FOREWORD

The mission of the Department of Defense Education Activity (DoDEA) is to educate, engage and empower each student to succeed in a dynamic world. DoDEA’s students are dependents of Department of Defense (DoD) military and civilian employees stationed on or near military installations both overseas and in various states.

In accordance with Goal 1 (Student Excellence), Goal 2 (School Excellence) and Goal 4 (Organizational Excellence) of the DoDEA Community Strategic Plan, DoDEA school health services provide a comprehensive, coordinated program that promotes optimal physical, emotional, intellectual and social health.

School nurses work in partnership with the military medical commands and sponsors/parents/guardians to ensure that the health needs of students are met. This includes developing lifelong strategies for healthy living to ensure the highest student achievement attainable. The School Health Services Program described in this DoDEA Manual is designed to help all students succeed in school, work, and life. The School Health Services Program recognizes the importance of diversity as reflected in our schools and acknowledges that individual differences strengthen both school operations and society in general.

DoDEA Regulation 2942.01, establishes policy, assigns responsibilities, and authorizes the publication of School Health Services DoDEA Manual 2942.0. This manual provides administrative guidance for the delivery of high-quality school nursing services for DoDEA students. The School Health Services Manual provides direction for a standardized and sustained program, it explains the duties of DoDEA employees in activities associated with health care for students, staff and visitors. This Manual is effective on ‘insert date’. All previous editions are hereby cancelled.

This DoDEA School Health Services Manual is aligned with national trends in school health services delivery as identified by the American Nurses Association (ANA), the American School Health Association (ASHA), the National Association of School Nurses (NASN) and the American Academy of Pediatrics (AAP) that guide United States local and state education agencies in best practices for school health services.

Mr. Thomas Brady
Director
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SECTION A

Overview of the School Health Services Program

A-1 Components of the School Health Services Program

A-2 Responsibilities

A-3 Chain of Command

A-4 Role of the School Nurse
A-1 Components of the School Health Services Program

The American Academy of Pediatrics has defined the following as the minimum school health services to be provided in schools:

- Assessment of health complaints, medication administration and care for students with special health care needs;
- A system for managing emergencies and urgent situations, triage;
- Conducting mandated health screenings, verification of immunizations and infectious disease reporting; and
- Identification and management of students’ chronic health care needs that affect educational achievement.

To accomplish these objectives, all schools in DoDEA are required by Regulation 2942.01 to have, as an integral part of the education program, a school health services program managed by a professional school nurse. The DoDEA School Health Services Program is not meant to take the place of medical or health care provided by the family or other community agencies. Through school health programs, students and their families can develop the knowledge, attitudes, beliefs and behaviors necessary to remain healthy and to perform well in school. The DoDEA School Health Services Program includes the following elements:

- Specific written emergency procedures coordinated with available local medical resources
- Illness and accident services with referral to appropriate community agencies
- Health assessment, including vision, hearing, height/weight/body mass index (BMI) and developmental screening (idiopathic posture/scoliosis screening is not recommended)
- Safe administration, documentation and monitoring of medications needed by students during the school day
- Health assessment for placement and monitoring of students with disabilities
- Early identification of health problems and development of intervention plans
- Development of Individual Healthcare Plans (IHPs) for students with identified health problems, such as asthma, diabetes, anaphylaxis, etc., and where needed, individual Emergency Action Plans (EAPs)
- Communicable disease control, including an immunization program that ensures compliance with DoDEA and local immunization requirements
- Health counseling and crisis intervention
- Consultation, collaboration and liaison services with local health care facilities
- Health education, including wellness promotion and disease prevention for groups and individuals
- Documentation of all health services provided by DoDEA
Reference:

Role of the School Nurse in Providing School Health Services. Council on School Health, Pediatrics 2008; 121; 1052. Available at: http://pediatrics.aappublications.org/content/121/5/1052

A-2 Responsibilities

It is DoDEA policy that all DoDEA schools use this School Health Services Manual to provide the delivery of high-quality school health services for all students. This Manual provides direction for a uniform program and allows flexibility at the school level. Responsibilities associated with the delivery of a comprehensive school health program are found in DoDEA Regulation 2942.01.

DoDEA School Nurses will:

(1) Provide school health services in accordance with direction contained within this Manual.
(2) Document all health data via the approved DoDEA Student Information System (SIS), including:
   a) Medical alert: information provided by the sponsor/parent/guardian. Information is to be stated in layman’s terms to provide the teacher notice of a possible emergent situation and actions needed to assist the student.
   b) Health condition: medical history and any health related information provided by the sponsor/parent/guardian that the school nurse needs to be aware of when assisting the student with an event.
   c) Medications: All medication orders, medication and/or illness specific monitoring and medication administration.
   d) Immunizations: Immunization data is to be entered into the approved DoDEA SIS no later than the beginning of the second semester. Historic information is stored in the student health record.
   e) Sports physicals: the date of sports physicals and any restrictions noted by PCM. Primary care manager/sponsor/parent/guardian signed sports physicals are stored in the student’s health record. Students who have experienced a sport related injury that requires medical evaluation and treatment, will need written clearance to resume sport activities. Clearance must be documented in the SIS.
   f) Office visits: All office visits, nursing assessments, and health related client interactions.
   g) Screenings: Record all screenings performed and referrals as outlined in Section F: F-6 of this Manual.
A-3 Chain of Command

School nurses practice in professional isolation within their schools. Often, school nurses need to collaborate with other professionals concerning DoDEA School Health Services Program policy and procedures, school nursing practice protocols, or data recording procedures in the approved DoDEA SIS. School nurses need school nursing support at all staffing levels, from building administration to District Superintendent Offices (DSOs), and DoDEA Headquarters (HQ).

DoDEA HQ has established a Nursing Instructional Systems Specialist (ISS) position. The purpose of this position is to support school health services and school nurses. The DoDEA HQ Nursing ISS manages student health services policies and school nursing practice procedures.

Each DoDEA school district has an Education Student Services (ESS) ISS. ESS includes school counselors, school psychologist, and Section 504 specialist. The ESS ISS work closely with the superintendent and with the HQ Nursing ISS. The ESS ISS leadership and support is invaluable as a liaison for and with school nurses, principals, district superintendents, and HQ Nursing ISS on DoDEA School Health Services Program.

At the DSO, an ISS (not necessarily someone with counselor/psychology/nursing experience) is assigned to work with school-level SSS personnel. The DSO-level ISS liaisons work with their district schools on DoDEA School Health Services Program issues. School nurses should communicate any questions, concerns with the school principal, and have direct access to the district-level personnel assigned to them.

School nurses must use the approved DoDEA SIS for documentation of all health office events. The use of the approved SIS involves ongoing training and support. Each area has a nurse SIS health module lead trainer; each DSO has an Instructional Technology Specialist for SIS health module training support.

1. School nurses should direct questions/suggestions about the SIS to their district SIS trainer.
2. District trainers should forward questions/suggestions to their area SIS lead trainer.
3. Area SIS lead trainers are to forward questions/suggestions to the HQ Nursing ISS.
4. Each SIS trainer collaborates with the Instructional Technology Specialist in their district.
The primary role of the school nurse is promoting health, academic success, and lifelong achievement of students. As the health services expert, the school nurse is the coordinator of school health services providing health care to students and staff, and intervention with actual and potential health and safety conditions; actively collaborates with and liaisons between school, community, and health care systems to build capacity for self-care, resilience, and learning.

While nurses may be accountable to states that have adopted NASN standards, or state standards based on NASN guidelines, DoD has not formally adopted those standards as performance elements for school nurses. Nevertheless, NASN standards are analogous to the ethical code that DoDEA expects its nurses to follow, and the currency of their state licenses to remain employed in DoDEA as school nurses. Therefore, throughout this manual, references to NASN position statements or guidelines are intended to support nurses in maintaining their licensure and a high level of professionalism in the performance of their DoDEA duties as directed by DoDEA managers and implementing guidance. DoDEA Regulation 2942.01 assigns the school nurse responsibilities.

Reference:

SECTION B
DoDEA Policies, Regulations, and Instructions

B-1 Introduction
B-2 Child Abuse
B-3 Children with Disabilities
B-4 Health and Safety
B-5 Health Education
B-6 Immunizations
B-7 Support from Local Medical Treatment Facilities
B-8 Other Policies & Regulations
**B-1 Introduction**

The following manuals, regulations, administrative instructions and memorandums provide guidelines within the framework of the School Health Services Program. They may be found in various locations. DoDEA regulations and manuals are available from the principal or by accessing the DoDEA Web page, [http://www.dodea.edu/Offices/Regulations/index.cfm](http://www.dodea.edu/Offices/Regulations/index.cfm).

Regulations for the Army and the Air Force are also available at the following Web sites: [www.army.mil](http://www.army.mil) or [www.af.mil](http://www.af.mil).

This list represents the most current policies available at the time of printing.

Abbreviations: AI = Administrative Instruction, I = Instruction, M = Manual, R = Regulation, D = DoD Directives

**B-2 Child Abuse**

<table>
<thead>
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<th>Manual</th>
<th>Title</th>
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<td>DoDEA 2050.9 (R)</td>
<td>Family Advocacy Program Process and Procedures for Reporting Incidents of Suspected Child Abuse and Neglect</td>
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**B-3 Children with Disabilities**

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<td>Provision of Early Intervention and Special Education Services to Eligible DoD Dependents</td>
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<td>DoDEA 2500.10 (R)</td>
<td>Special Education Dispute Management Systems</td>
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<td>DoDEA 2500.13-G (M)</td>
<td>DoDEA Special Education Manual</td>
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<td>DoDEA 2500.14 (AI)</td>
<td>DoDEA Section 504 Accommodations Plan</td>
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**B-4 Health and Safety**

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<td>DoD Student Meal Program</td>
</tr>
<tr>
<td>DoDEA 2720.01 (R)</td>
<td>First Aid and Emergency Care</td>
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<tr>
<td>DoDEA 4800.1 (R)</td>
<td>DoDEA Safety Program</td>
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B-5 Health Education

Health Education content standards and curriculum materials are found at: http://www.dodea.edu/Curriculum/healthEducation/index.cfm.

B-6 Immunizations

DoDEA follows immunization and dosage scheduling provided by the Advisory Committee on Immunization Practices (http://www.cdc.gov/vaccines/schedules/easy-to-read/index.html).


Army Regulation 40-562 Medical Services Immunizations and
BUMEDINST 6230.15A Chemoprophylaxis for the Prevention of Infectious
AFI 48-110 Diseases
CG COMDTINST M6230.4G (http://www.apd.army.mil/pdffiles/r40_562.pdf)

B-7 Support from Local Medical Treatment Facilities

DoD 1342.6-M (D) Administrative and Logistic Responsibilities for DoD Dependents Schools

B-8 Other Policies and Regulations

DoDEA 2500.01 (R) Instructional Services for Home or Hospital

DoD 5400.11 (R) Department of Defense Privacy Program

DoD 15 (Al) Office of the Secretary of Defense (OSD) Records and Information Management Program

DoDEA AI 4700.3 Application and Background Checks for DoDEA School Volunteers and Student Teachers

DD FORM 2793 Volunteer Agreement

SECTION C

Professional and Legal Issues

C-1 Introduction

C-2 Ethics

C-3 Protection of Student Health Information
  C-3-1 Related federal Guidelines
  C-3-2 Privacy Act Guidelines
  C-3-3 Definitions of Student Health Records
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C-4 Regulation of Nursing Practice

C-5 Delegation of Nursing Care

C-6 Liability and Malpractice Protection

C-7 Consent for Health Services

C-8 Documentation and Record Keeping

C-9 Child Abuse Reporting

C-10 Laws Relating to Children with Disabilities

C-11 Reference
C-1 Introduction

School nursing is a specialty practice of professional nursing serving students, families and staff within the educational setting. The DoDEA goal for school nursing, consistent with the goals of the NASN’s (as stated in Scope and Standards of Practice for School Nursing, 2011), is to advance the “well-being, academic success, and lifelong achievement of students.” School nurses understand the professional and legal implications of providing health care within the educational arena. Each school nurse’s office has a set of school nurse reference books for guidance. See Section I: I-2 for a list of references.

C-2 Ethics

School nurses must be aware of the protection of students’ privacy information that is afforded by the Privacy Act (PA), 5 United States Code (U.S.C) 552a. School nurses coming to DoDEA from stateside public schools are familiar with the Family Education Rights and Privacy Act (FERPA) rules on protecting student privacy. The FERPA rules are similar but not identical to the rules for implementing the PA. Both Acts authorize the disclosure of a student’s records to the sponsor/parent/guardian of the student unless the student is age 18 or older; however, there are differences when it comes to disclosure of student records to third parties.

The Privacy Act requires that no school nurse may divulge information about a student to anyone outside of DoDEA without sponsor/parent/guardian consent. Additionally, no school nurse shall divulge student health related information to others within DoDEA unless that disclosure is requested by another employee acting within the scope of his or her authority and the information collected by DoDEA about the student was collected for a similar purpose. A school nurse may need to consult with the DoDEA Office of the General Counsel before disclosing any information about a student to any person outside of DoDEA or for a purpose within DoDEA that is not compatible with the reasons that DoDEA collected the information.

Similarly, DoDEA does not maintain records covered by the Health Insurance Portability and Accountability Act (HIPAA), although records that may have been HIPPA-protected, may find their way into DoDEA’s student health records. Nevertheless, the PA requires that there be no unauthorized third party disclosures of any student records, including records that relate to the student’s health, as noted above. The PA allows disclosure of student records to the student and their sponsor/parent/guardian.

Reference:

Joint Guidance on the Application of the Family Education Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996


C-3 Protection of Student Health Information

C-3-1 Related Federal Guidelines

Developing, maintaining, and protecting health information is a DoDEA requirement as well as following the nurse practice standards. As a Federal agency, all records whether written on paper documents or electronic media, including email traffic, videos, tapes, CDs, DVDs, etc., that originate from or are received by a DoDEA employee are presumptively agency records governed by the Federal Records Act. (Note: There are exceptions for written notes, such as personal memory joggers written to oneself by the nurse; these notes are not used to make official decisions and are not shared with anyone.)

The following provisions apply to all agency records:

1) All agency records are required to be filed in accordance with an agency file plan that has been approved by the National Archives (see AI-15).

2) All agency records are subject to public disclosure under the Freedom of Information Act (FOIA), a statute that exists to allow the public knowledge of how the agency performs its duties.

3) All agency records that are retrieved by name or personal identifier are PA records, meaning that the person whom the record pertains has a virtually absolute right to access the record and to challenge its accuracy, relevance, timeliness and completeness in formal proceedings.

   a. Such records contain information about an individual and are generally referred to as personally identifiable information (PII).

   b. Such records/information must be maintained in official agency files in accordance with DoDEA AI-15 and identified as PA files in the agency’s system of records notice (SORN). Under the PA, a record that contains any PII that is retrievable by name or personal identifier of a person is probably a PA-protected record/piece of information.

   c. Student education records, including health records, are identified in DoDEA’s SORN 26, which can be found at: http://dpcl.dod.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570573/dodea-26.aspx.
d. The PA makes it a civil and criminal offense to knowingly disclose PII about an individual without the individual’s consent, or a minor student without the consent of the student’s sponsor/parent/guardian, to any third party.

As a result of these statutory provisions, it necessitates that nurses:
1) Exercise caution in creating records about or that contain information about individual students (i.e., that contain PII), and
2) Properly file documentation about students in the appropriate files.
3) Explicitly understand the rules governing the PA (discussed below) so that they do not release any PII in their possession or in agency files without the consent of the student’s sponsor/parent/guardian or the student (if age 18 or over) pursuant to one of the PA exceptions.

DoDEA recognizes that student health records are educational records and are an especially personal set of records in the agency’s educational records and its responsibility regarding the collection, maintenance and dissemination of such records as well as the protection of the privacy rights of students as governed by the Freedom of Information Act (FOIA).

Reference:

National Association of School Nurses; http://www.nasn.org/ToolsResources/DocumentationinSchoolHealth

C-3-2 Privacy Act Guidelines

The following guidelines regarding the protection and privacy of sponsors/parents/guardians and students are consistent with the requirements of the PA. Under this provision, a student’s health record is classified as private data and will be distributed only to parties within DoDEA, or within the agency (DoD), only when:
• the requester of that information can establish a need to know in order to fulfill an official duty, and,
• only if DoDEA collected the personal information for a use that is compatible with the official purpose of the requester.

Thus, nurses are cautioned to provide only the minimal amount of student health information to others in the same school when the requester can establish a legitimate need to know in order to perform his or her duties (such as when a teacher seeks
information about a student’s educational disability in order to deliver services consistent with the student’s individual education plan [IEP] or other identified disability).

Furthermore, nurses should never disclose information to a person in DoDEA who has no need to know, a person outside of DoDEA/DoD, or to any third person without prior review of any agency written guidance, instructions, or consultation with the school principal, DoDEA Privacy Office, or the DoDEA Office of the General Counsel.

Family Educational Rights and Privacy Act (FERPA) is a federal law that applies to schools that receive funds under an applicable program of the U.S. Department of Education, limited to schools which fall within Department of Education.

Reference:
National Association of School Nurses;  
http://www.nasn.org/ToolsResources/DocumentationinSchoolHealth

C-3-3 Definitions of Student Health Records

Student health records, like other agency records, fall into two categories: paper and electronic. Paper records are any paper documents or correspondence received from sponsors/parents/guardians, teachers, outside agencies and other health care professionals. Electronic records consist of any health data housed in the official DoDEA SIS.

Student health records should include the following (if applicable):

1. Student health history completed by sponsor/parent/guardian at time of initial registration (DoDEA Form 2942.0-1 SHSM H-1-1) or at time of reregistration (DoDEA FORM 2942.0-2 SHSM H-1-2);
2. Mandated immunizations: Copy of acceptable proof of immunizations or acceptable request to waive immunizations. See Section F: F-2-1: Immunization Screening, DoDEA Form 2942.0-3 SHSM H-2-1, or DoDEA Form 2942.0-4 SHSM H-2-2;
3. Health and physical assessment data;
4. Health screenings for vision, hearing, height/weight/BMI, dental and/or blood pressure; posture if it is conducted;
5. Health assessments and other evaluation reports related to eligibility for services under the Individuals with Disabilities Act (IDEA) and Section 504 of the Rehabilitation Act of 1973;
6. Records pertaining to medications, including original signed orders from a physician or other health care professional with prescriptive rights, written
consent from the sponsor/parent/guardian to administer medication and individual medication administration logs for both routine and as-needed medications;

7. Primary care manager/providers’ orders, correspondence, evaluation reports, copies of treatment records, institutional or agency records and discharge summaries from outside health care providers or hospitals that have been released by the sponsor/parent/guardian to assist in planning individualized school health care or programs;

8. Specialized assessments, such as neurologic tests;

9. IHPs or EAPs for students with special health care needs, including routine and emergency interventions and methods for evaluating student outcomes; and

10. Health-related goals and objectives, a Section 504 Accommodation Plan or an IHP contained within a student’s IEP for students whose health conditions affect their educational needs.

C-3-4 Protecting Student Health Information

A. Private Data

Student health records are records that contain PII that merit special protection against public disclosure by Federal law. They are among the group of records that are retrieved by name of personal identifier and are therefore classified as PA-protected records. In the public schools, the governing statute is FERPA. Under the FERPA and the PA, only the sponsor/parent/guardian or student has a right to access this data. Beyond the right of access, disclosure rules under the FERPA and the PA often differ and school nurses must understand the PA rules.

For example, under the PA, unlike the FERPA that allows access to anyone with a legitimate educational interest, PA-protected records may be disclosed within the school to another person who has a need to perform an official duty (correspondingly similar to FERPA’s legitimate educational interest). However, unlike the FERPA that allows nonconsensual disclosure to anyone in any school or educational activity with a legitimate educational interest, DoDEA’s PA protection allows disclosure within DoDEA or DoD to a person who can demonstrate an official need to know. If DoDEA collected the information in its files for a purpose that is consistent with the requesting DoD official’s need to know to perform an official duty. Moreover, the PA forbids DoDEA from disclosing information to anyone outside DoD without the written consent of the sponsor/parent/guardian or the eligible student, except as authorized by published “routine uses” in a DoDEA, DoD, or government-wide SORN. (See System of Records Notice 26 at: http://dpcld.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570573/dodea-26.aspx)
DoDEA’s PA restriction on disclosure applies to any type of disclosure, including written, spoken or electronic transfer of student health information. Additionally, because health records are highly personal and contain information not often known to the public, they are particularly sensitive. Thus, hard copy health records (such as special education records) are protected by storing them apart from other student academic records that also qualify as PA records. Thus, access to health records for the purpose of any further disclosure is generally limited to the school nurse and the principal, as directed by the principal to enable a staff member to perform an official duty or as prescribed by written agency rules. Disclosures outside of the school should be made only upon consultation with the principal, and in conjunction with the DoDEA Privacy Officer or the DoDEA Office of the General Counsel when needed.

C-3-5 Guidelines for Disclosure of Student Health Information

School nurses and principals with access to student health records are required by law to protect the privacy of student health records and to disclose them within DoDEA (or DoD) only with the consent of the sponsor/parent/guardian or without consent in a limited number of circumstances described as routine uses in the published SORN. Nurses are advised to consult with school principal prior to any such disclosure.

Disclosure without consent is permissible within DoD when:

1) a particular record or data is requested by a DoD official with an official need to know;
2) the information sought to be collected is for a purpose that is consistent with the reason that DoDEA collected the information for its own records; or
3) when the information is required by a DoD official with a compelling need to protect the life, health or safety of the individual whom the record pertains (or another person), such as when the student is suspected of self-injury or suicide, to protect another person from imminent harm, or when it is required by law (such as in connection with a case of suspected child abuse).

A. All DoDEA employees are expected to know the principles of privacy protection under the PA and to protect against the disclosure of PA-protected information or PII without prior consent.
B. The principal or designee(s) supervises the administration of the Privacy Program in each building.
C. If written informed consent has not been secured, nurses should consider that health information generally will not be shared except as instructed by the principal.
D. Generally, when a requestor within the school or within the DoD can assert an official duty for which he or she requires the student health information, DoDEA may disclose that information to that person if it determines that the
reasons that DoDEA collected the information are compatible with the reasons that the requestor asserts are his/her need to know. Nurses should consult with their principal for authority to make such disclosures.

E. Disclosures within the larger DoD community can be made when there is an official need to know and DoDEA collected the information for a compatible reason. Nurses should not make such disclosures without consulting their principal, who may wish to consult with the DoDEA Privacy Office or the DoDEA Office of the General Counsel.

F. Disclosures outside DoD should be made only after consultation with the school principal who should consult with the DoDEA Privacy Office or the DoDEA Office of the General Counsel.

G. Teachers and staff have the ability to access medical alert information via their log-in to the approved DoDEA SIS.

H. EAPs and Section 504 Accommodation Plans are considered to be student health information, and are entitled to the same special protection available to all other student health information. Staff members who receive a plan will be directed by the principal through the school nurse not to share information with others. These plans are distributed to school staff on a “need-to-know” basis.

C-3-6 Guidelines for Storage and Disposition of Student Health Information

Health records of currently enrolled students are stored either in the individual student’s health record (paper) or in the DoDEA-approved SIS (electronic). Paper records are stored in a lockable storage area in the school nurse’s office, away from other PA protected student education records. Electronically stored records are located on DoDEA central server and are password-protected so that access is generally limited to the school nurse.

Upon graduation, withdrawal, transfer or death, the student’s paper and electronic health file should be purged in accordance with the requirements of DoD AI-15. To the extent that certain portions of the student health record are retainable for longer periods than other data, that data is stored with other data maintained in the student’s cumulative file (i.e., his or her formal educational file record) until that is either destroyed or portions transferred to the student transcript files.

A. For graduating seniors and students who withdraw or transfer to a non-DoDEA school, the school nurse shall prepare a summary report of student immunizations. The report may also include a list of medical alerts, health conditions or medications taken during school hours, if applicable. The summary report is to be placed in the school prepared packet for sponsor/parent/guardian to hand carry to the receiving school or mailed to the receiving school upon request. The report should never include
information obtained during individual office visits to the school nurse.

B. For students transferring to another DoDEA school, the student’s health record should be given to the registrar for inclusion in the packet to be forwarded to the receiving DoDEA school. The summary report and immunization record may also be given to the sponsor/parent/guardian. The student’s electronic health information will be available to a receiving DoDEA school upon completion of the registration process by the receiving school.

Legal Reference:

The Privacy Act (5 USC 552a) http://www.justice.gov/opcl/privstat.htm

Reference:


National Task Force on Confidential Student Health Information. (2000). Guidelines for Protecting Confidential Student Health Information, Kent, Ohio: The American School Health Association.
C-4 Regulation of Nursing Practice

The minimum requirements for DoDEA school nurse is to be a graduate of a baccalaureate degree program from an accredited college or university and be state licensed as a registered nurse (RN). DoDEA encourages but does not require national certification of school nurses through the National Board of Certification of School Nurses (NBCSN).

The school nurse in DoDEA is a licensed registered nurse whose ability to practice nursing is governed by laws and regulations of the state in which the nurse is licensed by. The school nurse must maintain an active nursing license that meets nursing licensure requirements from their state of licensure. Each school nurse must be aware of the nursing practice act of the state in which they are licensed and be aware of requirements for renewal of their nursing licensure.

School nurses must meet and maintain current DoDEA requirements stated on the DoDEA Human Resources employee licensure webpage, for information regarding DoDEA Educator License Renewal (Recertification) see: http://www.dodea.edu/Offices/HR/employees/licensure/renewal.cfm.

All School nurses have the professional responsibility to maintain their competence in their school nursing practice and must seek professional development and continuing education to increase critical thinking skills and professional judgment as well as to maintain competence in their role.

School nurses should be involved in their own professional growth. The school nurse develops a professional growth plan designed to increase the individual school nurses’ professional school nursing competencies. Suggested types of activities might include, but are not limited to:

- Participate in the NBCSN certification examination. Certification must be renewed every five years through professional development or reexamination. Appropriate documentation for recertification must be maintained as well as employment records and current nursing licensure. More information is available at http://www.nbcsn.com/.
- Research a topic or school health issue the nurse wishes to learn more about, i.e., BMI, insulin pumps in the school setting or asthma monitoring using peak expiratory flow rates. Conduct a journal review to study current trends.
- Participate in DoDEA’s “Project Read” Program, an independent study program developed by the University of San Diego’s Division of Professional and Continuing Education in conjunction with educators from DoDEA.
More information can be obtained from the following Web site:
http://pce.sandiego.edu/public/category/courseCategoryCertificateProfile.do?method=load&certificateId=25207&selectedProgramAreaId=16306&selectedProgramStreamId

• Read professional journals and report on articles related to current trends in school nursing practice and school health; e.g., *The Journal of School Nursing* or *The Journal of School Health*.
• Participate in online courses designed for school nurses; e.g., National Association of School Nurses (http://www.nasn.org/ContinuingEducation), Asthma and Allergy Foundation of America (http://www.aaafa.org/display.cfm?id=4&sub=79&cont=432), and Vaccine Healthcare Centers Network (http://vhcpir.org/hsi/m_index.asp)
• Attend a state or national school nursing conference.

Reference:


### C-5 Delegation of Nursing Care

The principal may delegate school nursing duties when the school nurse is unavailable, and for school-sponsored study trips and/or sporting and co-curricular events. Delegation is the transfer of responsibility for the performance of a task from one individual to another while retaining accountability for the outcome. School-based health care tasks may be delegated to school secretaries, clerks, paraprofessionals or teachers to unlicensed assistive personnel (UAP). One commonly delegated task is the administration of medications on a study trip. In accordance with DoDEA First Aid and Emergency Care AI (2720.01), the principal will designate the person(s) responsible for health services and will provide the opportunity for the designated personnel to pursue First Aid, Cardio Pulmonary Resuscitation (CPR)/Automated External Defibrillator (AED), and emergency epinephrine auto-injector use training.

The school nurse must evaluate which tasks can be safely delegated and assess, in conjunction with the principal, the competence of potential unlicensed nominees who the principal considers for designation to perform the delegated health care task. The school nurse must provide written instructions for substitutes when no licensed nurse substitute is available. The principal will designate the person responsible for health services in the absence of the nurse. The principal will provide the opportunity for personnel to pursue first aid and CPR certification as outlined in the DoDEA First Aid
and Emergency Care Regulation (2720.1). The school nurse shall prepare a folder of information and review procedures with any unlicensed personnel who will provide health-related services in the nurse’s absence. The school nurse shall provide for the nurse substitute a place to document the medications, as well as training deemed appropriate for the unlicensed assistant.

The school nurse will observe the unlicensed employee designated to carry out the health care task and monitor his or her performance. Monitoring of the task is defined as the active process of directing, guiding and influencing the outcome of the unlicensed person’s performance of the health-related service. Monitoring by the nurse may be on-site (with the school nurse physically present) or off-site (with the school nurse providing direction through various means of written and verbal communication).

When developing a plan for the training of a specific health care task, the school nurse:

A. Validates the documentation provided by the sponsor/parent/guardian.
B. Works with the principal to determine which school personnel are appropriate to accept the delegated task.
C. Conducts the initial nursing assessment of the student to identify which health care task to train the designated person to accomplish.
D. Conducts training, documentation, evaluation and retraining as necessary.
E. Follows the Five Rights of Delegation:
   1. Right task
   2. Right circumstances
   3. Right person
   4. Right directions
   5. Right monitoring/supervision of the task

School nurses will NOT provide training for the use of stock epinephrine to other nurses or UAP.

Reference:


**C-6 Liability and Malpractice Protection**

**What to Do in the Event of a Lawsuit or the Receipt of a Subpoena or Summons, a Claim, Interrogatories, or Other Legal Papers**

Lawsuits are initiated when the plaintiff serves a notice on the defendant that a legal action has been filed with a court. An employee of DoDEA could be served with notice of such a lawsuit naming the school and/or the employee as a defendant. An employee could also be served with a subpoena or other summons to appear as a witness in a case in which the employee is not a named as the defendant. A subpoena could place the employee in a position of testifying in a case in a manner that violates DoD policy on the release of information in a litigation.

It is imperative that DoDEA employees immediately contact the DoDEA Office of the General Counsel upon receipt of a lawsuit, summons or subpoena, claim, interrogatories, or any legal process that relates to their official duties. The service of such legal documents starts the clock running on deadlines the employee (and DoD or the United States) must meet to ensure the protection of their respective legal rights. Prompt legal guidance is critical to preparing an appropriate defense.

When a lawsuit is filed against a DoDEA employee in his or her personal capacity but the lawsuit alleges facts that are related to the employee’s duties, the DoDEA Office of the General Counsel will counsel the employee to ensure that he or she understands his or her rights and the procedures related to the lawsuit. The DoDEA Office of the General Counsel will assist the employee prepare paperwork asking the U.S. Department of Justice (DoJ) to provide guidance in the litigation.

Every individual defendant who desires DoJ representation must request it in writing. DoJ representation is neither automatic nor compulsory; Federal employees are free to retain counsel of their choice at their own expense. The DoDEA Office of
the General Counsel will require an employee seeking DoJ assistance to produce a request for legal representation and a copy of the summons and complaint or other legal papers. The DoDEA Office of the General Counsel will forward the employee’s request for assistance with all available factual information to the DoJ with a recommendation as to whether representation should be provided.

The DoDEA Office of the General Counsel, initially, and then the DoJ will determine whether DoJ representation is appropriate based upon a consideration as to whether the employee’s actions giving rise to the suit reasonably appear to have been performed within the scope of his or her Federal employment and that it is in the interests of the United States to provide the requested representation. See 28 CFR § 50.15(a).

When the United States is also named as a party defendant, it may seek the dismissal of the lawsuit against the individual employee and seek to substitute the United States as the sole party defendant. Alternatively, if the DoJ determines that the employee’s conduct is within the scope of official duties and that representation serves the interests of the United States, it may provide representation for the individual.

DoJ will not provide representation if the conduct is outside the scope of the employee’s official duties and not in the interests of the United States. DoJ representation is generally not available in a Federal criminal proceeding or investigation or in a civil case if the employee is the subject of a Federal criminal investigation concerning the act or acts for which he or she seeks representation.

If the DoJ agrees to provide representation for an individual in a legal action, it will impose conditions on that representation. The DoJ provides a list of terms and conditions of representation. See 28 CFR § 50.15(a). Upon formal approval of representation, the DoJ litigating attorney will ask the DoDEA employee to execute a Form 399 that describes the limitations of DoJ representation so that the client may be fully informed before he or she enters into an attorney-client relationship with the litigating attorney.

The most significant condition of DoJ representation is that if the interests of the United States and those of the individual should become different during the course of the litigation, the DoJ may terminate its representation of the individual. This is a relatively rare event (because of the inquiries made before the decision is made to provide representation); however, it has been known to occur. It could arise in the event of an appeal should the Solicitor General determine that the assertion of a position on appeal conflicts with the interests of the United States. Should the interests of the United States diverge from those of the individual defendant, DoJ will notify the DoDEA employee of that determination and that it intends to cease representation of that individual.
The Agency is not aware of any judgments rendered against individual DoDEA employees arising from work-related concerns. Nevertheless, an employee who remains a named party defendant in the lawsuit, regardless of whether he or she is represented by the DoJ, is personally responsible for the satisfaction of a judgment rendered solely against the employee. There is no right to compel indemnification from the United States or any agency thereof, such as the DoD, in the event of an adverse judgment. DoDEA employees concerned about their exposure to possible personal liability may wish to obtain professional liability insurance. When purchasing professional liability insurance, the nurse should ensure that the carrier will cover nursing practice in the employment locality.

Where multiple defendants make representation by a single attorney impossible, retention of private counsel at government expense may be authorized, provided the scope and interest criteria have been satisfied and funds are available. See 28 C.F.R. § 50.15(a)(10) and 50.16.

As a practical matter, if a party wishes to sue a nurse or the DoD, Federal law prohibits the processing of that action in the Federal courts until after the plaintiff has exhausted all administrative rights. This means that most such legal actions must be filed as claims under the Federal Tort Claims Act, if the matter originates in the U.S., or under the Military Claims Act if the matter originates overseas. Such actions rarely make it into the Federal courts. Thus, the most important guidance provided above is that, the employee immediately contact the DoDEA Office of the General Counsel upon any notice or receipt of any document that purports to bring an employee before any court or administrative body, seeks information for use in such a forum, or appears to allege wrongdoing by the employee or the Federal Government.

Reference:


C-7 Consent for Health Services

When the sponsor/parent/guardian enrolls their dependent in a DoDEA school, he or she acknowledges, by signing DoDEA Form 700 – Consents and Authorizations, the extent to which the school will assist his/her dependent in the event he or she becomes ill or injured. The consent also covers care provided for medical emergencies. A medical emergency would include any event that requires prompt treatment and not just a condition that is life threatening. All reasonable efforts should be made to locate at least one sponsor/parent/guardian when emergency treatment is necessary. Should
the sponsor(s)/parent(s)/guardian(s) and designated emergency contact(s) be unavailable, the school should make every effort to notify the sponsor’s unit of the situation.

Special treatments and medications are not considered routine health services. These procedures require additional consents described in Section F: F-3 (Medication Policy) of this Guide. Consent documentation is available in the School Health Services Manual (SHSM) Forms H-3-2, H-3-9, H-4-8, H-4-9, and H-4-9-1.

The school nurse should follow local military regulations regarding the age of consent for adolescents. See additional information on adolescent health issues in Section F: F-11.

The school nurse should inform sponsors/parents/guardians of basic school health services (i.e., school-wide screenings through school newsletters or notes to the sponsor/parent/guardian). Notice should include which screenings are being conducted, the targeted population, dates/times, reason for the screenings, signs/symptoms sponsors/parents/guardians may observe at home that indicate a need for medical intervention and how sponsors/parents/guardians will be notified of screening results.

C-8 Documentation and Records Keeping

Maintaining accurate health records is a DoDEA requirement and a standard of nursing practice and performance. Because of the nature of school health, NASN has published guidelines for school nursing documentation. NASN recognizes that good documentation is fundamental to good nursing care and from a legal perspective, “if it wasn’t documented, it wasn’t done.” All health-related encounters are required to be documented to provide accountability and high quality nursing care, provide a vehicle for quality assurance, and to meet legal mandates.

The National Task Force on Confidential Student Health Information discourages the use of chronological logs with multiple student entries for recording health office visits or medication administration. Under the PA, sponsors/parents/guardians have access to their dependent’s records but not to those of other students. Therefore, best practice calls for the use of individual paper or electronic documentation for each student’s health care and minimal inclusion of information about other students, while protecting the other student’s PII. In all DoDEA schools, all health-related encounters are to be documented in the DoDEA-approved SIS. If an encounter is not documented via the DoDEA-approved SIS, documentation is accomplished using a SHSM Form H: H-4-6 (Health Referral Form).

Required information to be documented in the approved DoDEA SIS includes:
1. **Medical alert.** Information provided by the sponsor/parent/guardian. Information is to be stated in layman’s terms to give the teacher notice of a possible emergent situation and actions the teacher needs to be aware of to ensure student safety.

2. **Health Conditions/ Health History.** Any medical condition and health history the school nurse needs to be aware of to meet the student’s health needs and improve student and school safety.

3. **Medications.** All medication kept in the health office and medication administration. Medication for self-administration and self-carry by students.

4. **Immunization information.** All required age-appropriate immunization data.

5. **Sports physicals.** Document the date of the sports physical, and any limitations or assistive devices, including medications to be used before or during sport activities. Primary care manager/provider/sponsor/parent/guardian signed sports physicals are stored in the student’s health record. Students who experienced sport related injury that required medical evaluation and treatment will need a written clearance to resume sport activities. Students who have been diagnosed with a concussion must have a written clearance from their primary care provider before resuming any sport activity. Clearance must be documented in writing and entered in the DoDEA SIS.

6. **Office visits.** All office visits to the school nurse is documented with the time and date, reason for the visit, assessments conducted, nurse’s determination and action taken, the outcomes, disposition, and the nurse’s name. Document contacts and consultations with parents and primary care provider, changes in medication/treatments, response to medication and or treatment, routine ongoing treatment, any action taken in response to an individual’s problem, document additional nurses notes as needed. Do not document actions completed by others.

7. **Screenings.** See Section F: F-6 (Health Screening Procedures) of this Guide for additional guidance.
   - **Vision:** Distance vision screening conducted during the first year of entry into school and every other year thereafter for elementary grades. At least once in middle and high school.
   - **Hearing:** Puretone screening during the year of first entry into school and every two years thereafter for elementary grades. At least once in middle and high school.
   - **Height/weight/BMI:** Periodic screening and follow up required. Recommended screening -- every year for all students.
   - **Postural:** Routine postural screening among asymptomatic adolescents is not recommended. A student who is already being treated for scoliosis should not be screened.
   - **Blood pressure:** Recommended screening as requested by primary health care provider.
School health records include the following:

1. Student health history;
2. Proof of required immunizations;
3. Health screening data such as vision, hearing, height/weight/BMI, postural, dental and blood pressure;
4. Health assessments and treatments, evaluations for eligibility determination;
5. IHPs/EAPs, Section 504 Accommodation Plans; parental consent for assessment;
6. Consent for medication and medication administration records.

See Section C: C-3-3 of this Guide for additional information on student health records, definitions, protections and guidelines for disclosure, storage, and disposition.

All nursing records are to be accorded the filing and protection described in AI-15, Enclosure 5. Records that are not identified for retention because they do not reflect the operations of the school health office, such as (but not limited to) temporary health room passes and notes that do not directly relate to a student’s health condition, may be shredded when they are no longer needed. The nurse should also shred any notes, annotations, “memory jogger” made as soon as pertinent information from such notes is entered into the student’s school health record. The student health file should not be cluttered with such notes that may contain sensitive information since it must be stored in accordance with the requirements of the PA.

Reference:


DoDEA SORN 26, available at: https://foia.state.gov/Learn/SORN.aspx


C-9 Child Abuse Reporting

Per DoDEA Regulation 2050.9, DoD I 6400.01 Family Advocacy Program process and procedures for reporting incidents of suspected child abuse and neglect, DoDEA personnel are mandated to immediately report any incident of suspected or alleged child abuse or neglect to the local Family Advocacy Program (FAP) and to their immediate supervisor. Although the school nurse may assess for injuries to the
student, the DoDEA employee who suspects child abuse or neglect must report the suspected abuse to the local FAP and the school principal or designee. If the principal is suspected of abuse, contact the district superintendent.

A nurse may form a suspicion of child abuse as part of a routine assessment of student injuries. When he or she hears an allegation of child abuse from a student or begins to suspect child abuse, the nurse must take two actions.

1. The allegation or suspicion must immediately be reported to the local FAP and the school principal or designee.
2. The nurse should discontinue questioning about the alleged or suspected child abuse and focus on an assessment of the nature and extent of the student's injuries and document those injuries in the student's health record.

Assessments of a student's injuries must be documented in the student health record, but that record may not reflect a suspicion or allegation (nor that the referral was due to such suspicion or an allegation) of child abuse. The student health record shall document only the student's injuries. For example, if the student is emotionally distraught and talks about his or her alleged abuse, the nurse may document the student's emotional condition (and any other physical injuries) but not the identity of the alleged assailant or the nurse's or the student's suspicion that the act was one of child abuse. Limit documentation to objective information and do NOT include subjective ones.

Because information pertaining to suspected or alleged child abuse is confidential and its disclosure could interfere with investigations into the alleged abuse, such information must not be disclosed to anyone else without permission of the principal, superintendent or the DoDEA Office of the General Counsel.

DoDEA personnel shall not investigate the suspected abuse. The nurse is not to question the student about the facts of the allegation or seek to confirm his or her own suspicion. Nor should the nurse depart from his or her routine injury assessment protocol, such as taking photos of injuries when such photos are not routinely taken to document an injury. Photos taken in these cases constitute investigation, which is within the purview of authorized investigating officials, usually the FAP and/or law enforcement.

Reference:

DoDEA Regulation 2050.9; Family Advocacy Program Process and Procedures for Reporting Incidents of Suspected Child Abuse and Neglect.
A. Special Education

The DoD and its schools have a legal responsibility under IDEA to ensure that children with disabilities have the opportunity to receive a free appropriate public education, just like other children. School nurses play an important role in fulfilling this legal responsibility by assisting in identification, assessment and accommodation of students with special needs.

Each school must make an affirmative effort to identify children who may be eligible for special education under IDEA through a process called “Child Find.” The school nurse may assist with the Child Find process by conducting a health assessment. Should the health assessment reveal that further medical evaluation is necessary; the school nurse may need to coordinate with the local appropriate medical facility for diagnostic evaluation and treatment.

The school nurse may also assist the multidisciplinary Case Study Committee (CSC) in assessing or evaluating students suspected of or identified with special needs. Students may be evaluated for disabilities, including intellectual/neuro developmental disorder, cognitive deficit, hearing impairment, speech or language impairments, visual impairments, emotional impairment, orthopedic impairments, autism, traumatic brain injury and other health impairments or specific learning disabilities.

The school nurse may also assist the CSC in determining whether related services, such as nursing services, counseling, speech therapy, physical therapy and school health services are needed to accommodate or provide specialized services to an eligible student.

In supporting certain accommodations, the school nurse may also need to train unlicensed assistive personnel (UAP) in providing limited health-related services (e.g., routine medication administration, epinephrine administration, and asthma or diabetes monitoring). See Section F: F-8, The School Nurse’s Role: Children with Disabilities, for more information about the nurse’s role on the CSC.

B. Accommodation of Other Disabilities

The Child Find obligations under IDEA identify children who are ultimately determined to be ineligible for special education but may qualify for accommodations under Section 504 of the Rehabilitation Act. The duty to provide an accommodation, often known as “Section 504,” is derived from the nondiscriminatory purpose of the law. The duty to accommodate means that any student who is a qualified person with a disability may request an accommodation that will enable student access to a public
building, school, facility, or a program comparably to a person without the disability. In the education context, a qualified person is any student who is eligible for enrollment in the particular program or activity for which he or she asserts the need of an accommodation. A qualified person with a disability is a person who has a temporary or permanent “impairment of a major life activity,” which is much more broadly defined than the 13 disability categories under the IDEA, including any limitation on walking, running, speaking, eating, breathing, etc. Section 504 may also apply to students with temporary disabilities, such as a broken bone or an illness, as well as to persons with more permanent disabilities, such as being wheel-chair bound.

In support of Section 504 school obligations, nurses may be involved in activities such as conducting a health assessment of a student, counseling the teacher to bring a student’s physical or mental issues to the attention of the sponsor/parent/guardian for their consideration and possible referral of their dependent for medical or medically related evaluations. Additionally, nurses may serve on and/or provide consultation to the school’s 504 Accommodation Team to assist in determining a student’s eligibility under Section 504 and to prescribe, if necessary, a 504 Accommodation Plan, including the services or accommodations needed to address the student’s limitation on a major life activity. Many of the nurse’s duties under this program are similar to duties under the IDEA. Additional information on this program is found in DoDEA AI 2500.14.

C-11 Reference


DoDEA Administrative Instruction 2500.14, Nondiscrimination and 504 Accommodation on the Basis of Disability in DoDEA Conducted Education Programs and Activities. Available at: http://www.dodea.edu/Offices/Regulations/loader.cfm?csModule=security/getfile&pageid=92879

DoD-Instruction 1342.12, Provision of Early Intervention and Special Education Services to Eligible DoD Dependents. April 11, 20105. Available at: http://www.dodea.edu/nonDoD/upload/1342_12.pdf

SECTION D

Administration of the School Health Services Program

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   D-8-11 Position Description
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   D-8-13 Continuing Education
D-8-14 Insurance and Liability
D-8-15 DoDEA Policies, Regulations and Instructions
D-8-16 Teacher and Parent Handbooks
D-8-17 School Nurse Resources
D-8-18 Computerized Database/Student Information System
The school health office serves as a functional area to meet the health and first aid needs of students, staff, and visitors. The principal, school supply clerk and supporting military treatment facility are the usual sources of school health office equipment and supplies. The Inter-Service Support Agreement (ISSA) generally outlines support services and supplies provided by the local MTF.

The school nurse will inventory and stock the health office with equipment pertinent to the school population. Equipment commonly found in DoDEA school nurses’ offices may include the following:

- Audiometer
- Beam balanced weight scale
- Consumable medical supplies (see list below)
- Cot with washable surface
- Crutches
- Electronic thermometer
- Emergency evacuation bag or rolling case containing minimum First Aid supplies
- Lockable desk
- Lockable file cabinets for student health files
- Lockable storage cupboards for supplies, equipment and medication
- Ophthalmoscope
- Otoscope
- Pulse Oximeter
- Reflex hammer
- Refrigerator with freezer large enough for ice packs
- Sphygmomanometer (with adult, obese, and child cuff sizes)
- Stadiometer
- Stethoscope
- Tympanometer
- Vision screening equipment for appropriate grade level(s), such as Sloan Letters Chart, HOTV, and LEA Symbol Charts
- Washable room divider or screen
- Wheelchair

Suggested consumable medical supplies that are commonly found in DoDEA school nurses’ offices (but that are not required) include, but are not limited to, the following:
Adhesive tape
Alcohol pads
Applicators (sterile/non-sterile)
Aromatic spirits of ammonia
Band-Aids – large, regular, fingertip (non-latex)
Blood-borne pathogen clean-up kits for use in classrooms/nurses’ offices
Cot paper
Disinfecting wipes or bleach
Disposable gloves – non-latex, various sizes
Electric thermometer covers
Flashlight and extra batteries
Gauze pads (2x2, 4x4, sterile/non-sterile)
Ice packs - reusable
Pen lights
Safety pins in assorted sizes
Saline, sterile
Scissors
Sharps container
Splints: wooden, metal (finger)
Tongue depressors
Tweezers

**D-1-3 First Aid Kits**

School nurses will provide to each teacher a basic first aid kit for use in the classroom. A First Aid kit for the classroom should be in a closeable bag or container, easily assessable to all, and includes:

- Band-Aids, various size bandages to cover a wound
- Basic care instructions, i.e., students are encouraged to cleanse their own minor wounds with soap and water. Gauze is provided to help cleanse the injured area. Anyone assisting is to use gloves for their own and the other’s protection. Hands of both the student and anyone assisting should be washed after attending to any wound. Minor cuts and scrapes may be taken care of in the classroom, without nursing intervention. Students with injuries that seem more than minor should be referred to the school nurse.
- Closable bags to contain waste
- Gauze – to cleanse the wound
- Non-latex gloves – to protect the hands of the person assisting with minor First Aid
- Safety pins – optional

School nurses will provide playground and lunch room monitors basic First Aid kits. A waist or fanny pack may be more suited for use on the playground or in the
school cafeteria. These kits may also serve as First Aid kits issued for a study trip. The kits would contain the same items as that for a classroom. Additional items might include:

- Paper towels
- Sanitary napkins
- Waterless cleanser

### D-2 The School Year at a Glance

#### D-2-1 Starting the School Year

At the beginning of the school year, the school nurse will do the following:

- Meet with the principal to discuss scheduling of SST, CSC meetings, methods of communication and goals for the School Health Program.
- Participate in and present at faculty meetings. This is an excellent opportunity to disseminate information and identify faculty needs.
- Review student health history forms completed during registration by sponsor/parent/guardian for new students (SHSM Form H-1-1) and returning students (SHSM Form H-1-2). Document medical alert and health condition for the individual student’s health status in the DoDEA-approved SIS. A medical alert is any physical/mental condition that may impact the student’s safety, academic progress, or behavior in the school setting. Documentation for the medical alert needs to be stated in layman’s terms, include signs/symptoms the staff member should be aware of and actions to take. Contact the sponsor/parent/guardian for additional information as needed. See SHSM Form H-6-3, Request for Additional Medical Information.
- Develop Individualized Health Plan (IHP) as needed for students with chronic conditions requiring nursing care, and an Emergency Action Plan (EAP) as needed. The IHP is utilized by the school nurse, and the IHP could become part of an IEP. The EAP is written for all other school staff that has the need to know what to do in an emergency situation for an individual student with a specific medical alert.
- Create a plan for medication administration. Contact sponsor/parent/guardian of students needing medications when necessary. Include training an UAP for medication administration when the school nurse may be unavailable or there is a non-nurse substitute.
- Review and update immunization records to meet current DoDEA and local requirements.
- Establish a plan for managing medical emergencies, coordinating with the principal and the local medical treatment facility. Reference DoDEA Regulation 2720.01.
• Establish a working relationship with the local military treatment facility in coordination with the principal.
• Review and obtain signature for Anaphylaxis standing orders for every school year from the local military treatment facility and review expiry date of emergency stock epinephrine.
• Complete annual Anaphylaxis training on line and with the local military treatment facility as stated in the DoDEA Emergent Anaphylaxes Program.
• Collaborate with district school nurses on district procedures and schedules.
• Create or update a school nurse substitute folder. See Section I: I-5 for contents.
• Document sport physicals in SIS (high schools and possibly middle schools).
• Check medical supplies and anticipate medical and First Aid needs.
• Restock and distribute First Aid kits to classrooms, laboratories/shops/kitchen classrooms, main office, playground monitors, cafeteria monitors, etc. See Section D: D-1-3 for contents.
• Inform new staff members about the School Health Services Program and First Aid procedures.
• Provide Blood Borne Pathogen training to faculty per Safety and Security Bloodborne Pathogen Exposure Control Program, DoDEA AI 4800.05.
• Introduce sponsor/parent/guardian to the School Health Services Program via newsletter articles informing them of health-related topics, screenings, etc.
• Review:
  1. School Health Services Manual 2942.0
     http://www.dodea.edu/StudentServices/upload/DoDEA-School-Health-Services-Guide.pdf
  2. DoDEA Regulation 2942.01
  3. Student Information System Users Guide
     http://www.dodea.edu/employees/SISGuide/index.cfm
  4. SIS Student Health Module
     http://www.dodea.edu/employees/SISGuide/modules/mod_StudentHealth.cfm

**D-2-2 Common Monthly Health Observances**

Each school nurse will need to develop and/or adjust the program to accommodate the individual needs of the school.

**HEALTH SERVICES PROGRAM MONTHLY SCHEDULE (Example)**

**August**  
Registration  
Opening of school activities (see previous list)  
National Immunization awareness Month
September  
- Review of records
- Kindergarten screening
- Vision and hearing screening
- Children’s Eye Health and Safety Month
- National Pediculosis Prevention Month
- Bike/bus/walking-to-school safety

October  
- Vision and hearing screening
- Safety programs
- Fire Prevention Week
- Child Health Month
- Healthy Lung Month

November  
- Great American Smoke-Out
- Red Ribbon Week
- Drug Education

December  
- Re-screenings
- World AIDS Day
- Safe Toys and Gifts Month

January  
- Screening referrals and follow up
- Healthy Weight Week

February  
- Dental Health Month
- National Teen Dating Violence Awareness and Prevention Month
- American Heart Month

March  
- National Nutrition Month
- National School Breakfast Week
- National Poison Prevention Week
- American Red Cross Month

April  
- Month of the Military Child
- National Child Abuse Prevention Month
- National Youth Sports Safety Month
- Counseling Awareness Month
- Human Development Classes (physical/emotional/psychosocial)

May  
- Better Hearing and Speech Month
- Asthma and Allergy Awareness Month
- National Mental Health Month
- Skin Cancer Awareness Month
June

End of school year activities (see section D-2-3)


D-2-3 End of School Year

At the end of the school year, the school nurse will:

- Determine health office and first aid supply needs. Submit requests through school supply clerk or local medical treatment facility as appropriate.
- Initiate referrals to the military treatment facility for students/families with ongoing health problems that need monitoring over the summer.
- Compile a confidential list of students with health problems that need follow up early in the fall.
- Arrange, with the local MTF or contacted source, the calibration of equipment during the summer (e.g., audiometer, electronic thermometer, scale, etc.).
- Notify the sponsor/parent/guardian to pick up dependent’s medication on the last day of school; dispose of all unclaimed medications in accordance with local medical treatment facility policy.
- Note expiration date on stock epinephrine. If expiring before the start of next school year, be ready to replace at the beginning of the school year. Dispose of all expired epinephrine in accordance with local medical treatment facility policy. Store non-expired epinephrine in the health office.
- Submit work orders when any equipment used in the health room needs repair.
- Leave an information file for an incoming nurse in case you might not return to the school site next school year. This file should include a list of phone numbers of resource offices and people, information on special health problems of students returning to the school and other information of value (see SHSM Volume II, H-11-4).
- Unplug refrigerator, defrost, clean, and leave doors of the refrigerator and freezer open to prevent mildew. There is no need to operate the refrigerator during summer months, unless summer school is operated and used for students’ medications.
- Secure items that need protection over the summer months, including stock epinephrine.
- Complete SHSM Form H-11-4 (School Nurse End of Year Checkout Form) and leave with the principal.
D-3 School Health Records

D-3-1 Student Health History

The sponsor/parent/guardian will complete the DoDEA Student Health History Form 2942.0-M-F1 (SHSM: H-1-1), upon initial registration for each dependent or a DoDEA Returning Student Health History Update Form 2942.0-M-F2 (SHSM: H-1-2). The sponsor/parent/guardian must also present at the time of initial registration a copy of their dependent’s immunization record. (See Section F: F-2-1, Immunization Screening, or other official copy of the immunization record.) Student health information provided by the sponsor/parent/guardian shall be treated in a confidential and professional manner according to the PA and kept in a locked filing cabinet in the school health office. The information will be shared only with school personnel on a need-to-know basis to ensure the safety and welfare of students. Documents related to special education programs are not part of the student health record.

According to DoD AI 15, Volume II (Health Records Management), student health records, immunization records, sponsor/parent/guardian permission forms, screening results, sports physicals, primary care manager/provider referrals, and medication consents are placed in the student cumulative record files (AI-15 file numbers 1903-01 or 1904-01) upon graduation, withdrawal, transfer, or death of the student and retained, consistently, with the retention schedule applicable to that file as stated in AI-15. A summary report of the student’s health history may be generated and hand-carried by a sponsor/parent/guardian to a new school or mailed to the school with consent from the sponsor/parent/guardian authorizing release of the records to the new school. The summary report should include student immunizations and may include a list of medical alerts, health conditions, or medications taken during school hours, if applicable. The summary report should never contain information obtained and documented during individual office visits.

See Section C: C-3 (Protection of Student Health) for more information related to student health information.

Reference:
DoD Administrative Instruction -15, May 3, 2013 available at:

D-3-2 Individual Health Care Plan and Emergency Action Plan
The school nurse will decide if an Individualized Health Care Plan (IHP) is warranted to meet clinical and administrative needs. The IHP is a document based on the nursing process. The IHP is developed by the school nurse using the nursing process in collaboration with the student, family and healthcare providers.

The school nurse will use the information obtained from the school health history, returning student health history update, and other available health information to appraise the student’s total health needs and to assist in program planning and health monitoring. Using the nursing process the IHP is developed for the specific needs of the individual student. The standard of care requires the professional registered school nurse to develop a plan to manage chronic health conditions. For students whose health needs require the development of an IHP, an EAP is written by the school nurse, for support staff (i.e., classroom teacher, specialist, playground monitors, cafeteria monitors, and bus drivers.) with an individual plan for emergency care for the student. These plans are kept confidential yet accessible to appropriate staff.

Students who have an IHP and/or EAP may need to be referred for an evaluation for Section 504 accommodation plan. Students with a physical or mental impairment that substantially limits a major life activity must be referred to the Section 504 Team for an evaluation for a possible Section 504 Accommodation Plan. Some of the components of an IHP will be directly inserted into for an IEP or 504 plan for students who qualify for such plans. The IHP needs to be reviewed as needed based on the student’s health needs, and at least annually. The IEP is placed in the student’s health folder.

**D-4 Incident Reports**

**D-4-1 Accident/Injury Reports (AIRs)**

An Accident/Injury Report (AIR) is the system in place for reporting accidents and/or injuries that occur on school grounds involving a student, staff, visitor, or contractor who sustains an injury as the result of an accident or injury directly related to an activity or environmental issue in the school or during a school-sponsored event. The purpose of the report is for Safety and Security Office to identify any unsafe environment/practice/conditions and make corrections to prevent future injuries. AIRs are completed by the principal, assistant principal, school nurse or other authorized users. Authorization to access the system is provided by DoDEA’s Safety and Occupational Health (SOH) Program Manager via the District Safety Security Officer, area SOH Manager or area Security Officer. The DoDEA SOH Program Manager files reports for DoDEA Headquarters staff. The report must be submitted within 24 hours for a death and within five work days for all other reportable injuries See DoDEA Regulation 4800.1, Safety Program, available at,
The DoDEA-approved SIS health module is the appropriate system to document nursing care, first aid and ambulance calls associated with an accident/injury. School nurses have the ability to electronically document health office visits for all students, staff and see student contacts on those individuals who are in the SIS data base. Should a visitor or contractor not listed in the SIS data base become ill or require first aid, documentation of the office visit/nursing assessment can be done using a pen and paper record of the event, actions and outcomes (see SHSM Form H-4-6, Health Referral).

The following is the current policy for submitting an AIR:

Student:
1. An accident report is required for accident/injury occurring:
   - On school property
   - At approved school event
   - On the way to or from school
2. The accident/injury **must** meet one of the following conditions:
   - Required treatment above First Aid (e.g., referral to a doctor hospital, clinic, etc.)
   - Loss of consciousness as a result of an injury
   - Loss of more than one school day
   - Associated with a physical or facilities-related hazard requiring corrective action
   - Illness caused by a confirmed environmental exposure at the school

Employee:
1. An accident report is required for any accident/injury:
   - While on duty
   - Occurring on school property,
   - At approved DoDEA-sponsored activity or event
   - While on temporary duty
2. The accident/injury **must** meet one of the following conditions:
   - Required treatment above First Aid (e.g., referral to a doctor, hospital, clinic, etc.)
   - Loss of consciousness as a result of an injury
   - Lost time from work involving one or more full days from work authorized by a primary care manager/provider/healthcare provider
   - Injury results in limited duty or transfer of duty for more than one day
• Injury is determined to be Occupational Safety and Health Administration (OSHA)-recordable based on the diagnosis provided by the employee’s health care provider
• Injury associated with a physical or facilities-related hazard requiring corrective action
• Any work related occupational illness, (i.e., asbestosis, hearing loss, etc.)
• Any illness caused by a confirmed environmental exposure at the school that can be classified as an occupational illness

Visitors and contractors (to include chaperones and volunteers):

1. An accident report is required for any accident/injury:
   • Occurring on school property
   • While participating in a DoDEA-sponsored activity or event

2. The accident/injury must meet one of the following conditions:
   • Required treatment above First Aid (e.g., referral to a doctor, hospital, clinic, etc.)
   • Any loss of consciousness
   • Injury associated with a physical or facilities-related hazard requiring corrective action
   • Any illness caused by a confirmed environmental exposure at the school that can be classified as an occupational illness

The “Description of Accident” section should be used to completely describe how the accident occurred. It must contain information on the following:

• Where the individual was when the accident occurred.
• What they were doing at the time of the accident/injury.
• Brief description of the injury sustained—presenting symptoms, marks, discoloration, bleeding, skin integrity, edema, and deformities—any information to present a clear verbal picture of the injury. NOTE: Nursing care is documented in the approved DoDEA SIS.
• The severity of the injury.
• Nursing diagnosis.
• Any unsafe acts or conditions.
• Equipment involved, if applicable.
• Any extenuating circumstances, including environmental conditions which may have been a contributing factor.
• Lost school days (students) and lost work days (employees).

The remarks section may be used to provide additional information and updates to the report.
At the time of reporting, the extent of the injury may not be known. School nurses will follow up on any injury that requires further medical evaluation. Follow-up information is added to the AIR in the remarks section. The date the information is being added is noted at the beginning of the narrative and the initials and title of the person adding the information at the end of the narrative. A medical diagnosis, shared by the sponsor/parent/guardian or health care provider, may necessitate a change to the “Nature of the Injury” section. It may be necessary to attach supporting documentation to the AIR. A photo of the physical location where an injury occurred for clarification purposes may be attached to the report (i.e., pipe coming from the ground, rungs of a ladder, loose carpet). **NOTE**: Reports are reviewed by personnel who may not be familiar with the school.

The principal is responsible for investigating the accidents and documenting the findings and corrective action in the remarks section. Whenever a more detailed investigation by a safety professional is required, the results of the investigation are to be included in the report. The principal is responsible for any workman’s compensation paperwork deemed necessary. School nurses are not to be involved in any aspect of workman’s compensation.

Remember to:

- **Only** report the nature of the injury to include the subjective complaint, objective findings in the AIR.
- Document in the DoDEA-approved SIS stating; date of AIR reported, nature and outcome of injury.
- Spell-check all narrative comments, as reports maybe reviewed by the Chief of Staff, the Director or others outside DoDEA. Cut and paste the narrative into Microsoft Word to perform spell check.
- Spell out all abbreviations used in a narrative.
- Only use the name of the victim and not the names of other students or school personnel in the narrative. Additional persons who may have assisted the victim are noted in the witness section of the AIR.
- Indicate how the victim left the school/school health office (i.e., ambulatory, returned to class, left with sponsor/parent/guardian, assisted via wheelchair to private auto, released to EMS personnel via stretcher from playground, returned to work, etc.).
- Date the beginning of additional comments in the remarks section made after the AIR is submitted and initial after the comment.
- Indicate follow-up diagnostic information (i.e., diagnosed with fracture/concussion/internal injuries, stitches, area closed with derma bond, non-conclusive diagnosis at this time, etc.).
- AIRs are stored electronically — a printed copy should **NOT** be placed in the student’s health folder.
- Release an AIR only under a Freedom of Information Act circumstance.
Injuries that are minor in nature where medical treatment is not required nor sought (e.g., scratches, bruises, bumps, bites that do not break the skin, etc.) do not require an AIR to be completed. Medical conditions not associated with an accident, injury or occupational/environmental illness (e.g., diabetes, asthma, seizures) do not require an AIR to be completed. A medical condition that resulted in a call to EMS/ambulance service **DOES NOT** need to be reported on an AIR Form, IF there was **NO** injury associated with the incident. These types of events should be documented in the currently approved DoDEA SIS.

The AIR reporting portal is found at [https://intranet.hq.ds.dodea.edu/SIRS/index.cfm](https://intranet.hq.ds.dodea.edu/SIRS/index.cfm). Reports are completed and submitted electronically by school nurses, principals, or other authorized users. To obtain access to the program, report problems with the program, or any questions about an AIR, contact the District Safety Officer.

**D-4-2 Serious Incident Reports**

SIRs is an acronym for Serious Incident Reports. SIRs allows school staffs, District Safety & Security Officers, and Headquarter to submit and track serious incidents that occur on DoDEA property, on and/or off school grounds while en route to or from school, and/or at school sponsored activities. SIRs is used in submission of and tracking serious incidents, other than bodily injuries. This report is not to be confused with the AIR. The school nurse may be asked to provide information regarding an incident, but will not submit a SIR. Incidents to include in an SIR are:

- Drug/alcohol offences
- Crimes against persons
- Crimes against property
- Security threats

Reports are completed and submitted electronically by the school administrator.

**D-5 Evaluation of the School Health Program**

Evaluation of the School Health Program by the school nurse is an ongoing process to determine areas of strength or areas in need of improvement in the program. The evaluation will examine four key areas: staffing, delivery of service and care, compliance with DoDEA guidelines, and stakeholder satisfaction. A comprehensive evaluation of a school health services program considers, but is not limited to, the following program components:

- Communicable disease control
• Consultation, collaboration, and liaison services with local health care provider/MTF
• Crisis intervention
• Development of IHPs and EAPs for students with identified health problems such as asthma, diabetes, seizure, severe allergy, etc.
• Documentation of health services provided
• Health assessment for placement and monitoring of students with disabilities
• Health assessment including school health screenings and identified health needs of students, school, and community
• Health counseling
• Health education including wellness promotion and disease prevention
• Illness and accident services
• Immunization compliance
• Safe medication administration procedures
• Written emergency procedures coordinated with the local medical treatment facility (MTF)

Assessment tools may include analysis of archival data and records (i.e., student visits, health immunization records, and follow up on referrals); review of accident injury reports; review of local procedures and policies to determine effectiveness; and surveys of students, sponsor/parent/guardian, staff, and community members.

The Scope and Standards of Practice for School Nursing by NASN provides direction for school nursing practice and a framework for evaluation. The purpose is to maintain and improve the quality of school nursing services. These standards of practice may be ordered from NASN through their Web site, http://www.nasn.org/.

**D-6 Coverage of Two or More Schools or When the School Nurse is Unavailable**

Some geographical areas may require that a school nurse be responsible for more than one school. In these instances, both schools should have copies of the DoDEA School Health Services Manual 2942.01. The principal and school nurse will prepare, in coordination with the local medical treatment facility, written plans for providing adequate medical coverage for both schools. The school nurse and principal shall inform all school personnel of this plan and supply both schools with first aid kits for treatment of minor injuries. Faculty in-service prepares the staff for full utilization of the emergency plan. Both schools will maintain their individual stocks of School Health Office supplies when the distance between schools warrants.

The school nurse provides an alternative paper documentation process for documenting health care rendered as well as documenting medication administration by the nurse substitute or UAP. Alternative paper documentation is to be stored in the
student’s school health record. Only long term substitute nurse will be trained and
given access to the SIS health module. **The school nurse will not document in the
SIS care or medication administered by others.**

The school nurse confers with the respective principals to arrange for the
attending nurse’s transportation between schools or seeks approval of the regional
director for travel expenses for the nurse or to approve reimbursement when the
attending nurse must use a privately owned vehicle.

In accordance with DoDEA (AI) 2720.01, First Aid and Emergency Care, the
principal will designate one or more staff members responsible for health services and
emergency care requiring immediate intervention when the school nurse is not available
and ensure that designated staff members hold current certification in first aid,
CPR/AED and emergency epinephrine auto-injector use.

Registered nurses, in accordance with their individual state nursing practice act,
may train UAPs (teachers, or other school staff) for student-specific health care tasks
and medication administration, including student specific emergency medications and
first aid. This applies when there is a written prescribed medication or treatment for a
specific student/person. The school nurse prepares a folder of information and reviews
procedures with any UAP/school personnel who will provide health care tasks when the
school nurse is unavailable. All delegated health care must be accompanied by task-
specific training for the UAP. The school nurse arranges for training deemed
appropriate for the UAP. All training must be documented and repeated as necessary.
See Section C: C-5 Delegation of Care; SHSM Forms H-3-7-1 &2; H-13-4, 5, 6, 7, 8, 9,
& 10; and Section I: I-4, 5, 7, 10, 11, & 12 for additional information.

School nurses **shall not** train a UAP on standing order/non-student specific
emergency medications (epinephrine auto-injector). The UAP who volunteers to be
trained would be someone that the school nurse and the principal agree would be the
best "fill-in" should the school nurse be unavailable. Circumstances that could
necessitate the UAP being responsible for student specific health care task and
medication administration, to include student specific emergency medication, could be
but would not be limited to absence of school nurse, school nurse attending another
emergent situation, or a school sponsored activity (i.e., a study trip, sporting event, or
other DoDEA-sanctioned event). Person(s) who volunteer to be trained must feel
comfortable with the training and agree to perform the health care task should the
need arise. That person may be a non-nurse sub, the student's classroom teacher,
another member of the school faculty who is willing to accept the delegation of care or
the principal/assistant principal.
D-7 Home Visits

The community health nurse and the community social worker, associated with the local medical command, generally make all required home visits. At the discretion of the community health nurse or social worker and with notification of the principal, the school nurse may provide support through home visits during the school day, provided proper arrangements have been made for nurse coverage at the school. It is recommended that the principal provide a second person to accompany the nurse on home visits. A home conference may be preferred over a conference at school because direct conversation with the sponsor/parent/guardian may be easier to conduct in the home setting. Student’s health and wellbeing is affected by the family and home environment, home visits also may help the school nurse gain added insight into how the student’s medical condition is managed in the home.

D-8 New School Nurse Information

This section is intended to give new DoDEA school nurses an understanding of the organization.

D-8-1 Introduction to the Organization

“The Department of Defense Education Activity (DoDEA) is a Department of Defense field activity operating under the direction and authority of the Undersecretary of Defense for Personnel and Readiness.” (DoDEA Chain of Command web page)

Shortly after World War II, the Department of Defense Dependent Schools (DoDDS) was established for United States military members and their dependents stationed overseas.”

In 1994, DoDDS and its stateside counterpart, the Department of Defense Domestic Dependent Elementary and Secondary Schools (DDESS), were brought together under the umbrella agency of DoDEA.

“DoDEA plans, directs, coordinates, and manages pre-kindergarten through 12th grade education programs for school-aged children of Department of Defense personnel who would otherwise not have access to high-quality public education. DoDEA schools are located in Europe, the Pacific, Western Asia, the Middle East, Cuba, the United States, Guam, and Puerto Rico. DoDEA also provides support and resources to Local Educational Activities throughout the United States that serve children of military families.” (DoDEA Chain of Command web page) DoDEA is headquartered in Alexandria, Virginia.
DoDEA has three geographic areas – North America, Europe and the Pacific. Each area is divided into districts with its own District Superintendents Office. The organizational chart below depicts the above-school configuration.

In 2014 DoDEA, Headquarters Education Directorate initiated a three phase reorganization to manage, operate, and sustain a high-quality, worldwide, unified Pre-K-12 school system effectively. For current information and details see DoDEA website, http://www.dodea.edu/Restructuring/index.cfm

The school populations range from less than 100 to over 1200, and students aged 3 to 22 years old experience a multitude of conditions. Most of these schools have a full-time registered nurse on site to optimize student success by keeping students healthy, safe, and ready to learn.

Reference:

DoDEA Web site at http://www.dodea.edu/Restructuring/index.cfm has information regarding the restructuring.
DoDEA Web site at [http://www.dodea.edu/aboutDoDEA/command.cfm](http://www.dodea.edu/aboutDoDEA/command.cfm) provides information on DoDEA’s the Chain of Command.

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### D-8-3 Acclimation to the Military structure

As an agency within DoD, DoDEA’s primary role/responsibility is the education of dependent children of DoD-connected members. Although there is an encompassing mindset throughout the military, each branch - Army, Navy, Air Force, Marine Corps, and Coast Guard - has its own unique traditions and practices. DoDEA encourages its staff to be familiar not only with the overall military “culture,” but also with the mission of the particular military branch(s) serviced by the school where the DoDEA employee works.

Reference:


### D-8-4 Introduction to School Nursing

School Nursing is a facet of public health and community health nursing, with a school-centered approach. The American Nurses Association recognizes school nursing as a nursing specialty, with a national professional organization, NASN, and a national certification exam- National Board for Certification of School Nurses (NBCSN). School nursing is a nursing specialty that bestows autonomy and independence upon those who practice it. Each school nurse, within the parameters of prescribed regulations and scope of employment, establishes the course and priorities of their practice. Refer to Section A: A-1 (Components of the DoDEA Health Services Program) and Section A: A-4 (Role of the DoDEA School Nurse) for more information. Also, refer to DoDEA Web page, School Health Services: Overview of School Health Services, found at [http://www.dodea.edu/StudentServices/index.cfm](http://www.dodea.edu/StudentServices/index.cfm).

The NASN Position Statement, Role of the School Nurse, found on the NASN Web site at [http://nasn.org/Portals/0/positions/2011psrole.pdf](http://nasn.org/Portals/0/positions/2011psrole.pdf), may also be of help to better understand the role of a school nurse. NASN’s Scope and Standards of Practice for School Nursing, 2nd Edition, also offers insight into the specialty role of school nursing.
**D-8-5 School Health Services Manual (SHSM)**

This Manual, *DoDEA School Health Services Manual (SHSM) 2942.0*, was developed by a taskforce of DoDEA nurses. The SHSM can be accessed electronically, at [http://www.dodea.edu/StudentServices/nurse.cfm](http://www.dodea.edu/StudentServices/nurse.cfm) additionally there should be a hard copy located in each school nurse’s office. It is an excellent resource for all aspects of DoDEA school nursing, from opening the office to end-of-the-year procedures. The SHSM is the accepted standard of school nursing care in all DoDEA schools and accompanies DoDEA Regulation 2942.01.

**D-8-6 Chain of Command**

See Section A: A-3 (Chain of Command) for information about who to contact for particular questions relating to school health services, school nursing practice or the approved DoDEA SIS electronic data storage system.

School nurses at nearby facilities or within the school complex are an excellent resource for information about the community, base clinic contacts, and local schedules. Within the school, there are also resource personnel to be aware of (e.g., the principal, school secretary, administrative technologist and educational technologist, and the school liaison officer).

**D-8-7 Student Support Services (SSS)**

SSS is comprised of school nurses, counselors, psychologists, and social workers. Complexes/schools often share psychologists, and not all schools are covered by social workers. Nonetheless, these professionals work closely together at the school and complex level. They “assist in creating an educational environment conducive of academic, personal, social and career growth of all students” (DoDEA SSS Web page). There is also a strong, collaborative relationship between the district’s SSS Teams. Refer to DoDEA SSS Web page, which can be found on the DoDEA Web site at [http://www.dodea.edu/StudentServices/index.cfm](http://www.dodea.edu/StudentServices/index.cfm).

**D-8-8 Relationship to the Medical Treatment Facility (MTF)**

It is expected that the school nurse “establish a good working relationship with the MTF in coordination with the principal” (Section A: A-2, Role and Functions of the School Nurse). Although DoDEA has established regulations and instructions, a strong collaborative relationship with the local MTF is important to school nurses and school health services. The MTF can be a valuable resource not only through the provision of primary care services, referrals and support services but also through specialty clinics such as the Pediatric Clinic, Immunization Clinic, and the Preventive Medicine Clinic as well as community health nurses and industrial hygiene officers.
DoDEA recognizes the American Nursing Association, the American Academy of Pediatrics, and the National Association of School Nurses and the NBCSN, as private non-governmental organizations that prescribe professional functions and standards of performance for their respective professional groups. These organizations are unique in that their guidance is employed by states in establishing professional licensure standards for their respective professional groups, and therefore, they prescribe the standards of professionalism expected of all school nurses.

DoDEA is charged by Congress and the leadership at the Department of Defense with evaluating the effectiveness of our instructional program. Although this is accomplished by use of standardized test data, as educators, we understand that the real evaluation must include the classroom and the work of our teachers. School nurses are a part of the DoDEA Performance Appraisal System. The school nurse performance elements help the school nurse and principal evaluate the school nurse in the performance of school health services and the overall school health program. A copy of the performance elements for school nurses is available from the school principal and on DoDEA website. The school nurse should set aside time at the beginning of the school year to meet with the principal to discuss expectations for the School Health Services Program.

Reference:

Performance Elements for School Nurses:
http://www.dodea.edu/StudentServices/upload/educ_appraisal_06.pdf

DDESS: Performance Appraisal Program for Teachers and Other Professional Bargaining Unit members:
http://www.dodea.edu/Offices/Regulations/loader.cfm?csModule=security/getfile&pageid=92484

See also See Section C: C-4 (Regulation of Nursing Practice) for more information.

Professional Growth Plan (PGP)

The DoDDS Educator Performance Appraisal System provides a systematic process for ensuring continuous professional growth. Adult learning theory stresses the importance of relevant, job-related learning opportunities and individual involvement in developing, implementing, and assessing professional development experiences.
Reference:

DoDDS Performance Appraisal System:
http://www.dodea.edu/StudentServices/upload/educ_appraisal_06.pdf.

See also See Section C: C-4 (Regulation of Nursing Practice) for more information.

D-8-11 Position Description

The teaching category for a school nurse is 0478 - School Nurse. A copy of the school nurse position description can be found on the DoDEA Web site: http://www.dodea.edu/Offices/HR/resources/loader.cfm?csModule=security/getfile&pagelD=130224. A copy should also be available from the principal.

D-8-12 State Licensure & Recertification for DoDEA

“The school nurse in DoDEA is licensed as a registered nurse whose ability to practice nursing is governed by laws and regulations of the state where the nurse is licensed. The school nurse must maintain an active nursing license that meets nursing licensure requirements from their state of licensure.” DoDEA school nurses must be aware of the nursing practice act of the state in which they are licensed. Information on individual state nurse practice acts may be found at: https://www.ncsbn.org or contact your State Board of Nursing directly. See Section C: C-4 (Regulation of Nursing Practice).

Since school nurses are considered educators, they must comply with the current DoDEA Educator Licensure Program recertification requirement for educators as a condition of continued employment with DoDEA. For more information, visit the DoDEA Web site: http://www.dodea.edu/Offices/HR/employees/licensure/renewal.cfm.

The DoD Educator Licensure Program is not to be confused with the continuing education (CE) requirement imposed by the nurse’s licensing state to maintain an active registered nurse license. The school nurse must maintain an active nursing license issued by his or her licensing state Board of Nursing to practice nursing in DoDEA schools. Refer to DoDEA Regulation 5000.9 (Educator Licensure Program) found at http://www.dodea.edu/Offices/Regulations/HR.cfm.

D-8-13 Continuing Education (CE) Resources

CE requirements are based upon the individual school nurse’s state of licensure. In order to maintain professional credentials, each nurse should be aware of his/her state’s requirements. It is the position of NASN that professional school nurses must
actively participate in professional development and/or continuing education. There are a variety of sources available for CE, from the local MTF to online sources. For school nurses working overseas, obtaining CE requires resourcefulness. See Section C: C-4 (Regulation of Nursing Practice) and the DoDEA Web page for a list of suggested organizations that offer CE: http://www.dodea.edu/StudentServices/resources.cfm.

Reference:


D-8-14 Insurance and Liability

As with any nursing position, liability is a potential issue. Nurses in the government have protection against liability as long as they are performing within the scope of their duties. Additional protection may be obtained through insurance coverage, but individual insurers vary on coverage for overseas school nurses. DDESS school nurses may contact a variety of nurse insurance carriers.

In the event a Federal employee is named as a plaintiff or as a witness in a legal proceeding, they have certain rights. It is imperative for nurses to contact their supervisor and the District Office as soon as there is notification of any proceeding or litigation. The District Offices and DoDEA General Counsel will provide assistance and direction. Refer to the Section C: C-6 (Liability and Malpractice Protection) for additional information.

D-8-15 DoDEA Policies, Regulations and Instructions

The DoDEA school nurse serves a pivotal support role within the school community. The nurse’s expertise reaches into many of the students’ daily activities. The school nurse is the resident expert on the impact of student health on the educational process. Familiarity with policies, regulations, and instructions will aid in this role. Refer to Section B (DoDEA Policies, Regulations, and Instructions) for a brief list of DoDEA policies pertinent to school health services. A complete list of DoDEA policies, regulations, instructions and manuals is located at http://www.dodea.edu/Offices/Regulations/index.cfm.

D-8-16 Teacher & Parent Handbooks

It is the school nurse’s responsibility to review the school’s parent handbook and update the section on health services annually to ensure the information contained therein reflects accuracy and current DoDEA School Health Services policy.
School nurses may also assemble and distribute to all staff members a school health services/teacher handbook of health/school-related topics. See Section I: I-11, 12, 13, 14, 15, and 16 for information to include.

D-8-17 School Nursing Resources

See Section G-2 for Section I: I-2 for Professional Library Resources

DoDEA Web-based Course Management Software

DoDEA maintains a Web-based course management software (CMS) program that can be used to create an online learning environment for distance learning, hybrid and Web-enhanced courses. The DoDEA CMS at the publication of this Manual is the Schoology Learning Management System. Schoology can also serve as a portal for institutions and their online learning communities, using collaborative tools, content development and assessment utilities. School and district ETs can provide passwords as well as information on how to access the DoDEA CMS and its many communities.

DoDEA recognizes the American Nursing Association, the American Academy of Pediatrics, the American School Health Association, the National Association of School Nurses, and NBCSN as private non-governmental organizations that prescribe professional functions and standards of performance for their respective professional groups. These organizations are unique in that their guidance is employed by states in establishing professional licensure standards for their respective professional groups; therefore, they prescribe the standards of professionalism expected of all school nurses.

Brief information of each organization is provided below. Information for the respective groups was obtained from their website.

National Association of School Nurses

The National Education Association (NEA) established a Department of School Nurses (DSN) on July 4, 1968. The ultimate purpose of this organization is to improve the quality of school nursing, upgrade the skills of school nurses and to further the abilities of all students to succeed in the classroom. Throughout the 1970s, each state established school nursing credentialing standards as well as their own school nurses association under the DSN. In 1979, the DSN became an entity separate from the NEA. That same year, NASN was incorporated, and it remains the largest association of school nurses.

NASN's Web site contains NASN position statements, issue briefs and other publications that help clarify and define the role of nurses in the school setting. Many of the reference materials listed in Section I are NASN materials. School nurses may
also find resource materials and professional development opportunities from their state school nurse affiliate of NASN. The Overseas School Health Nurses Association is a state affiliate of NASN for school nurses working outside of the USA. Visit NASN's Web site at www.nasn.org.

The American School Health Association (ASHA)

ASHA is the leading membership organization for school health professionals. It is concerned with all health factors that are necessary for students to be ready to learn, including optimum nutrition, physical fitness, emotional well-being, and a safe and clean environment. This broad spectrum of topics makes ASHA unique among health and education organizations and sets the stage for collaboration among its membership and partners.

Because of its diverse membership and proximity to Washington, DC, ASHA is able to collaborate and quickly respond to developments in the arena of school health. The visionary leadership of its board, staff, and membership makes the association a mainstay in the effort to promote health for everyone learning and working in America's schools. Visit their Web site at www.ashaweb.org.

American Academy of Pediatrics (AAP)

AAP is a professional organization of pediatricians committed to the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. Visit their Web site at www.aap.org.

Health Information Network (HIN)

As the non-profit health and safety arm of the NEA, the NEA HIN provides health and safety information, programs, and services for the benefit of NEA's 3.2 million members and their 43 million students. NEA members include teachers, bus drivers, school custodians, cafeteria workers, and other school employees who make up almost 15,000 local associations throughout the U.S. and on military bases in Europe and Asia.

NEA HIN's mission is to improve the health and safety of the school community through disseminating information that empowers school professionals and positively impacts the lives of their students. NEA HIN:

- Helps to improve the quality of the environment in our schools by addressing problems of mold, poor air quality and other unhealthy conditions;
- Educates NEA members about health problems like arthritis, diabetes, communicable diseases such as flu and stomach bugs, heart disease and others;
- Works to bring healthy food to children in school;
• Helps kids stay safer online; and
• Provides school professionals with resources and tools to help them manage nature-caused and man-made emergencies.

NEA HIN is committed to advancing the health, safety, and wellbeing of NEA members and their students by doing all of these things and many more. Visit the NEA HIN Web site at http://www.neahin.org/.

Two government agencies for reliable resources on clinical nursing practice and specific disease information are the CDC and National Institute of Health (NIH).

**Centers for Disease Control (CDC)**

CDC.gov is CDC’s primary online communication channel. CDC.gov provides users with credible, reliable health information on:

- Current Outbreaks and Health Issues
- Data and Statistics
- Diseases and Conditions
- Emergencies and Disasters
- Environmental Health
- Healthy Living
- Immunizations
- Injury, Violence and Safety
- Life Stages and Populations
- Travelers' Health
- Workplace Safety and Health
- And more...

Visit the CDC Web site at www.cdc.gov/.

**National Institute of Health (NIH)**

NIH is an agency of the US Department of Health and Human Services, it is the primary agency for biomedical and health related research. Current health information can be searched for specific diseases, conditions, and news releases. Visit the NIH web site at www.nih.gov.

**D-8-18 Computerized Database-Student Information System (SIS)**

All DoDEA schools use an approved SIS. The SIS includes a Health Module to be utilized by all school nurses for student health information documentation. Medical
alerts, health conditions, immunizations, medication orders and administration, sports physicals, office visits, and screenings (vision, hearing, postural, blood pressure, height/weight/BMI and dental) and referrals are to be documented in the system. A SIS User Guide can be found on the DoDEA Web page at: http://www.dodea.edu/employees/SISGuide/index.cfm.

Each district has a nurse SIS Health Module trainer. The district SIS Health Module trainer and the district SIS ET can be contacted for information and instructions on the utilization of the system. When additional assistance is needed with program navigation, the district SIS Health Module trainer can log into the school nurses’ screen using the DoDEA Screen Connect to view what is seen by individual nurse and assist in problem solving and program navigation.
SECTION E
The Health Education Program

E-1 Health Education

E-2 Reference
The DoDEA Health Education Program prepares students to make wise decisions on matters concerning personal, family and community health by providing comprehensive health education to students in grades prekindergarten through grade 12. Through health education, DoDEA students gain an understanding and appreciation of healthful lifestyles that promote lifelong wellness and engage in learning activities designed to enable them to take responsibility for their wellbeing and the wellbeing of others.

The DoDEA Health Education Content Standards focus on achievement of health literacy for all students and are aligned to the National Health Education Standards. Basic to health education is a foundation of knowledge about the interactions within the human body, the prevention of disease and other health problems and the interrelationship between behavior and health. Health education encompasses the application of specific skills to concepts related to personal and community health, injury prevention, nutrition and physical activity, safety, mental health, alcohol, tobacco and other drugs, family life and human sexuality.

The DoDEA Health Education Content Standards were developed in accordance with the DoDEA curriculum and assessment renewal process and designed to provide guidance to teachers in planning lessons and assessing student achievement. DoDEA’s Health Education Content Standards are located on the DoDEA Web page: http://www.dodea.edu/Curriculum/healthEducation/standards.cfm.

The role of the school nurse in the health education program is to supplement the health instruction given by the classroom teacher. The school nurse supports health promotion activities and assists teachers in obtaining appropriate materials and resource people. School nurses may coordinate in-service education on health-related topics. School nurses may sometimes assist the classroom teacher to enhance a specific health unit in the classroom.

E-2 Reference

DoDEA Health Education Curriculum and Content Standards
http://www.dodea.edu/Curriculum/healthEducation/standards.cfm
SECTION F

Health Services, Practices, and Procedures

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F-7 Child Abuse and Neglect

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F-12 Non-RN Substitute Coverage in the School Health Office

F-13 Volunteers in the School Health Office

F-14 Food Allergy Management

F-15 Reference
F-1 Registration

During registration the school nurse will do the following:

- Make personal contact with sponsor/parent/guardian as needed.
- Screen immunization records and refer as needed. Student registration is not complete until a student’s immunization record reflects compliance with appropriate regulations. See Section B-6-Immunizations, Medical Services Immunizations and Chemoprophylaxis.
- Clarify health condition or problems of students.*
- Gather health information to assist with the development of IHPs, EAPs, and consideration for Section 504 Accommodation Plans or IEPs.
- Complete and file health records and medical information as needed.
- Document health information in the DoDEA-approved SIS.

*Note: DoD 1342.6-M (D) Administrative & Logistics Responsibilities for DoD Dependent Schools requests sponsors make an appointment for a complete health appraisal upon the first entry of a student into school for preschool, kindergarten, or first grade.

F-2 Immunizations

F-2-1 Immunization Screening

Students who enroll in DoDEA schools must meet specific immunization requirements prior to enrollment. Sponsors/parents/guardians must provide official proof of their dependent’s immunization status to school officials at the time of initial registration. A copy of the dependent’s complete immunization record may be accepted in lieu of DoDEA School Health Form H-2-1. All accepted documents should contain the signature and/or stamp of the health care provider who either administered the vaccinations or reviewed the information. Acceptable forms of official proof of immunization status may include, but are not limited to, the following:

- Yellow international immunization records
- State agency-generated immunization certificates
- School-generated immunization certificates, and
- Primary care manager/provider, clinic, or hospital-generated immunization records

DoDEA recognizes the Interstate Compact on Educational Opportunity for Military Children. In July 2010, DoDEA amended procedures to be current with the Compact. The Compact’s language reads as follows for students who are transferring to a new location: “Compacting states shall give 30 calendar days from the date of enrollment for required immunizations. For a series of immunizations, initial immunizations must
be obtained within 30 calendar days.” Therefore, according to the guidance provided by the Compact, sponsor/parent/guardian must present proof of immunizations upon registration in any DoDEA school. Should the immunization documentation reveal missing immunization data, the necessary immunization(s) must be obtained, and proof of immunization compliance be presented to school officials within thirty 30 days of enrollment for continued enrollment in DoDEA schools. For an immunization that requires a series of vaccinations to achieve immunity, as determined by the Advisory Committee on Immunization Practices’ series spacing requirements, the next immunization in the series is due no later than 10 days after the due date.

DoDEA immunization forms have been revised; all previous versions are obsolete. The changes in these forms are also reflected in other standard DoDEA forms that notify sponsor/parent/guardian of their dependent’s immunization status. All area, district, and school Web sites should reflect these changes. Current DoDEA health services forms are available on the DoDEA Web site at: (http://www.dodea.edu/StudentServices/Health/index.cfm)

Although it is the military services and not the schools that are responsible for administration of immunizations, school nurses can assist in the following ways:

- Coordinate with the local medical facility to develop procedures to ensure that students receive required immunizations.
- Screen student immunization records and record all age-appropriate immunization data in the DoDEA-approved SIS.
- Devise a system to notify sponsor/parent/guardian of next due in a series for a specific immunization series.
- Assist the local medical treatment facility with notifications to sponsor/parent/guardian and faculty of upcoming vaccination clinics.

Although school nurses have professional training to administer injections, administration of immunizations, including inactivated influenza and live attenuated influenza vaccine (LAIV-nasal spray), is the responsibility of the local medical command staff, not DoDEA school nurses.

**F-2-2 Immunization Compliance**

Students enrolling in a DoDEA school are to provide proof of immunization compliance. As students often enroll needing additional vaccine series or as age appropriate vaccines become due, immunization compliance is an ongoing process. School nurses are to establish a process for monitoring student immunizations and to notify the sponsor/parent/guardian in a timely manner when their dependent is due additional immunizations. See SHSM Forms H-2-3 and H-2-4 for notices of immunizations due.
Each new school year, immunization data for new students is to be entered into the approved DoDEA SIS no later than the end of the first semester. Immunizations for all students enrolled during the school year will be entered into the approved DoDEA SIS within 10 days after enrollment. Using the SIS reporting system, school nurses can identify students needing additional vaccine series or doses. The SIS will also compute overall school immunization compliance. DoDEA strives for an overall immunization rate of 95% or higher. Immunization compliance will be monitored by Headquarters at least once a year, no later than the end of the third quarter.

**F-2-3 Immunization Exemption**

A student is exempt from the immunization requirements only as follows:

- **Medical** — a student with a medical contraindication to one or more vaccines may be exempt from this requirement. The sponsor/parent/guardian must present a statement from a licensed physician, primary care manager that the physical condition of their dependent is such that the administration of one or more of the required immunizing agents is contraindicated and whether the condition is permanent or temporary. If the condition is lifelong, DoDEA School Health Form H-2-2 need only be submitted once. If the condition is temporary, the expected date that the vaccination can be received must be indicated on DoDEA School Health Form H-2-2. The vaccine must be received no later than 10 days after the exemption expiration date. For the protection of the medically exempt student and the safety of other students enrolled, the medically exempt student will be excluded from school and all school activities including sports, during a documented outbreak of a contagious disease. It is the local MTF, Department of Health, or Public Health Department that makes the decision for exclusion due to an infectious outbreak, not the school nurse.

- **Medical/Documented History** — A student will be exempt from vaccines if natural immunity was acquired. The local medical command will determine if a blood titer is required should the sponsor/parent/guardian be unable to provide documentation that the student has had one or more of these diseases.

- **Religious**— such waiver needs to be submitted annually. The school will acknowledge a sponsor/parent/guardian’s claim of exemption for religious reasons when the sponsor/parent/guardian completes and signs DoDEA Form H-2-2. During a documented outbreak of a contagious disease, an unvaccinated student will be excluded from school and all school related activities including sports and after school programs for his or her protection and the safety of the other students until the contagious period is over as determined by the MTF, State Department of Health, or Public Health Department. Such waiver needs to be signed and submitted by the
sponsor/parent/guardian each school year that the exemption is being requested. Medical counseling is required annually and documented; see DoDEA Form H-2-2 or H-2-2a. In working with sponsors/parents/guardians that are requesting religious exemption from immunizations for their dependent, the school nurse may consult with the military clergy or command medical authority for additional guidance.

Other documentation that the school will honor in lieu of a DoDEA School Health Form H-2-2 includes:

- A primary care manager/provider statement indicating the reason for the exemption request,
- State agency-generated immunization certificate indicating vaccine(s) have been waived for medical reasons,
- American Academy of Pediatrics “Refusal to Vaccinate” statement.

When documenting the immunization exemption information in the DoDEA-approved SIS, follow the recommended directions for correct methods of documentation. This allows the school nurse to generate a report of students who are not vaccine-protected, should a vaccine-preventable epidemic be declared by the medical command. Students who have “waived” immunizations are to be excluded from school attendance and all after school activities including sports, until the medical command has declared the epidemic over.

**F-2-4 Talking to Sponsors/Parents/Guardians About Immunizations**

School nurses play a key role in communicating to sponsors/parents/guardians the importance of immunization compliance. Often, families have concerns about their dependent receiving vaccinations or wish their dependent to be exempt from some or all required vaccinations. School nurses are in the position to teach those families who may be misinformed regarding immunization safety and lack knowledge regarding the benefits of immunizations. Parents need to know that vaccines protect their dependent from contracting preventable diseases and that unvaccinated individuals may unknowingly spread a preventable disease to another child or adult who is immunocompromised. This may put the immunocompromised person at risk for untoward complications, even death. Nurses also have the obligation to put their own personal views aside, (if a nurse decides not to be immunized or doesn’t immunize their own dependents) they still need to promote health by prevention of communicable diseases at school, which requires vaccinations. Families who are determined to sign a vaccine waiver need to be referred to their primary care provider for medical counseling.

An annual signed exemption form assists the school nurse to keep updated on who might be at risk and to continue the dialogue with families to re-educate them on the value of prevention through immunization.
The Centers for Disease Control (CDC) has a comprehensive set of educational materials for school nurses and other health care professionals to reference when talking to the sponsor/parent/guardian about childhood vaccinations. Visit the CDC Web site for printable brochures. (http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/conv-materials.html).

**F-3 Medication Policy**

**F-3-1 Administering Medication**

The school nurse should encourage the sponsor/parent/guardian to administer necessary medications to their dependent at home whenever possible. When medications must be administered during the school day, the medication must be delivered to the school nurse in the original container, properly labeled by the pharmacy or primary care manager/provider, stating the name of the student, the medication, the reason for administration, dosage, route, time of administration, and current date of issue. Prior to administering the medication, the primary care manager/provider and sponsor/parent/guardian must complete and sign the Medication During School Hours Form (see SHSM form H-3-2). This form, with signatures of both the primary care manager/provider and the sponsor/parent/guardian, must also be on file before administering over-the-counter medications to students. Prescribed medications purchased over the counter and not subject to pharmacy rules must be brought to school in the original (unopened) container labeled by the sponsor/parent/guardian with their dependent’s name, date of purchase, and reason for administration.

Points to remember:

- For multiple medications administered during school hours — each medication must be accompanied with its own completed and signed form. (An exception may be accepted on an individual case where a medically frail student may have a long list of medications (more than 4) in such case the prescribing PCM may sign one H-3-2 Form and sate “see attached”. The attached list must include all the information that appears on the form for each medication, PCM’s signature and date.)
- Always count all medications received or use other means of verifying that the medication received equals the amount/volume of medication prescribed.
- Medication and forms are good for a current school year and must be renewed for each subsequent school year.
- All medications must be returned to the sponsor/parent/guardian at the end of the prescribed time frame or the end of the school year. If the medication is not retrieved by sponsor/parent/guardian, the nurse needs to contact the base pharmacy for proper disposal.
The school nurse, depending upon his/her state Nurse Practice Act, may train a UAP to give medications when the school nurse is unavailable. The principal and school nurse collaborate to determine which UAP will be designated. Designated UAPs must demonstrate competency in administering prescriptive drugs before assisting students with medication. Training of the designated UAP shall include instruction in the safe administration of medication (see Section I: I-8, Safe Administration of Medications Guidelines, I-7 Rights of Medication Administration, and SHSM Form H: H-3-10, Medication In-service).

Medications given at school must be documented either in the DoDEA-approved SIS or on an individual medication log when the school nurse, substitute nurse or UAP administering the medication does not have access to the SIS. When documentation in the SIS cannot be accomplished, an individual medication log for each medication and/or each dosage time is to be used (see SHSM Form H-3-2-1, Individual Medication Log). Documentation via an individual medication log must include time the medication was given, dose given, route of administration, and signature of the individual administering the medication.

F-3-2 Safe Administration of Medications

Medication errors are the most common mistakes made when providing health care. When the school nurse is administering medications, total attention must be given to the task at hand. Each nurse must establish a plan for medication administration that follows safe medication administration:

- Is this the right **student**? Ask the student his/her name -- whole name. Check the medication container for the student’s name.
- Is this the right **medicine**? Check the medication container against the order sheet, medication administration log and/or computer screen to assure that the container has the correct medication to be administered.
- Is this the right **dose**? Check the medication container against the order sheet, medication administration log and/or computer screen to assure that the correct dose is to be administered.
- Is this the right **route**? Check the medication container against the order sheet, medication administration log and/or computer screen to assure that the route is correct.
- Is this the right **time**? Check the medication container against the order sheet, medication administration log or computer screen to assure that the time corresponds to the time ordered.
- Is this the right **documentation**? Document after the medication is administered using either the approved DoDEA SIS or SHSM: H-3-2-1 (Individual Medication Log). If using the paper log, the time and initials of the person administering the medication must be entered in the date block,
AND the signature block must contain the signature and title of the person administering the medication.

- Is this the right reason? Confirm the rational for the ordered medication. Ask the student the reason they are taking the medication.
- Is this the right response? Document monitored response, as appropriate, to the medication (i.e., improved peak expiratory flow rate, decreased discomfort, improved blood glucose levels).

To further ensure safe administration of medications in the school setting, students need to know about their medications. The cognitive level of the student is to be considered as part of the teaching process. A student should be able to tell the school nurse the name of their medication and why the medication has been prescribed. Students also need to know what to do if they suspect they have been given the wrong medication; it is appropriate for them to question the school nurse or any adult attempting to administer medications.

Reference:


F-3-3 Standing Orders

Due to the complexity and joint service provision of health care services to the DoDEA organization, it is not feasible to provide universal standing orders for DoDEA school nurses worldwide. An exception has been made for emergency use of epinephrine for the treatment of anaphylactic shock experienced by a person who has no known allergies. See Section G: G-1-4-2-2 for anaphylaxis guidelines and SHSM Forms H-3-7, 3-7-1, 3-7-2, and H-3-8, 3-8-1 for more information. The epinephrine standing orders must be renewed annually and signed by a physician.

F-3-4 Storage of Medications

Medications (both controlled and non-controlled) must be kept in a designated locked container, cabinet, or closet used exclusively for medications in the school health
Emergency medications (epinephrine) should be stored in an unlocked and readily accessible in a designated container, cabinet, or closet in the school health office. Medications needing refrigeration are to be stored in a dedicated refrigerator where food or food products are not stored. The refrigerator temperature is to be maintained at 36–46 degrees Fahrenheit. The refrigerator has to be lockable or a lockable box is affixed to a refrigerator shelf for the storage of both controlled and non-controlled medications.

All medications are to be in their original containers and clearly labeled with the student’s name. If there are non-medication items associated with an individual student’s medication (i.e., peak flow monitors, spacers, diabetic supplies, etc.), those items should be stored with each student’s medication. Individual student medications and other items are to be stored together in containers (i.e., clear zip bags, clear boxes, trays, etc.)

There should be two sets of keys to the school health office and medication storage container. The school nurse maintains direct control of one set. The principal maintains the second set in the event the nurse is unavailable to administer medications. The principal is to be trained on the general guidelines of safe medication administration and documentation. See Section F-3-2, Safe Administration of Medications, above for further information.

Reference:


**F-3-5 Self-Administration of Medication by Students**

For students diagnosed with chronic medical conditions that may necessitate emergency use medications in the school setting, (e.g. asthma, severe allergies, diabetes), there could be a decision by the student’s primary health care provider and sponsor/parent/guardian, that the student is to retain control of their medication during school hours. The short term goal of self-administration is to immediately treat the symptoms before there is an unnecessary progression of an acute episode. The long term goal is to foster self-care as the chronic health condition is most likely a lifelong condition. A student for whom it has been determined that he or she must retain control of his/her medication; the school must have on file a written permission signed by the primary care manager/provider, sponsor/parent/ guardian authorizing the
student to carry his/her medication. The student also needs to sign the form in agreement to the responsibility of carrying and self-medicating (see SHSM Form H-3-9, Permission for Student Retention of Medications). The student must demonstrate to the school nurse, an understanding of the reason for the medication, proper care of the medication, appropriate use of the medication, and steps to take after medication self-administration.

Additional practice guidelines:

- The nurse may collect duplicate medication from the sponsor/parent/guardian to have on hand in the school health office, should for any reason the student’s personal supply not be available.
- Notify faculty/staff who service the student who carries his/her own medication and may be self-administered, under what conditions, and what steps staff may need to take to assist the student.
- An EAP should be created for the student and shared with faculty/staff on a need-to-know basis.
- The student should be referred to the school Section 504 Accommodation Team for consideration for possible Section 504 Accommodation protections.
- Self-medication administration is NOT documented in the SIS.

**F-3-6 Administration of Medication on Study Trips/Sport Events**

The school nurse (Registered Nurse-RN) may train the administration of medication to a UAP designated by the principal, such as a teacher (see Section C: C-5, Delegation of Nursing Care). The school nurse will establish a protocol for ensuring that medication is administered on study trips or other DoDEA-sanctioned events. A daily dosage of medication shall be prepared for students who receive prescribed medication at school. The labeled envelope/container will include the student’s name, date, name of medication, reason for giving, dosage, and expected time of administration. The school nurse should include in the training of the delegated task of medication administration, how to keep the medication secured until needed, steps of safe medication administration and appropriate documentation of the administration. Documentation of administration should include the date and time the medication was given, the signature of the person administering the medication and any remarks necessary. If the medication is given late or missed, documentation is necessary to explain the reasons (see SHSM Forms H-3-2-1, Individual Medication Log; H-3-4, Study Trip Administration Medication Log; and Section I: I-8 Safe Administration of Medications Guidelines).

**F-3-7 Medication Incidents**

If a medication error occurs, the nurse should notify the student’s sponsor/parent/guardian, the student’s primary care manager/provider, and the school.
principal as soon as possible after the error is discovered. A Medication Incident Report should be completed (see SHSM Form H-3-5, Medication Incident Report).

Reference:


### F-4 Office Visits, First Aid and Medical Emergencies

#### F-4-1 Procedures for Illness and Minor Injury

School nurses use the nursing process to evaluate each health-related encounter. *School Nursing, Scope and Standards of Practice,* second Edition, 2011, American Nurses Association identifies the nursing process as:

- **Assessment** – the school nurse collects data pertinent to the event. Data should include, but is not limited to, the subjective complaint of the client, objective assessments such as vital signs, observations as to the client’s perceptions of their comfort* and emotional state.
- **Nursing Diagnosis** – the school nurse analyzes data to determine the pertinent issues to address.
- **Outcomes Identification** – the school nurse identifies expected outcomes related to the event.
- **Planning** – the school nurse develops a plan that prescribes strategies and alternatives to attain the expected outcomes.
- **Implementation of the plan,** which includes coordinated health care as well as health teaching and health promotion. Implementation may also include consultation with others, the sponsor/parent/guardian, or teachers to effect the desired change.
- **Evaluation** – the school nurse evaluates the client’s progress toward the expected outcomes.

*As part of the assessment, the school nurse assesses the client’s comfort or pain level. The school nurse is to assess what the client perceives as causing the pain, quality of pain, the location/region of the pain, the severity of the pain, and the timing or triggers for the pain. As pain is an individual experience, the school nurse must rely on client self-reporting of the pain intensity. The pain may be assessed through observation, questioning the client, and via a pain rating scale. There are various assessment tools to assist the school nurse and client to report pain intensity. For
younger students, a face recognition scale (0-happy to 5–hurts worse) may be used. Older students and adults should be able to rate their pain on a 0-10 scale, with 0 as pain free.

Documentation of all nursing care rendered is via the DoDEA-approved SIS. If the encounter cannot be documented via the DoDEA-approved SIS, documentation is recorded using SHSM Form H-4-6, Health Referral (see Section C: C-8, Documentation and Record Keeping, for more information).

The school nurse determines the need for a student, staff member, contractor or visitor to be sent home or referred for medical evaluation. If a student needs to be sent home because of illness or injury, one of the following actions should take place before releasing the student from school:

- The sponsor/parent/guardian is contacted to take responsibility for the student’s transportation to the appropriate destination, whether home or the medical treatment facility. Under no circumstances should the student be released until the sponsor/parent/guardian gives explicit instructions to release their dependent on his or her own recognizance.
- The designated emergency person is contacted if the sponsor/parent/guardian is not available.
- The sponsor’s supervisor is contacted if no one else is available.
- A medical referral is completed if deemed appropriate (see SHSM Form H-4-7, Medical Referral).

F-4-2 Emergency Medical Care / First Aid

In coordination with the local medical support facility, each school needs a written procedures for first aid and emergency care that are clearly understood by all school staff: principals, nurses, teachers, volunteers, secretaries, student aides, etc. (see Section I: I-9, Medical Emergency Procedures).

If a student, staff member or visitor needs emergency medical care requiring an ambulance, the school nurse follows the emergency plan relevant to the community. In all cases, the following procedures are implemented:

- Emergency responders are called.
- The principal is notified.
- DoDEA SHSM Form H-4-10 (Emergency Care Assessment Checklist) is completed as documentation of the school nurse’s assessment of the injury. A copy can be provided for emergency responders, the original is filed in the student’s health record and documented in the SIS.
- Study Trip Report is printed for emergency responders.
- Sponsor/parent/guardian, emergency contact or sponsor’s supervisor is notified that the student is in route to the nearest medical facility.
- A school official, but not necessarily the school nurse, may accompany the student/staff to the medical facility in an emergency.

A **medical** condition (without an injury) that necessitates a call to emergency medical services, EMS/ambulance service, **IS NOT** reported in the DoDEA electronic AIRs reporting system if there was **NO** injury associated with the incident. The event should be documented in the current DoDEA SIS. If the ill person is not in the current DoDEA SIS, the event is documented via pen and paper (School Health Form H-4-10, Emergency Assessment Checklist and/or School Health Form H-4-6, Health Referral).

### F-4-2-1 AED

DoDEA school health program follows guidelines for public access defibrillation programs in accordance with pages 28495 through 28501 of Volume 66, Federal Register.

**Public Access Defibrillation Guidelines**

Federal Register: May 23, 2001 (Volume 66, Number 100), Notices
[Page 28495-28511]
From the Federal Register Online via GPO Access [wais.access.gpo.gov]
[DOCD:fr23my01-89]
Retrievable at:  [http://www.foh.hhs.gov/whatwedo/AED/HHSAED.ASP](http://www.foh.hhs.gov/whatwedo/AED/HHSAED.ASP)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
GENERAL SERVICES ADMINISTRATION
Guidelines for Public Access Defibrillation Programs in Federal Facilities

AGENCY: Office of Public Health and Science, Office of the Secretary, HHS and Office of Government-wide Policy, GSA.

ACTION: Notice of availability of guidelines:

SUMMARY: The Department of Health and Human Services (HHS) and the General Services Administration (GSAA) have worked collaboratively to develop the following guidelines, entitled “Guidelines for Public Access Defibrillation Programs in Federal Facilities.” These guidelines were prepared, in part, in response to a May 19, 2000, Presidential Memorandum pertaining to the establishment of guidelines for the placement of automated external defibrillators (AEDs) in Federal buildings.
In addition, the Department of Health and Human Services is publishing this notice pursuant to section 7 of the Healthcare Research and Quality Act of 1999, Public Law 106-129, 42 U.S.C. 241 note, and section 247 of the Public Health Service Act, 42 U.S.C. 238p (as added by section 403 of the Public Health Improvement Act, Public Law 106-505).

The guidelines provide a general framework for initiating a design process for public access defibrillation (PAD) programs in Federal facilities and provide basic information to familiarize facilities leadership with the essential elements of a PAD program. The guidelines are not intended to exhaustively address or cover all aspects of AED or PAD programs. They are aimed at outlining the key elements of a PAD program so that facility-specific, detailed plans and programs can be developed in an informed manner.

To retrieve details go to: http://www.foh.hhs.gov/whatwedo/AED/HHSAED.ASP

The public access defibrillation program is in collaboration with the local MTF, a standing order for the AED and program is signed by a MTF physician annually. Maintenance of the AED is also in collaboration with the MTF. Replacement of AED adult and child pads and AED batteries are requested by the school nurse as needed and funded by the school district office.

F-4-3 Emergency Plans

The school nurse will develop an emergency plan with the collaboration of the MTF to manage medical emergencies relevant to the respective community. The plan will include “what to do, who will do”, when the school nurse is not available or not in the building. The plan will be posted in highly visible areas within the school. (see Section C: C-5, Delegation of Nursing Care).

Other Unpredictable Emergency Events —there may be epidemics, bomb threats, and facility deficiencies that endanger the health and safety of students and school personnel. The installation commander may close the schools for such emergencies as deemed necessary. The principal and school nurse, and Crisis Management Team members should work together to develop emergency procedures in coordination with appropriate military officials. The school nurse should work with the principal and the faculty to ensure the safety of students, staff, and visitors.

F-5 Universal Precautions

F-5-1 General Information
Per DoDEA Regulation 4800.05, Bloodborne Pathogen Exposure Control Program, to control communicable disease transmission pertaining to bloodborne pathogens is implemented. School staff is educated via annual training about the practice of Universal Precautions in preventing contact with blood or body fluids of others. School principals are to appoint a bloodborne pathogen exposure control advisor (ECA); the appointed person may be the school nurse. See DoDEA Regulation 4800.05 located at: http://www.dodea.edu/Offices/Regulations/OSS.cfm.

F-5-2 School Nurse Role

The school nurse must ensure that all school employees understand the importance of universal precautions and proper hand washing to control the spread of contagious diseases. Information about Universal Precautions and procedures are presented in beginning of the school year and discussions on basic first aid. Staff should be encouraged to allow students to the best of their ability, to manage their own first aid care. Classroom and playground first aid kits should contain bloodborne pathogen protection supplies. All staff should be provided with disposable non-latex gloves and instructed in proper use. Liquid soap dispensers are recommended for proper hand washing (see Section D: D-1-3 for contents of classroom, playground and study trip first aid kits).

F-5-3 Universal Precaution Procedures

The following universal procedures should be followed by all school staff:

- Students are to be encouraged to take care of their own minor injuries, cuts, scrapes, and bloody noses whenever possible. The student may need a reminder to thoroughly wash his or her hands afterward.
- Large blood spills, such as serious nosebleeds or wounds, may require assistance from school staff. The school employee must wear gloves when making contact with the wounded person.
- Employees need to wash their hands thoroughly with soap and water if in contact with body fluids and after removing the gloves.
- Employees must wear disposable gloves for cleanup. They must use a disinfectant solution for cleaning (a bleach solution of 1.5 cups per gallon of water). The principal is responsible for the school cleaning contract and to inform the contractor of OSHA standards.

F-6 Health Screening Procedures

F-6-1 Observation and Referral

Classroom teachers work closely with students each day and play a key role in observing and detecting possible health problems. Observation, inspection, and attention to complaints of students are frequently much more important in finding clues
to abnormal conditions than many of the screening tests. These observations are not limited to any particular period of the day and should continue throughout the day as students engage in various school activities. Teacher-nurse conferences are helpful in understanding and sharing knowledge of students with health concerns.

**F-6-2 Screening Program**

In developing a school health services screening program the school nurse may consider the following:

- **Age of the students to be examined** (e.g., it may be advisable to screen the kindergarten class in the classroom where they will feel more secure; for older students, another location would be appropriate).
- **Classroom schedules.**
- **Time involved in the screening** (e.g., audiometric testing takes approximately two to five minutes per student).
- **Available equipment.** Is there equipment available for multiple screenings, or must screening be done individually? Is the equipment shared with other schools, and if so, what is their schedule?
- **Available locations for screening.** Is the area used for other purposes? If so, will the screening have to be scheduled over a period of time? Will the times available allow for checking the students who need to be examined? Is a quiet area available for audiometric screening? Is a private area available for height/weight/BMI, blood pressure or postural screening?
- **Available medical facility assistance.** To what extent will the local medical treatment facility assist in the screening program? Cooperation and coordination with the local medical facility saves times on lengthy appointments and provides identification of students in need of service.
- **Provisions for health instruction units.** Appropriate materials that support the screening program should be distributed to the classroom teacher. Or the school nurse may choose to conduct lessons on the importance of a particular screening, how the screening will be conducted, and a practice session to give students a better understanding of what the screening involves. DoDEA Health Education content standards are located at: [http://www.dodea.edu/Curriculum/healthEducation/standards.cfm](http://www.dodea.edu/Curriculum/healthEducation/standards.cfm).
- **Provisions for coverage of the health office during screening(s).** Coverage should be arranged with the principal.

**F-6-3 Prior to Screening Students**

The school-wide screening program should be coordinated with the principal, teaching staff and medical and clinic support staff (e.g., physical therapy, occupational therapy, optometry, audiology, dental, etc.). The screening program involves the following:
• Contacting volunteer sources for assistance with the screening program.
• Informing the students and their families of the purpose of the screening, method of accomplishment, and that follow up for further examination may be required. Indicate that this is only a screening and not a substitute for a regular medical examination (see Section C: C-7, Consent for Health Services).

F-6-4 Notifying Sponsors/Parents/Guardians of Screening Referral

After screening, or rescreening, when results warrant a referral, the school nurse will send a screening referral notice with the screening results to the sponsor/parent/guardian. The referral requests the sponsor/parent/guardian to make an appointment with the appropriate practitioner for a complete examination and provide the examination results to the school nurse. Best practice is to mail referral notices to the sponsor/parent/guardian whenever possible. See SHSM Medical Referral Form H-4 for screening specific referral notices. The teacher(s) may also be informed in case any environmental adjustments are necessary.

F-6-5 Follow-Up

The school nurse will follow up with the sponsor/parent/guardian, encouraging them to take their dependent for a complete assessment of the suspected problem. Remind the sponsor/parent/guardian to take the school prepared referral notice with them to the appointment and to return the notice to the school nurse once the follow up is completed. The sponsor/parent/guardian should also be informed that they should keep the school apprised in any change in their dependent’s health status.

• After referrals are forwarded to the sponsor/parent/guardian, follow up in two to four weeks to assess if there are any questions or perceived roadblocks in obtaining medical care.
• Document all screening results, referrals, and referral outcomes using the approved DoDEA SIS.

F-6-6 Vision Screening

The purpose of the vision screening is early identification of potential and / or existing particular condition or disease, and refer for a complete eye examination by a health care provider. Observation, inspection, and student complaints are equally as important as a vision acuity screening in finding clues to defective vision or other abnormal eye conditions. Teachers should note and refer any student with the following symptoms to the school nurse for assessment:

• Red-rimmed, encrusted, or swollen eyelids
• Inflamed or watery eyes, recurring sties
• An eye that turns in or out
• Squinting, frowning, shutting, or covering one eye
• Difficulty with close work, holding objects, books too close
• Difficulty with board work from a distance

Minimal vision screening schedule requirements are:

• All students in pre-kindergarten, kindergarten 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 5<sup>th</sup>, 7<sup>th</sup>, and 9<sup>th</sup> grade levels
• All students new to the school
• All children referred by school personnel or parents
• All students in special education programs
• All students referred by a sponsor/parent/guardian, primary care manager/provider, or self-referred, as well as referrals from any of the various school teams (i.e., CSC, 504 Accommodation Team, child find/PSCD and Student Support Team).

Minimal Vision Screening Recommendations

<table>
<thead>
<tr>
<th>Procedures</th>
<th>PreK</th>
<th>K</th>
<th>1</th>
<th>2</th>
<th>4</th>
<th>6</th>
<th>8</th>
<th>9</th>
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<th>Referred</th>
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</thead>
<tbody>
<tr>
<td>Hx/Observation</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Distance Visual Acuity</td>
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<td>X</td>
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<tr>
<td>Near Visual Acuity</td>
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<tr>
<td>Near Pt Convergence</td>
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<td>Color Vision</td>
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<td></td>
<td>X*</td>
<td>X*</td>
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</tbody>
</table>

* If not done in kindergarten or in previous years (not required for grade 4 or older unless suspected of color deficiency).

When screening, standardize screening by starting with the LEFT eye occluded, thus screening the RIGHT eye first. This standardized process results in a more reliable outcome in documentation. Test each eye separately. A screening of ‘both’ eyes is unreliable as the eye with the better acuity will dominate, thus yielding a false acuity level.

**Assessment Tools and Techniques for Visual Acuity Screening**

Most commonly used screening tools are the distance and near point vision tests.

• Distance acuity: For younger children: LEA Symbol chart is preferred but HOTV chart can be used. For older children: Distance Sloan Letters 10 or 20 feet chart proportionally spaced. Sloan charts are recommended over
Snellen charts because the Sloan charts have higher sensitivity and specificity. Titmus, Keystone.

- Near acuity: Titmus, Continuous Text reading card, Sloan Near Point charts (letter or symbol, etc.)
- Binocular: convergence (amblyopia and poor ocular alignment), Stereo/depth perception test if available.
- Color vision – Ishihara Chart, pseudoisochromatic plates.
- Ocular Tracking: Alternate Cover Test (determines if eyes work together, ocular motility)
- Eye alignment (determines potential misalignment, strabismus, or hyperphoria)

Rescreening

Rescreen, in two to four weeks, any student missing ½ or more of the 20/40 line for either eye. Complete a vision referral form (SHSM Form H-4-1) for each student referred for further evaluation. Referrals can be either given to the student, preferably in a sealed envelope, or mailed home (the preferred method).

Documenting Results

When documenting screening results in the approved DoDEA SIS, the acuity level (i.e., 20/20, 20/30, 20/40) for each eye is to be recorded in the appropriate column. An indication of “pass” or “fail” is not sufficient. Students who wear glasses need be screened wearing their glasses and so noted in the SIS documentation.

Referral criteria should be coordinated with the local medical treatment facility. NASN guidelines indicate acuity in each eye should be at least 20/30 for children 6 years or older. For younger children in preschool and kindergarten, visual acuity must be at least 20/40. Students should be referred for more than one line of difference between two eyes or for an acuity level greater than 20/30 (20/40 for preschoolers) in either eye.

Reference:


F-6-7 Hearing Screening

Any substantial reduction in the ability to hear may constitute a handicap. Anything that interferes with the student’s hearing ability impairs early language growth and may have a strong influence upon the student’s academic performance and the development of character and personality during childhood years. Students who wear hearing aids or who have a known hearing deficit should not be screened at school.
Symptoms reported by the sponsor/parent/guardian or classroom teacher that may need further evaluation are:

- Complaints of frequent earaches or pain in the area immediately adjacent to the ear
- Complaints of the ear being “stopped up”
- Complaints of noises such as ringing or buzzing
- Drainage from the ear, sometimes accompanied by an unpleasant odor
- Ears dirty with heavy encrustation of dried earwax
- Frequent colds or allergic symptoms
- Constant mouth breathing
- Poor balance in walking, running, leaping, and other similar activities
- Poor or defective articulation of speech sounds
- Misunderstanding or misinterpretation of oral communication
- Inattention, interrupting conversation of others, being unaware that others are talking, answering questions inappropriately, responding off topic, leaning forward to hear, or cocking the head in an effort to hear better.

Students are screened for hearing (puretone screening) during the year of first entry into school and every two years thereafter. Minimal requirement:

- Once in preschool
- At school entry in kindergarten or 1st grade (whichever is first entry)
- Second or third grade
- Fourth or fifth grade
- Sixth or seventh grade
- High school students should be screened at least once during their high school years.

The school nurse should accept referrals from a sponsor/parent/guardian, school staff, primary care manager/provider, or student, as well as referrals from any of the various school teams (i.e., CSC, 504 Accommodation Team, Student Support Team).

When screening, standardize screening by always starting with the RIGHT ear. This standardized process results in a more reliable outcome in documentation. Test each ear separately. A screening of ‘both’ ears is unreliable as the ear with the better acuity will dominate, thus yielding a false acuity level.

Begin screening at 20 decibels (dB) and test at the following frequencies (Hz) 500, 1000, 2000, and 4000 Hz. If the environment has extraneous noise, the intensity can be raised to 25dB. Never increase intensity beyond 30 dB during screening process.

Referral criteria should be coordinated with the local medical treatment facility. American Speech Language Hearing Association guidelines indicate “passing” acuity in
each ear should be at least 20-25 dB, depending on ambient noise in the testing area. Students should be retested in 2 to 4 weeks for “missing” any frequency in either ear and referred for “missing” any frequency during the rescreening.

**Assessment Tools for Screening Hearing**

- Audiometer
- Tympanometer
- Otoscope

**Types of Hearing Screening**

Three types of hearing tests are recommended for use in school hearing screening programs:

- **Pure Tone Screening (Sweep Test)**
  Pure Tone screening or a sweep test is a quick screening of specific frequencies (1000, 2000, & 4000 Hz) at a decibel level of 20. Ambient noise in the testing area may be such that the decibel level can be raised to 25 dB.

- **Pure Tone Threshold Test**
  Threshold testing is designed to determine the lowest decibel a frequency can be heard. This test is not considered a normal screening tool for the general school population but may be used for students being considered for special education.

- **Impedance Testing**
  Impedance testing is designed to measure the mobility of the ear drum. This test may be used with younger children who are suspected to have an undiagnosed hearing loss.

**Implications of Identifying a Hearing Loss**

The following classifications are based on hearing levels through the frequency range most crucial for the understanding of speech and are a general guide to the degree of severity of hearing loss:

**Mild Hearing Loss (25–40 dB)**

- Has difficulty hearing faint or distant speech.
- Needs favorable seating.
- May benefit from lip-reading instruction.
- May benefit from hearing aid.

**Moderate Hearing Loss (40–59 dB)**
- Can barely hear conversational speech at a distance of 3 to 5 feet.
- Needs hearing aid, auditory trainer, lip reading, favorable seating.
- Needs language therapy to aid with communication skills.
- Requires special education services.

**Severe Hearing Loss (60–85 dB)**
- May hear a loud voice about 1 foot from the ear.
- Needs hearing aid, etc., in conjunction with language therapy to aid with communication skills.
- Requires special education services.

**Profound Hearing Loss (85+ dB)**
- May hear only very loud sounds (e.g., jet plane overheard and subway).
- Does not rely on hearing as the primary channel for communications.
- Needs amplification, plus all of the above mentioned services, but may be less successful in producing adequate speech and language.

**Rescreening**
Rescreen students in two to four weeks, who miss any frequency at 30 dB in either ear. Complete a Hearing Referral Form (SHSM Form H-4-2, Hearing Referral) for each student referred for further evaluation. Referrals can be either given to the student (preferably in a sealed envelope) or mailed home.

**Recording Results**
When recording screening results in the approved DoDEA SIS, the acuity level (i.e., 1000 Hz @ 20 dB) for each frequency and ear needs to be recorded. An indication of “pass” or “fail” is not sufficient.

Reference:

**F-6-8 Height/Weight/Body Mass Index (BMI)**

The purpose of screening for height/weight/BMI is to monitor growth development and identify any health concerns, such as underweight, malnutrition, eating disorders, and overweight or some underlying medical condition. Ideally growth parameters are assessed annually to ensure that students are growing within expected norms. If annual screening is not manageable, it needs to be performed every other year. BMI is a commonly accepted measurement for classifying adiposity in children and adolescents comparing height, weight, age, and sex. However, BMI does not
measure body fat directly but is an inexpensive method of screening for weight categories that may lead to health problems.

BMI is usually measured as a percentile and used to indicate a weight status category (underweight, healthy weight, overweight, and obese).

<table>
<thead>
<tr>
<th>Weight Status Category</th>
<th>Percentile Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>Less than the 5&lt;sup&gt;th&lt;/sup&gt; percentile</td>
</tr>
<tr>
<td>Healthy Weight</td>
<td>5&lt;sup&gt;th&lt;/sup&gt; to the 85&lt;sup&gt;th&lt;/sup&gt; percentile</td>
</tr>
<tr>
<td>Overweight</td>
<td>85&lt;sup&gt;th&lt;/sup&gt; to the 95&lt;sup&gt;th&lt;/sup&gt; percentile</td>
</tr>
<tr>
<td>Obese</td>
<td>95&lt;sup&gt;th&lt;/sup&gt; percentile or greater</td>
</tr>
</tbody>
</table>

BMI screening is not a diagnostic tool. Should a school screening indicate that a student's BMI is outside the healthy weight status category; a referral to the primary health care provider for further assessment is warranted. Additional assessment might include skinfold thickness measurements, evaluation of diet, physical activity, family activity and other health screenings.

Once height and weight data is entered in the approved DoDEA SIS, the SIS will perform the BMI calculation. A report can be printed from the SIS for the sponsor/parent/guardian to inform them of their dependent’s BMI weight status category. The preferred method of notification is to mail the BMI report to the sponsor/parent/guardian. Prior notification that the school will perform growth measurements (height and weight) should be sent to the sponsor/parent/guardian. Notification should include that all results are confidential and offer an explanation of BMI.

**Assessment Tools for Height/ Weight Screening**

- Stadiometer, preferably one that has been installed on a wall-over a flat surface, not over a carpeted area. Height attachments on a beam balance scale are often inaccurate for measuring height.
- Beam balance or electronic scales that can be easily calculated and has a platform large enough to support the student.
- Each student should be screened in private, in a separate room or behind a screen, in lightweight clothes and stocking feet.
- Students waiting their turn should not have visual or auditory access to the screening of a classmate.
- The space must include a writing area where the screener can record information as the physical findings are observed.

**Screening**

1. Student should remove shoes and any heavy outer clothing.
2. Have the student stand with their back straight against the wall, eyes forward, chin parallel to the ground. Check for four points of contact against the wall (heels, buttocks, shoulders, and head).
3. The screener’s eyes should be eyelevel with the top of the student’s head, parallel with the headpiece.
4. Student should step on the scales, standing still while screener measures the weight. If a beam scale is being used, return the weights to zero after recording the weight.
5. Measure weight in quarter-pound increments. Measurement is entered in the SIS using decimals not fractions.

Rescreening

Current literature does not support rescreening. However, should the school nurse have reason to doubt results, a rescreening may be necessary. School nurses must make every effort to assure the privacy and confidentiality of the student being rescreened.

Reference:


F-6-9 Postural Screening

A student who is already being treated for scoliosis should not be screened.

Recent studies and some systemic reviews as well, contradict and question the effectiveness of routine scoliosis/postural screening among asymptomatic adolescents. The rational for opposing scoliosis screening is focused on concerns about the low predictive value of screening, the accuracy of most common screening methods, and the possibility of unnecessary treatment including brace use, and the effect of exposure to radiation when x-rays are obtained. Other concerns are about cost effectiveness of referrals.

Abolishing routine mass scoliosis screenings for asymptomatic adolescents within the school appears to be justified based on the supporting evidence.
Since postural screenings are less objective than other screenings, and following recommendations according to evidence-based guidelines concerning school based postural/scoliosis screening, school nurses are not required, but may continue incorporating this screening into their duties.

As a result, if scoliosis screening is undertaken, the American Academy of Orthopedic Surgeons and the American Academy of Pediatrics agree that females should be screened twice, at age 10 and 12 years (grades 5 and 7), and males once, at age 13 or 14 years (grades 8 or 9). School nurses should coordinate postural screening with their local medical command as not all health care providers support routine screening of asymptomatic adolescents.

Prescreening education is essential to the success of a screening program. The sponsor/parent/guardian may have concerns when they receive positive findings without having prior knowledge of the condition and the screening program. School nurses can involve the sponsor/parent/guardian by providing education about observations they can make at home:

- Check their dependent every 6 months (between the ages of 10-16 years for early warning signs of scoliosis
- Look directly at the back of their dependent for spinal curves or deviations
- Notice if pant legs or skirt hems look uneven
- Arrange for a medical evaluation, promptly, should they have any questions

**Procedure for Postural Screening**

**Preparation for Screening**

1. Each student should be screened in private, in a separate room or behind a screen, in gym clothes when possible. Boys and girls must be screened separately and individually. The space must include a writing surface where the screener can record information as the physical findings are observed. It is strongly recommended that females screen girls. If this is not possible, then a female chaperon MUST be present at all times when girls are screened by a male screener.

2. To help ensure accurate screening results, the students must wear proper attire.
   - Boys must remove their shirts and pants to the hips or wear gym shorts, so that the waistline and hips can be observed.
   - Girls must wear a bathing suit top, halter top, or bra and lower their pants to the hips or wear gym shorts, so that the waistline and hips can be observed.
- All students must remove shoes or sneakers before screening.

Screening Procedures

1. The student is directed to stand erect with weight evenly distributed on both feet, facing the screener with feet together, knees straight, and arms relaxed at sides. Students should be encouraged to avoid slouching or standing “at attention.” The screener should check the student from the front looking for the following:
   - Elevated shoulder
   - Unequal space between arm and side
   - Uneven waist creases

2. Next, the student is directed to bend forward at the waist (toward the screener) with hands together and head tucked in (as in a “diving” position). The screener should examine for the following:
   - Asymmetry (uneven contours) of the rib cage or upper back, i.e., one side higher than the other
   - Rib hump present in the upper or lower back
   - Curve in the spinous process alignment

3. The student is asked to turn so that his or her back is facing the screener. The screener should observe for the following:
   - Elevated shoulder
   - Hip prominence
   - Curve in spinous process alignment
   - Unequal space between arm and side
   - Unequal creases at waist

4. The student is asked to assume the diving position once more, bending forward at the waist with head tucked in. The screener should observe for the following:
   - Asymmetry (uneven contours) of the rib cage or upper back; i.e., one side higher than the other
   - Rib hump present in the upper or lower back
   - Curve in the spinous process alignment

In the procedure outlined above, the screener remains primarily in one place, allowing the student to do the turning. This saves time and makes the screener’s job easier. For consistency, the screener should start with the student’s RIGHT shoulder, move to the LEFT shoulder; moving from shoulder to back to hip. After the screening is completed, the school nurse notifies the sponsor/parent/guardian of students with positive findings.
Rescreening

Rescreen any student with positive findings for postural deviations. Referral criteria should be coordinated with the local medical treatment facility. Complete a Postural Screening Referral Form (SHSM Form H-4-3) for each student referred for further evaluation. Referrals can either be mailed home (preferred method) or given to the student in a sealed envelope.

Recording Results

The results of the screening should be noted in the approved DoDEA SIS indicating findings. An indication of “pass” or “fail” is not sufficient.

Reference:

http://www.uspreventiveservicestaskforce.org/3rduspstf/scoliosis/scolios.htm


F-6-10 Dental Screening and Preventive Care

General health, well-being, and personal appearance are enhanced by good dental health. Dental disability may result from abnormal growth and development, traumatic injury, dental caries, or periodontal disease. The primary focus of dental screening and preventive care is to reduce the probability of the development of future dental disorders and to identify existing student dental health problems. The school dental program includes the following:

- **Screening and treatment referral.** Screening and treatment of student dental health disorders are the responsibility of the local dental clinic. The school nurse and dental clinic personnel coordinate screening procedures and practices. School nurses may assist dental clinic personnel with logistical activities, sponsor/parent/guardian notification and follow up (see SHSM Form H-4-4, Dental Screening Report).
- **Dental health education.** Learning activities directed by the classroom teacher, a dental hygienist, or the school nurse promote proper dental care. The benefits of daily mouth cleansing, tooth brushing, and proper dietary habits are valuable components of the health curriculum.
- **Dental emergencies.** School nurses often see students in the health office with a dental complaint. Refer to “Dental Emergencies” by the American Dental Association at: http://www.ada.org/370.aspx or “Handling Orthodontic Emergencies” by the American Association of Orthodontists at https://www.aaoinfo.org/practice/patient-management/patient-
education/handling-orthodontic-emergencies. As a dental emergency and the expected positive outcome can be time sensitive, a call to the sponsor/parent/guardian is always appropriate.

### Rescreening

As dental screening is a function of the military Dental Clinic and not the schools, there is little opportunity for rescreening. SHSM Form H-4-4-1 (Dental Screening Follow up) may be used to follow up on the progression of dental care received for students who were noted to have visible or severe dental problems that required attention.

Reference:


### Blood Pressure Screening

Blood pressure should be assessed annually by a student’s primary health care provider. Many times, a blood pressure reading can be elevated in the doctor’s office by either anxiety or by a potentially serious health problem (i.e., renal, cardiac or endocrine disorders). Often, school nurses are asked by the student’s health care provider to follow up on a student’s elevated blood pressure reading and report findings back to the health care provider.

A blood pressure reading, as part of the nurse’s vital signs assessment, of a student or staff may reveal an abnormal reading. The blood pressure reading should be included in all documentation to include notice to the sponsor/parent/guardian and a medical referral for the illness or injury. Refer to the National Institutes of Health for children and adolescent norms [http://www.nhlbi.nih.gov/files/docs/guidelines/child_tbl.pdf](http://www.nhlbi.nih.gov/files/docs/guidelines/child_tbl.pdf)

Refer to the Centers for Disease Control for adult norms and information on hypertension [http://www.cdc.gov/bloodpressure/](http://www.cdc.gov/bloodpressure/)

To take an accurate blood pressure reading, have the student or staff member rest for a minimum of five minutes in a sitting position (uncross legs). Use a cuff that is appropriate for the size of the person’s upper right arm (40% of the circumference at the midpoint). A cuff that is too large will result in a reading falsely low, while a cuff
that is too small will result in a reading that is falsely high. Document the blood pressure results in the approved DoDEA SIS. Staff has the right to ask the nurse to, not document the blood pressure results in the SIS. In that case, the nurse will document on paper and store it in a confidential paper file.

Reference:


F-7 Child Abuse and Neglect

Cases of child abuse and neglect will be reported in accordance with current DoDEA regulations and guidelines. Refer to DoDEA Regulation 2050.9, Family Advocacy Program Process and Procedures for Reporting, on the DoDEA Regulations Web page, (http://www.dodea.edu/Offices/Regulations/index.cfm). Any employee who has reason to believe or suspect that a student has been abused or neglected shall report that information immediately according to established DoDEA procedures. Local policy and procedure shall be followed in accordance with DoDEA regulations and guidelines. For additional information on child abuse reporting, see Section C: C-9 (Child Abuse Reporting).

F-8 The School Nurse’s Role: Children with Disabilities

DoD Instruction 1342.12, Provision of Early Intervention and Special Education Services to Eligible DoD Dependents, requires that all children with a disability between the ages of Birth and 21, regardless of the severity and extent of their handicap, be provided a “free and appropriate education.” The school nurse’s role may include the following:

- Screening, evaluation of screening results, referral for medical follow up if needed and medical history information as part of pre-referral process. See SHSM Forms H-10-1, 10-2, 10-3, and 10-6 for Health Screening/Assessment and History Forms. All screening results are to be documented in the approved DoDEA SIS.
- Home visits that identify children with exceptional needs who are not attending school
- Conferences with the sponsor/parent/guardian, community agencies, and instructional staff
- Observation of students at home and in school setting (classroom, cafeteria, playground, etc.)

A major role of the school nurse in the early identification of a student with a suspected disability is to refer the student and family to the appropriate medical
resources. Because of their professional background, school nurses are especially qualified to strengthen the link between educational and medical services. Health services for a student referred to the CSC or 504 Accommodation Team may include the following:

- Vision and hearing screening, with follow up as indicated
- Social/Family/Medical and developmental history
- Medical referrals/follow up as indicated
- Written report of the above to the appropriate team

See Section C: C-10, Laws Relating to Children with Disabilities, for additional information.

F-9 Substance Abuse

The role of the school nurse in school substance abuse programs is threefold: drug abuse prevention and education, early identification of both users and potential users of mind-altering drugs or alcohol, and referral to local treatment programs. Drug abuse programs target a range of abused substances, including alcohol, tobacco, misused prescription and nonprescription drugs, inhalants, and other legal substances used for the purposes of altering the mind.

F-9-1 Substance Abuse Education

The school nurse may be asked to coordinate or participate in various educational programs that are in place at schools. The nurse may also facilitate school participation in national and local campaigns such as the Great American Smoke-Out, the Red Ribbon Campaign, and Celebrate Sober. Students should be referred to substance abuse counseling resources as appropriate. Adolescent Support and Counseling Services (ASACS) is a contracted program that provides “in-house” counseling services and is available in many communities.

F-9-2 Substance Abuse: Medical Emergency, Non-emergency, Suspected Chronic Abuse

Medical Emergency

If a medical emergency at school occurs because of suspected substance abuse, the school nurse should be summoned using the school’s emergency procedures. An ambulance should be called while the nurse renders first aid. Information concerning the suspected substance abuse and a printed Trip Report should be given to the local medical facility as quickly as possible. The sponsor/parent/guardian should be notified of the incident and referred to the local medical facility.
Non-emergency

When no medical emergency exists but a teacher or other staff member suspects that a student is under the influence of alcohol or drugs at school, the student should be referred to the principal for disciplinary action. If the principal determines that the nurse’s input is needed even though no emergency exists, the principal will ask for the nurse's assistance.

Suspected Chronic Abusers

Upon reasonable suspicion that a student has a chronic problem with either drugs or alcohol or both, the student is often referred to the school nurse for further assessment. If information supports suspicion of a substance abuse problem, the student’s sponsor should be contacted and the family referred to ASACS, if available (see SHSM Form H-5-3, for Suspected Substance Abuse).

F-9-3 Children of Alcoholics and Other At-risk Students

The school nurse plays an important role in the identification of students at high risk for developing substance abuse problems. Identifying and referring these students to educational prevention programs and/or counseling maximizes the possibilities of academic success and self-esteem.

F-10 Crisis Intervention

According to DSM 2943.0, Crisis Management Guide, schools must establish a Crisis Management Plan and a Crisis Management Team. The Crisis Management Team will respond to crises that affect the school population, for example, the death of a student or a teacher, a serious accident, self-destructive behaviors, or threats of potential or actual violence. The school nurse should work with the school counselor and other members of the Crisis Management Team to formulate a crisis response plan for the school.

Reference:


F-11 Adolescent Health Issues

F-11-1 Confidentiality

Minors may receive confidential medical care from medical providers outside of the school without their sponsor/parent/guardian’s knowledge or consent, in
accordance with local military regulations and host nation law. In communities where
teen clinics are established, students who are dependents of civilian personnel may
receive this care, free of charge, from the local military medical facility. Most often,
confidential care involves sexuality problems such as pregnancy testing, birth control
information and examinations, and treatment for sexually transmitted diseases. In
providing care, the individual health practitioner must determine if the teenager is
mature enough to understand the medical treatment and to follow instructions. When
students seek confidential medical care without their sponsor/parent/guardian’s
permission, an accountability system is set up between the medical facility and the
school nurse to verify that the student’s absence is an “excused” absence with “make-
up” privileges. The school does not transport the student to such medical care
provider, but may counsel the student about the availability of medical assistance and
how the student may make an appointment and obtain transportation to keep an
appointment, if needed.

F-11-2 Contraception

Birth control information is a part of the health education curriculum in DoD
secondary schools. See Section E: E-1 for further information on health education in
the classrooms. DoDEA’s Health Education Content Standards are located on the

F-11-3 Pregnancy

Pregnant and parenting teens should continue to attend school. These students
may have multifaceted needs with respect to support services within the school setting.
These students often have complex physical, social and emotional issues requiring the
assistance of the school nurse, counselors, psychologist, social services, if available, and
possible evaluation by the school Section 504 Accommodation Team.

Identification

The school nurse should assess the student who suspects pregnancy for related
problems such as depression, denial, suicidal ideation and/or gestures, sexual assault or
abuse, intentions to run away, family stress and/or violence. A student may have the
pregnancy confirmed through a confidential pregnancy test at the local medical facility,
depending on the student’s age and Military Service. In other cases, a student may
need sponsor/parent/guardian permission and/or support to obtain a pregnancy test.

Pregnancy Test Results

Whether a student’s pregnancy test is negative or positive, the student may need
follow-up counseling. If a student phones a medical provider from the school health
office to obtain pregnancy test results, the school nurse is available for guidance and support to the student.

Regardless of the pregnancy test result, the student needs follow up care. The teenager needs to be counseled regarding issues such as sexual relationships, contraceptives, and sexually transmitted diseases. A sexually active teen who has never had a pelvic exam should be referred for a gynecological exam and counseling at the teen clinic, if such facility is available, or referred to the local MTF.

The student who is pregnant will need counseling regarding the choices available to her. The school nurse should refer the student to the local medical facility or other agencies for counseling support. Often the school nurse may facilitate discussion of the pregnancy between the student and her sponsor/parent/guardian. The school nurse should encourage the student to obtain prenatal care as well as infant care classes. The school nurse can initiate services in the school that help the pregnant student stay physically and mentally healthy, promote emotional support, and provide appropriate educational strategies. The school nurse should collaborate with the family, when doing so, would not violate the student’s confidential relationship with the nurse. The school nurse should also collaborate with the medical team when requested by the student. This collaboration may provide the pregnant student with medical, emotional and social support to reduce stress.

F-11-4 Sexually Transmitted Disease/ Sexually Transmitted Infection

The school nurse is a central figure in assessment, intervention, and prevention of sexually transmitted infections (STI) and sexually transmitted diseases (STDs). The incidence of STDs in teenagers has risen to epidemic proportions. Some STDs, such as chlamydia and gonorrhea are common causes of sterility in both men and women. Viral infections such as herpes and genital warts cannot be cured, human papillomavirus (HPV) the most common sexually transmitted infection can cause cancer. HPV can be prevented by vaccination; the vaccination should be highly recommended and promoted by the school nurse for all boys and girls ages 11 or 12 years old. Acquired Immunodeficiency Syndrome (AIDS) is a viral infection that can be fatal. Other serious STDs include hepatitis B and hepatitis C. For these reasons, prevention of STDs is part of the DoDEA secondary health curriculum, with education beginning in the primary grades. School nurses, especially at the secondary level, need to be knowledgeable with the signs and symptoms of the various STDs and refer students for medical care as needed.

F-12 Non-RN Substitute Coverage in the School Health Office

Guidelines for substitute coverage in the school health office by personnel who are not registered nurses.
Observe the following general guidelines:

- Be honest with the students, the sponsor/parent/guardian, and teachers with whom you have contact. Tell them that you are NOT a registered nurse, but that you will try to help them to the best of your ability.

- Keep a record of all students who come into the health room, including the date, time, reason for the student’s visit, and what was done for the student. Only a long term substitute nurse may have full access to SIS. Sort term and non-nurse substitutes may have limited access to the approved DoDEA SIS, it is best to document all student/staff encounters using SHSM Form H: H-4-6 (Health Referral).

- Attempt to obtain a history of events leading up to the injury or illness that the student reports to you. Complete DoDEA documentation when appropriate, such as accident reports. See Section D: D-4 (Incident Reporting) and SHSM Form H-7 (Accident Injury Reports) for further information.

- Provide first aid in accordance with the DoDEA School Health Services Manual and skills learned in Red Cross first aid and CPR courses. Red Cross certifications must be kept current by health office substitutes.

- Sign the confidentiality statement, SHSM Form H-11-6 (see Volume II)

Call the sponsor/parent/guardian for any of the following reasons:

- Any illness or injury that causes you concern
- Eye, ear, or teeth injuries
- Head injury
- Second- or third-degree burns
- Severe pain
- Sprains or possible fractures
- Temperature of 100.4° F or higher
- Vomiting
- Wounds that may require stitches

When administering medication, observe the following guidelines:

- Receive training from the school nurse on medication administration

- Check all medications to make sure you have written sponsor/parent/guardian permission, a container properly labeled by the pharmacy, and written instructions signed by the primary care provider (see SHSM Form H-3-2, Physician/Sponsor/Parent/Guardian Signatures for Medication During School Hours). The pharmacy label and the doctor’s instructions MUST MATCH IN ALL OF THE FOLLOWING AREAS:
o Student’s name
o Doctor or other health care provider’s name (e.g. Physician’s assistant, nurse practitioner)

-NOTE: if any one of the above doesn’t match, return the medication to the sponsor/parent/guardian to take back to the clinic for corrections.

- Prescribed over-the-counter medication not subject to a pharmacy label, the following applies:
  o The medication is in an original container
  o The container is labeled by the sponsor/parent/guardian with the student’s name, date of purchase, and reason for administration
  o The prescribed over-the-counter medication is accompanied by a SHSM Form H-3-2 (Physician/Sponsor/Parent/Guardian Signatures for Medication During School Hours) signed by the prescribing health care professional and the sponsor/parent/guardian.

  o All medications given at school must be documented
    1. On an individual medication log (SHSM Form H-3-2-1)
    2. Or in the DoDEA-approved SIS
    3. Documentation via an individual medication log must include:
      * time the medication was given
      * dose given
      * route of administration
      * signature of the UAP administering the medication.

      The best practice is to use an individual medication log for each medication and/or each dosage time.

When evaluating an illness or injury, observe the following guidelines:

- Notify the principal of any major health care concerns.
- Contact the sponsor/parent/guardian to alert the sponsor/parent/guardian to the student’s illness or injury. If you are unable to reach the sponsor/parent/guardian, notify the emergency contact number or the sponsor’s commander.
- Send the student back to class if his or her temperature is below 100° and no other serious symptoms are evident. Instruct the student to return to the school health office if he or she continues to feel bad.
• Send a note home with the student if you have been unable to contact the sponsor/parent/guardian regarding an illness or injury. Keep a copy of the note (see SHSM Form H-4-6, Health Referral).
• Respect confidentiality of information obtained from students and families regarding an illness, injury, diagnosis, or medical treatment.
• Share information with the principal and/or the counselor whenever there is a risk to the student or a specific law or policy requires such reporting. Such situations include child abuse or neglect, suicidal thoughts or actions, possession of controlled substances, assault to others, theft, runaway, etc.
• Refer chronic health problems to the school nurse or to the military community health nurse when a school nurse is not available.

**DO NOT** do any of the following:

• Make a medical or nursing diagnosis, prescribe treatment, or medication.
• Give medical advice.
• Take on the role of a counselor. (Refer student to the appropriate school personnel: counselor, school psychologist, and school nurse.)
• Give or apply any medication unless all specifications noted above are met.
• Accept medications in containers with alterations made by the sponsor/parent/guardian on the pharmacy label or on the health care provider's written instructions.
• Accept over-the-counter medications that have not been prescribed by a health care professional for the individual student, or are in a previously opened container.
• Give care beyond basic first aid for which you have current certification from the Red Cross.
• Perform any health care procedures for which you would need a RN license to perform.
• Perform tasks or take responsibilities that will jeopardize the health of others or your own liability.
• Transport sick or injured students in your privately owned vehicle.
• Disclose student-private decisions to consult with medical providers without sponsor/parent/guardian knowledge or consent.

For other information on delegation of nursing care see Section C: C-5 (Delegation of Nursing Care).

**F-13 Volunteers in the School Health Office**

Adult volunteers and student assistants function in a nurse-supervised team structure within the school setting. Persons serving in a voluntary position are encouraged to attend a formal preparation by the American Red Cross, complete a SHSM Form H-11-6 (Confidentiality Statement), and a DD Form 2793 (Volunteer
Volunteers in the School Health Office provide vital assistance to the school nurse by assuming routine record-keeping activities and minor first aid. Task-oriented functions assigned by the nurse should be in keeping with the wide range of background knowledge and skills represented by the persons serving as volunteers. Volunteers should not be expected to provide primary health care. Volunteers may fulfill selected activities and responsibilities to the benefit of the school health program.

Volunteer activities may include but are not limited to:

- Work under the immediate guidance and supervision of the school nurse
- Assist with screening activities such as height/weight, vision, hearing, spinal and dental screenings
- Assist with record keeping and paperwork
- Administer minor first aid, to include vital signs

F-14 Food Allergy Management

DoDEA guidelines on food allergy management in schools are aligned with CDC’s “Voluntary Guidelines from the Centers for Disease Control and Prevention” and with NASN’s position on “Allergy/Anaphylaxis Management in the School Setting”. The guidelines are evidence based and practical.

The first and most important step in managing food allergies in schools is prevention; prevention of an allergic reaction is best practice. The key to preventing a reaction is avoiding exposure to allergens. It is a fallacy to believe that any place can be made free of allergens, including peanuts, and declaring it a safe haven. More accidental ingestions occur in areas labeled “Peanut Free”, as vigilance decreases exposure to allergens increases.

Increased awareness and education regarding what to do in prevention and in an emergency response for staff, students and parents is essential in food allergy management. Facts need to be presented versus fiction. Most parents gather information from the internet, which is full of misinformation. Partnering with parents can to reduce anxiety and improve allergy management and help in getting diagnostic information on the health history needed for the development of IHP and EAP. Read food labels, not to share to become empowered to take care of self.
Emergency management for student specific and standing order, a non-student specific, anaphylactic reaction plans need to be implemented per guidelines, see Section G-1-4-2 in this guide.

Stock epinephrine standing order

Reference:
Voluntary Guidelines from the Centers for Disease Control and Prevention, CDC; http://www.cdc.gov/healthyyouth/foodallergies/pdf/Food_Allergy_Guidelines_FAQs.pdf


F-15 Reference


DSM 2943.0 (February 1990) DoDDS School Action Plan for Crisis Intervention and Response to Death.


SECTION G

Specific Illnesses and Injuries

G-1 Clinical Guidelines
- G-1-1 Communicable Disease Control
- G-1-2 Pediculosis Protocol
- G-1-3 Hand Hygiene
- G-1-4 First Aid and Emergency Care
  - G-1-4-1 Basic Wound Care
  - G-1-4-2 Anaphylaxis Protocol
    - G-1-4-2-1 Anaphylaxis Protocol – Known
    - G-1-4-2-2 Anaphylaxis Protocol - Unknown
  - G-1-4-3 Head Injury Protocol

G-2 Resources
G-1 Clinical Guidelines

G-1-1 Communicable Disease Control

Section I-9 of this DoDEA guide contains a list of references for control of communicable diseases. This was developed based on information provided by the Centers for Disease Control (http://www.cdc.gov/healthyyouth/infectious/). School nurses must work closely with their local medical treatment facility, and present a united message to the school and community.

The school nurse has a responsibility to promote health and wellness in the schools. Student and staff absences due to preventable illnesses interrupt the learning process. Disease prevention can be provided through one-on-one education about a communicable disease process, a classroom presentation or whole school assembly, parent meeting presentations and articles in the school newsletter.

Often, a communicable disease present in a community causes an increased level of concern among the sponsor/parent/guardian and staff. The following key points will assist in responding to and mitigating community concerns:

- Have a confirmed diagnosis from the local medical command
- Consult the medical command and principal to determine notification needs to sponsors/parents/guardians.
- Give priority to notification needs for those students with immunization waivers on file. See Section F-2-3 Immunization Exemption, for medical or religious exemptions.
- If notice to the community is to be released, send the notice to the whole school and NOT an individual classroom or group of students. This is to protect the release of medical information pertaining to specific individuals.
- Include signs/symptoms that sponsors/parent/guardians should watch for in their dependent AND contact information for the sponsor/parent/guardian should they have questions or concerns.
- Implement a follow-up plan with additional information as needed, collaborate with the local MTF.

G-1-2 Pediculosis (Head lice) Protocol

Head louse is the topic of extreme consternation for many, many sponsors/parents/guardians, principals, teachers and school nurses. Head lice can be a nuisance but they have not been shown to spread disease. Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice. Pediculosis is addressed in SHSM, Section I: I-9, Communicable Disease Control. To alleviate
unnecessary concern, additional information on pediculosis is being addressed within this Manual.

Pediculosis (head lice) is a condition in which an insect lives on the human head and ingests a blood meal several times a day. Head lice can spread from head to head, which is why the condition is contagious. Head lice are very small, brownish, and wingless. Head lice have a life cycle of approximately 30 days and cannot survive without the human host. Head lice can crawl, very rapidly; they cannot fly or jump. A mature head louse will lay eggs (nits) on an individual hair shaft at the base of the scalp. The nits are secured to the hair shaft and cannot be shaken loose. A nit casing will remain on the hair shaft long after the nymph has hatched and as the hair shaft grows the proximity of the nit to the scalp widens. A nit is about the size and color of a grain of sand.

Per the Centers for Disease Control, [http://www.cdc.gov/parasites/lice/head/schools.html](http://www.cdc.gov/parasites/lice/head/schools.html), "No-nit" policies that require a child to be free of nits before they can return to schools should be discontinued for the following reasons:

- Nits are usually not viable and very unlikely to hatch to become crawling lice, or may in fact be empty shells, also known as casings.
- Nits are cemented to hair shafts and are very unlikely to be transferred successfully to other people.
- The burden of unnecessary absenteeism to the students, families and communities far outweighs the risks associated with head lice.
- Misdiagnosis of nits is very common during nit checks conducted by nonmedical and inexperienced personnel.

**Protocol:**

1. Classroom teachers should routinely observe their students for signs/symptoms of nits and or head lice (see Section I: I-15, What School Personnel Should Know about Pediculosis). This can be done as they walk around the room checking seat work or at any other time that they are in close proximately with a student. A student suspected of having head lice is referred to the school nurse using SHSM Form H-4-6 (Health Referral).
2. If head lice are found, the school nurse should screen siblings before notifying the sponsor/parent/guardian. Ascertain if the student(s) have taken part in any activities that involve close personal contact (e.g., sleep over). Those students and other close contacts should also be screened.
   - Whole classroom head checks are no longer the prudent action to take.
   - When conducting a screening, the nurse must take all precautions necessary to protect the privacy of the student.
3. The student shall **NOT** be excluded from school on the day they are diagnosed, they may return to class until the end of the day.

4. When notifying the sponsor/parent/guardian of your findings, offer a complete course of action to eradicate head lice from the home. A SHSM Form H-6-2 (Notice of Pediculosis) should be prepared, sealed in an envelope to go home with the student at the end of the school day. Inform the sponsor/parent/guardian that the treatment needs to be done that evening for the child to be able to return to school the next day. The school nurse needs to reassess the student the next day and grant clearance when treatment application is evident. DoDEA does NOT support “no nit” policies based on AAP and NASN recommendations.

5. Each case of head lice will be assessed on an individual basis. Whole classroom notices to a particular classroom will not be sent.

6. The school nurse will follow up in 7-10 days to assess for any newly hatched nymphs and to encourage the sponsor/parent/guardian that the second treatment is of utmost importance, along with a thorough cleaning of the home. When conducting follow up, the nurse must take all precautions necessary to protect the privacy of the student.

7. School nurses may elect to include classroom presentations on pediculosis as part of their back to school educational activities. Age-appropriate lessons should include what head lice are, how they are spread and what to do at home. A general information regarding the spread, treatment and prevention of head lice can be shared with all sponsors/parents/guardians. This may be done in the next scheduled parent newsletter, for the widest dissemination.

**Reference:**


**G-1-3 Hand Hygiene**

Hand hygiene, formally known as hand washing, is the number one means of controlling the transmission of biologic organisms. Hand hygiene is to be encouraged by classroom teachers before and after meals, after toileting, caring for others, proper disposal of tissues, playing outdoors, handling trash, before and after handling food, and after coughing, sneezing or blowing one’s nose. See DoDEA Health Education
Hand hygiene includes washing with running water and soap. The effectiveness of hand washing depends upon the type of soap and the length of time spent actively washing the hands. If using plain (non-antibacterial) soap, hands should be rubbed together. After lather is achieved, for at least 20 seconds, sing the “Happy Birthday” song twice. Waterless, alcohol-based hand antiseptics may be used in the absence of running water and soap, unless the hands are visibly dirty. These agents are highly toxic and must be stored in areas unreachable by young children. The proper way to use these products is to dispense a dime-sized amount on one palm and rub hands and fingers together until it dries, approximately 15 seconds.

Refer to the CDC site for information on hand washing and hand washing educational materials:  http://www.cdc.gov/handwashing/

**G-1-4 First Aid and Emergency Care**

School nurses interact daily with students, staff, contractors and visitors who become ill or are injured. Nurses provide services of assessment, first aid, and referral for medical attention. The degree of injury varies from extremely minor to emergent. Triage of clients as they enter the school health office can be done quickly, allowing the school nurse to assign priority to services rendered. See DoDEA AI 2720.01, First Aid and Emergency Care (http://www.dodea.edu/Offices/Regulations/index.cfm) for information pertaining to establishing emergency protocols in the school. See Section F-4 (Office Visits and Emergencies) for additional information.

**G-1-4-1 Basic Wound Care**

The majority of wounds presented to the school nurse are minor. Minor wounds should be cleansed in a spiral motion moving away from the area of injury using soap and water; cover the injured area with a clean bandage. Basic wound care does not include applying antibacterial ointments (can cause allergic reactions), alcohol, bacitracin, hydrogen peroxide or other substances to the wound (can cause tissue damage). I instruct the client (student or adult) to keep the area clean, dry and covered until healing has begun. Notify the sponsor/parent/guardian of their dependent’s injury, if appropriate. Document all client encounters in the approved DoDEA SIS or on a SHSM Form H-4-6 (Health Referral).

**G-1-4-2 Anaphylaxis Protocol**
Anaphylaxis Protocol – Known Allergen

For students who have a known allergy to any substance that requires immediate intervention, should there be exposure to the substance:

1. The sponsor/parent/guardian complete either DoDEA School Health Form H-1-1, Student Health History) or DoDEA School Health Form H-1-2, Returning Student Health History Update) indicating that their dependent has an allergy to a particular substance(s).

2. School nurse contacts the sponsor/parent/guardian to complete School Health Form H-3-6 (Student Allergic Reaction Information). Based on information received, SHSM Form H-3-7 (Anaphylactic Emergency Information) may need to be completed for the student. If emergency medications are indicated, the sponsor/parent/guardian and primary care manager/provider will need to complete SHSM Form H-3-2 (Medication During School Hours).

3. School nurse completes page two of SHSM Form H-3-7 (Anaphylactic Emergency Information). This becomes the beginning of the IHP/EAP. See SHSM Form H-14-1 (Anaphylaxis EAP), SHSM Form H-15-1 (Anaphylaxis IHP), and Section I: I-11 (What School Personnel should know about Anaphylaxis).

4. School nurse develops an IHP/EAP based on information, Allergy Action Plan provided by the primary care manager, and sponsor/parent/guardian’s input.

5. School nurse documents information received, using the approved DoDEA SIS, the “Medical Alert”, the “Health Conditions”, and the medication order.

6. The school nurse should also contact the school Section 504 Accommodation Team leader to convene a Section 504 Accommodation Team meeting to ascertain if the student needs a Section 504 Accommodation Plan (AP). Should the Section 504 Accommodation Team decide that a student qualifies for a Section 504 AP, the EAP becomes part of the Section 504 AP.

7. The Section 504 AP or the EAP are to be shared on a need-to-know basis with all teachers and staff who service the student.

8. The school nurse will train the UAP, such as the classroom teacher, education aide or other school staff to administer individually prescribed emergency medication for a specific student with known allergies, using forms; SHSM Form H-3-7-1 - Anaphylaxis Evaluation and SHSM Form 3-7-2 - Procedure for epinephrine auto-injector.

9. The school nurse follows best practice by obtaining backup medication from sponsor/parent/guardian to keep in the health office for any emergency medication a student has permission to carry.

10. For students whom the sponsor/parent/guardian and primary care manager/provider consider mature enough to manage their emergency medication, a SHSM Form H-3-9 (Permission for Student to Retain Control of Medication) needs to be completed and signed by the primary care manager/provider, the sponsor/parent/guardian and the student.
Anaphylaxis Protocol – Unknown Allergy

Where a student, staff, or visitor within a school does not have a known allergy, has an anaphylactic reaction to an unknown substance, the school nurse or other designated staff member is to administer emergency epinephrine in accordance with SHSM Form H-3-8 (Emergent Anaphylaxis Protocol & Standing Order).

Training Requirements: Emergent Anaphylaxis Protocol (see SHSM Form H-3-8-1) for training requirements established by the Joint Services Medical Command. School nurses are to take and pass the online training course, “Anaphylaxis” located on the Defense Health Agency – Immune Readiness LMS Web page at https://vhcprojectimmunereadiness.com.

To take the course:

1. This is a secure Web site. A username and password will need to be established.
2. Create a user profile. Within the Organizational Profile portion, indicate:
   - Occupational Title: ‘Registered Nurse (RN)’
   - License number and State
   - Organization: ‘Education’
   - Agency: ‘Elementary and Secondary Education’
   - Division: ‘Non Identified’
   - Pay Plan: ‘Other’
   - Pay Grade: Ignore

To access the course, click on ‘Courses,’ ‘Anaphylaxis’ and ‘Take this Course.’ Once the course and posttest are completed, the school nurse must print the “Certificate of Completion” as proof of successful completion of the course. The local medical treatment facility will require the certificate as a prerequisite for required follow-up training before the school nurse will be issued emergency-use-only epinephrine.

Emergency standing order epinephrine use MAY NOT be delegated by the school nurse to the UAP. According DoDEA Al 2720.01, the principal is to designate one or more staff members who will coordinate emergency care requiring immediate intervention when the school nurse is unavailable and to ensure that designated staff holds current certification in CPR and first aid. Designated personnel are to follow the same anaphylaxis training protocol as established by the Joint Services Medical Command for school nurses. The course, “Medic/Corpsman Anaphylaxis,” for designated school personnel is located at https://vhcprojectimmunereadiness.com. Once the course and posttest are completed the certificate is printed. Designated staff is to take the certificate to the medical treatment facility for required follow-up training.

Head Injury Protocol
While falls are the most common cause of these concussions in children, sports related concussions in school-age children are rising at an increasing rate (NASN, 2012). Concussions are considered to be a mild form of a traumatic brain injury that can have a serious effect on a young, developing brain. Most children and teens recover quickly and fully, but some could have concussion symptoms that last for weeks or even months. The potential for their occurrence in children is greatest during activities where collisions can occur, such as during physical education (PE) class, playground time, or school-based sports activities (CDC, 2009).

1) Facts
- All concussions are serious
- Most concussions occur without loss of consciousness
- Recognition and proper response to concussions when they first occur can help recovery and prevent further injury, or even death.

2) Recognizing a concussion; ask the injured student or witnesses of the incident about:
- Any kind of forceful blow to the head or to the body that resulted in rapid movement of the head.
- Any change in the student’s behavior, thinking, or physical functioning.

3) Signs and Symptoms of Concussion
- Signs observed
  - Appears dazed or stunned
  - Is confused about events
  - Answers questions slowly
  - Repeats questions
  - Can’t recall events prior to the hit, bump, or fall
  - Can’t recall events after the hit, bump, or fall
  - Loses consciousness (even briefly)
  - Shows behavior or personality changes
- Danger signs of concussion
  - One pupil larger than the other, pupil not reactive to light
  - Drowsy or cannot be awakened
  - A headache that gets worse and does not go away
  - Weakness, numbness, or decreased coordination
  - Repeated vomiting or nausea
  - Slurred speech
  - Seizures
  - Cannot recognize people or places
  - Becomes increasingly confused, restless, or agitated
  - Loses consciousness
• Symptoms reported by injured student

Thinking/Remembering:
• Difficulty thinking clearly
• Difficulty concentrating or remembering
• Feeling more slowed down
• Feeling sluggish, hazy, foggy, or groggy

Emotional:
• Irritable
• Sad
• More emotional than usual
• Nervous

Physical:
• Headache or “pressure” in head
• Nausea or vomiting
• Balance problems or dizziness
• Fatigue or feeling tired
• Blurry or double vision
• Sensitivity to light or noise
• Numbness or tingling
• Does not “feel right”

Sleep: Only ask about sleep symptoms if the injury occurred on a prior day:
• Drowsy
• Sleeps less than usual
• Sleeps more than usual
• Has trouble falling asleep

You can’t see a concussion and some students may not experience or report symptoms until hours or days after the injury. Most young people with a concussion will recover quickly and fully. But for some, concussion signs and symptoms can last for days, weeks, or longer.

4) Nursing Actions to take when a student is presented after a bump, blow, to the head or jolt to the body.

• Take a complete history of the incident. This should be verified with any witnesses in case of altered mental status.
• Assess vital signs and perform neuro check. Use SHSM Form H-4-12 (Assessment of Suspected Head Injury) to assess the head injury.
• Observe student for signs and symptoms of concussion for a minimum of 30 minutes.
• If danger signs of concussion are identified, notify local emergency medical services (EMS) immediately. A copy of SHSM Form H-4-12 (Assessment of Suspected Head Injury) should be given to EMS, to
accompany the student to the hospital along with a copy of the student’s DoDEA Form 600 – Student Registration.

- Apply a cool compress or ice pack to the injured site, for comfort, if warranted.
- Assess for any lacerations, which should be gently cleansed with soap and water. Apply a cover bandage if necessary.
- Indicate all findings, to include negative findings using the approved DoDEA SIS.
- Notify the sponsor/parent/guardian, emergency contact or sponsor’s command by phone that a head injury has occurred.
- Encourage the sponsor/parent/guardian/guardian to seek medical attention, should any of the school nurse’s assessment indicate warning signs that would necessitate urgent medical care.
- A SHSM Form H-4-11 (Head Injury Notification Sheet) should accompany the student as they either return to class or go home with their parent/guardian.
- Should the incident warrant an accident report, complete via DoDEA’s Web-based reporting system. See Section D: D-4 (Incident Reporting) and SHSM Form H-7 (Accident/Injury Reporting) for more information.
- If signs and symptoms are not present the student may return to the classroom. Notify the teacher if the student returns to class.
- School nurse observations for delayed symptoms will continue while the student is in school.
- Student will be instructed to return to the school health office for warning signs as discussed.
- Teacher will be notified to return student to school health office or call for immediate assistance from the school nurse should the student exhibit any signs and symptoms that warrant further assessment.

In most cases, a concussion will not significantly limit a student’s participation in school; however, in some cases, a concussion can affect multiple aspects of a student’s ability to participate, learn, and perform well in school. Ensuring student safety and success, students returning to school after a concussion require a collaborative approach among school, health care providers, parents, and student. Accommodations may be needed if symptoms persist; Section 504 Plan can be developed and implemented for the student with (temporary or permanent) disability that impacts their performance in any manner. Periodic monitoring of the student’s symptoms by the school nurse should continue as long as symptoms are present. Encourage the student to report any problems and to share how things are going, and any symptoms the student may be experiencing.

Students who suffered a concussion may NOT resume sport activities until the primary care provider signed and dated a written medical clearance note stating that
the student has been cleared to resume sport activities. This note must be received by the school nurse, documented in SIS, and placed in the student’s health file.

Parents/guardians need to understand what concussion is and what the recovery phase may look like. An excellent information sheet for parents is available on concussions; see Heads-Up on the CDC website: [http://www.concussiontreatment.com/images/CDC_Heads_Up_Fact_Sheet_Parents_High_School.pdf](http://www.concussiontreatment.com/images/CDC_Heads_Up_Fact_Sheet_Parents_High_School.pdf)

Reference:


**G-2 Resources**

Resources recommended and purchased by DoDEA for all school health offices are listed in Section I: I-2 (Professional Library).
**Documentation Health Forms**

See *DoDEA SHSM Volume II* for DoDEA School Health Forms H-1 through H-15

**NOTE:** FORMS have been submitted to OMB for PA and/or Control number, and are being processed through OMB for appropriate authorization.
I. Information Sheets

SECTION I

Information Sheets

This section contains information on various health topics. The information has been presented so that it can be copied and shared with teachers and staff. Some information in this section is designed to share with persons other than a registered nurse who are working or volunteering in the school health office.

I-1 Childhood Immunization Information
I-2 Professional Library
I-3 Communicable Disease List and Reference
I-4 Substitute School Nurse Folder
I-5 Non-Nurse Substitutes Guidelines
I-6 Teacher Folder
I-7 Rights of Medication Administration
I-8 Safe Administration of Medications Guidelines
I-9 Medical Emergency Procedures
I-10 Study Trip First Aid
I-11 Anaphylaxis, What School Personnel Need Know
I-12 Asthma, What School Personnel Need Know
I-13 Concussion, What School Personnel Need Know
I-14 Diabetes, What School Personnel Need Know
I-15 Pediculosis, What School Personnel Need Know
I-16 Seizures, What School Personnel Need Know
DoDEA immunization requirements for school enrollment/attendance: 
http://www.dodea.edu/StudentServices/immunizationPgrm.cfm.

Centers for Disease Control (CDC) Childhood immunization schedule(s): 

Centers for Disease Control Vaccination Information Sheets: 

CDC resources to talk to the sponsor/parent/guardian about childhood vaccinations: 

Documenting Sponsor/Parent/Guardian Refusal to Have their Dependent Vaccinated 

Advisory Committee on Immunization Practices 
The professional library of every DoDEA school nurse office should include the following references:

Pediatric clinics utilize this for guidance:  


A communicable disease is an illness transmitted from a person or an animal to another person through a variety of ways that include contact with blood and bodily fluids, contaminated substances or inanimate objects, or breathing in airborne viruses. Many communicable diseases are present at any given time whenever children are in close proximity of each other, as in schools. Students in close contact with each other should be observed routinely for signs and symptoms of communicable diseases.

When a suspected communicable disease is observed, that student should be referred to the school nurse for assessment. After assessment, notification should be made to the student’s sponsor/parent/guardian, the teacher, and the principal if the illness is a suspected reportable communicable disease. As part of a preventative health program, the sponsor/parent/guardian and the teacher should be given exclusion and re-admittance parameters. The school nurse needs coordinate with the local medical treatment facility regarding reportable communicable diseases, signs and symptoms, treatment, and parameters for re-admittance to school.

Periodic information from the school to sponsors/parents/guardians/community regarding the signs and symptoms, treatment, and exclusion and re-admittance criteria for the more common “childhood” communicable diseases will help to foster the home-school partnership bond and alleviate fears and uncertainties within the community.

At all times, the privacy of the student and his or her family should be of the utmost importance. Remind faculty and staff that this information is confidential and is being shared with them on a need-to-know basis.

Communicable disease control changes continuously based on current research and best evidence based practice. For current, reliable, and best evidence based practice reference regarding specific diseases see, Communicable Disease List below and link.
<table>
<thead>
<tr>
<th>DISEASE</th>
<th>REFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicken pox (Varicella zoster virus)</td>
<td>See CDC: <a href="http://www.cdc.gov/chickenpox/about/">http://www.cdc.gov/chickenpox/about/</a></td>
</tr>
<tr>
<td>Chlamydia (Chlamydia Trachomatis)</td>
<td>See CDC: <a href="http://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm">http://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm</a></td>
</tr>
<tr>
<td>Conjunctivitis, Bacterial/ viral (Pink eye)</td>
<td>See CDC: <a href="http://www.cdc.gov/conjunctivitis/about/symptoms.html">http://www.cdc.gov/conjunctivitis/about/symptoms.html</a></td>
</tr>
<tr>
<td>Fifth Disease (Erythema Infectiosum)</td>
<td>See CDC: <a href="http://www.cdc.gov/pivarovirusB19/index.html">http://www.cdc.gov/pivarovirusB19/index.html</a></td>
</tr>
<tr>
<td>Hand/ Foot/ Mouth Disease (HFMD) (Coxsackievirus A16 or Enterovirus 71)</td>
<td>See CDC: <a href="http://www.cdc.gov/hand-foot-mouth/index.html">http://www.cdc.gov/hand-foot-mouth/index.html</a></td>
</tr>
<tr>
<td>Head Lice (Pediculosis capitis)</td>
<td>See CDC: <a href="http://www.cdc.gov/parasites/lice/head/">http://www.cdc.gov/parasites/lice/head/</a></td>
</tr>
<tr>
<td>Hepatitis A, B, C</td>
<td>See CDC: <a href="http://www.cdc.gov/hepatitis/">http://www.cdc.gov/hepatitis/</a></td>
</tr>
<tr>
<td>Herpes Simplex, Type 2, Genital</td>
<td>See CDC: <a href="http://www.cdc.gov/std/herpes/stdfact-herpes.htm">http://www.cdc.gov/std/herpes/stdfact-herpes.htm</a></td>
</tr>
<tr>
<td>Herpes Simplex, Type 1, Oral</td>
<td>See CDC: <a href="http://www.cdc.gov/std/herpes/stdfact-herpes.htm">http://www.cdc.gov/std/herpes/stdfact-herpes.htm</a></td>
</tr>
<tr>
<td>HIV Human Immunodeficiency Virus</td>
<td>See CDC: <a href="http://www.cdc.gov/std/hiv/default.htm">http://www.cdc.gov/std/hiv/default.htm</a></td>
</tr>
<tr>
<td>Impetigo, Streptococci or Staphylococcus (MRSA)</td>
<td>See CDC: <a href="http://www.cdc.gov/ncidod/dbmd/diseaseinfo/groupa">http://www.cdc.gov/ncidod/dbmd/diseaseinfo/groupa</a> streptococcal_g.htm or <a href="http://www.cdc.gov/ncidod/diseases/submenus/sub_staphylococcus.htm">http://www.cdc.gov/ncidod/diseases/submenus/sub_staphylococcus.htm</a></td>
</tr>
<tr>
<td>Measles Rubeola Virus</td>
<td>See CDC: <a href="http://www.cdc.gov/measles/">http://www.cdc.gov/measles/</a></td>
</tr>
<tr>
<td>Meningitis (Viral or bacterial infection) Streptococcus-Pneumonia &amp; Neisseria Meningitidis</td>
<td>See CDC: <a href="http://www.cdc.gov/meningitis/index.html">http://www.cdc.gov/meningitis/index.html</a></td>
</tr>
<tr>
<td>Mumps, Parotitis Paramyxovirus</td>
<td>See CDC: <a href="http://www.cdc.gov/mumps/">http://www.cdc.gov/mumps/</a></td>
</tr>
</tbody>
</table>
**I-3 Communicable Disease List**

<table>
<thead>
<tr>
<th>DISEASE</th>
<th>REFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ringworm (Tinea)</strong></td>
<td>See CDC: <a href="http://www.cdc.gov/fungal/diseases/ringworm/index.html">http://www.cdc.gov/fungal/diseases/ringworm/index.html</a></td>
</tr>
<tr>
<td><strong>Fungal infection of the skin</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Classification</strong></td>
<td></td>
</tr>
<tr>
<td>1. Pedis (athlete's foot)</td>
<td></td>
</tr>
<tr>
<td>2. Cruris (Jock itch)</td>
<td></td>
</tr>
<tr>
<td>3. Corporis (Body)</td>
<td></td>
</tr>
<tr>
<td>4. Onychomy cosis (nails)</td>
<td></td>
</tr>
<tr>
<td>5. Capitis 9head</td>
<td></td>
</tr>
<tr>
<td><strong>Scabies (Mites) Sarcoptes scabiei var. hominis</strong></td>
<td>See CDC: <a href="http://www.cdc.gov/parasites/scabies/">http://www.cdc.gov/parasites/scabies/</a></td>
</tr>
<tr>
<td><strong>Scarlet fever (Scarlatina)</strong></td>
<td>See CDC: <a href="http://www.cdc.gov/features/scarletfever/">http://www.cdc.gov/features/scarletfever/</a></td>
</tr>
<tr>
<td><strong>Group A streptococcus</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Tuberculosis</strong></td>
<td>See CDC: <a href="http://www.cdc.gov/tb/">http://www.cdc.gov/tb/</a></td>
</tr>
<tr>
<td><strong>Mycobacterium tuberculosis</strong></td>
<td></td>
</tr>
<tr>
<td>(Childhood-primary)</td>
<td></td>
</tr>
<tr>
<td><strong>Human papillomavirus (HPV)</strong></td>
<td>See CDC: <a href="http://www.cdc.gov/std/hpv/stdfact-hpv.htm">http://www.cdc.gov/std/hpv/stdfact-hpv.htm</a></td>
</tr>
<tr>
<td><strong>Venereal warts</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Pertussis (Whooping Cough)</strong></td>
<td>See CDC: <a href="http://www.cdc.gov/features/pertussis/">http://www.cdc.gov/features/pertussis/</a></td>
</tr>
</tbody>
</table>

*Body temperature of 100.4°F or greater demonstrates the need to exclude the student from the school setting. This student should be fever free (an oral temperature below 99°F) for 24 hours before returning to school without the aid of antipyretic medications. See: Selekman, Janice. Common Complaints, Fever, in School Nursing a Compressive Text (2013). Philadelphia, PA: F.A. Davis.*

+Vaccine preventable. CDC vaccine preventable immunization schedule: [http://www.cdc.gov/vaccines/schedules/](http://www.cdc.gov/vaccines/schedules/)

The above information was compiled from the CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) 2015/2014 Features pages. [http://www.cdc.gov/features/index.html](http://www.cdc.gov/features/index.html)
✓ Guidelines for substitutes who are not school nurses, (SHSM: Section I: I-5)
✓ Substitute Nurse Orientation Checklist, (SHSM Form H-11-5)
✓ Nurses daily schedule
✓ Sample completed Health Referral Form, (SHSM Form H-4-6)
✓ Teacher Health handbook, (SHSM: Section I: I-16)
✓ Memorandum for DoDEA employees — Reporting Suspected Child Abuse
✓ Fire drill and any other evacuation drill information that is included in the school’s faculty handbook
✓ Communicable Disease Control List, (SHSM Section I: I-9)
✓ Accident reporting information, (SHSM: Section D: D-4)
✓ Medical emergency Procedures, (SHSM: Section I: I-9)
✓ Emergency Action Plans (EAP)
✓ Guidelines for safe administration of medications, (SHSM: Section I: I-4)
✓ Medication in-service, (SHSM Form H-3-10)
✓ Medication Forms, (SHSM Forms H-3-1, 3-2, 3-2-1), extra blank
✓ Medication Incident Report, (SHSM Form H-3-5)
Guidelines for Non-Nurse Substitutes and other Personnel Assigned to Work in the School Health Office who are \textit{not} Registered Nurses

DO THE FOLLOWING:

- Sign the confidentiality statement, SHSM Form H-12-5 (see Volume II).
- Notify the principal of any major health care concerns.
- Record all student visits either in the electronic SIS and/or complete a health referral form (SHSM Form H-4-6), make a copy for the sponsor/parent/guardian, and file the original in the student’s health folder.
- Attempt to obtain a history of events leading up to the injury or illness as reported by the student.
- Provide First Aid in accordance with the DoDEA School Health Services Manual and skills learned in Red Cross First Aid and CPR courses. Red Cross certifications must be kept current.
- Call sponsor/parent/guardian for any of the following:
  - Any illness or injury you believe is a cause for concern
  - Eye, ear, or teeth injuries
  - Head injury
  - All burns
  - Severe pain
  - Sprains or possible fractures
  - Temperature higher than 100.4°
  - Vomiting
  - Wounds that may require stitches
- Should a student choose to return to class and there are signs of fever, instruct the student to return to the nurse’s office if he/she continues to feel badly or symptoms worsen. Document all student interactions in the electronic SIS or on the health referral (SHSM Form H-4-6).
- Always attempt to contact the sponsor/parent/guardian. If you are unable to reach the sponsor/parent/guardian, contact the emergency contact or sponsor’s commander.
- Record in the electronic SIS or on the health referral (SHSM Form H-4-6) all attempts to contact the sponsor/parent/guardian, phone numbers and results. Include that attempts were made in the event that you were unable to contact the sponsor/parent/guardian, emergency contact or sponsor’s command.
- Give medications ONLY after the school nurse has trained you. Follow SHSM Section I: I-4 Guidelines for Safe Administration of Medications, instructions. See SHSM Section F: F-3 and F-12 for more information.
- Check new prescription medications to make sure you have written instructions signed by the doctor and sponsor/parent/guardian (SHSM Form H-3-2). Check that the medication container is properly labeled and the doctor’s instructions MUST MATCH IN ALL OF THE
FOLLOWING AREAS:
- Student’s name
- Amount of medication to give
- Doctor’s name
- Route the medication is to be given
- Medication’s name
- Time to give the medication

If any of the above does not match, return the medication to the sponsor/parent/guardian to take back to the clinic for corrections.

Over-the-counter medications fall under the same rules as prescribed medications. Over-the-counter medications must be accompanied by the appropriate permission forms, and must be received unopened and labeled by the sponsor/parent/guardian. (See SHSM: Section F: F-3-2.)

- Respect confidentiality of information obtained from students and families regarding an illness, injury, diagnosis, or medical treatment.

- Share information with the principal and/or the counselor whenever there is a risk to the student or a specific law or policy requires such reporting. Such situations include child abuse or neglect, suicidal thoughts or actions, possession of controlled substances, assault to others, theft, runaway, etc.

- Refer chronic health problems to the sponsor/parent/guardian or the local military medical facility when the school nurse is not available.

- Be honest with the students, sponsors/parents/guardians, and teachers with whom you have contact. Tell them that you are NOT a nurse, but that you will try to help them to the best of your ability.

FOR THE SAFETY OF STUDENTS AND TO PROTECT YOUR OWN LIABILITY:
- DO NOT make a diagnosis or prescribe treatment or medication.
- DO NOT give medical advice.
- DO NOT take on the role of a counselor. (Refer student to the appropriate school personnel: counselor, school psychologist, and school nurse.)
- DO NOT give or apply any medication, creams, ointments or over-the-counter medications unless it is in the original container properly labeled and accompanied by written instructions from the doctor and signed permission from the sponsor/parent/guardian. (SHSM Form H-3-2)
- DO NOT accept new medications with alterations made by the sponsor/parent/guardian on the pharmacy label or on the doctor’s instructions.
- DO NOT give care beyond basic first aid for which you have current certification from the Red Cross.
- DO NOT perform any health procedures for which you are not trained, not licensed, or not certified.
- DO NOT perform tasks or take responsibilities that will jeopardize the health of others or your own liability.
- DO NOT transport sick or injured students in your privately owned vehicle.
Teacher Folder

Content

✓ Nurse’s daily schedule
✓ Copy of Blood Borne Pathogen Exposure Control Program and Universal Precautions information
✓ Copy of First Aid and Emergency Care Regulation
✓ What School Personnel Should Know information sheets (minor emergencies, Anaphylaxis, Asthma, Diabetes, Pediculosis, Seizures, [SHSM: Section I: I-2, I-12, I-13, I-14, I-15, & I-16])
✓ Blank copies of Student Health Referral Form (SHSM Form H-4-6)
✓ Emergency procedures for teachers (SHSM: Section I: I-9)
Before administering medications, STOP AND READ!

⇒ Is this the right student?  Ask the student their name, their whole name. Check the medication container for the student’s name.

⇒ Is this the right medicine?  Check the medication container against the order sheet, medication administration log or computer screen to assure that the container has the correct medication to be administered.

⇒ Is this the right dosage?  Check the medication container against the order sheet, medication administration log and/or computer screen to assure that the correct dose is to be administered.

⇒ Is this the right route?  Check the medication container against the order sheet, medication administration log and/or computer screen to assure that the route is correct. Pour the oral medication in the cup and give to the student. Inhaled medication is administered through a spacer.

⇒ Is this the right time?  Check the medication container against the order sheet, medication administration log or computer screen to assure that the time corresponds to the time ordered. Most medications may be administered up to one hour before or after the time listed on the label. Contact the school nurse or sponsor/parent/guardian if there is a longer time discrepancy.

⇒ Is this the right documentation?  Document after the medication is administered using either the electronic SIS or SHSM Form H-3-2-1. If using the paper log, the time and your initials must be entered in the date block AND you must sign the signature block.

⇒ Is this the right reason?  Confirm the rational for the ordered medication. Ask the student the reason they are taking the medication.

⇒ Is this the right response?  Document monitored response to the medication. (i.e., improved peak expiratory flow rate, decreased discomfort, improved blood glucose levels)

If there is a discrepancy at any point, do not administer the medication. Contact the school nurse and/or administration.
Safe Administration of Daily Medications in the Absence of the School Nurse

These policies/guidelines are to ensure the safe and consistent administration of medication to students.

1. The only medications given at school are those that follow the DoDEA guidelines, published in the DoDEA School Health Services Manual Section F-3: Medication Policy.

2. The school student/parent handbook explains the policy and requirement for the sponsor/parent/guardian.

3. Only medications properly prescribed by a primary care manager/health care provider with the appropriate permission forms that match the pharmacy labels on the medication will be administered.

4. Over-the-counter medications fall under the same rules as prescribed medications. Over-the-counter medications accompanied by the appropriate permission forms, if received unopened and labeled by the sponsor/parent/guardian may be given.

5. All medications are stored in the locked storage container [insert location].

6. Students are not allowed to carry their own medication and self-medicate unless students have a completed SHSM Form H-3-9, “Student Permission to Retain Control of Medication” on file. Back up medications and written orders must be stored in the nurse’s office.

7. Document all medication administered, using the approved electronic SIS or on a medication administration log (SHSM Form H-3-2-1).

8. NEVER accept and/or administer new medications unless a registered nurse is available to check the doctor’s orders against the medication container/label for errors. (Call a school nurse within the school complex or district for assistance).

*****Refer to SHSM Form H-3-10, “Medication In-service” for further guidance*****
**Safe Medication Administration**

1. When preparing and administering medications, devote your full attention to the task. DO NOT become distracted by answering the phone or talking to students, etc. Medication errors are common when full attention is not given to preparing and administering the correct medication for the correct student. In the event of a medication error, complete SHSM Form H-3-5, “Medication Incident Report.” Provide a copy to parent/spo;or/guardian and the principal.

2. Read information in the substitute nurse folder about the signs and symptoms of adverse reactions for the medications you will be giving. Complete SHSM Form H-3-10, “Medication In-service,” located in the folder.

3. Students should come to the Health Office to receive their scheduled daily medication at the appropriate time/s automatically. If a student does not arrive at the appropriate time, and has not shown within 45 minutes of that time, call the teacher to see if the student is absent or just forgot to come for their medication.

4. Document when students are absent or the reason they did not get their medication on the medication log form, using the approved electronic SIS or on a medication administration log (SHSM Form H-3-2-1).

5. Procedure: IT IS IMPORTANT TO REMEMBER “Client Rights of Medication”:
   - RIGHT PATIENT
   - RIGHT MEDICATION
   - RIGHT DOSE
   - RIGHT ROUTE
   - RIGHT TIME
   - RIGHT DOCUMENTATION
   - RIGHT REASON
   - RIGHT RESPONSE

   IT IS IMPORTANT TO READ THE LABEL ON THE CONTAINER THREE TIMES:
   - ONCE WHEN YOU TAKE THE CONTAINER FROM STORAGE
   - ONCE WHEN YOU POUR THE MEDICATION (i.e., take it from the container)
   - ONCE WHEN YOU REPLACE THE CONTAINER IN STORAGE

6. Secure the medicine storage container after each medication is given.

7. Handle “PRN” (as needed) medications with the same caution as daily medications. These medications are recorded using the approved electronic SIS or on a medication administration log (SHSM Form H-3-2-1).
All school staff members have the responsibility of responding to medical emergencies as quickly and efficiently as possible. To provide prompt action during an emergency, the following people will assume the following responsibilities:

A. **Teacher** or other adult observing an incident
   - Stay with the victim and remain calm.
   - Immediately have a responsible adult contact the main office or send two responsible students (one to the School Health Office and one to the main office. Ask the messengers to request the help of the school nurse and principal. Instruct them to state who is injured, where the victim is located and what happened.
   - Continue to remain with the victim; give first aid as appropriate; direct students at the scene as needed.
   - When the nurse and/or principal arrive, escort the class away from the scene.

B. **School Nurse**
   - Go directly to the scene of the accident or problem, assure that the scene is safe and assume leadership in administering first aid.
   - After a quick initial assessment, determine if an ambulance is needed. If an ambulance is needed, call from the nearest phone or notify the main office to request an ambulance.
   - If not done by the main office, notify the sponsor/parent/guardian of the incident as soon as possible after giving emergency care.
   - Complete an accident report if emergency was an injury. Follow up on cases, prevention, etc.

C. **Main/ Front Office**
   - Notify the principal of the incident and location. Relay message that a request for immediate help has been made.
   - Stand by in the main office for messages from the nurse/principal via intercom, walkie-talkie or other method.
   - If the nurse requests an ambulance, PHONE FOR AN AMBULANCE IMMEDIATELY BY DIALING __________________________. Be sure to instruct emergency personnel regarding the reason for the call, exact location of the incident, best means of reaching the scene, etc.
   - Send a message to the incident scene that the ambulance call has been made.
   - If not done by the nurse, (nurse may not be near phone or SIS) notify the sponsor/parent/guardian of the incident as soon as possible.
   - Send an adult to meet the ambulance and to direct emergency personnel to the scene.
   - Continue to communicate to the scene as needed.
   - Print the student’s Study Trip Report for emergency responders.
D. **Principals**

- Go to the scene of the emergency and assist as able with first aid and in crowd control.
- Provide whatever support is needed to help the nurse with the emergency.
- In the event that the nurse is not available, follow guidance from DoDEA AL 2720.01, First Aid and Emergency Care, DoDEA School Principals: designate one or more staff members who will coordinate emergency care requiring immediate intervention. Ensure that designated staff members hold current certification in CPR and First Aid.
- Follow up with recommendations on the Accident Report for prevention of future occurrences.
Information obtained from the Mayo Foundation for Medical Education and Research.

**SCHOOL PHONE #:**

**AMBULANCE-EMS #:**

**MILITARY POLICE/ LAW ENFORCEMENT PHONE#:**

<table>
<thead>
<tr>
<th>ANAPHYLAXIS:</th>
<th>BLEEDING:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Student may experience tingling around mouth, swelling of face/lips, difficulty swallowing, itching, whelps, shortness of breath, or may verbalize they may have unknowingly ingested an allergen.</td>
<td>1. <strong>USE GLOVES</strong>-clean the area with soap and water.</td>
</tr>
<tr>
<td>3. Notify EMS <strong>immediately</strong> after injection of epinephrine.</td>
<td>3. For continued bleeding, apply direct pressure for 5-10 minutes.</td>
</tr>
<tr>
<td>4. Document epinephrine use on SHSM Form H-3-4.</td>
<td></td>
</tr>
<tr>
<td>5. If student does not have an auto injector, <strong>immediately</strong> notify EMS.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASTHMA:</th>
<th>NOSEBLEEDS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Student may experience shortness of breath, wheezing, coughing or may verbalize the need to use their inhaler.</td>
<td>1. Apply direct pressure for five minutes using thumb and index finger against both sides of the nose.</td>
</tr>
<tr>
<td>2. If needed, assist the student with use of their inhaler.</td>
<td>2. Encourage the student to not swallow the blood.</td>
</tr>
<tr>
<td>3. Keep calm and reassure student, allow to rest.</td>
<td>3. Keep head upright.</td>
</tr>
<tr>
<td>4. If no relief seek further medical attention.</td>
<td></td>
</tr>
<tr>
<td>5. Document inhaler use on SHSM Form H-3-4, Study Trip Medication Administration Log</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FAINTING/ DIZZINESS:</th>
<th>STRAIN/ SPRAIN/ CONTUSION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assist the student to put their head down below the heart.</td>
<td>1. If possible, elevate the area.</td>
</tr>
<tr>
<td>2. Monitor breathing and level of consciousness.</td>
<td>2. Apply a cold pack-<strong>ALWAYS</strong> use several layers of clothing or padding between the cold pack and the student’s skin.</td>
</tr>
</tbody>
</table>

If any symptoms noted above persist or worsen, notify emergency medical services.
Anaphylaxis, What School Personnel Need to Know

Information obtained from Emergent Anaphylaxis Protocol Mandated for all DoD Schools:
Emergency Response to Systemic Allergic Reactions - Anaphylaxis

General information

Anaphylaxis is a rare and extremely serious form of allergic reaction that may occur in persons not previously known to be allergic or hypersensitive. The reaction ranges from mild, self-limited symptoms to rapid death. Immediate action may be required to prevent fatality.

Causes—extreme sensitivity to one or more of the following:

- Insect sting, usually bee or wasp
- Food or pollen
- Medication or immunizations/vaccinations
- Industrial or office chemicals or their vapors
- Latex

Anaphylactic Symptoms of Body Systems:

Any of the symptoms may occur within seconds. The more immediate the reactions, the more severe the reaction may become. Any of the symptoms present require several hours of monitoring.

- Skin: warmth, itching, and/or tingling of underarms/groin, flushing, hives
- Abdominal: pain, nausea and vomiting, diarrhea
- Oral/Respiratory: sneezing, swelling of face (lips, mouth, tongue, throat), lump or tightness in the throat, hoarseness, difficulty inhaling, shortness of breath, decrease in peak flow meter reading, wheezing reaction
- Cardiovascular: headache, low blood pressure (shock), lightheadedness, fainting, loss of consciousness, rapid heart rate, ventricular fibrillation (no pulse)
- Mental status: apprehension, anxiety, restlessness, irritability

Emergency Protocol for school personnel

1. Summon school nurse if available. If not, summon designated trained, non-medical staff to implement emergency protocol
2. State the name of the person who needs assistance (if a student or staff member), the location, and what difficulties/symptoms they are experiencing.
3. DO NOT move the person. Help will come to your location.
4. Keep the person calm and help to a comfortable position.
Asthma, What School Personnel Need to Know

Information obtained from the American Lung Association.

Asthma is a chronic lung condition with ongoing airway inflammation that results in recurring breathing difficulties such as coughing, wheezing, chest tightness and shortness of breath. These symptoms occur because the inflammation makes the airways overreact to various stimuli including physical activity, upper respiratory infections, allergens and irritants. Exposure to these stimuli—often called triggers—creates more swelling and blocking of airways.

Use of inhalers

Students with asthma need a constituent monitoring program to include peak expiratory flow rate monitoring. The force of air volume the student can expel into a monitor measures the need for inhaler interventions. Inhaled medication should begin to work in 10-15 minutes and last up to 4-6 hours. Students may need to remain with the nurse until there is measured improvement.

Asthma episodes can be mild, moderate, or life threatening.

<table>
<thead>
<tr>
<th>Common Asthma Triggers:</th>
<th>Acute Symptoms Requiring Prompt Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise-running, especially in cold weather</td>
<td>Coughing/wheezing sound</td>
</tr>
<tr>
<td>Colds or flu</td>
<td>Labored breathing with long expiration times</td>
</tr>
<tr>
<td>Laughing or crying hard</td>
<td>Chest tightness reported by student</td>
</tr>
<tr>
<td>Allergens such as pollen, grass, animal dander, dust, mold, cockroach droppings</td>
<td><strong>Actions to take:</strong></td>
</tr>
<tr>
<td>Iritants such as cold air, strong smells, chemical sprays, perfumes, paint, cleaning solutions, chalk dust, cigarette smoke</td>
<td></td>
</tr>
</tbody>
</table>
- Restrict the student’s activity  
- Allow student to rest and recover  
- Encourage student to breathe slowly and relax  
If no improvement, notify the school nurse |

For students with Asthma, triggers **must** be eliminated in the classroom.

Get help immediately if:
- The student is hunched over with shoulders lifted and straining to breathe
- The student has difficulty completing a sentence without pausing for a breath
- The student’s lips or fingernails turn blue or gray
A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a fall or blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Children and adolescents are among those at greatest risk for concussion. The potential for a concussion is greatest during activities where collisions can occur, such as during physical education (PE) class, playground time, or school-based sports activities.

**FACT:**
* All concussions are serious.
* Most concussions occur without loss of consciousness.
* Recognition and proper response to concussions when they first occur can help prevent further injury or even death.

**RECOGNIZE A CONCUSSION**
The signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury.

**SIGNS OBSERVED BY SCHOOL STAFF:**
Appears dazed or stunned • Is confused about events • Answers questions slowly • Repeats questions • Can’t recall events prior to the hit, bump or fall • Can’t recall events after the hit, bump or fall • Loses consciousness (even briefly) • Shows behavior or personality changes • Forgets class schedule or assignments

**SYMPTOMS REPORTED BY STUDENT:**
**EMOTIONAL:** • Irritable • Sad • More emotional than usual • Nervous **THINKING/REMEMBERING:** • Difficulty thinking clearly • Difficulty concentrating or remembering • Feeling more slowed down • Feeling sluggish, hazy, foggy, or groggy **SLEEP:** • Drowsy • Sleeps less than usual • Sleeps more than usual • Has trouble falling asleep

**PHYSICAL:** • Headache or “pressure” in head • Nausea or vomiting • Balance problems or dizziness • Fatigue or feeling tired • Blurry or double vision • Sensitivity to light or noise • Numbness or tingling • Does not “feel right”

**DANGER SIGNS**
Be alert for symptoms that worsen over time. A student should be seen in an emergency department right away if s/he has:
• One pupil (the black part in the middle of the eye) larger than the other
• Drowsiness or cannot be awakened
• A headache that gets worse and does not go away
• Weakness, numbness, or decreased coordination
• Repeated vomiting or nausea
• Slurred speech
• Convulsions or seizures
• Difficulty recognizing people or places
• Increasing confusion, restlessness, or agitation
• Unusual behavior
• Loss of consciousness (even a brief loss of consciousness should be taken seriously)
What School Personnel Should Know About the Student with Diabetes

Information Adapted from a Handout Prepared by American Diabetes Association, Committee on Diabetes in Youth, Endorsed by the National Education Association, Department of School Nurses

All school personnel who service a student with diabetes must be informed and understand the fundamentals of diabetes and its care.

Diabetes results from failure of the pancreas to make a sufficient amount of insulin. Without insulin, food cannot be used properly. Currently, diabetes cannot be cured, but it can be controlled. Treatment consists of daily injections of insulin, a prescribed food plan, and exercise. Students with diabetes can participate in all school activities and should not be considered different from other students except in their need to follow a prescribed medication and diet plan to control their diabetes. Communication and cooperation between sponsors/parents/guardians and school personnel can help a student with diabetes have a well-adjusted school experience.

The student may need to test his or her blood glucose several times a day to determine how high or low the blood sugar is. The student should be allowed to carry food and treat a reaction as soon as it occurs to avoid a severe reaction which can result in loss of consciousness and convulsions.

Insulin Reactions:
The most common problem a student with diabetes might experience at school is an insulin reaction. Insulin reactions occur when the amount of sugar in the blood is too low. This is caused by too much insulin, failure to eat before strenuous exercise, stress, or delayed or skipped meals. Under these circumstances the body sends out numerous warnings signs. If these signs are recognized early, giving some form of sugar can properly treat reactions. If a reaction is not treated, convulsions and/or unconsciousness may result. The student may recognize many of the following warning signs of low blood sugar and should be encouraged to report them. However, many students do not recognize the warning signs and need to be monitored for the early warning signs. Never leave a student alone during a low blood sugar reaction.

<table>
<thead>
<tr>
<th>Warning signs of Insulin Reactions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive hunger</td>
</tr>
<tr>
<td>Blurred Vision</td>
</tr>
<tr>
<td>Poor coordination</td>
</tr>
<tr>
<td>Perspiration</td>
</tr>
<tr>
<td>Irritability</td>
</tr>
<tr>
<td>Nausea</td>
</tr>
</tbody>
</table>

Treatment:
At the first sign of any of the above warning signs:
- Send student accompanied with another to nurse’s office/main office OR
- Notify school nurse to come to the student

Never send the student unaccompanied to the school nurse/main office.
What School Personnel Should Know About Pediculosis
Information obtained from the Centers for Disease Control and the American Academy of Pediatrics

An infestation of head lice is known as pediculosis. A head lice infestation isn’t a sign of poor personal hygiene or an unclean living environment. Head lice don’t carry bacterial or viral infectious diseases. Head lice are insects that live on the human head and ingest blood several times a day. Head lice are very small, brownish, and wingless. Head lice have a life cycle of approximately 30 days and cannot survive without the human host. Head lice can crawl, very rapidly; they cannot fly or jump. A mature head louse will lay eggs (nits) on an individual hair shaft at the base of the scalp. The nits are secured to the hair shaft and cannot be shaken loose. A nit casing will remain on the hair shaft long after the nymph has hatched and as the hair shaft grows the proximity of the nit to the scalp widens. A nit is about the size and color of a grain of sand.

Current research supports that only the student suspected of pediculosis, their siblings, and close friends should be checked at school. Whole classroom "head checks" are no longer the prudent action to take. Current research also no longer supports the "no-nit" policies of previous decades. The school nurse will notify the sponsor/parent/guardian, explaining their findings and offer a course of action. A student suspected of having head lice may remain in school until the end of the day. Having head lice is not an immediate exclusion from school. Once a student has been treated with a pediculicide (prescribed or over-the-counter) the student should be allowed back in school.

Pediculosis Protocol for Classroom Teachers

1. Observe students in your class for signs/symptoms of nits and or head lice. This can be done as you routinely walk around the room checking seat work. A student may frequently scratch the back of their head, especially around the ears and the base of the neck. The teacher may observe a redden “rash” caused by the action of the students nails on the scalp as they scratch.

2. Send any student you suspect of having nits and/or head lice to the school nurse or the main office, with a completed Health Referral Form, (SHSM Form H-4-6). Every effort should be made to protect the identity of the student suspected of having head lice.

3. Students can go home at the end of the day, be treated, and return to class after appropriate treatment has begun.
Seizure, What School Personnel Need to Know

Information obtained from the Epilepsy Foundation

Seizures are symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. When people think of seizures, they often think of convulsions in which a person's body shakes rapidly and uncontrollably. Not all seizures cause convulsions. There are many types of seizures and some have mild symptoms. Seizures fall into two main groups. Focal seizures, also called partial seizures, happen in just one part of the brain. Generalized seizures are a result of abnormal activity on both sides of the brain.

Most seizures last from 30 seconds to 2 minutes and do not cause lasting harm. However, it is a medical emergency if seizures last longer than 5 minutes or if a person has many seizures and does not wake up between them. Seizures can have many causes, including medicines, high fevers, head injuries and certain diseases. People who have recurring seizures due to a brain disorder have epilepsy.

<table>
<thead>
<tr>
<th>Signs of possible seizure activity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Dropping head to one side</td>
</tr>
<tr>
<td>✓ Falling down</td>
</tr>
<tr>
<td>✓ Arching head toward back</td>
</tr>
<tr>
<td>✓ Eyes rolling up/back in head</td>
</tr>
<tr>
<td>✓ Random jerking movements of muscles-hands/arms/feet/legs</td>
</tr>
<tr>
<td>✓ Reduced level of consciousness</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Assist the person to a comfortable position.</td>
</tr>
<tr>
<td>• Keep calm and reassure other people who may be nearby.</td>
</tr>
<tr>
<td>• Make a mental note of the time the seizure began.</td>
</tr>
<tr>
<td>• Clear the area around the person of anything hard or sharp objects.</td>
</tr>
<tr>
<td>• Protect the person from accidental injury by putting something flat and soft, like a folded jacket under the head.</td>
</tr>
<tr>
<td>• Loosen ties or anything around the neck that may make breathing difficult.</td>
</tr>
<tr>
<td>• Turn him or her gently onto one side. This will help keep the airway clear.</td>
</tr>
<tr>
<td>• Do not try to force the mouth open with any hard implement or with fingers. <strong>It is NOT true that a person having a seizure can swallow their tongue.</strong> Efforts to hold the tongue down can injure teeth or jaw.</td>
</tr>
<tr>
<td>• Don't attempt CPR except in the unlikely event that a person does not start breathing again after the seizure has stopped.</td>
</tr>
<tr>
<td>• Stay with the person until the seizure ends naturally.</td>
</tr>
<tr>
<td>• Be friendly and reassuring as consciousness returns.</td>
</tr>
<tr>
<td>• Have someone notify the school nurse or main office that assistance is needed.</td>
</tr>
</tbody>
</table>
## Appendix A: Acronym Glossary

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAFP</td>
<td>American Academy of Family Physicians</td>
</tr>
<tr>
<td>AAP</td>
<td>American Academy of Pediatrics</td>
</tr>
<tr>
<td>ACIP</td>
<td>Advisory Committee on Immunization Practices</td>
</tr>
<tr>
<td>AED</td>
<td>Automated external defibrillator</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>AIR</td>
<td>Accident/Injury Report</td>
</tr>
<tr>
<td>ANA</td>
<td>American Nurses Association</td>
</tr>
<tr>
<td>ASACS</td>
<td>Adolescent Substance Abuse Counseling Service</td>
</tr>
<tr>
<td>AT</td>
<td>administrative technologist</td>
</tr>
<tr>
<td>BMI</td>
<td>Body Mass Index</td>
</tr>
<tr>
<td>CE</td>
<td>Continuing Education</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>CPR</td>
<td>Cardio-pulmonary resuscitation</td>
</tr>
<tr>
<td>CSC</td>
<td>Case Study Committee</td>
</tr>
<tr>
<td>DDESS</td>
<td>Department of Defense Domestic Dependent Elementary and Secondary Schools</td>
</tr>
<tr>
<td>DoD</td>
<td>Department of Defense</td>
</tr>
<tr>
<td>DoDSS</td>
<td>Department of Defense Dependent Schools</td>
</tr>
<tr>
<td>DoDEA</td>
<td>Department of Defense Education Activity</td>
</tr>
<tr>
<td>DoJ</td>
<td>U.S. Department of Justice</td>
</tr>
<tr>
<td>DSO</td>
<td>District Superintendent Offices</td>
</tr>
<tr>
<td>EAP</td>
<td>Emergency Action Plans</td>
</tr>
<tr>
<td>EMS</td>
<td>Emergency Medical Services</td>
</tr>
<tr>
<td>ET</td>
<td>educational technologist</td>
</tr>
<tr>
<td>FAP</td>
<td>Family Advocacy Program</td>
</tr>
<tr>
<td>FERPA</td>
<td>Family Education Rights and Privacy Act</td>
</tr>
<tr>
<td>FOIA</td>
<td>Freedom of Information Act</td>
</tr>
<tr>
<td>HIPPA</td>
<td>Health Insurance Portability and Accountability Act</td>
</tr>
<tr>
<td>HOTV</td>
<td>Vision screening chart known by the letters “HOTV”</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
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</tr>
<tr>
<td>IDEA</td>
<td>Individuals with Disabilities Act</td>
</tr>
<tr>
<td>IHP</td>
<td>Individual Healthcare Plans</td>
</tr>
<tr>
<td>ISS</td>
<td>Information Systems Specialist</td>
</tr>
<tr>
<td>MTF</td>
<td>Medical Treatment Facility</td>
</tr>
<tr>
<td>NASN</td>
<td>National Association of School Nurses</td>
</tr>
<tr>
<td>NBCSN</td>
<td>National Board for Certification of School Nurses</td>
</tr>
<tr>
<td>OSD</td>
<td>Office Secretary of Defense</td>
</tr>
<tr>
<td>OSHNA</td>
<td>Overseas School Health Nurses Association</td>
</tr>
<tr>
<td>PA</td>
<td>The Privacy Act of 1976</td>
</tr>
<tr>
<td>PGP</td>
<td>Professional Growth Plan</td>
</tr>
<tr>
<td>PII</td>
<td>Personal identifiable information</td>
</tr>
<tr>
<td>Section 504 AP</td>
<td>Section 504 Accommodation Plan</td>
</tr>
<tr>
<td>SHSM</td>
<td>DoDEA Guide 2942.0, School Health Service Manual</td>
</tr>
<tr>
<td>SIR</td>
<td>Serious Incident Report</td>
</tr>
<tr>
<td>SIS</td>
<td>Student Information System</td>
</tr>
<tr>
<td>SOH</td>
<td>Safety and Occupational Health, DoDEA</td>
</tr>
<tr>
<td>SORN</td>
<td>System of Records Notice</td>
</tr>
<tr>
<td>ESS</td>
<td>Student Support Services</td>
</tr>
<tr>
<td>STD</td>
<td>sexually transmitted diseases</td>
</tr>
<tr>
<td>UAP</td>
<td>unlicensed assistive personnel</td>
</tr>
<tr>
<td>VIS</td>
<td>Vaccine Information Sheets</td>
</tr>
</tbody>
</table>