



Immunizations and Health Examinations – Immunizations and Health Examination Procedures are outlined in DSOP 1745.

School Nurse Program – Each school is served by either a site-based nurse or a contact nurse. If the school requires numerous procedures, a site-based nurse may be assigned. The principal's responsibilities are the following:

- Contact the school nurse when a student with health- related concerns enrolls in the school
- Call the school health office at 880-2138 if a nurse does not show for a procedure and appropriate arrangements will be made to provide a substitute nurse quickly
- Provide adequate clinic space. Access to a sink, phone, cot and a locked file cabinet are the minimal clinic necessities.

Individual Health Plan (IHP) for Students – Registered nurses employed or contracted by MNPS are required to complete an IHP (TCA §49-5-415), for students with acute or chronic health issues.

One-On-One Services – The determination that a student requires “one-on-one” care or other high intensity nursing care shall be made by the nursing director or designee. If MNPS decides to provide “one-on-one” or other high intensity nursing care despite a determination by the nursing director or designee that it is not medically necessary, the service will not be covered under the existing contract for nursing services. Principals shall have no authority to accept doctor’s orders and assign one-on-one nursing services. The nursing director or designee shall attend all individualized education program (IEP) team meetings and determine future review dates for change of health status.

Vision/Hearing Screenings – State mandated vision and hearing screenings are required for **all** students in grades one, three and five, except for students enrolled in schools that have Coordinated School Health. Information regarding screening requirements and scheduling will be provided to principals in advance by the designated vendor. Vision and hearing equipment is available through the Department of Special Education for screenings deemed necessary in grades outside of one, three and five.

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Review

Health Screenings for Schools with Coordinated Health – The State of Tennessee requires vision and hearing screenings and blood pressure, height and weight measurements for **all** students in grades K, 2, 4, 6, 8 and one grade in high school. Information regarding screening requirements and scheduling will be provided to principals in advance by the MNPS Coordinated School Health Specialists.

Dental Screenings – Dental screenings and education are provided on a rotating basis to elementary and middle schools with Title I programs. Parents have the option for a free oral examination and dental sealant (s) for their child. Principals will be contacted by the designated vendor to schedule the screenings.

Cardiopulmonary Resuscitation (CPR) and First-Aid Training – The State encourages schools to have at least one, and preferably more, school staff trained in CPR and first-aid (TCA § 49-5-414). Yearly reporting is required to the State Department of Education concerning the number of trained staff at each school. Schools will be surveyed by the Coordinator of Lifetime Wellness, Physical Education, JROTC, and School Health Services concerning CPR and first-aid trained staff.

Health-Related Emergencies/Concerns – When a health-related emergency occurs and a nurse is not present, the principal or designee shall immediately call 911. Principals shall also report health-related emergency situations to the Coordinator of Lifetime Wellness, Physical Education, JROTC and School Health Services.

Health Equipment and Supplies – Individual schools are responsible for the purchase and cost of health-related supplies and equipment through funds budgeted to the local school.

Guidelines for Use of Health Care Professionals and Health Care Procedures in a School Setting – (Tennessee Department of Education and Tennessee Department of Health) – As required by the State, each principal shall receive a copy of the guidelines document (TCA § 49-5-451). These guidelines provide information for compliance with TCA concerning the administration of medications and health care procedures in the school setting.

Administration of Medication and /or Assisting with the Self-Administration of Medications – As required by the State (TCA § 49-5-415) all medications, with the exception of asthma inhalers and anaphylaxis medication, shall be stored in a secure, separate locked box, drawer or cabinet. The school nurse will provide required annual training of all staff assigned by the principal to assist the student in self-medication. Only school personnel can assist with the self-administration of medications. Parents or other volunteers including licensed health providers who are not employed by the school system cannot assist students in self-medication.

The student must meet the following conditions in order to self-administer medications:

The student must be competent to self-administer non-prescription or prescription medication with assistance

- The student's condition, for which the medication is authorized and prescribed, must be stable

- The self-administration of medication must be properly documented
- Guidelines for self-administration of medications are as follows:
 - Medications should be limited to those required during school hours and necessary to maintain the student's enrollment and attendance in school
 - All prescription drugs given at school shall be prescribed by a licensed prescriber on an individual basis as determined by the child's health status
 - Prescription medication must be brought to school in the **original, pharmacy labeled container**. The container shall display:
 - Child's name
 - Prescription number
 - Medication name and dosage
 - Administration route or other directions
 - Date
 - Licensed prescriber's name
 - Pharmacy name, address, and phone number
 - All non-prescription drugs given in school shall:
 - Be brought in with the original label listing the ingredients, dose schedule, and child's name affixed to the container
 - Prescription or non-prescription medication administration requires a written parent/guardian request that shall include:
 - Child's name
 - Name and address of parent/guardian
 - Name of medication, dose, time of administration
 - Discontinued date
 - Reason medication is needed
- 🕒 The student's parent/guardian must complete a **"Request for: Assisted Self-Administration of Prescription and Non-Prescription Medications"** form, except in the rare case where a student has been legally emancipated by a court and is no longer under a parent/guardian's care. In that case, the student may consent. The form is provided on an as needed basis. The returned forms shall be maintained in a secure manner as determined by the principal and available only to appropriate staff. A new form must be submitted annually to the school. If more than one medication is to be administered during the school day. A separate form is required for each medication.

Glucagon Administration - As documented in the child's IHP, if a school nurse is unavailable, trained school personnel may administer glucagon in a diabetic emergency. However, the school personnel must have volunteered, under no duress or pressure, and received proper training in glucagon administration by a registered nurse employed or

contracted by MNPS. Training to administer glucagon shall be repeated annually and competencies shall be documented in the employee's personnel file.

For additional information regarding Guidelines for Diabetic Care in Schools see DSOP 1616.

Students with Asthma – When a student enters school and is identified with asthma, the school nurse should be notified. Students with asthma must have an IHP developed by a registered nurse. The IHP can serve as the Asthma Action Plan/Safety Plan. Students with asthma shall be permitted to possess and self-administer a prescribed, metered dosage, asthma-reliever inhaler if he/she meets all of the following conditions:

- The parent/guardian provides to the school written authorization for student possession and self-administration of the inhaler. The student's parent or guardian must complete a **“Request for: Assisted Self-Administration of Prescription and Non-Prescription Medications”** form. The form is provided on an as needed basis. The returned form shall be maintained in a secure manner as determined by the principal and available only to appropriate staff
- The parent or guardian provides a written statement from the prescribing health care practitioner that the student suffers from asthma and has been instructed in self-administration of the prescribed, metered dosage, asthma reliever inhaler. The statement must include the following information:
 - The name and purpose of the medication
 - The prescribed dosage
 - The time or times the prescribed inhaler is to be regularly administered as well as any additional special circumstances under which the inhaler is to be administered
 - The length of time for which the inhaler is prescribed

The statement shall be kept on file in the office of the school nurse or school administrator and is effective for the school year in which it is granted.

The LEA may suspend or revoke the student's possession and self-administration privileges if the student misuses the inhaler or makes the inhaler available for usage by another person. The student may be subject to disciplinary action.

Students with Severe Allergies – Parents/guardians shall provide documentation from the student's health provider supporting:

- A diagnosis of a severe allergy and/or anaphylaxis
- The identification of the allergen to which the student is allergic
- Describes, if appropriate, any prior history of anaphylaxis
- Detailed emergency treatment procedures in the event of a reaction
- List the signs and symptoms of a reaction
- Provides a list of substitute meals that may be offered by school food service personnel
- A listing of any medication prescribed for the child for the treatment of anaphylaxis

- An assessment of the student's readiness for self-administration of prescription medication

When a student enters school and is identified with a severe allergy, the school nurse should be notified. Students with severe allergies must have an IHP developed by a contracted registered nurse. The IHP can serve as the Severe Allergy Action/Safety Plan. A student suffering from anaphylaxis is entitled to possess and self-administer medication on school property or during a school event if he/she meets all of the following conditions:

- The prescription anaphylaxis medication has been prescribed for that student as indicated by the prescription label on the medication
- The self-administration is done in compliance with the prescription or written instructions from the student's physician or other licensed health care provider; and a parent/guardian of the student provides the school the following information:
 - Written authorization is given by the parent for the student to self-administer prescribed anaphylaxis medication while on school property or at a school-related event or activity
 - The student's parent or guardian must complete a **"Request for: Assisted Self-Administration of Prescription and Non-Prescription Medications"** form. The form is provided on an as needed basis. The returned forms shall be maintained in a secure manner as determined by the principal and available only to appropriate staff
 - The student's physician or other health care provider provides a signed, written statement that outlines:
 - The student's capability of self-administering the prescribed anaphylaxis medication
 - The circumstances in which the student shall self-administer as well as the name and purpose of the medication
 - The prescribed dosage
 - The period of time for which the medication is prescribe

The physician's statement shall be kept on file in the office of the school nurse or school administrator of the school the student attends.

The LEA may suspend or revoke the student's possession and self-administration privileges if the student misuses the anaphylaxis medication or makes it available for usage by another person. The student may be subject to disciplinary action.

Additional guidelines that could be used for managing food allergies:

- Provide food allergy management training for all staff that may come in contact with a child who has a food allergy
- Designate school personnel to receive training in the administering of medications, including epinephrine

- Provide accessibility of epinephrine by school personnel when nurse is not immediately available and child does not carry it on their person
- Provide increased student education on the dangers of food allergies
- Practice the Food Allergy Action Plans before an allergic reaction occurs to assure the efficiency/effectiveness of the plans
- Review policies/prevention plan with the core team members, parents/guardians, student (where age-appropriate) and physician after a reaction has occurred
- Recommend that all buses have communication devices in case of emergency
- Discuss field trips with the family of the food-allergic child to decide appropriate strategies for managing the food allergy while on a field trip
- A plan for substitute teachers should be included in the student's IHP

Medication Error

Medication error includes the following:

- Failure to administer medication
- Administering the wrong dosage of medication
- Administering the wrong medication

When a medication error occurs, the principal's responsibilities are the following:

- Contact the parent, school nurse and Coordinator of Lifetime Wellness, Physical Education, JROTC, and School Health Services as soon as possible
- File an accident report with the Coordinator of Lifetime Wellness, Physical Education, JROTC and School Health Services as soon as possible

If the medication error is caused by a school nurse the principal will file an accident report with the Coordinator of Lifetime Wellness, Physical Education, JROTC, and School Health Services and the school nurse will provide additional reporting as outlined in the school nurse manual.

Head Lice Plan – If a student is positive for live head lice, the student is to be sent home with information to the parents regarding treatment and control measures. A student may return to school when the parent or guardian obtains a note from their private health provider or the Metropolitan Health Department stating that the student has been treated and is lice free. An excused absence for up to three (3) days per infestation will be granted.

Meningococcal Disease – Each school shall provide parents/guardians with information about meningococcal disease and the effectiveness of vaccination against meningococcal disease at the beginning of every school year. This information shall include the causes, symptoms, and means by which meningococcal disease is spread and the places where parents and guardians may obtain additional information and vaccinations for their children (TCA § 49-6-5005)

Methicillin-Resistant Staphylococcus Aureus (MRSA) – Schools shall follow the instructions below regarding confirmation of an initial case of MRSA staph infections:

- Contact the MNPS Coordinator of Lifetime Wellness, Physical Education, JROTC and School Health Services for call out script information
- Contact the MNPS Public Information Director

- Contact the MNPS Maintenance Director
- Provide a call out to all parents, teachers and staff in your school
- Encourage teachers to remind students, on a regular basis, about the importance of good hand washing and keeping all skin abrasions, cuts or lesions covered with a bandage
- Contact MNPS Coordinator of Lifetime Wellness, Physical Education, JROTC and School Health Services with any additional cases of MRSA
- MRSA cases, beyond the initial case each year, will not require a call out or contact with the MNPS Maintenance Director

Medical Waste Disposal – Each school is provided with a medical waste container. Medical waste containers are to be used for the disposal of items that have been exposed to blood or other infectious materials/agents (e.g., gloves, clothing, bandages) when providing medical treatment to any person at school. Sharps containers, when full, are to be placed in the medical waste container. The medical waste container shall be kept in a locked closet other than a closet where cleaning items are kept. Ensure the medical waste container is lined with the bag that accompanies the container. Medical waste containers will be collected by the designated vendor quarterly, except for Harris Hillman School, which will be collected weekly.

For questions concerning medical waste, call the Fixed Assets/Reutilization Supervisor.

Disposal of Diapers – The Health Department has approved the disposal of diapers in the dumpsters used for general waste. Odor can be reduced by double bagging the diapers and sealing them prior to disposal.

Student Verification Form – This form will be used to collect student health history and emergency contact information. The form will be provided in the first day folder or information packet. Parents are required to update necessary information and return the form to the school.

Health-Related Records – School health documents are part of the educational record and Family Educational Rights and Privacy Act (FERPA) guidelines shall be followed for any disclosure of information.

Health Office – A software program designed to effectively and efficiently monitor medication administration. All personnel who administer medication to students during the school day are required to use the Health Office software for documentation of the medication administration.

Health Forms – The following health forms are available on an **as needed** basis:

- **Individual Health Plan** (available from the school nurse). School nurses will place the IHP in the cumulative student record when the student's specialized services begin
- **Request for: Medical Procedure/Medication Form** (available from the school nurse). School nurses will place the Request for: Medical Procedure/Medication

Form in the cumulative student record when the student's specialized services begin

- **Request for: Assisted Self-Administration of Medications (Prescription or Non-Prescription)** (available from the supply center #10366000). The returned forms shall be maintained in a secure manner as determined by the principal and available only to appropriate staff. This form must be completed by the parent/guardian of any child with medication needs (including asthma inhalers) while at school or at a school-related event.

Transfer of Other Health Related Information (Student Blue Chart)

All student health information is stored in the Health Office electronic medical record system. Health Office is the primary method for documenting medical procedures and medication administration during the school day. The Student Blue Chart is now only used to house hard copies of doctor's orders, written communication, and provide a place for substitute nurses not familiar with Health Office to document care. When a student transfers between MNPS schools during the school year school nurses at those locations will transfer all health related information from the Student Blue Chart. For students transferring out of the MNPS District, the Student Blue Chart will remain at the local school in the locking file designated for school nurse services until the end of the school year.

At the end of the school year, the school nurse will complete an "End-of-the-Year Individual Health Summary" on each student that required procedures. The school nurse will relocate the Student Blue Chart to the School Nurse Health Office. Students will be tracked in the summer to determine which MNPS schools they will attend in the fall. The school nurse will deliver the Student Blue Chart to the appropriate school for the start of the new school year. Inactive Student Blue Charts will remain secured at the School Nurse Health Office.

References/Authority

TCA § 49-4-414

TCA § 49-5-415

TCA § 49-5-451

TCA § 49-6-5005

DSOP 1606 – Diabetic Care in Schools

DSOP 1745 – Entrance Requirements