, in accordance with the Stewart B. McKinney Homeless Assistance Act [Pub. L. 100-77; 101 Stat. 525; 42 U.S.C. 11431 et seq.].
2. A school district shall allow a nonresident homeless child to attend school.
3. For the purposes of this section, "homeless child" means a homeless individual as described in the Stewart B. McKinney Homeless Assistance Act [Pub. L. 100-77, section 103(a); 101 Stat. 485; 42 U.S.C. 11302] and as defined in rules adopted by the superintendent of public instruction.





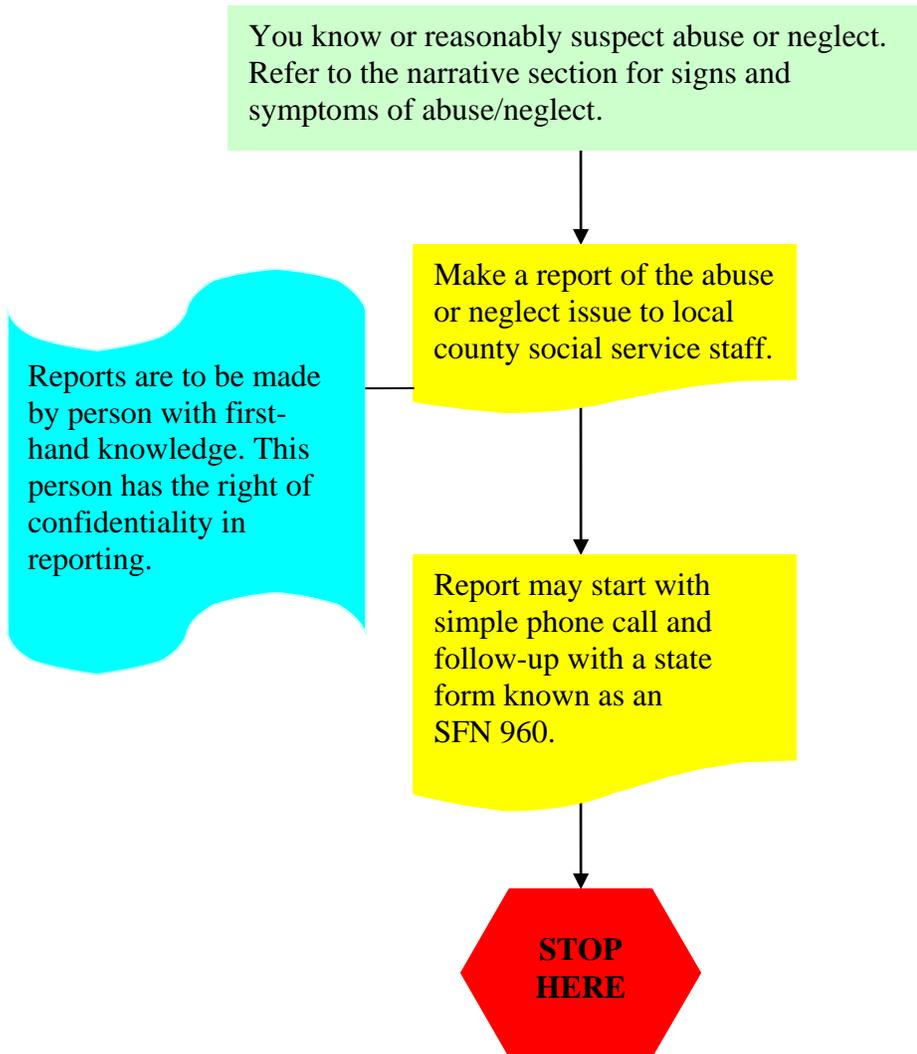
4. The superintendent of public instruction shall adopt rules to implement this section. The rules must provide for the educational placement of homeless children according to each child's best interest.

This section leads to the conclusion that students that fall into this category will still be given the same access to medical care and services in our school systems as other students.

### Resource

- North Dakota Department of Public Instruction  
Title I Programs  
600 East. Boulevard Ave., Dept. 201  
Bismarck, N.D. 58505-0440  
Telephone: 701.328.2284  
Fax: 701.328.4770  
**[dpi.state.nd.us/title1/homeless/act/index.shtm](http://dpi.state.nd.us/title1/homeless/act/index.shtm)**

# Mandatory Reporting of Abuse and Neglect







## Mandatory Reporting of Abuse and Neglect

### Overview

Professionals having knowledge of or reasonable cause to suspect that a child is abused or neglected or has died as a result of abuse or neglect must make a report of the circumstances.

Those professionals required to report include:

- Physicians, nurses, dentists, optometrists, medical examiners, coroners or any other medical professional.
- Mental health professionals.
- Religious practitioners of the healing arts.
- School teachers, administrators, school counselors.
- Addiction counselors.
- Social workers.
- Day-care center or any other child-care workers.
- Police or law enforcement officers.
- Members of the clergy.
- People having reasonable cause to suspect that a child is abused or neglected or has died as a result of abuse or neglect.

A person mandated to report, or any person who wants to report suspected child abuse or neglect, should contact the county social service office in the county in which the child resides. Each of the 53 county social service offices serves as the North Dakota Department of Human Services designee for child protection services.

- Report suspected child abuse or neglect verbally or in writing.
- If requested, follow with a written report to county social services.
- The state's reporting form, SFN 960, is available at county social service offices.

A list of the state's county social services offices can be found at [www.nd.gov/dhs/locations/countysocialserv/index.html](http://www.nd.gov/dhs/locations/countysocialserv/index.html).





**Physical abuse** is an injury to a child that is not accidental. Most individuals do not intend to hurt children, but abuse is defined by the effect on the child, not the motivation of the individuals. Physical abuse can include but is not limited to:

- Bruises or cuts.
- Head injuries.
- Poisoning.
- Fractures, sprains.
- Burns or scalds.
- Internal injuries.
- Electrical shocks.
- Death.

**Sexual abuse** occurs when a person uses or attempts to use a child for their own sexual gratification. This includes incest, rape, sodomy, sexual penetration, fondling, voyeurism and sexual harassment.

**Neglect** is the most common form of abuse seen and may have long-term effects. Neglect is failing to provide adequate food, clothing, shelter, supervision or medical care. Parents must provide adequate supervision, care, guidance and protection to keep children from physical or mental harm. Parents also must provide appropriate treatment for children's problems. Children will have minor injuries during childhood; however, when accidental injuries are frequent, they may be the result of neglect. Signs of possible neglect include:

- Poor hygiene.
- Improper clothing for the weather.
- Extreme hunger.
- Falling asleep in class.
- Medical issues not attended to.
- Reported lack of supervision in home.
- Missing above normal or expected amounts of school days without reasonable explanation.



### Procedure To Make a Report:

- When you suspect that a child has been abused or neglected or you reasonably suspect that a child has been harmed or is in danger of being harmed, you must make a report to the local county of residence of the child.
- Reporting is done as soon as possible and can be initiated by a phone call and followed up with a form known as an SFN 960. A copy of the form can be accessed at [www.nd.gov/eforms/Doc/sfn00960.pdf](http://www.nd.gov/eforms/Doc/sfn00960.pdf). This form is used to gather information needed to start an investigation. The reverse side of the form lists the people to contact in each county, along with phone numbers and addresses. Use this form in all cases. **Remember, it is not your responsibility to investigate or prove the possible abuse or neglect. Your job is just to report.**
- Once you have reported the event, you may choose to report to your supervisor. Most schools will have a policy on this. It is your right to confidentiality in reporting.
- Your responsibility is done. You may be questioned by the county personnel, but do not question the child any further. This may hamper the investigation.

### Some Suggestions for Professional Staff and Rulings:

- Always report suspected concerns. Failure to report is a Class B misdemeanor and carries fines.
- Never tell a child that you will keep his or her secrets.
- Report as soon as you can to keep information clear and factual.
- Never make the decision on your own that the child is lying.
- Never assume that this must have been reported before. Children will sometimes open up after they feel that they can trust the adult. This trust may take time.
- Don't try to investigate. Your job is to report.
- Reporting parents/legal guardians, caregivers, coworkers or school systems is stressful at best. Remember, protecting the child is your priority.
- Reporting does not mean you are condemning the person being reported. You are just reporting what a child tells you or what is suspected with given information. Your report is confidential, and your name is not to be given out to family or coworkers.



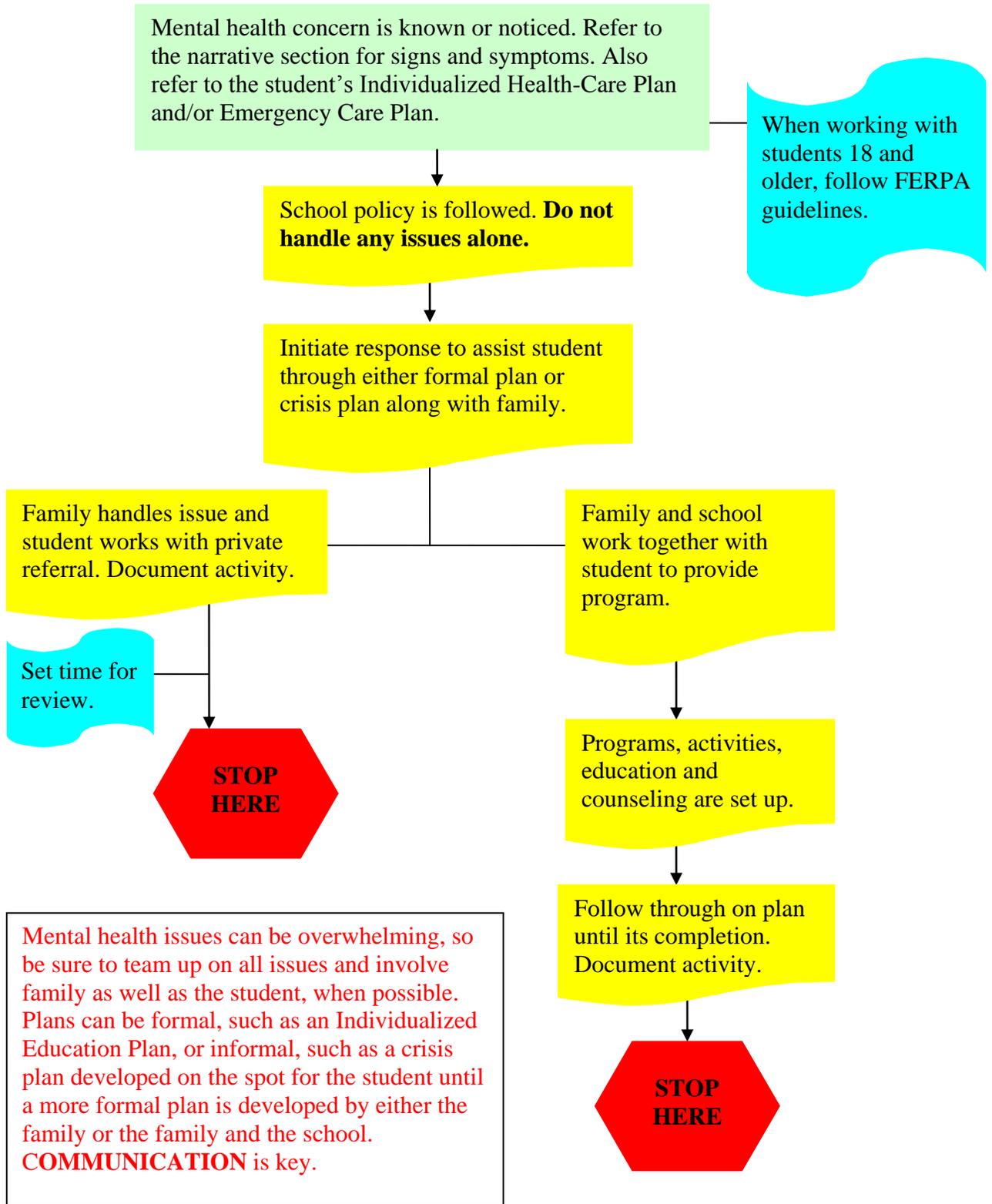


## Resources

- North Dakota Department of Human Services  
North Dakota Child Protection Program  
600 E. Boulevard Ave., Dept. 325  
Bismarck, N.D. 58505-0250  
Telephone: 701.328.2316 or 800.245.3736  
Fax: 701.328.3538  
**[www.nd.gov/dhs/services/childfamily/cps/](http://www.nd.gov/dhs/services/childfamily/cps/)**
- The North Dakota School Boards Association (NDSBA) has a policy on Reporting Child Abuse and Neglect. Contact your school administrator to inquire about the NDSBA's *Policy Ponderings Library*.



# Mental Health Issues







# Mental Health Issues

## Overview

Mental health issues in schools can be very difficult to identify and/or deal with. The first thing we should do is try to understand normal development of children. There are many books on the topic, and you are encouraged to get reference material for staff. Primary prevention is providing students with tools and skills that will allow them to have a positive educational experience.

Secondary prevention is identifying issues and resources for students who are struggling within the school setting. The third level is providing services to students who are actively displaying mental health issues.

**Common School Issues** (This is not intended to be a complete listing.)

## Depression

Depression is an illness that evolves from a normal emotional reaction into a disorder typified by feelings and behaviors that last longer than a few days. Depression may require treatment of some kind. Some signs of depression are:

- Depressed or irritable mood for most of the day.
- Diminished interest in most, if not all, activities.
- Significant increase or decrease in weight.
- Sleeplessness or sleep-pattern changes.
- Slowed body movements or hyperactivity.
- Loss of energy.
- Feelings of worthlessness and guilt.
- Thoughts of death/suicide – with or without a plan.



### **What Can Schools Do?**

- With assistance of family, refer child to mental health professional.
- Implement a primary prevention program that stresses the normalcy of feelings following certain events and proactive techniques on a daily basis.
- Provide in-service for staff to help them understand the issue.
- Promote awareness about stress and other issues to students, family and staff.
- Establish procedures for issues your school faces.

### **Suicide Concerns**

Suicide tendencies may be a symptom of depression and may have implications for your school and community. Good planning and awareness are key to being ready to deal with the potential issues. Some triggers for suicide can be:

- Humiliation.
- Bullying.
- Fighting with parents.
- School problems.
- Abuse.
- Breaking up with girlfriend/boyfriend.
- Trouble with the law.
- Divorce of parents.
- Other mental diagnosis may be of cause for concern.

### **Red Flags That May Show the Need for Staff To Have a Higher Level of Awareness:**

- Reduced class participation for some time
- Sudden lowering of grades
- Loss of interest in activities
- Fatigue
- Inability to concentrate
- Outbursts of shouting, complaining or unexplained irritability
- Fear and anxiety





- Aggression, refusal to cooperate and antisocial behavior
- Change in peer group
- Physical complaints
- Alcohol and other drug abuse
- Ongoing thoughts of death and dying with suicide as a theme
- After periods of agitation, sometimes days and weeks, the student is very content as if nothing were ever wrong – all is right with their world.

**Signs To Be Taken Seriously and That Require a Response Right Away:**

- Making final arrangements
- Loss of family or friend to death
- Previous suicide attempts
- Giving away possessions
- Making statements with realistic plan for completion
- Outright statements about killing oneself

**What can schools do?**

- Start a suicide prevention program with the help of mental health personnel.
- If someone has talked about suicide, talk to a school counselor or other professional attached to your school right away.
- Do not display shock.
- Show person you are truly concerned.
- Do not keep the communication private. Tell student that this will not be kept private.
- Do not leave the individual alone.
- Develop a crisis manual, that includes:
  - Checklist of steps or procedures to use.
  - List of crisis intervention team members and contact information.
  - List of community resources.



## Eating Disorders

Because everyone today seems concerned about weight and because most people diet at least once in a while, it is hard to tell what is normal behavior and what is a problem that may escalate to threaten life and happiness. No one person will show all of the characteristics listed below, but people with eating disorders will manifest several of the signs and symptoms listed:

- Food behaviors
  - Skips meals
  - Eats only tiny portions
  - Will not eat in front of others
  - Mixes strange food combinations
  - Chews food, but spits out before swallowing
  - No longer likes favorite foods
  - Restricts diet and misses needed food groups
  - Gorges or eats large amounts in relation to normal eating habits
  - May or may not purge
  - Uses laxatives or other forms of food disposal other than natural means
  - Abuses other drugs to medicate feelings
  - Eats constantly – food is kept in places for easy access
  - Takes diet supplements to replace poor eating habits
- Appearance and image behaviors
  - Loses or tries to lose weight
  - Hides body shape to cover either underweight or overweight issues
  - Inspects self in mirror for any flaws, even small ones
  - Gains large amount of weight
- Exercise behaviors
  - Exercises obsessively or compulsively to gain desired look
  - Uses steroids to gain mass rather than by using proper diet and exercise
  - Becomes tired often
  - Performance in athletics suffers



- Thoughts and beliefs
  - “If I am thinner, I will feel better about myself.”
  - “There is nothing wrong with what I am doing.”
  - Has rigid standards for self and others
  - Envy thin people
- Feelings
  - Has trouble talking about feelings
  - Becomes moody
  - Withdraws into self and expresses no need for others
  - Is fearful of messing up
  - Seems depressed
  - Displays anxiety
  - Shows despair
- Self-harm
  - Cutting self to cover pain
  - Causing other injuries, but not suicidal
- Other behaviors
  - Tries to please everyone
  - Uses chemicals to self-medicate
  - Rage attacks
  - Places self in harm’s way
  - Stealing
  - Engages in criminal behavior
  - Generally anything that may cause self-harm

There are many other issues that will show up in school. Some resources would include local social service units, school psychologists, school guidance personnel and others specific to your local area.





## Resources

- Mental Health America of North Dakota  
P.O. Box 4106  
Bismarck, N.D. 58502-4106  
701.255.3692  
**[www.mhand.org](http://www.mhand.org)**
- Mental Health Help Line – 800.472.2911 (North Dakota 2-1-1)
- North Dakota Department of Human Services  
Division of Mental Health & Substance Abuse Services  
Telephone: 701.328.8920 or 800.755.2719  
Fax: 701.328.8969  
E-mail: [dhsmhsas@nd.gov](mailto:dhsmhsas@nd.gov)  
**[www.nd.gov/dhs/services/mentalhealth/](http://www.nd.gov/dhs/services/mentalhealth/)**
- The North Dakota School Boards Association (NDSBA) has a policy on Student Psychological Services and Testing. Contact your school administrator to inquire about the NDSBA's *Policy Ponderings* Library.



# Nasogastric Tubes

Student requires nasogastric tube feeding and/or medication administration. School staff requires formal training. Refer to the information in the narrative section and to the student's Individualized Health-Care Plan and/or Emergency Care Plan.

Nasogastric tube comes out.

- Clean area around nose where the tube was secured with tape with warm water and soap.
- Call parent or guardian.
- See narrative section for additional precautions.

**STOP  
HERE**





## Nasogastric (NG) Tubes

### Overview

A nasogastric tube is a long, narrow, flexible tube that goes down the nose and into the stomach. Children require nasogastric tubes for a variety of reasons. The primary indication for a nasogastric tube is the child's inability to take adequate nutrition or liquids by mouth for growth and development. The reasons why the child is unable to take proper nutrition can be developmental, mechanical or secondary to other health problems. Medications also can be administered through a nasogastric tube.

The nasogastric tube usually is used when tube feeding and/or medication administration will be required for a short time (i.e., less than three months), although in some cases it can be used for several years. The major advantage of nasogastric tubes over gastrostomy tubes is they do not require surgery.

### Precautions

The disadvantages of nasogastric tubes include nasal or throat irritation and discomfort (especially if used long-term); increased mucus secretion; and partial blockage of the nasal airways. Nasogastric feeding may contribute to recurrent otitis media (ear infection) and sinusitis. Two additional disadvantages are the possibility that the tube will puncture the esophagus or the stomach and the possibility that the tube will enter the trachea, delivering formula into the lungs. If formula enters the lungs, severe or fatal pneumonitis can result; therefore, it is essential to confirm that the NG tube is in the stomach before feeding and/or medication administration begins.

School staff dealing with students who require nasogastric feedings and/or medication administration during the school day require formal training by the student's parent/guardian or preferably by a health-care provider. Be sure to record the training on the staff training record. Refer to the Forms section of this manual for a sample Specialized Procedure Training form.



The student's Individualized Health-Care Plan (IHP) and/or Emergency Care Plan (ECP) should outline the details of feedings and/or medication administration, cleaning procedures and what to do if the tube comes out; hence, steps for these procedures are not included in this manual. Refer to the Forms section of this manual for a sample of a general IHP and ECP.

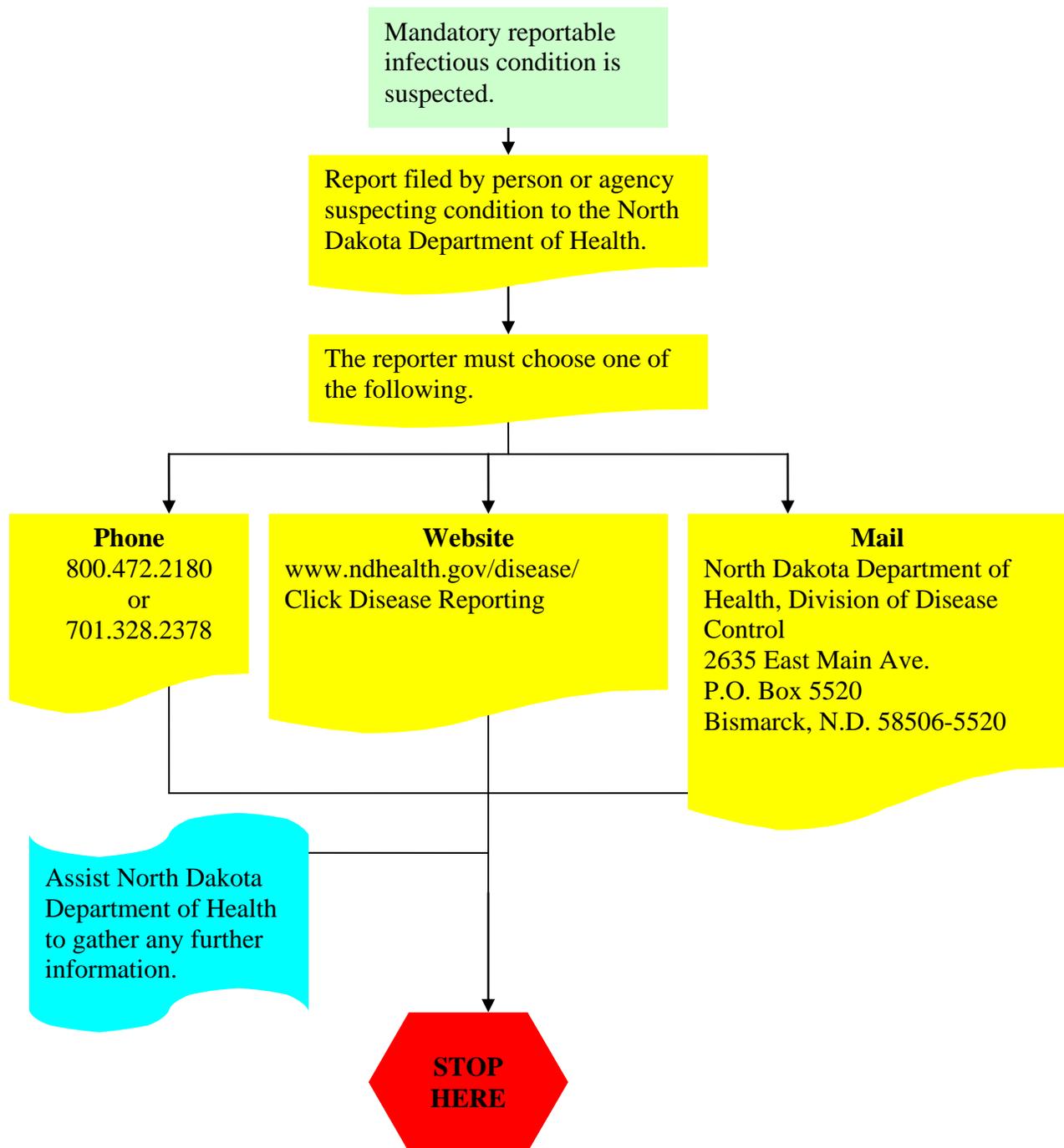
Documentation of all cares should be recorded. Refer to the Forms section of this manual for a sample Documentation of Procedure Administration form.

As with any procedure being performed, good hand washing with soap and water is critical to prevent infection.

### **Resources**

- North Dakota Department of Health  
Division of Family Health  
Coordinated School Health Program  
600 E. Boulevard Ave., Dept. 301  
Bismarck, N.D. 58505-0200  
Telephone: 701.328.2493  
Fax: 701.328.1412  
**[www.ndhealth.gov/familyhealth](http://www.ndhealth.gov/familyhealth)**
- The North Dakota School Boards Association (NDSBA) has a policy on Accommodating Students with Special Dietary Needs. Contact your school administrator to inquire about the NDSBA's *Policy Ponderings* Library.

# Reporting Infectious Conditions and Immunization Requirements







## Reporting Infectious Conditions and Immunization Requirements

### Overview

North Dakota Century Code 23-07-02 requires public and private elementary and secondary schools to report to the North Dakota Department of Health any reportable disease coming to their knowledge. A complete list of all mandatory reportable conditions can be accessed at [www.ndhealth.gov/disease](http://www.ndhealth.gov/disease). Click on Disease Reporting. It is recommended that you print out a copy of these conditions for a reference. All mandatory reportable conditions must be reported within seven days unless otherwise specified. Some conditions require immediate reporting by phone, such as measles or pertussis (whooping cough).

### To Report a Known or Suspected Condition:

- **By telephone:** 800.472.2180 or 701.328.2378
- **Electronically** at the following website: [www.ndhealth.gov/disease/](http://www.ndhealth.gov/disease/) – click Disease Reporting
- **Mail a printed form (accessed at the above website) to:**  
North Dakota Department of Health  
Division of Disease Control  
2635 East Main Ave., P.O. Box 5520  
Bismarck, N.D. 58506-5520

### Disease Fact Sheets

A large variety of disease fact sheets are available online at [www.ndhealth.gov/Disease/faq/Faqs.aspx](http://www.ndhealth.gov/Disease/faq/Faqs.aspx).





## School Immunization Requirements

North Dakota Century Code 23-07-17.1 and Administrative Rule 33-06-05-01 state a child may not be admitted to any public, private or parochial school; day-care center, child-care facility, Head Start program or nursery school operating in the state; or be supervised through home-based instruction unless the child's parent or guardian presents to the institution authorities a certificate from a licensed physician or authorized representative of the North Dakota Department of Health showing that the child has received age-appropriate immunizations. Requirements are updated annually and posted on the Immunization Program website at [www.ndhealth.gov/immunize/](http://www.ndhealth.gov/immunize/).

## Exemptions

Students may be exempt from immunization requirements for the following reasons:

- **Medical Exemption:** Requires a certificate from a licensed physician stating that the physical condition of the child is such that immunization would endanger the life or health of the child.
- **Philosophical, Moral or Religious Belief Exemption:** Requires a certificate signed by the parent or legal guardian whose sincerely held philosophical, moral or religious belief is opposed to such immunization.
- **History of Disease Exemption:** Requires a certificate signed by the parent or legal guardian or physician stating that the child has a reliable history of the disease.

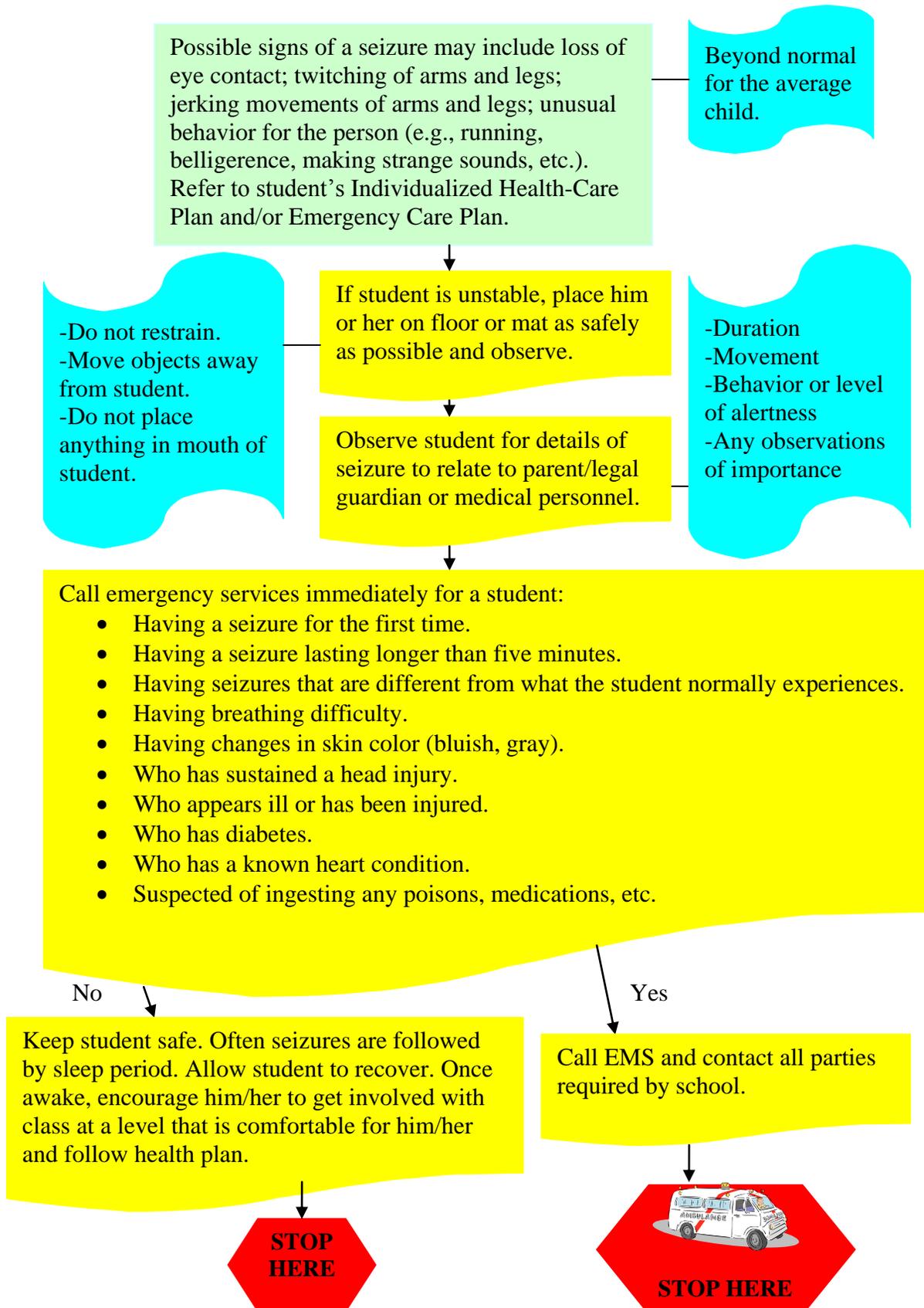


## Resources

- North Dakota Department of Health  
Division of Disease Control  
2635 East Main Ave., P.O. Box 5520  
Bismarck, N.D. 58506-5520  
Telephone: 701.328.2378 or 800.472.2180  
**[www.ndhealth.gov/disease](http://www.ndhealth.gov/disease)**
- North Dakota Department of Health  
Division of Family Health  
Coordinated School Health Program  
600 E. Boulevard Ave., Dept. 301  
Bismarck, N.D. 58505-0200  
Telephone: 701.328.2493  
Fax: 701.328.1412  
**[www.ndhealth.gov/familyhealth](http://www.ndhealth.gov/familyhealth)**
- North Dakota Century Code (NDCC), Chapter 23-07 Reportable Disease  
NDCC 23-07-02, Who to report reportable diseases:  
**[www.legis.nd.gov/cencode/t23c07.pdf](http://www.legis.nd.gov/cencode/t23c07.pdf)**  
NDCC 23-07-17.1, Inoculation required before admission to school:  
**[www.legis.nd.gov/cencode/t23c07.pdf](http://www.legis.nd.gov/cencode/t23c07.pdf)**
- North Dakota Administrative Rule, Chapter 33-06 Reportable Conditions  
**[www.legis.nd.gov/information/acdata/html/33-06.html](http://www.legis.nd.gov/information/acdata/html/33-06.html)**
- The North Dakota School Boards Association (NDSBA) has a policy on Significant Contagious Diseases. Contact your school administrator to inquire about the NDSBA's *Policy Ponderings* Library.



# Seizures







# Seizures

## Overview

A seizure is a change in sensation, awareness or behavior brought about by a brief electrical disturbance in the brain. Seizures may be convulsions, short periods of unconsciousness, distortion of the senses, or loss of control over movement. There are more than 20 different types of seizures.

The kind of seizure a person has depends on which part of the body is affected by the electrical disturbance; i.e., where in the brain seizure starts and where it spreads. The most common seizure types are classified as either partial or generalized. Partial seizures happen when the disturbance occurs in just one part of the brain, affecting whatever physical or mental activity that area controls. Generalized seizures happen when the electrical disturbance sweeps through the whole brain at once, causing loss of consciousness, falls, convulsions or massive muscle spasms.

Most seizures last from 30 seconds to two minutes and do not cause lasting harm. However, it is a medical emergency if seizures last longer than five minutes or if a person has many seizures and does not wake up between them. Some seizures may be the result of a medical problem. Low blood sugar, infection, a head injury, accidental poisoning, or drug overdose can cause a seizure. A seizure also may be due to a brain tumor or other health problem affecting the brain. In addition, anything that results in a sudden lack of oxygen to the brain can cause a seizure. In some cases, the cause of the seizure is never discovered.

When seizures recur, it may indicate the chronic condition known as epilepsy. Some people with epilepsy experience an aura, an unusual sensation that often acts as a warning device signaling the onset of a seizure. It is characterized by a feeling of fear or sickness or an odd smell or taste. Aura is actually often beneficial. It can serve as a "warning" giving the affected person time to move away from potentially dangerous obstacles or environments that might be hazardous during a seizure.





## Seizure Management in School

A student with a history of seizures should have an Individualized Health-Care Plan (IHP) or Emergency Care Plan (ECP) that outlines the seizure type, onset, duration and aftereffects. Refer to the Forms section of this manual for a sample Seizure Action Plan and Emergency Seizure Plan.

A student who is having a seizure should be placed on the ground or floor in a safe area. Remove any nearby objects. Loosen any clothing around the head or neck. **Do not** try to wedge the student's mouth open or place an object between the teeth, and **do not** attempt to restrain movements. Once the seizure seems to have ended, roll the student onto his or her side. Observe the student closely for details of the seizure such as duration, kind of movement, body parts involved, loss of consciousnesses, and loss of bladder or bowel control (incontinence). For students with a known seizure history, it is nice to have a change of clothes available for incontinence.

Call emergency medical services immediately for a student:

- Having a seizure for the first time.
- Having a seizure lasting longer than five minutes.
- Having seizures that are different from what the student normally experiences.
- Having breathing difficulty.
- With changes in skin color (bluish, gray).
- Who has sustained a head injury.
- Who appears ill or has been injured.
- Who has diabetes.
- Who has a known heart condition.
- Suspected of ingesting of any poisons, medications, etc.





For students with known seizures, be sure to allow them to complete their pattern of seizure (unless one of the above symptoms is present). Encourage the student to return to class as soon as it is safe for them to do so. For some students, a period of tiredness and/or sleep may occur after the seizure (this is called the postictal period). **Do not** attempt to give food or drink until the student is fully awake and alert. The parent/guardian may need to be called if the student is too tired to return to classroom activities.

Be sure to document all activity and actions on a Procedure form. Refer to the Forms section of this manual for a sample Documentation of Procedure Administration form.

### Resources

- North Dakota Center for Persons with Disabilities Seizure Training Module  
Telephone: 800.233.1737

Order online at [www.ndcpd.org/proj/cstp/order.html](http://www.ndcpd.org/proj/cstp/order.html)

This training discusses how to recognize a seizure, how to document seizure activity, and what to do during and after a seizure. It also discusses how to assist people dealing with seizures, classifications of seizures, the “aura,” intervention for different types of seizures, how medications work, the impact of epilepsy and basic coping skills.

- Minnesota Epilepsy Foundation  
Telephone: 800.779.0777

[www.efmn.org](http://www.efmn.org)

- Epilepsy Foundation  
Telephone: 800.EFA.1000

[www.epilepsyfoundation.org/programs/schoolnurse/schoolnurse.cfm](http://www.epilepsyfoundation.org/programs/schoolnurse/schoolnurse.cfm)

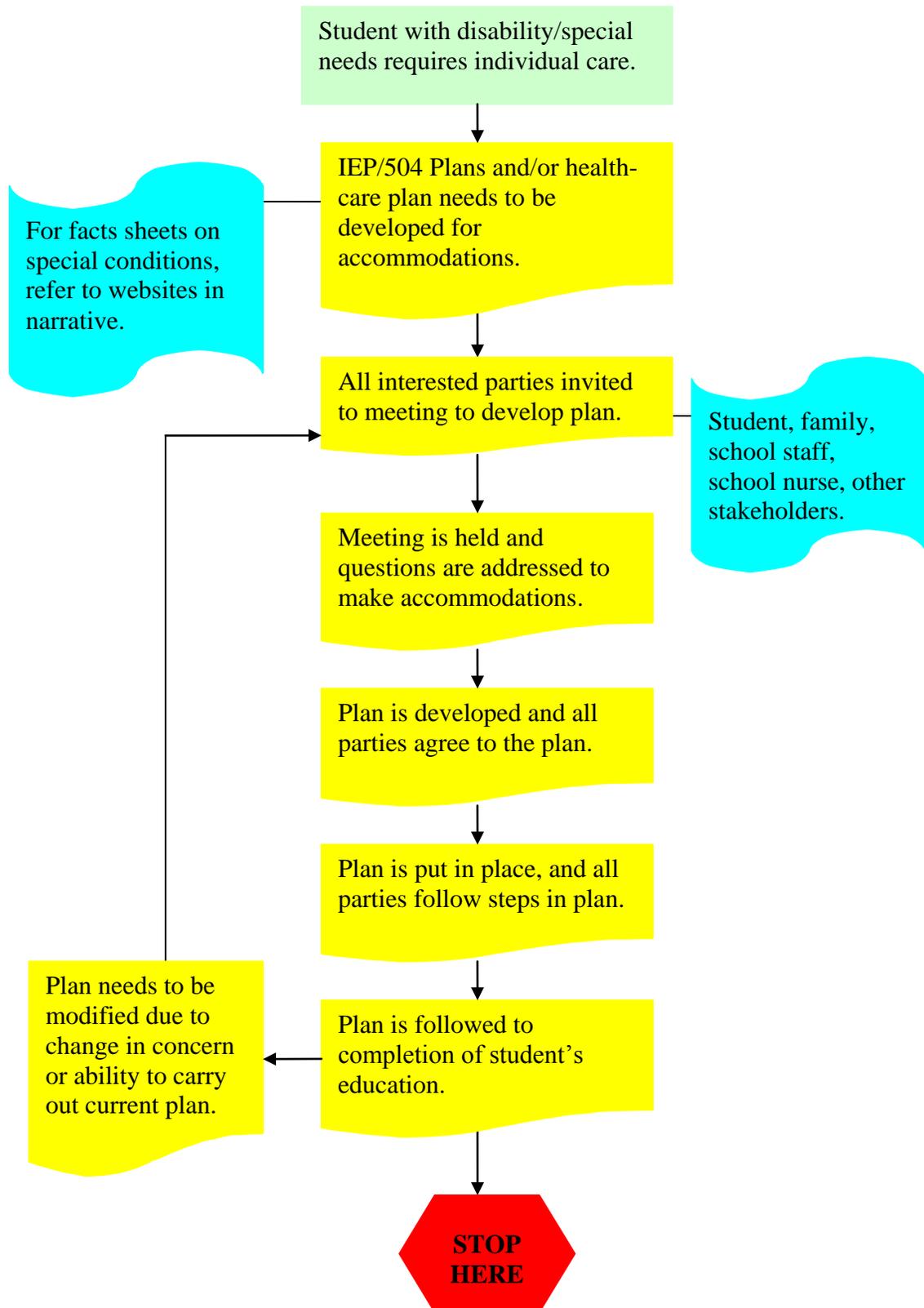
The sample Seizure Action Plan included in the Forms section of this manual can be downloaded from this site.





- North Dakota Department of Health  
Division of Children’s Special Health Services  
600 E. Boulevard Ave., Dept. 301  
Bismarck, N.D. 58505-0200  
Telephone: 701.328.2436 or 800.755.2714  
E-mail: [dohcshsadm@nd.gov](mailto:dohcshsadm@nd.gov)  
**[www.ndhealth.gov/cshs/](http://www.ndhealth.gov/cshs/)**

# Special Health-Care Needs







## Special Health-Care Needs

### Overview

Approximately 16,500 children in North Dakota, 12.2 percent of all children younger than 18, have special health-care needs as defined by the Maternal and Child Health Bureau, based on findings of the 2005-2006 National Survey of Children With Special Health-Care Needs:

“...those who have or are at risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of any type or amount beyond that required by children generally.”

In addition to an Individualized Education Program (IEP) or 504 Accommodation Plan, it is important to set up an Individualized Health-Care Plan (IHP). The IHP should contain information about the child’s health and identify who will be responsible for monitoring any issues related the child’s special health-care needs at school, during extracurricular activities and field trips, or while being transported to and from school. A meeting should be held involving all partners to have input into the development of the IHP. Partners may include the school nurse, superintendent or principal, other involved school staff, health-care providers involved in the child’s care, student, parent(s) and other caregivers. The most important component of developing an IHP is good communication between the family and the school. Any person involved with the IHP may call for a new meeting at any time to address evolving concerns. Many different types of IHPs, some developed for a specific condition, generally can be accessed by an Internet search. Refer to the Forms section of this manual for samples of general and specific condition IHPs.

Oftentimes, children with special health-care needs are at greater risk for a medical emergency and should have an Emergency Care Plan (ECP) in addition to an IHP. The ECP flows from the IHP with special emphasis on emergency care needed for a student who may have a life-threatening episode and is generally written for the purpose of directing the actions of school personnel. Refer to the Forms section of this manual for samples of a general and specific condition ECPs.





Some conditions that may require an IHP, ECP, IEP and/or a 504 include, but are not limited to:

- Asthma.
- Bony deformities.
- Burns.
- Cancer.
- Cerebral palsy.
- Cleft lip and/or palate.
- Cystic fibrosis.
- Dental disorders.
- Diabetes.
- Genito-urinary tract anomalies.
- Growth hormone deficiency.
- Hearing loss.
- Heart conditions.
- Hemophilia.
- Joint deformity.
- Malocclusion.
- Perthes disease.
- Phenylketonuria.
- Rheumatoid arthritis.
- Scoliosis.
- Seizure disorders.
- Spina bifida.
- Strabismus.





Below are some questions to be asked in the development of an IHP and/or ECP:

- Do we need to train and supervise school personnel in care of the special medical need?
- Do we need to educate student or classmates?
- Do we need to change school environment to allow access?
- Do we need to change the classroom for lighting, desks, restroom, etc.?
- What are the added safety measures needed?
- What measures do we need to undertake to relieve pain and discomfort?
- Is there a special diet needed?
- Is there assistance for daily living skills needed?
- What medications are being taken?
- Will there be regular contact between school and health-care provider?
- Will there be adaptations of school health program?
- Will there be special equipment needed and maintained in school?
- What are the transportation needs?
- Is our building accessible to the student and can it be accessible with the current physical plant?
- What therapies will be done in school?
- What is the student's stamina?
- Are there positioning concerns?
- How independent is the student?
- What backup medical support do we have for the student?
- Will there be a need for special curriculum development?
- Will an aide be needed or is student able to manage own movement and care?
- Are there concerns for fire/evacuation safety for the student?
- What are the needs for field trips?
- What preparations are there for home/hospital tutoring in conditions where this is likely to take place?





These questions and others you find relevant should be addressed when developing the IHP for any special-needs student. Care will always vary depending on each individual student and specific needs he or she has. Always follow the health-care provider's orders.

### **Assistive Devices Overview**

This section describes equipment needed by students to accommodate their special needs. Each of these is commonly used in schools today.

**What Are Assistive Devices?** Assistive devices are gadgets that make your life easier. For example, they can help a person pick up food with less difficulty, button a sweater, or maintain stability while walking.

**Why Do People Use Assistive Devices?** Research has shown that assistive devices can help alleviate pain and stress on joints, conserve energy and help maintain independence. Assistive devices offer the freedom to lead a more productive daily life than may otherwise be possible.

**What Are Some of the Things That Assistive Devices Enable a Person To Do?** Assistive devices can make activities of daily living easier, such as dressing, opening doors, putting on socks and shoes, picking up papers, turning on faucets, eating meals, reading books or writing.

#### **Type of products that are available include:**

- Writing grips.
- Nonslip placemats.
- Hand exercisers.
- Reusable hot/cold packs.
- Reaching devices.
- Easy-pull sock aids.
- Wash mitts.
- Wheelchairs.
- Transfer boards.
- Playing card holders.
- Keyboards.





- Picture cards.
- Weighted utensils/equipment.
- Braces.

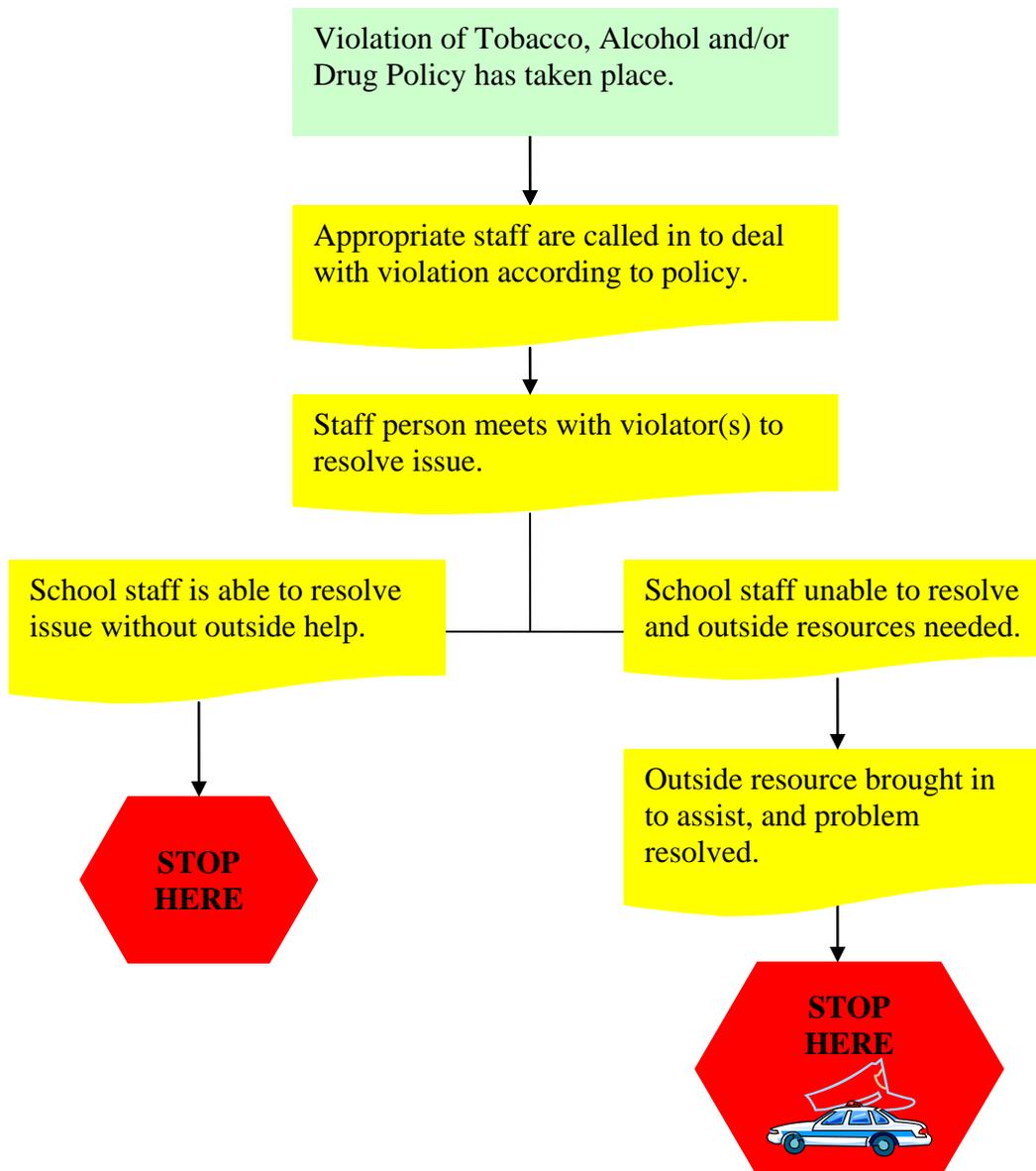
## Resources

- North Dakota Department of Health  
Division of Children's Special Health Services  
600 E. Boulevard Ave., Dept. 301  
Bismarck, N.D. 58505-0200  
Telephone: 701.328.2436 or 800.755.2714  
E-mail: [dohcshsadm@nd.gov](mailto:dohcshsadm@nd.gov)  
**[www.ndhealth.gov/cshs/](http://www.ndhealth.gov/cshs/)**
- Family Voices of North Dakota  
P.O. Box 163  
312 2nd Ave. W.  
Edgeley, N.D. 58433  
Telephone: 701.493.2634  
Fax: 701.493.2635  
E-mail: [fvnd@drtel.net](mailto:fvnd@drtel.net)  
**[www.fvnd.org](http://www.fvnd.org)**  
Family Voices of North Dakota has several fact sheets containing information on disabilities that are common.
- Guidance for the development of an IEP and/or 504 can be obtained through:  
North Dakota Department of Public Instruction  
Special Education and Section 504 Units  
600 E. Boulevard Ave., Dept. 201  
Bismarck, ND 58505-0440  
Telephone: 701.328.2260  
Fax: 701.328.2461  
**[www.dpi.state.nd.us](http://www.dpi.state.nd.us)**



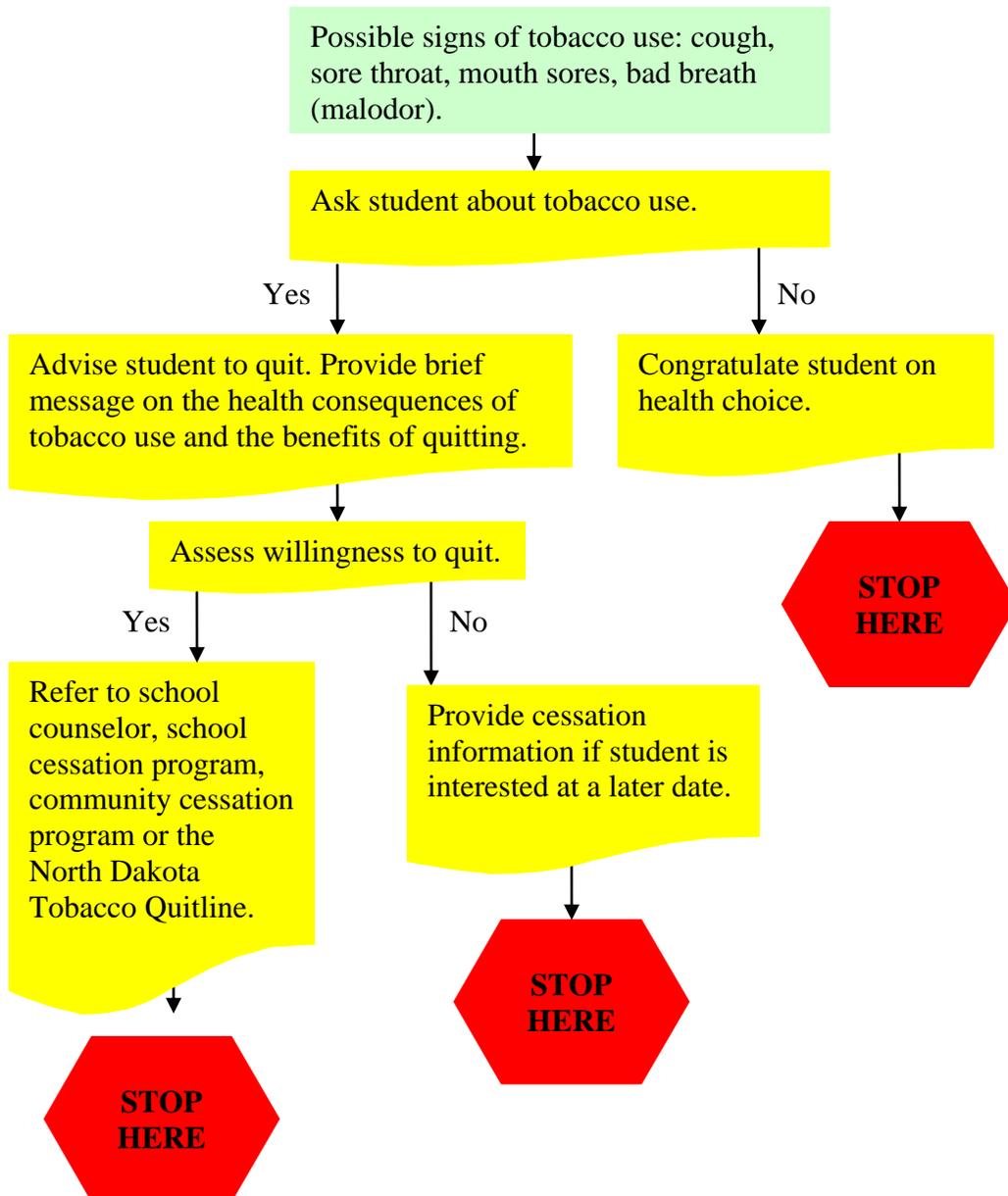


# Tobacco, Alcohol and/or Other Drugs





# Tobacco Use – Screening







## Tobacco, Alcohol and/or Other Drugs

### Overview

Tobacco use – including cigarette smoking, cigar smoking, and smokeless tobacco use – remains the leading preventable cause of death in the United States. More than 80 percent of adult users started before the age of 18. Research shows that comprehensive school-based programs, combined with community and mass-media efforts, can effectively prevent or postpone smoking onset in 20 to 40 percent of adolescents. The North Dakota Department of Health, Tobacco Prevention and Control Program, has developed the publication “Comprehensive Tobacco-Free School Policy Tool Kit – Tools and Resources for North Dakota Schools.” This tool kit provides details needed to institute a comprehensive tobacco-free policy. In addition, it contains information about adapting, communicating and enforcing policy. The tool kit can be accessed at [www.ndhealth.gov/tobacco](http://www.ndhealth.gov/tobacco). Click on Publications.

Local and Tribal Tobacco and Prevention Control Programs are available to assist schools in tobacco prevention and control activities and policy implementation. A listing of local and tribal tobacco coordinators can be accessed at [www.ndhealth.gov/tobacco](http://www.ndhealth.gov/tobacco). Click on Local Tobacco Programs or Tribal Tobacco Programs.

The North Dakota Tobacco Quitline is a free telephone-based service available to help North Dakota smokers and spit-tobacco users quit using tobacco. The Quitline helps individuals set a quit date, explains how to deal with withdrawal symptoms, teaches about triggers and strategies for staying quit and is a source of support and encouragement during the quit attempt. For enrollment information, call 1.800.QUIT.NOW (1.800.784.8669). More information about the Tobacco Quitline can be accessed at [www.ndhealth.gov/tobacco/quitline.htm](http://www.ndhealth.gov/tobacco/quitline.htm).

North Dakota QuitNet is a free web-based service available to North Dakota residents to help them quit smoking and using tobacco. People who sign up for the online service will have access to cessation counselors and 24/7/365 support from other quitters, and can receive free nicotine patches, gum or lozenges. Find more information about QuitNet at [www.ndhealth.gov/tobacco/quitnet.htm](http://www.ndhealth.gov/tobacco/quitnet.htm).





Many local cessation programs are available to assist individuals in quitting tobacco use. A directory of North Dakota Cessation Programs can be accessed at [www.ndhealth.gov/tobacco/cessation.htm](http://www.ndhealth.gov/tobacco/cessation.htm).

### **Alcohol and/or Other Drugs**

According to the Centers for Disease Control and Prevention, alcohol is used by more young people in the United States than tobacco or illicit drugs. Among youth, the use of alcohol and other drugs has been linked to unintentional injuries, physical fights, academic and occupational problems, and illegal behavior. Long-term alcohol misuse is associated with liver disease, cancer, cardiovascular disease and neurological damage, as well as psychiatric problems such as depression, anxiety and antisocial personality disorder. Drug use contributes directly and indirectly to the HIV epidemic, and alcohol and drug use contribute markedly to infant morbidity and mortality.

Another area of concern is the high rates of nonmedical use of prescription and over-the-counter (OTC) medications. Prescription medications most commonly abused by youth include pain relievers, tranquilizers, stimulants and depressants. Teens also misuse OTC cough and cold medications containing the cough suppressant dextromethorphan (DXM) to get high. Prescription and OTC medications are widely available, free or inexpensive, and falsely believed to be safer than illicit drugs. Misuse of prescription and OTC medications can cause serious health effects, addiction and death.





**Alcohol abuse** is a pattern otherwise known as “problem drinking.” The behavioral warning signs of alcohol abuse are:

- Drinking excessive amounts of alcohol frequently.
- Drinking when it is dangerous.
- Interpersonal difficulties with family, friends or coworkers.
- Legal problems related to drinking.
- Odor on the breath.
- Intoxication.
- Difficulty focusing and/or glazed appearance of the eyes.
- Uncharacteristically passive behavior; or combative and argumentative behavior.
- Gradual (or sudden in adolescents) deterioration in personal appearance.
- Gradual development of dysfunction, especially in performance.
- Unexplained bruises and accidents.
- Irritability.
- Flushed skin.
- Loss of memory.
- Availability and consumption of alcohol becoming the focus of social activities.
- Changes in peer-group associations and friendships.
- Unusual flare-ups or outbreaks of temper.
- Withdrawal from responsibility.
- General changes in overall attitude.
- Association with known substance abusers.
- Unusual borrowing of money from friends, coworkers or parents.
- Stealing small items from employer, home or school.
- Secretive behavior.

**Alcoholism**, also known as alcohol dependence, differs from the alcohol abuse pattern in three critical ways. It is:

- Chronic.
- Progressive.
- Potentially fatal.





The symptoms of alcoholism include those of alcohol abuse plus four serious additional symptoms:

- Craving – a strong need or urge to drink
- Loss of control – not being able to stop drinking once drinking has begun
- Physical dependence – withdrawal symptoms, such as nausea, sweating, shakiness and anxiety after stopping drinking
- Tolerance – the need to drink greater amounts of alcohol to get “high”

**Marijuana** users can be difficult to recognize unless they are under the influence of the drug at the time of observation. Casual users may show none of the general symptoms. Marijuana does have a distinct odor and may be the same color or a bit greener than tobacco. Signs of marijuana abuse could include:

- Rapid, loud talking and bursts of laughter in early stages of intoxication.
- Sleepiness or stupor in the later stages.
- Forgetfulness in conversation.
- Inflammation in the whites of eyes; pupils unlikely to be dilated.
- Odor similar to burnt rope on clothing or breath.
- Tendency to drive slowly – below speed limit.
- Distorted sense of time passage – tendency to overestimate time intervals.
- Use or possession of paraphernalia, including roach clip, packs of rolling papers, pipes or bongs.

**Amphetamine** and **methamphetamine** are virtually indistinguishable from one another in effect and composition. Amphetamines can be inhaled, smoked and injected by the abuser. The clandestine manufacturing process incorporates a large variety of hazardous and volatile chemicals. Methamphetamine labs frequently are located in public settings such as residences; hotels and motels; moving vehicles; unused outbuildings; isolated rooms; and storage facilities.

Methamphetamine side effects include but are not limited to:

- Hyperactivity.
- Irritability.
- Visual hallucinations.





- Auditory hallucinations (hearing “voices”).
- Suicidal tendencies.
- Aggression.
- Suspiciousness, severe paranoia.
- Shortness of breath.
- Increased blood pressure.
- Cardiac arrhythmia.
- Stroke.
- Sweating.
- Nausea.
- Vomiting.
- Diarrhea.
- Long periods of sleep (“crashing” for 24 to 48 hours or more).
- Prolonged sluggishness.
- Severe depression.
- Weight loss, malnutrition, anorexia.
- Itching (illusion that bugs are crawling on the skin).
- Welts on the skin.
- Involuntary body movements.
- Paranoid delusions.

**Inhalants** are a common substance of abuse among teenagers. Commonly abused inhalants include a few types of model cement, cooking spray, hair spray, deodorant, liquid paper, aerosol spray, paint, paint thinner, gasoline and solvents. Inhalants are used by spraying or pouring the inhalant onto a rag that is placed in a bag or sack, spread on a fingernail or hand, or kept on clothing and other areas that allow easy access. The abuser then places the inhalant up to their face and breathes in the vapors emitted by the inhalant. This induces a short-lived, light-headed, euphoric state in the abuser. The effects of inhalant abuse can include severe headaches, nausea, fainting, accelerated heart beat and vomiting. The signs of inhalant abuse may include:

- Substance odor on breath and clothes.
- Paint or other stains on face, hands or clothes.





- Red or runny eyes or nose.
- Spots or sores around the mouth.
- Drowsiness; unconsciousness; drunk, dazed or dizzy appearance.
- Poor muscle control.
- Presence of bags or rags containing dry plastic cement or other solvent at home, in locker at school or at work.
- Discarded whipped cream, spray paint or similar chargers (users of nitrous oxide).
- Small bottles labeled “incense” (users of butyl nitrite).

See **[www.inhalant.org](http://www.inhalant.org)** for more information.

The North Dakota Department of Human Services employs regional and tribal substance prevention coordinators (PCs). PCs provide culturally appropriate technical assistance, consultation, guidance and resources to schools/universities/colleges; law enforcement; churches; community organizations; workplaces; and individuals or groups interested in prevention issues in North Dakota. The PCs can offer brochures; posters; public service announcements; health fairs and educational programs for youth, families, workplaces and communities; drug and alcohol-free activities; coalition-building and multi-agency collaboration; and help promoting the establishment of drug and alcohol policies and laws. A listing of PCs can be accessed at **[www.nd.gov/dhs/services/mentalhealth/prevention/coordinators.html](http://www.nd.gov/dhs/services/mentalhealth/prevention/coordinators.html)**.

The North Dakota Department of Human Services also has prevention publications, including youth posters and activity books for preschool through grade six. These publications can be accessed at **[www.nd.gov/dhs/services/mentalhealth/prevention/publications.html](http://www.nd.gov/dhs/services/mentalhealth/prevention/publications.html)**.

School policy should be followed when dealing with any concerns of tobacco, alcohol and/or other drug use.





## Resources

- North Dakota Department of Health  
Tobacco Prevention and Control Program  
600 East Boulevard Ave., Dept. 301  
Bismarck, N.D. 58505-0200  
Telephone: 701.328.3138 or 800.280.5512 (toll-free)  
Fax: 701.328.2036  
**[www.ndhealth.gov/tobacco](http://www.ndhealth.gov/tobacco)**
- Center for Tobacco Prevention and Control Policy  
4023 State Street, Suite 65  
Bismarck, N.D. 58503  
Telephone: 701.328.5130
- North Dakota Department of Public Instruction  
Coordinated School Health Unit  
600 E. Boulevard Ave., Dept. 201  
Bismarck, N.D. 58505-0440  
Telephone: 701.328.2260  
Fax: 701.328.2461  
**[www.dpi.state.nd.us/health/index.shtm](http://www.dpi.state.nd.us/health/index.shtm)**
- North Dakota Department of Human Services  
Division of Mental Health and Substance Abuse Services  
1237 West Divide Ave., Suite 1C  
Bismarck, N.D. 58501-1208  
Telephone: 701.328.8920 or 800.755.2719 (North Dakota only)  
Fax: 701.328.8969  
**[www.nd.gov/dhs/services/mentalhealth/](http://www.nd.gov/dhs/services/mentalhealth/)**
- The North Dakota School Boards Association (NDSBA) has policies on Alcohol and Other Drug Use/Abuse and Tobacco Use in Schools. Contact your school administrator to inquire about the NDSBA's *Policy Ponderings* Library.





# Tracheostomy Care

Student requires tracheostomy care, which may include skin care, dressing changes or suctioning. School staff requires formal training. Refer to the information in the narrative section and to the student's Individualized Health-Care Plan and/or Emergency Care Plan.

All staff who have contact with students with tracheostomies should have CPR training, be able to recognize the signs and symptoms of breathing trouble and know how to activate emergency medical services. See the narrative section for additional precautions.

**STOP  
HERE**





# Tracheostomy Care

## Overview

A tracheostomy is a surgical opening in the neck into the trachea (windpipe) that allows air to go into and out of the lungs. The opening in the neck is called a stoma. A tracheostomy tube is a plastic or metal tube inserted through the stoma and is held in place by ties around the neck. A tracheostomy is performed because of any injury or condition that requires bypassing the normal breathing processes or because of a neurological, muscular or other condition that make it difficult to breathe or to effectively clear secretions. A tracheostomy allows for long-term use of a ventilator (breathing machine) and/or suctioning of mucous, if needed. Depending on the reason a student requires a tracheostomy, it may be temporary or long-term. Speaking and eating with a tracheostomy will depend on the type of tracheostomy and on the condition of the student.

## Precautions

Care should be taken not to use substances with small particles around students with tracheostomies, such as powders, aerosols, sand, glitter, etc. In addition, animal hair/dander may cause irritation.

All staff working with a student(s) who has a tracheostomy need to be able to recognize the signs and symptoms of respiratory distress (trouble breathing). Early signs of breathing trouble may include:

- Wheezing, noisy and/or fast breathing.
- Change in breathing pattern.
- Coughing.
- Sweaty, clammy skin.
- Restlessness.





Later signs of breathing trouble may include:

- Hard breathing, with the sinking in of the chest, ribs or neck (retractions).
- Head bobbing.
- Flaring of nostrils.
- Blue, pale or gray color of the skin or around the lips and nails.

It is recommended that all staff in contact with tracheostomies have cardiopulmonary resuscitation (CPR) training, are able to recognize the signs of breathing trouble and know how to activate emergency medical services.

School staff dealing with students who require tracheostomy care during the school day require formal training by the student's parent/guardian or preferably by a health-care provider. Be sure to record the training on the staff training record. Refer to the Forms section of this manual for a sample Specialized Procedure Training form.

The student's Individualized Health-Care Plan (IHP) and/or Emergency Care Plan (ECP) should outline the details of care, cleaning procedures, suctioning and what to do if the tube comes out; hence, steps for these procedures are not included in this manual. Refer to the Forms section of this manual for a general IHP and ECP.

Documentation of all cares should be recorded. Refer to the Forms section of this manual for a sample Documentation of Procedure Administration form.

As with any procedure being performed, good hand washing with soap and water is critical to prevent infection.





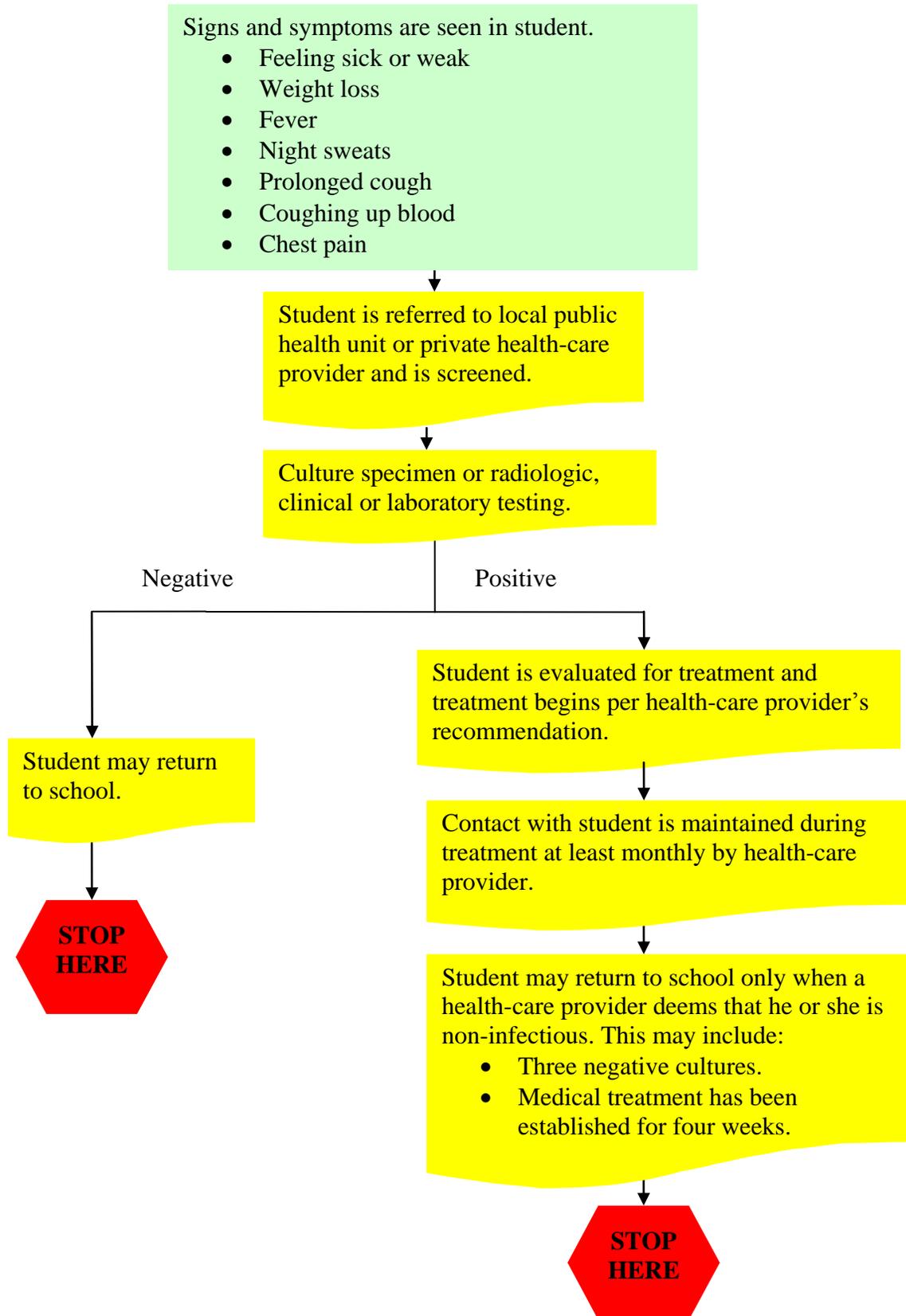
## **Resources**

- North Dakota Department of Health  
Division of Children’s Special Health Services  
600 E. Boulevard Ave., Dept. 301  
Bismarck, N.D. 58505-0200  
Telephone: 701.328.2436 or 800.755.2714  
E-mail: [dohcshsadm@nd.gov](mailto:dohcshsadm@nd.gov)  
**[www.ndhealth.gov/cshs/](http://www.ndhealth.gov/cshs/)**





# Tuberculosis







## Tuberculosis (TB)

### Overview

Tuberculosis (TB) is a disease that is spread by germs from person to person through the air. When a person with pulmonary (lung) or laryngeal (throat) TB coughs, sneezes, speaks or sings, droplets containing *Mycobacterium tuberculosis* are expelled into the air. These tiny particles can remain suspended in the air for several hours, depending on the environment. If another person inhales air containing these droplets, he or she may become infected. The chance that TB infection will occur depends on three factors: the infectiousness of the person with TB, the environment in which exposure occurred, and the duration of exposure.

The general symptoms of TB disease include feeling sick or weak, weight loss, fever, and night sweats. The symptoms of TB of the lungs include a productive, prolonged cough (duration of three weeks or longer), chest pain, and coughing up blood. Other symptoms depend on the part of the body that is affected. These individuals are given therapy to cure the disease.

TB usually affects the lungs, but it also can affect other parts of the body, such as the brain, the kidneys, or the spine. People with latent TB infection have TB germs in their bodies, but they are not sick because the germs are not active. These people do not have symptoms and cannot spread the disease; however, they may develop TB disease at some time in the future. Sometimes they are prescribed treatment to prevent them from developing the TB disease.

People with TB disease are sick from TB germs that are active and usually have symptoms. People with lung or throat TB are capable of spreading germs and are prescribed drugs to treat their TB disease.

### Precautions

A person with latent TB cannot spread germs to others. If a person has been around someone with latent TB, he or she does not need to be tested. However, if a person has been around someone with TB disease or someone with TB symptoms, he or she should be tested.





Two different tests can be used to help detect TB infection: a skin test called Mantoux tuberculin skin test or a special blood test that measures how the person's immune system reacts to the germs that cause TB. A positive test for TB indicates that a person has been infected with TB germs. A culture specimen or radiological (x-ray), clinical or other laboratory testing are needed to confirm TB disease.

A student may return to school only when a health-care provider deems that he or she is noninfectious. This usually occurs when there has been a negative sputum sample on three separate occasions or after medical treatment for four weeks.

### Resources

- Please contact the North Dakota Department of Health, TB Program, for consultation and technical assistance in dealing with students with latent TB, TB symptoms or TB disease.

North Dakota Department of Health

Division of Disease Control

Tuberculosis Program

2635 East Main Ave., P.O. Box 5520

Bismarck, ND 58506-5520

Telephone: 701.328.2378 or 800.472.2180

Fax: 701.328.2499

**[www.ndhealth.gov/disease/tb/](http://www.ndhealth.gov/disease/tb/)**

- TB controllers are located at each local public health unit. TB controllers provide the following services.
  - TB case management and directly observed therapy
  - Contact investigation and follow-up for infected contacts
  - TB medication administration for treatment of latent TB infection and regular evaluation for side effects
  - TB education

View a list of local public health units at **[www.ndhealth.gov/localhd/](http://www.ndhealth.gov/localhd/)**.





- Heartland National TB Center (provides training, medical consultation and technical assistance to Arizona, Illinois, Iowa, Kansas, Minnesota, Missouri, New Mexico, **North Dakota**, Oklahoma, South Dakota, Texas and Wisconsin)  
[www.heartlandntbc.org/default.asp](http://www.heartlandntbc.org/default.asp)



# Forms



## Forms

It is the decision of each school district to determine what forms they will use. Some of the samples provided in this section are state-developed forms, while others were developed by a school district or a local public health unit that delivers school health services. These forms may be adapted to fit your school's needs. In addition, many associations have sample forms available on their websites (i.e., American Lung Association – Asthma Action Plan). In these cases, website links have been provided.

We would like to thank Bismarck and Fargo Public Schools, along with Bismarck-Burleigh Public Health and Fargo Cass Public Health, for providing copies of their forms.

### Forms provided in this section:

- Authorization for Administration of Specialized Health-Care Procedures (Fargo Public Schools)
- Allergy Management Plan (Bismarck-Burleigh Public Health)
- Anaphylaxis Action Plan and Authorization for Epi-Pen (Bismarck Public Schools)
- Asthma Action Plan and Authorization for Reliever Medication (Bismarck Public Schools)
- Asthma Emergency Care Plan (Fargo Public Schools)
- Asthma Management Plan (Bismarck-Burleigh Public Health)
- Diabetes Emergency Care Plan (Fargo Public Schools)
- Documentation of Procedure Administration (Fargo Public Schools)
- Emergency Plan, General (Bismarck-Burleigh Public Health)
- Emergency Care Plan, General (Fargo Public Schools)
- Epi-Pen Emergency Plan/Epi-Pen Procedure (Bismarck-Burleigh Public Health)
- Individualized Health-Care Plan/Health Management Plan, General (Bismarck-Burleigh Public Health)
- Medication Record Administration (Fargo Public Schools)
- Prescription and Authorization for Medication Administration (Fargo Public Schools)
- Request and Authorization for Self-Administration of Medication (Fargo Public Schools)
- Seizure Emergency Care Plan (Fargo Public Schools)
- Seizure Management Plan/Seizure First Aid (Bismarck-Burleigh Public Health)
- Specialized Procedure Training (Fargo Cass Public Health)
- Specialized Procedure Training – Medication Administration (Fargo Cass Public Health)
- Staff Training Record

### Links to forms available online:

- Anaphylaxis Action Plan (state-developed form) available online at [www.ndhealth.gov/asthma/forms.htm](http://www.ndhealth.gov/asthma/forms.htm)
- Asthma Action Plan (American Lung Association) available online at [www.lungusa.org/site/c.dvLUK9O0E/b.22581/k.A24C/Asthma\\_Management.htm](http://www.lungusa.org/site/c.dvLUK9O0E/b.22581/k.A24C/Asthma_Management.htm)
- Asthma Action Plan (state-developed form) available online at [www.ndhealth.gov/asthma/forms.htm](http://www.ndhealth.gov/asthma/forms.htm)
- Diabetes Medical Management Plan (American Diabetes Association) available online at [www.diabetes.org](http://www.diabetes.org) (click Living With Diabetes, For Parents and Kids, Diabetes at School, Written Care Plans, Diabetes Medical Management Plan)
- North Dakota High School Activities Association Athletic Pre-Participation – Form A available online at [www.ndhsaa.org/files/Form\\_A.pdf](http://www.ndhsaa.org/files/Form_A.pdf)
- North Dakota High School Activities Association Athletic Pre-Participation – Form B available online at [www.ndhsaa.org/files/Form\\_B.pdf](http://www.ndhsaa.org/files/Form_B.pdf)
- Seizure Action Plan (Epilepsy Foundation) available online at [www.epilepsyfoundation.org/programs/schoolnurse/schoolnurse.cfm](http://www.epilepsyfoundation.org/programs/schoolnurse/schoolnurse.cfm)



**AUTHORIZATION FOR ADMINISTRATION  
OF SPECIALIZED HEALTH CARE PROCEDURES**

Students who need specialized health care procedures provided during the school day must have, in writing, a physician's prescription and parental authorization.

Student \_\_\_\_\_ Date \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Diagnosis/Condition for Which Procedure Is Required \_\_\_\_\_

Treatment Prescription \_\_\_\_\_

Procedure/Treatment Description \_\_\_\_\_

Time Schedule Procedure Is To Be Done \_\_\_\_\_

Precautions &/or Adverse Reactions \_\_\_\_\_

Interventions for Reactions \_\_\_\_\_

Continue Procedure Until (Date) \_\_\_\_\_

Authorization For This Procedure Is Required Annually.

Physician Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

I request the above health procedure and/or medication be given to my child in the manner specified herein. I give permission to school personnel to administer the health procedure and/or medication. I understand that the administration of the health procedure and/or medication will not necessarily be done by a nurse. I will notify the school immediately if my child's health status changes, or there is a change or cancellation of this health procedure and/or medication. I further agree that the school personnel or nurse may contact the prescriber as needed and that medical information may be shared with school personnel who need to know.

In consideration of this authorization made at our request, the undersigned agrees to indemnify, defend, and save harmless the Board of Education, the individual members thereof and any officials or employees involved in the administration of health procedures and/or medications to the above named student from any claims or liability for injury or damages, including but not limited to costs and reasonable attorney's fees, caused or claimed to be caused or to result from the administration of the above described health procedures and/or medications.

Parent \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ (H)

\_\_\_\_\_ (C) \_\_\_\_\_ (W)



# SCHOOL ALLERGY MANAGEMENT PLAN

Student's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Year \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Classroom Teacher \_\_\_\_\_

EMERGENCY CONTACTS	Relationship:	Home phone:	Work phone:	Cell phone:
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
Physician: _____	Clinic: _____	Phone: _____		
Hospital: _____	Phone: _____			

## **ALLERGIES** Check all that apply

\_\_\_\_\_ Animals \_\_\_\_\_ Bee/Insect Sting \_\_\_\_\_ Dust/Dust Mites \_\_\_\_\_ Latex  
\_\_\_\_\_ Molds \_\_\_\_\_ Pollen \_\_\_\_\_ Strong odors or fumes  
Foods: \_\_\_\_\_  
Medication(s): \_\_\_\_\_  
Other: \_\_\_\_\_

## **HISTORY**

1. When was your child's allergy(s) diagnosed by a doctor? \_\_\_\_\_
2. Has your child been hospitalized for allergies? **YES NO** (Please circle) When? \_\_\_\_\_
3. Has your child gone to the emergency room for allergy symptoms? **YES NO** (Please circle)  
If yes, date of last visit? \_\_\_\_\_
4. Has your child had a **life threatening anaphylactic allergic reaction**? **YES NO** (Please circle)  
When? \_\_\_\_\_
5. Does your child have an Epi Pen? **YES NO** (Please circle) Type: **Epi-Pen Epi-Pen Jr.** (Please circle)  
**If yes, school nurse will be contacting you to complete an Emergency Plan.**

## **SIGNS OF AN ALLERGIC REACTION**

Circle allergy symptoms that your child has had:

- **Eyes:** red, watery, itchy
- **Nose:** runny, stuffy, sneezing
- **Mouth:** itching, swelling of lips, tongue or mouth
- **Heart:** weak pulse, passing out, increased heart rate
- **Throat:** itching, tightness, hoarseness, hacking cough, difficulty swallowing
- **Skin:** hives, itchy rash, swelling of the face or extremities, or other areas
- **Stomach:** nausea, stomach cramps, vomiting, diarrhea
- **Lungs:** shortness of breath, coughing, wheezing, difficulty breathing

## **SCHOOL PLAN OF ACTION:** \*(If medication is to be given, list name of medication, dose, when to give and how often.

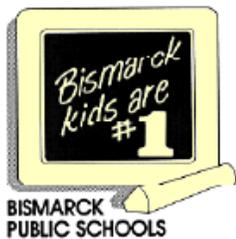
Parents must provide the medication(s) and sign the proper authorization form.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**This information will be available to appropriately designated school staff.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_





## BPS Student Anaphylaxis Action Plan and Authorization for EpiPen

### SECTION A

Child's Name	DOB:
Parent(s)	Parent's Phone
Your Name (if other than parent)	Your Phone
Emergency Contact	Emergency Phone
Pharmacy/Phone	Hospital/Phone

### SECTION B

Prescribing Health Care Provider (print)	Phone
<b>Medication Administration Options:</b> <input type="checkbox"/> The <i>school</i> needs to administer, or help this child administer this EpiPen; <u>or</u> <input type="checkbox"/> This <i>child</i> has received instruction in self-administration, and is able to safely store this EpiPen. ↳ Health Care Provider Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No ↳ Signature: _____	

### SECTION C: ACTION PLAN

**1. This Child is Severely Allergic To:** \_\_\_\_\_

**2. This Child is Allergic by the Following Ways of Exposure (*check all that apply*):**

Direct contact (touching)

Ingestion (if eaten)

If bitten or stung

In the air

Indirect contact (being near)

Other/please explain: \_\_\_\_\_

**3. Signs of a Severe Allergic Reaction can Include Any of the Following:**

Swelling of lips, face, eyes, tongue

Difficulty talking and/or hoarse voice

Hives or welts

Wheeze or persistent cough

Difficulty or noisy breathing

Loss of consciousness and/or collapse

Swelling or tightness of the throat

Pale and floppy (young children)

**4. Has an EpiPen Ever Been Administered to this Child?**

Yes            No

If "Yes", Explain: \_\_\_\_\_

What Symptoms were Present? \_\_\_\_\_

**5. Action:**

1. GIVE ONE TIME (check one):

    EpiPen® Jr. 0.15mg

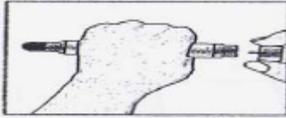
    EpiPen® 0.3mg

2. Call ambulance (Telephone #911)

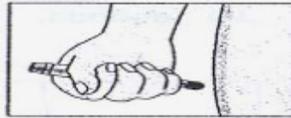
3. Notify parent/emergency caregiver

4. Trained school staff may administer EpiPen  
in event child becomes unable to self-administer

## How to give EpiPen® or EpiPen® Jr



**1. Form fist around EpiPen® and pull off grey cap.**



**2. Place black end against outer mid-thigh.**



**3. Push down HARD until a click is heard or felt and hold in place for 10 seconds.**



**4. Remove EpiPen® and be careful not to touch the needle. Massage the injection site for 10 seconds.**

### After Administering an EpiPen:

1. Keep student at rest until ambulance arrives.
2. The effects of the EpiPen wear off after 10-20 minutes. Symptoms can recur.
3. Student may feel a rapid heartbeat, and become nervous, anxious, or have a headache. Reassure student – these are normal side-effects of epinephrine.
4. Send the used EpiPen with ambulance staff.
5. If this EpiPen is accidentally injected into a hand or foot, the individual needs to go to the emergency room.

## SECTION D: PARENT AUTHORIZATION

### (For Self-Administration Only):

In accordance with state law, my child's health care provider must sign this document before my child can self-administer the medication listed in Section C.5 at school or during district-sponsored activities.

#### Check One:

I will obtain the signature of my child's health care provider and return this form to the school within 7 days; or

I give my consent for Bismarck Public Schools to obtain the signature from my child's health care provider.

I request permission for, and authorize my child to self-administer this EpiPen during school hours and district-sponsored activities. I also acknowledge and understand the following: School personnel and/or medical personnel working on behalf of the District will not be responsible for the administration of this medication, and may not monitor my child's failure to self-administer it. My child and I shall be solely responsible to ensure the medication is taken as prescribed. In exchange for granting my request to permit my child to self-administer this medication, I agree: (1) To indemnify, defend and hold harmless the Bismarck Public School District, its officers, employees and all other individuals working in their official capacities on behalf of the District from any claim or liability for injuries or damages resulting from the self-administration of the above-named medication; and (2) To acknowledge that I will not seek any recovery from the District for any claim or liability for injury or damages, including without limitation reasonable attorneys fees and costs, caused or claimed to be caused by the self-administration of the above-described medication.

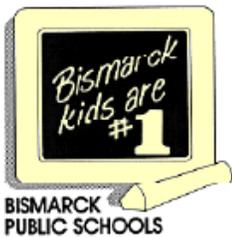
**Parent Signature of Approval (Required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

### (For Staff Administration Only):

I give permission to Bismarck Public School personnel, and medical personnel contracted by the School District, to administer the medication listed in Section C.5. I understand that administration of this medication will not necessarily be done by a nurse. I will notify the school immediately if my child's health status changes, this medication is discontinued, or if any part of this Plan needs to change.

**Parent Signature of Approval (Required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

*NOTE: This Authorization shall remain in effect for one school year (including summer school programs after the school year). Please note that new "Authorization" forms must be completed prior to the start of each new school year.*



## BPS Student Asthma Action Plan and Authorization for Reliever Medication

### SECTION A

Child's Name	DOB:
Parent(s)	Parent's Phone
Your Name (if other than parent)	Your Phone
Emergency Contact	Emergency Phone
Pharmacy/Phone	Hospital/Phone

### SECTION B

Prescribing Health Care Provider (print)	Phone
<b>Medication Administration Options:</b> <input type="checkbox"/> The <i>school</i> needs to administer, or help this child administer this reliever medication; <b>or</b> <input type="checkbox"/> This <i>child</i> has received instruction in <i>self-administration</i> , and is able to safely store this reliever medication. ↳ Health Care Provider Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No ↳ Signature: _____	

### SECTION C: ASTHMA MANAGEMENT INFORMATION

**1. Reliever Inhaler/Nebulizer to Treat Symptoms:**

Name \_\_\_\_\_ Dose/Frequency \_\_\_\_\_

**2. Identify what Triggers an Asthma Episode (*check all that apply*):**

Exercise	Strong odors or fumes	Molds
Respiratory infections	Pollens	Change in temperature
Animals: _____	Foods: _____	Other: _____

**3. Identify how to Prevent an Asthma Episode** (ex: environmental controls, dietary restrictions, etc):

**4. When was This Child Diagnosed with Asthma:** \_\_\_\_\_

**5. When was This Child's Last Clinic or Hospital Visit for Asthma:** \_\_\_\_\_

**6. Daily Asthma or Allergy Medications Taken at Home**

Name	Dosage/Times Usually Given
------	----------------------------

a. \_\_\_\_\_

b. \_\_\_\_\_

**7. Is Peak Flow Monitoring Done by This Child?**    Yes    No

Personal Best Peak Flow Number: \_\_\_\_\_    Monitoring Times: \_\_\_\_\_

## SECTION D: ASTHMA ACTION PLAN

### Steps the School Will Take During an Asthma Attack:

1. Administer reliever inhaler/nebulizer as directed in Section B.
2. If medication is not in school, contact parent or emergency contact (see Section A).
3. Child may return to classroom if/when symptoms subside and child's condition improves.
4. **School personnel will seek emergency medical care if the child has any of the following:**
  - ✓ No improvement 15-20 minutes after initial treatment with medication and emergency contact cannot be reached
  - ✓ Peak flow of: \_\_\_\_\_
  - ✓ Hard time breathing:
    - Chest and neck are pulled in with breathing;
    - Hunched over, struggling to breath, or gasping.
  - ✓ Trouble walking or talking
  - ✓ Stops playing and cannot start activity again
  - ✓ Lips or fingernails are gray or blue

Parent comments/instructions: \_\_\_\_\_

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## SECTION E: PARENT AUTHORIZATION

### (For Self-Administration Only):

In accordance with state law, my child's health care provider must sign this document before my child can self-administer the medication listed in Section C.1 at school or during district-sponsored activities.

#### Check One:

- I will obtain the signature of my child's health care provider and return this form to the school within 7 days; or
- I give my consent for Bismarck Public Schools to obtain the signature from my child's health care provider.

I request permission for, and authorize my child to self-administer this medication during school hours and district-sponsored activities. I also acknowledge and understand the following: School personnel and/or medical personnel working on behalf of the District will not be responsible for the administration of this medication, and may not monitor my child's failure to self-administer it. My child and I shall be solely responsible to ensure the medication is taken as prescribed. In exchange for granting my request to permit my child to self-administer this medication, I agree: (1) To indemnify, defend and hold harmless the Bismarck Public School District, its officers, employees and all other individuals working in their official capacities on behalf of the District from any claim or liability for injuries or damages resulting from the self-administration of the above-named medication; and (2) To acknowledge that I will not seek any recovery from the District for any claim or liability for injury or damages, including without limitation reasonable attorneys fees and costs, caused or claimed to be caused by the self-administration of the above-described medication.

**Parent Signature of Approval (Required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

### (For Staff Administration Only):

I give permission to Bismarck Public School personnel, and medical personnel contracted by the School District, to administer the medication listed in Section C.1. I understand that administration of this medication will not necessarily be done by a nurse. I will notify the school immediately if my child's health status changes, this medication is discontinued, or if any part of this Plan needs to change.

**Parent Signature of Approval (Required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

*NOTE: This Authorization shall remain in effect for one school year (including summer school programs after the school year). Please note that new "Authorization" forms must be completed prior to the start of each new school year.*

### EMERGENCY CARE PLAN FOR ASTHMA

Student \_\_\_\_\_ Date \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ (H)  
\_\_\_\_\_ (C) \_\_\_\_\_ (W)

Preferred Hospital In Case Of Emergency \_\_\_\_\_

Physician Name (Print) \_\_\_\_\_

Physician Signature \_\_\_\_\_ Phone \_\_\_\_\_

Medical Condition \_\_\_\_\_ Asthma \_\_\_\_\_ Allergies \_\_\_\_\_

Non-Emergency Routine Treatment \_\_\_\_\_

Will the student need a rescue inhaler at school?  Yes  No  
Where will the rescue inhaler be kept?  On student (pocket, binder, purse)  In Nurse's office  
(Check all that apply)  Locker  Gym Locker

Usual Triggers \_\_\_\_\_

Signs /Symptoms of Emergency \_\_\_\_\_

Emergency Treatment \_\_\_\_\_

I give permission to the principal and to the school nurse to share this "Emergency Care Plan" with the specific school faculty and staff listed. This information will be shared for the purpose of providing first aid or other specific emergency care as described in the plan.

I approve of the above "Emergency Care Plan" and request school personnel to follow the above "Emergency Care Plan" in the event of an emergency involving my child. I will notify the school immediately if my child's health status changes, or there is a change or cancellation of this "Emergency Care Plan." I further agree that the school personnel or nurse may contact the prescriber as needed and that medical information may be shared with school personnel who need to know.

In consideration of this authorization made at our request, the undersigned agrees to indemnify, defend, and save harmless the Board of Education, the individual members thereof and any officials or employees involved in the rendering of care in accord with the above "Emergency Care Plan" from any claims or liability for injury or damages, including but not limited to costs and reasonable attorney's fees, caused or claimed to be caused or to result from the administration of care in accord with the above "Emergency Care Plan."

Check **ONE** of the following boxes related to staff members whom are to be informed regarding potential emergency and will initiate the appropriate procedures:  
 List specific staff \_\_\_\_\_

- Refer to highlighted attached list of names.
- Refer to the back side of this sheet for school faculty/staff names.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



## SCHOOL ASTHMA MANAGEMENT PLAN

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Year \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Classroom Teacher \_\_\_\_\_

EMERGENCY CONTACTS	Relationship:	Home phone:	Work phone:	Cell phone:
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
Physician:		Clinic:		Phone:
_____		_____		_____
Hospital:		Phone:		
_____		_____		

### DAILY ASTHMA MANAGEMENT PLAN

Identify the things which start an asthma episode (check each that applies to the student).

- Exercise                       Strong odors or fumes                       Food \_\_\_\_\_
- Respiratory infections       Change in temperature                      \_\_\_\_\_
- Animals \_\_\_\_\_       Pollens               Molds               Other \_\_\_\_\_
- \_\_\_\_\_

When was this student diagnosed with asthma? \_\_\_\_\_

When was this student's last clinic or hospital visit for asthma? \_\_\_\_\_

List the medication your child takes on a daily basis to control asthma or allergies:

Name	Dosage/Times usually given
1. _____	_____
2. _____	_____

*Please note:* If medication(s) is to be administered during the school day, parents must provide the medication(s) and sign the proper authorization form.

Is Peak Flow Monitoring done by this student? Yes  No

Personal Best Peak Flow Number: \_\_\_\_\_

Monitoring Times: \_\_\_\_\_

### Control of School Environment

(List any environmental control measures, and/or dietary restrictions that the student needs to prevent an asthma episode.)

1. \_\_\_\_\_
2. \_\_\_\_\_

Refer to ASTHMA TREATMENT PLAN on back

## Asthma Treatment Plan

### STEPS THE SCHOOL WILL TAKE DURING AN ASTHMA ATTACK:

1. Give medications as listed below if medication is in the school building.
2. If medication is not in school, contact parent.
3. Student may return to classroom if/when symptoms subside and student's condition has improved.
4. **School will seek emergency medical care if the student has any of the following:**
  - ✓ No improvement 15-20 minutes after initial treatment with medication and a emergency contact cannot be reached.
  - ✓ Peak flow of \_\_\_\_\_.
  - ✓ Hard time breathing:
    - Chest and neck are pulled in with breathing.
    - Hunched over.
    - Struggling to breath or gasping.
  - ✓ Trouble walking or talking.
  - ✓ Stops playing and can't start activity again.
  - ✓ Lips or fingernails are gray or blue.

### RELIEVER ASTHMA MEDICATIONS

	Name	Amount
1.	_____	_____
2.	_____	_____

Is this medication in the school building at all times? Yes  No

Is student able to safely carry, store and administer medication? Yes  No

⇒ If YES, please ask your physician to complete a ND Asthma Action Plan as required by law.

School will store medication and staff will assist student with medication administration? Yes  No

### COMMENTS/SPECIAL INSTRUCTIONS

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**This information will be available to appropriately designated school staff.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# School Asthma Management Plan Update

To be attached to the full School Asthma Management Plan

1. Please review your child's health plan from last year (attached)
2. Complete this annual update form and return it to the school. Thank you!

Student's Name \_\_\_\_\_ School Year \_\_\_\_\_

Grade \_\_\_\_\_ Classroom Teacher \_\_\_\_\_

Changes in Emergency Contacts:	Relationship:	Home Phone:	Work Phone:	Cell Phone
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
<input type="checkbox"/> No Changes				

Changes in student's daily or reliever medication:	
Name	Dosage/Times Given
1. _____	_____
2. _____	_____
<input type="checkbox"/> No Changes	
Is the student able to safely carry, store, and administer reliever medication at school? Yes <input type="checkbox"/> No <input type="checkbox"/>	
⇒ If <b>Yes</b> , please have your physician complete a ND Asthma Action Plan as required by law	
School will store medication and staff will assist student with med administration? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Changes in student's condition:
Has the student's condition worsened in the past year? Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the student been examined or treated for asthma in the past year? Yes <input type="checkbox"/> No <input type="checkbox"/>
⇒ If yes, where? Clinic <input type="checkbox"/> Hospital <input type="checkbox"/>

Comments/Special Instructions:

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



### EMERGENCY CARE PLAN FOR DIABETES

Student \_\_\_\_\_ Date \_\_\_\_\_  
Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ (H)  
\_\_\_\_\_ (C) \_\_\_\_\_ (W)  
Preferred Hospital In Case of Emergency \_\_\_\_\_  
Physician Name (Print) \_\_\_\_\_  
Physician Signature \_\_\_\_\_ Phone \_\_\_\_\_

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#### BLOOD SUGAR TESTING

Will student need assistance to check blood sugar?  Yes  No  
Daily Testing Times at School \_\_\_\_\_  
Method used: Type of meter \_\_\_\_\_  
Test Strip required \_\_\_\_\_  
Testing site: (classroom or nurse office) \_\_\_\_\_  
Testing supplies (kit, sharps container, record) will be stored \_\_\_\_\_  
What is this student's target range for blood sugar reading? \_\_\_\_\_ mg/dl to \_\_\_\_\_ mg/dl

#### INSULIN ADMINISTRATION

Physician direction for sliding scale (correction dose) for high blood sugar and/or carbohydrate intake:  
(To be completed only by health care provider)

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- **Type** of insulin \_\_\_\_\_
- **Method** of insulin administration (i.e. pen, pump, syringe) \_\_\_\_\_
- Insulin and supplies will be stored \_\_\_\_\_
- Will student need assistance in giving their own insulin?  Yes  No

#### TRAINED PERSONNEL

- Name of staff person(s) authorized and trained to assist student:
  - #1 \_\_\_\_\_  blood sugar test  insulin injection available in room # \_\_\_\_\_
  - #2 \_\_\_\_\_  blood sugar test  insulin injection available in room # \_\_\_\_\_
  - #3 \_\_\_\_\_  blood sugar test  insulin injection available in room # \_\_\_\_\_
- The designated personnel have been trained/supervised in monitoring blood sugars and insulin administration by :

\_\_\_\_\_ Date \_\_\_\_\_

**LOW BLOOD SUGAR (HYPOGLYCEMIA)**

**Causes** Too much insulin in the body  
Less food than usual  
Increase in exercise, physical activity

**Symptoms** (Circle all that apply to student)

Sweaty	Shakiness / trembling	Dizziness
Hungry	Irritability	Weak/Poor Coordination
Tired	Headache	Other _____
Personality change	Inability to concentrate	_____

- **A low blood sugar usually requires immediate care.**
- Many times students will be aware that their blood sugar is low, but this can occur with little warning. The only way to know is to test their blood sugar.
- Frequently a low blood sugar can occur before lunch or after strenuous exercise.
- The student **must be accompanied** to the testing site (i.e. nurse office, main office) if not feeling well.
- The student may need a rest period of \_\_\_\_\_ minutes to recover before participating in activity.

**Treatment**

1. **Give** the student \_\_\_\_\_ if their blood sugar is less than \_\_\_\_\_ and/or is having symptoms of low blood sugar.
2. **Repeat** treatment if symptoms do not improve in 15-20 minutes. Call parent?  Yes  No
3. **Give** a snack of \_\_\_\_\_ after symptoms subside to prevent recurrence of low blood sugar episode prior to the next meal/snack.
4. Repeat the blood sugar test?  Yes  No
5. **Call 911 IMMEDIATELY** if student does not respond, is not able to eat or drink, begins to lose consciousness or has a seizure. Also call parents and school nurse. Never give fluids or solid food as the student could choke on this.
6. **Whenever in doubt CALL 911.**
7. **Note:** The student may return to class as soon as he/she is mentally alert and all symptoms have subsided. It may take 20 minutes to recover, however they may not be ready for taking a test or performing at usual ability. Concentration and memory may be compromised.

**HIGH BLOOD SUGAR (HYPERGLYCEMIA)**

**Causes** Not enough or forgotten insulin  
Too much food / wrong type of food  
Illness, infection, stress  
Decrease in usual activity

**Symptoms** (Circle all that apply to student)

Excessive thirst	Stomach ache	Dry Skin
Frequent urination	Nausea/vomiting	Blurry Vision
Fruity odor on the breath	Fatigue	Other _____

- **A high blood sugar does not need urgent care unless the child is ill.**
- It is good for a person to drink plenty of water if their blood sugar is high.
- Sometimes it is hard to know if a child has high or low blood sugar; the only way to know for sure is to test.
- The student may need rest period of \_\_\_\_\_ minutes to recover before participating in activity.

**Treatment**

1. **Test** the student's blood sugar. Based on blood sugar reading, the student may require additional insulin according to physician direction.
2. **Provide water** or sugar-free drinks and unrestricted access to restroom.
3. **Call parent** or emergency contact if student has above symptoms.
4. **Call 911** if parent or emergency contact is unavailable and the student is vomiting, lethargic, or too ill to remain in school.

**MEALS AND SNACKS**

**Parent must be notified** before student travels outside of the school building so they can plan for this.

Morning snack time \_\_\_\_\_

Lunch time \_\_\_\_\_

Afternoon snack time \_\_\_\_\_

This student will need to be reminded to take his / her snack:  Yes  No

Fast carbohydrate (i.e. juice, glucose tablets, regular soda) should be readily available at all times should low blood sugar symptoms occur. Student's preferred fast-acting food is \_\_\_\_\_  
\_\_\_\_\_ and will be kept \_\_\_\_\_

**EXERCISE AND SPORTS**

PE teachers and coaches should be familiar with the symptoms and treatment of low blood sugar.

Any activity restrictions?  No  Yes \_\_\_\_\_

Regularly scheduled activities (i.e. PE, recess, band, other)

Activity \_\_\_\_\_ Time \_\_\_\_\_

Activity \_\_\_\_\_ Time \_\_\_\_\_

- Student should **NOT** exercise if blood sugar is below \_\_\_\_\_ or above \_\_\_\_\_ mg/dl.

**NOTE: Parents/guardians and student are responsible for maintaining necessary supplies, snacks, testing kit, medications, and equipment at school.**

I give permission to the principal and to the school nurse to share this "Emergency Care Plan" with the specific school faculty and staff listed. This information will be shared for the purpose of providing first aid or other specific emergency care as described in the plan.

I approve of the above "Emergency Care Plan" and request school personnel to follow the above "Emergency Care Plan" in the event of an emergency involving my child. I will notify the school immediately if my child's health status changes, or there is a change or cancellation of this "Emergency Care Plan". I further agree that the school personnel or nurse may contact the prescriber as needed and that medical information may be shared with school personnel who need to know.

In consideration of this authorization made at our request, the undersigned agrees to indemnify, defend, and save harmless the Board of Education, the individual members thereof and any officials or employees involved in the rendering of care in accord with the above "Emergency Care Plan" from any claims or liability for injury or damages, including but not limited to costs and reasonable attorney's fees, caused or claimed to be caused or to result from the administration of care in accord with the above "Emergency Care Plan".

Check **ONE** of the following boxes related to staff members whom are to be informed regarding potential emergency and will initiate the appropriate procedures:

List specific staff \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Refer to highlighted attached list of names

Refer to the back side of this sheet for school faculty/staff names

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_







# SCHOOL EMERGENCY PLAN

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Year \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Classroom Teacher \_\_\_\_\_

EMERGENCY CONTACTS	Relationship:	Home phone:	Work phone:	Cell phone:
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
<b>Physician:</b> _____		<b>Clinic:</b> _____		<b>Phone:</b> _____
<b>Hospital:</b> _____		<b>Phone:</b> _____		_____

Medical Condition: \_\_\_\_\_

What needs to be done to manage this condition at school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signs of an Emergency: \_\_\_\_\_  
\_\_\_\_\_

Does your child take medication for this condition? Yes  No

\*Name and dose of medication(s): \_\_\_\_\_

**\*If medication(s) is to be administered during the school day, parents must provide the medication(s) and sign the proper authorization form.**

## Emergency Actions for the Staff to Take:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## If the condition of the student becomes critical:

- Stay with the student and have someone else call 911 immediately.
- Call or have someone else call emergency contacts.
- Notify principal.

**This information will be available to appropriately designated school staff.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Health Team Signatures

\_\_\_\_\_  
\_\_\_\_\_



## EMERGENCY CARE PLAN

Student \_\_\_\_\_ Date \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ (H)

\_\_\_\_\_ (C) \_\_\_\_\_ (W)

Preferred Hospital In Case Of Emergency \_\_\_\_\_

Physician Name (Print) \_\_\_\_\_

Physician Signature \_\_\_\_\_ Phone \_\_\_\_\_

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Medical Condition \_\_\_\_\_

Non-Emergency Routine Treatment \_\_\_\_\_

Signs /Symptoms of Emergency \_\_\_\_\_

Emergency Treatment \_\_\_\_\_

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I give permission to the principal and to the school nurse to share this "Emergency Care Plan" with the specific school faculty and staff listed. This information will be shared for the purpose of providing first aid or other specific emergency care as described in the plan.

I approve of the above "Emergency Care Plan" and request school personnel to follow the above "Emergency Care Plan" in the event of an emergency involving my child. I will notify the school immediately if my child's health status changes, or there is a change or cancellation of this "Emergency Care Plan." I further agree that the school personnel or nurse may contact the prescriber as needed and that medical information may be shared with school personnel who need to know.

In consideration of this authorization made at our request, the undersigned agrees to indemnify, defend, and save harmless the Board of Education, the individual members thereof and any officials or employees involved in the rendering of care in accord with the above "Emergency Care Plan" from any claims or liability for injury or damages, including but not limited to costs and reasonable attorney's fees, caused or claimed to be caused or to result from the administration of care in accord with the above "Emergency Care Plan."

Check **ONE** of the following boxes related to staff members whom are to be informed regarding potential emergency and will initiate the appropriate procedures:

List specific staff \_\_\_\_\_

Refer to highlighted attached list of names.

Refer to the back side of this sheet for school faculty/staff names.

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



# SCHOOL EPI-PEN EMERGENCY PLAN

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Year \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Classroom Teacher \_\_\_\_\_

EMERGENCY CONTACTS	Relationship:	Home phone:	Work phone:	Cell phone:
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
<b>Physician:</b> _____		<b>Clinic:</b> _____		<b>Phone:</b> _____
<b>Hospital:</b> _____		<b>Phone:</b> _____		_____

My child is severely allergic to: \_\_\_\_\_ (allergen)

Has your child ever had to use the Epi-Pen to treat a severe allergic reaction? Yes  No

If yes, explain \_\_\_\_\_

What symptoms were present? \_\_\_\_\_

Where is the Epi-Pen stored at school? \_\_\_\_\_

If it is suspected that a student has been exposed to their allergen or if symptoms of a severe allergic reaction are present, the school will administer epinephrine, according to the Epi-Pen procedure on back of form, and 911 will be called.

## Signs of a Severe Allergic Reaction can include any of the following:

- **MOUTH** →itching and swelling of the lips, tongue, or mouth
- **THROAT** →itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
- **SKIN** →hives, itchy rash, and/or swelling about the face or extremities
- **GUT** →nausea, abdominal cramps, vomiting, and/or diarrhea
- **LUNGS** →shortness of breath, repetitive coughing, and/or wheezing
- **HEART** →“thready” pulse, “passing-out”

Other pertinent information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This information will be available to appropriately designated school staff.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Health Team Signatures**

\_\_\_\_\_

## **EPI-PEN PROCEDURE**

1. Have someone else call **911** and parent/guardian.
2. **Check** the Epi-Pen solution **color**. It must be clear.
3. **Remove** the **gray safety cap** from the Epi-Pen.
4. **Hold** the Epi-Pen with the **black tip against the front side of the thigh muscle**.
  - Refer to the picture on the Epi-Pen.
  - Front side thigh muscle is the only area to be used.
  - If accidentally injected into a hand or foot, go to the emergency department.
5. **Apply moderate pressure to hear the “click” and then hold for 10 seconds.**  
**Note time.** (Pushing the Epi-Pen against the thigh releases a plunger, pushing the concealed needle into the thigh muscle and delivering a dose of epinephrine).
6. **Remove** the Epi-Pen and **massage the site** (to prevent tissue damage).
7. If necessary, the Epi-Pen can be used directly through clothing.
8. Be prepared to begin **CPR**.
9. Stay with the individual, keeping warm and resting until emergency medical help arrives.
10. Send the Epi-Pen along with the EMT's.
11. Make sure the parent/guardian has been called.
12. The effects of the injection wear off after 10-20 minutes. **Symptoms can recur.**
13. After the injection, the individual may feel a more rapid heartbeat, nervous or headache. (Assure them this is normal).
14. Notify the Principal and the School Nurse (if not present) and complete an Incident Report.

# INDIVIDUALIZED HEALTH-CARE PLAN

## SCHOOL HEALTH MANAGEMENT PLAN

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Year \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Classroom Teacher \_\_\_\_\_

EMERGENCY CONTACTS	Relationship:	Home phone:	Work phone:	Cell phone:
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
Physician: _____		Clinic: _____		Phone: _____
Hospital: _____		Phone: _____		_____

Medical Condition: \_\_\_\_\_

Usual Symptoms: \_\_\_\_\_

Frequency of Symptoms: \_\_\_\_\_

Limitations: \_\_\_\_\_

Other Comments: \_\_\_\_\_

### **SCHOOL PLAN OF ACTION** (List steps to manage condition at school.)

**\*(If medication is to be given for this condition, list name of medication, dose, when to give and how often. Parent/guardian must provide the medication(s) and sign the proper authorization form.)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**This information will be available to appropriately designated school staff.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**MEDICATION RECORD ADMINISTRATION**

SCHOOL YEAR \_\_\_\_\_ SCHOOL \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_

MEDICATION / PROCEDURE \_\_\_\_\_ DOSE \_\_\_\_\_ TIME \_\_\_\_\_

FROM: \_\_\_\_\_ 20\_\_\_\_ TO: \_\_\_\_\_ 20\_\_\_\_

See "PRESCRIPTION & AUTHORIZATION FOR MEDICATION ADMINISTRATION" or "AUTHORIZATION FOR ADMINISTRATION OF SPECIALIZED HEALTH CARE PROCEDURES." Attach this to that appropriate form for instruction and reference.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
AUGUST																																
SEPTEMBER																																
OCTOBER																																
NOVEMBER																																
DECEMBER																																
JANUARY																																
FEBRUARY																																
MARCH																																
APRIL																																
MAY																																
JUNE																																

\* See Comments on Back Ab=Absent Re=Refused Ns=No Show Dc=Discontinued Ch=Changed Ho=Holiday Ft=Field Trip OOM=Out of Medication

INITIALS	NAME	INITIALS	NAME



**FARGO PUBLIC SCHOOLS  
PRESCRIPTION AND AUTHORIZATION FOR  
MEDICATION ADMINISTRATION**

When it is determined by the physician that medication must be taken during the school hours this form is to be completed.

Student \_\_\_\_\_ Date \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Allergies \_\_\_\_\_ School Year \_\_\_\_\_

**PHYSICIAN'S ORDER**

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Route \_\_\_\_\_

Time /Frequency \_\_\_\_\_ Continue Until \_\_\_\_\_

Reason for Medication \_\_\_\_\_

Special Instructions \_\_\_\_\_

Major Side Effects \_\_\_\_\_

Date \_\_\_\_\_ Physician Name (Print) \_\_\_\_\_

Physician Signature \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

Amount of Medication Received \_\_\_\_\_ Medication Expiration Date \_\_\_\_\_

I request this medication be given to my child in the manner specified herein. I give permission to school personnel to administer the medication. I understand that the administration of the medication will not necessarily be done by a nurse. I will notify the school immediately if my child's health status changes, or there is a change or cancellation of this medication. I further agree that the school personnel or nurse may contact the prescriber as needed and that medication information may be shared with school personnel who need to know.

In consideration of this authorization made at our request, the undersigned agrees to indemnify, defend, and save harmless the Board of Education, the individual members thereof and any officials or employees involved in the administration of medications to the above named student from any claims or liability for injury or damages, including but not limited to costs and reasonable attorney's fees, caused or claimed to be caused or to result from the administration of the above described medications.

Date \_\_\_\_\_ Parent /Guardian \_\_\_\_\_

Phone (H) \_\_\_\_\_ Address \_\_\_\_\_

(C) \_\_\_\_\_ (W) \_\_\_\_\_



**REQUEST AND AUTHORIZATION  
FOR STUDENT SELF-ADMINISTRATION OF MEDICATION**

Student \_\_\_\_\_ Date \_\_\_\_\_  
Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_  
Allergies \_\_\_\_\_ School Year \_\_\_\_\_

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**PHYSICIAN'S ACKNOWLEDGEMENT OF PRESCRIPTION**

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Route \_\_\_\_\_  
Time /Frequency \_\_\_\_\_ Continue Until \_\_\_\_\_

I have reviewed the medication with the student and the student's parents, and the medication may be self-administered by the student during school hours.

Date \_\_\_\_\_ Physician Name (Print) \_\_\_\_\_

Physician Signature \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

---

The undersigned, as parent(s)/guardian of the above named student, request permission for, and hereby authorize, the student to self-administer the above named medication during school hours. Further, the undersigned acknowledge and understand the following:

1. Medication shall be maintained in the original prescription container with original label;
2. School personnel may examine the medication container upon request, and any medications not maintained in the original container may be confiscated by school personnel;
3. The school may require the student to store the medication in a central location in the school;
4. The undersigned has reviewed the medication administration procedure with the student and believe student understands the administration procedure and is capable of self-administering the above medication;
5. The undersigned will notify the school immediately if the student's health status changes, or there is a change or cancellation of this medication;
6. School employees and personnel will not be involved in the administration of the above medication and will not be monitoring the student for side effects or student's failure to take the medication. The undersigned and student shall be solely responsible to assure that the medication is taken as prescribed.
7. I further agree that the school personnel or nurse may contact the prescriber as needed and that medication information may be shared with school personnel who need to know.

In consideration of this authorization, given at our request, the undersigned agrees to indemnify, defend, and save harmless the Board of Education, the individual members thereof and any officials or employees of the School and Board of Education from any claims or liability for injury or damages, including but not limited to costs and reasonable attorney's fees, caused or claimed to be caused or to result from the administration of the above described medications.

Date \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Phone (H) \_\_\_\_\_ Address \_\_\_\_\_

(W) \_\_\_\_\_ (C ) \_\_\_\_\_



## EMERGENCY CARE PLAN FOR SEIZURES

Student \_\_\_\_\_ Date \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ (H)

\_\_\_\_\_ (C) \_\_\_\_\_ (W)

Preferred Hospital in Case of Emergency \_\_\_\_\_

Physician Name (Print) \_\_\_\_\_

Physician Signature \_\_\_\_\_ Phone \_\_\_\_\_

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Medical Condition SEIZURES Type \_\_\_\_\_ Average Length \_\_\_\_\_

Non-Emergency Routine Treatment (Routine Daily Medication) \_\_\_\_\_

Triggers or Warning Signs \_\_\_\_\_

Signs/Symptoms of Emergency \_\_\_\_\_

**First Aid During Seizure** • Do not restrain • Turn child on side • Do not put anything in mouth

• Stay with child until fully conscious • Record seizure activity • Record start/end time

Other \_\_\_\_\_

**Emergency Treatment Call 911 if seizure lasts longer than \_\_\_\_\_ minutes**

Notify parent if \_\_\_\_\_

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I give permission to the principal and to the school nurse to share this "Emergency Care Plan" with the specific school faculty and staff listed. This information will be shared for the purpose of providing first aid or other specific emergency care as described in the plan.

I approve of the above "Emergency Care Plan" and request school personnel to follow the above "Emergency Care Plan" in the event of an emergency involving my child. I will notify the school immediately if my child's health status changes, or there is a change or cancellation of this "Emergency Care Plan". I further agree that the school personnel or nurse may contact the prescriber as needed and that medical information may be shared with school personnel who need to know.

In consideration of this authorization made at our request, the undersigned agrees to indemnify, defend, and save harmless the Board of Education, the individual members thereof and any officials or employees involved in the rendering of care in accord with the above "Emergency Care Plan" from any claims or liability for injury or damages, including but not limited to costs and reasonable attorney's fees, caused or claimed to be caused or to result from the administration of care in accord with the above "Emergency Care Plan".

Check **ONE** of the following boxes related to staff members whom are to be informed regarding potential emergency and will initiate the appropriate procedures

List specific staff \_\_\_\_\_

Refer to highlighted attached list of names.

Refer to the back side of this sheet for school faculty/staff names.

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



# SCHOOL SEIZURE MANAGEMENT PLAN

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Year \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Classroom Teacher \_\_\_\_\_

EMERGENCY CONTACTS	Relationship:	Home phone:	Work phone:	Cell phone:
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
<b>Physician:</b> _____		<b>Clinic:</b> _____		<b>Phone:</b> _____
<b>Hospital:</b> _____		<b>Phone:</b> _____		_____

**Please circle type of seizure experienced by student:**

Seizure Type:	What it may look like:	What school staff will do:
<b>Generalized Tonic Clonic or Grand Mal</b>	A convulsion. Falling to the ground with bodily stiffness followed by massive jerking movements.	Please refer to Seizure 1 <sup>st</sup> Aid on back of form.
<b>Absence or Petit Mal</b>	A blank stare, lasting only a few seconds, often frequent. Often mistaken for daydreaming or inattention.	Observe child. Try to count episodes. Report to parents. <b>Keep record of seizures? Yes No</b>
<b>Partial: Sensory Psychomotor</b>	<p><b>Sensory:</b> Usually don't result in loss of consciousness. They may cause uncontrolled shaking of an arm, leg, or any other part of your body; altered emotions; change the way things look, smell, feel, taste, or sound; or cause speech disturbance.</p> <p><b>Psychomotor:</b> Altered consciousness and usually cause memory loss (amnesia). Starts with blank stare followed by repeated movements that seem out of place and mechanical. Child unaware of surroundings and may seem dazed. May be mistaken for behavior problem.</p>	Speak calmly and reassuringly. Guide gently away from hazards. Stay close by and report to parents. Complete: <b>Seizure Reporting Form BPS-SE 40.</b>

How long do seizures usually last? \_\_\_\_\_

How often do seizures occur? \_\_\_\_\_

What triggers a seizure? \_\_\_\_\_

Are there any warning signs and/or behavior changes before seizure starts? \_\_\_\_\_

Describe what happens during and after seizure: \_\_\_\_\_

Does your child take medication(s) for this condition? Yes  No

Name and dose of medication(s) \_\_\_\_\_

**\*Parent must provide and medications to be given during the school day and sign the proper authorization form.**

**This information will be available to appropriately designated school staff.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **SEIZURE 1<sup>st</sup> AID**

1. REMAIN CALM! Note the exact time seizure begins. **Stay with the student.**
2. Do not move student to another location during seizure. Provide for as much privacy as possible.
3. Position student on side with mouth toward floor so oral secretions flow out.
4. Protect from injury. Loosen tight clothing around neck.
5. Place something soft under head. Do not hold student down.
6. Do not place anything in mouth.
7. As in any emergency situation, observe breathing and color.  
**If breathing stops completely, call 911 for emergency medical assistance.**  
Begin resuscitation efforts if trained to do so.
8. Report seizure to the student's parents or guardian and the principal immediately.
9. When the seizure stops, provide for hygiene as necessary; s/he may have vomited or lost bladder and/or bowel control.
10. Offer nothing by mouth until fully conscious.
11. After consciousness returns, student may be moved with assistance, unless injury is suspected. If s/he is drowsy allow them to sleep. Observe student during rest.
12. Record how long the seizure lasted and objective description of seizure. Note activities immediately prior to the seizure. Use school form for reporting.

## **CALL AN AMBULANCE FOR THE FOLLOWING EVENTS:**

- Seizure lasting 5 minutes or longer.
- If a second seizure starts shortly after the first has ended.
- If consciousness does not start to return after the shaking has stopped.
- If significant injury has occurred during the seizure.



**Public Health**  
Prevent. Promote. Protect.  
Fargo Cass Public Health

## Specialized Procedure Training Fargo Cass Public Health

Name of Student \_\_\_\_\_ Today's Date \_\_\_\_\_

School \_\_\_\_\_ School Year \_\_\_\_\_

Name of Medical Procedure \_\_\_\_\_

Brief description of need and parent's request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of staff member/s receiving training:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of parent providing training: \_\_\_\_\_

Name of school nurse who is present to provide medical consultation regarding this procedure

\_\_\_\_\_

Brief description of training:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

This is to certify that the parent listed below has provided the training and the staff names listed have demonstrated competency in the above procedure for: \_\_\_\_\_.

(Student's name)

Date \_\_\_\_\_

**Acknowledge:** (*Signatures*)

Parent \_\_\_\_\_

Principal \_\_\_\_\_

Staff member/s \_\_\_\_\_

Staff member/s \_\_\_\_\_

Date of required retraining \_\_\_\_\_





**Public Health**  
Prevent. Promote. Protect.  
Fargo Cass Public Health

# Specialized Procedure Training/Medication Administration

## Fargo Cass Public Health

Name of Student: (if applicable) \_\_\_\_\_

Today's Date \_\_\_\_\_ School \_\_\_\_\_

School Year \_\_\_\_\_

Name of Medical Procedure: Medication Administration

Brief description of training included:

Review of Five Rights

- Right name of student
- Right medication
- Right medication dosage
- Right time
- Right route of administration (oral, topical)

Instruct to observe the student for any unusual behavior prior to giving medication.

Verify that the student took the medication.

Document on the "Medication Record Administration" form that the medication was given as soon as possible.

Additional training \_\_\_\_\_

\_\_\_\_\_

Name of staff member/s receiving training:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of school nurse who provided medical consultation regarding this procedure

\_\_\_\_\_

This is to certify that \_\_\_\_\_

and \_\_\_\_\_ have demonstrated competency in the above procedure. Date \_\_\_\_\_

**Acknowledge:** (*Signatures*)

Nurse \_\_\_\_\_

Staff member/s \_\_\_\_\_

Staff member/s \_\_\_\_\_

Date of required retraining \_\_\_\_\_







# References

