

Voices of School Health X

August 7, 2019

Questions for Jill and Sheri

1. Any suggestions regarding the NUMBER of tourniquets, quick clot, HyFin chest seals to have in stock per school building?

Dependent on individual school's needs.

PA Dept. of Health's, Division of School Health link to "Multi Hazard School Safety Planning"

<https://www.health.pa.gov/topics/school/Pages/All-Hazard-Planning-Toolkit.aspx>

Emergency Guidelines For Schools 2018 Edition pgs. 69-78

Page 69 has links to PEMA and Center for Safe Schools

Page 74 had Guidelines to use a To-Go Bag

Page 78 has suggestions on recommended First Aid Equipment & Supplies for Schools

Center for Safe Schools "Focus on Go-Kits

www.safeschools.info/component/docman/doc_download/169-focus-on-go-kits

Choice of Kits

The Center for Safe Schools frequently receives requests from schools for technical assistance in choosing the correct go-kit. The response to those requests varies depending on the intended purpose of the go-kit. For example, who will use the kit and how will it be used? Understanding the duties and functions an individual holds in an emergency situation will guide the selection process.

Before purchasing a commercially prepared kit or compiling components for a homemade kit, it is important to determine the answers to the following questions:

What are the emergency duties and functions of the person using the kit?

o Is the primary emergency duty the care of students?

o Is the primary emergency duty the provision of medical treatment?

o Is the primary emergency duty the performance of crisis team duties?

What is the capability of local responders?

o How long will it take local responders to arrive on-scene?

o Will local responders be able to bring adequate supplies for your population?

o Is the district, building or classroom able to stockpile the amount of supplies needed until help arrives?

2. Review of regulations on how often to provide staff CPR training?

CPR Certification Required for School Nurses (Act 107 of 2014) By July 1, 2015, all school nurses are required to be CPR-certified through a Department of Health approved certifying agency and maintain certification within the time frame established by the approved certifying agency. Only CPR courses for Healthcare Professionals will be accepted. The list of approved courses (updated July 2015) has been adapted from the Bureau of EMS list for emergency medical providers. A valid Instructor card representing any of the approved courses is also acceptable.

Public School Code: Article XII. Certification of Teachers Section 1205.4. CPR Instruction.--(a) School entities shall be required to offer a cardiopulmonary resuscitation training (CPR) class on school premises **at least once every three years**. The course shall be offered as an option to all employees of the school entity.

(b) Completion of training, including testing of skills and knowledge, shall be documented by the signature and title of a representative of the training entity and shall include the date training was completed. Documentation shall be retained in the facility in that employee's file. Training shall be conducted by:

the American Red Cross; the American Heart Association;

an individual certified to conduct CPR training by the American Red Cross, American Heart Association or other certifying agency approved by the Department of Health; or other certifying agency approved by the Department of Health.

(c) School districts may include this training in the continuing education plan submitted by the district to the Department of Education under section 1205.1.

(d) For purposes of this section, a school entity shall be defined as a local school district, intermediate unit or area vocational-technical school.

(1205.4 added Nov. 22, 2000, P.L.672, No.91)

Pennsylvania Public School Code of 1949

Article XIV School Health Services

Section 1423. Automatic External Defibrillators

(1) Assure that two (2) or more persons assigned to the location where the automatic external defibrillator will be primarily housed are trained as required in subsection (d).

(4) Agree to provide the training required by subsection (d).

(d) School personnel who are expected to use the automatic external defibrillator shall complete training in cardiopulmonary resuscitation and in the use of an automatic external defibrillator provided by the American Heart Association, the American Red Cross or through an equivalent course of instruction approved by the Department of Health.

Section 1424. Cardiopulmonary Resuscitation—

A school entity shall have at each school, or in the case of a cyber charter school at each location, under its jurisdiction, except in extenuating circumstances, one person certified in the use of cardiopulmonary resuscitation during regular school hours when school is in session and students are present.

3. **Regarding schools that utilize agency nurses for a life skills student – if the agency nurse is ill and the school district nurse must cover, should the school district nurse chart the assessment on the agency’s form, or just chart it in the school district’s log?**

During the time that the student is under school jurisdiction, the Certified School Nurse is responsible for the student. The CSN is the case manager for students enrolled in his/her buildings and all other healthcare staff work as a part of the CSN's team. Under school jurisdiction, agency staff function as supplemental staff under the guidance of the CSN.

*An agency LPN or RN may be assigned to the student however, they must convey care provided to the child/any noted changes in child/refusal of medication, etc. to the CSN. The Division of School Health recommends a daily report from the agency RN/ LPN to the CSN, either written, e-mail, or oral. **The person who performed the care/medication administration/ administered treatments, etc. should be the one documenting on the student.** The CSN should also have any orders for these children and parent permission, care plans for the school, etc. Agency nurses usually have their own orders that are specific for “agency nurses.” However, the school nurse also needs to have any orders for these children in case an agency nurse is not available for the day. It is advised that if there is a medical order that the child must have 1:1 care, that between the school and the agency it be determined how care will be provided during the school day if the agency nurse is not present. If 1:1 is medically required and ordered, the entities must come up with a coverage plan.*

4. **Some districts are opting to follow Department of Education’s recommendation for private school nurse services instead of Department of Health mandated services. Nurses are caught in the middle and now not creating individual health plans, etc. for private school students. How can you help with this?**

Chapter 21, Section 21.11

(b) The registered nurse is fully responsible for all actions as a licensed nurse and is accountable to clients for the quality of care delivered.

Provision of School Health Services to Private/Non-public Schools

In 1962, the legislature passed the School Nurse Act. This act was considered revolutionary at the time because it required equitable services be provided to students, whether they attended public or non-public schools. This law remains in effect today as Section 1402(a.1) of the Pennsylvania Public School Code.

***The Department of Health regulations state in Section 23.51** "A child in private, parochial and public schools shall be provided with school nurse services in the school which the child attends;" and Section **23.52** "The school nurse services shall be provided through the public school system and the administration of this service shall be the responsibility of the public school administrator in consultation, as needed, with the private or parochial school administrator. School nurse services are considered to be one of the mandated services (same as examinations and screens) and include the same nursing functions as those provided to students in public school buildings, such as assessment of student health care needs, **development of appropriate plans of care**, medication administration, first aid and emergency care, etc. Neither the law nor regulation distinguish differences in the level of service to public vs. non-public schools.*

Many school districts include private and non-public schools as buildings being served in the School Health Annual Reimbursement Request System (SHARRS). The school district receives the

same level of reimbursement for these students as those attending the public school buildings. Therefore, the expectation is that all students receive equitable nursing services from the school district. Provision of non-equitable services could adversely affect the school district's reimbursement.

Many of the nursing services can be performed by supplemental licensed health staff such as non-certified RNs and LPNs working in consultation with the CSN.

In addition, the Pennsylvania Public School Code (PSC) requires that schools educate students and provide a safe, healthy environment. The PSC (Section 1401) also requires that schools employ nurses. Section 1402(a.1) requires that "every child of school age shall be provided with school nurse services..." In the School Health regulations, 28 PA Code, Chapter 23, Section 23.74, it is a function of the school nurse to interpret the health needs of individual children.

However, school nurses don't just function under Educational law. They are licensed by the Department of State, Board of Nursing and licensure requirements are in effect regardless of the nurse's practice setting. The Nurse Practice regulations require (49 PA Code, Chapter 21, Section 21.11) that nurses follow the "standards of practice and professional codes of behavior" published by the American Nurses Association as the "criteria for assuring safe and effective practice." The standards are "authoritative statements of the duties that all registered nurses, regardless of role, population, or specialty, are expected to perform competently." These standards outline the nursing process for provision of safe care (assessment, nursing diagnosis, outcomes identification, planning, implementation, coordination of care and evaluation). School nurses cannot effectively follow these standards of practice unless they rotate through all of the buildings in their caseload assignment on a "regular basis". This could mean daily or it could mean 1-2 days/month. It depends on the assessment of student needs as determined by the school nurse.

Please see below from the Medication Manual pg. 9

The IHP is required by professional standards of practice and uses the nursing process (assessment, diagnosis, planning, implementation and evaluation) to determine a plan of action that meets the health care needs of a student during the school day. This plan, initiated by the CSN, provides written directions for school health personnel to follow in meeting the individual student's health care needs.

5. **Can school districts hire an emergency certified nurse over a duly certified school nurse? And if an emergency certified nurse holds a CSN position, does the district have to post the position yearly?**

PA Department of Education's website

A local education agency (LEA) requests an emergency permit to fill a vacant position when it is unable to find a certified educator holding a valid and active certificate.

General Policies

*Emergency permits are requested by the Chief School Administrator of the LEA that has a permanent, temporary, or day-to-day opening for a professional employee. **The permit is valid from the first day of the month of issuance, until the last day of summer school in that school year.***

The LEA is required to post any permanent or temporary vacancy for a minimum of 10 days on the school entity's website before submitting an initial or reissuance application for an emergency permit to fill the vacancy.

You can talk to our certification staff at 717-PA-TEACH (728-3224) or 717-787-3356

Our Certification Staff are currently available by Phone:

Monday-Friday 8:00am-4:00pm

6. **Please review immunization information again – if coming from another country, state, homeless, different school district – what's their "grace period"? What if they do not provide proof of immunizations come the 6th day of school? What's protocol on review of "medical certificate" for vaccines, what if they are not compliant with the dates listed?**

Contact the Division of Immunizations @ 717-787-5681 or your District IZ Nurse Consultants.

7. **How close are we to having the CSN : student ratio reduced to 1:750?**

Link from May 13, 2019 Article

<https://www.publicnewsservice.org/2019-05-13/education/pa-lawmakers-consider-staffing-of-school-nurses-counselors/a66452-1>

You may track legislation updates on PASNAP's website

<https://pasnap.nursingnetwork.com/nursing-news/174451-july-legislation-updates-for-school-nurses>

8. The sunscreen law brought lots of questions/concerns from staff & administration. What are legal implications for nurses? *The Division of School Health may not give legal advice.*

a. What to do if no sunscreen sent with student, but permission given to apply? *See the information below from the PA Department of Education's Model Parent/Guardian Form.*

b. What to do if no permission given to apply and students are going to be outside ALL day (end of year field trips, field days)?

Does the school have a standing order for sunscreen? The "new" law was meant to alleviate the nurses having to apply it.

Provide education on ways to prevent sun exposure, hats, long sleeves, etc.

Education would be at the school's discretion. I provided a link below to CDC.

https://www.cdc.gov/cancer/skin/basic_info/children.htm

Non-Aerosol Topical Sunscreen Use

Model Parent/Guardian Form

In October 2018, the Pennsylvania School Code was amended to include a section on Sun Protection Measures for Students. Section 1414.10 states that a school entity shall allow the application of sunscreen during school hours, at a school-sponsored activity, or while under the supervision of school personnel. [Review the full legislation](#), which is available on the Pennsylvania General Assembly's website: www.legis.state.pa.us.

Parents/guardians may choose to supply their child with **non-aerosol topical sunscreen**, if it is approved by the U.S. Food and Drug Administration. Parents/guardians must complete and submit the following information in order for their child to apply sunscreen during school hours, at a school-sponsored activity, or while under the supervision of school personnel.

Student Name: _____ Grade: _____

School: _____

Date: _____

By checking this box, you confirm that you are the parent/guardian of the student.

By checking this box, you confirm that you understand that the school is not responsible for ensuring that the sunscreen is applied by the student.

By checking this box, you confirm that the student has demonstrated that they are able to self-apply the sunscreen.

A school may cancel or restrict the possession, application, or use of a non-aerosol topical sunscreen product by a student if any of the following occurs:

- The student fails to comply with school rules concerning the possession, application, or use of the non-aerosol topical sunscreen product.
- The student shows an unwillingness or inability to safeguard the non-aerosol topical sunscreen product from access by other students.

If a school cancels or restricts the possession, application, or use of a non-aerosol topical sunscreen product by a student, the school entity shall provide written notice of the cancelation or restriction to the student's parent or guardian.

Parent/Guardian Signature: _____

Date: _____

9. **Our district sends home a copy of our accident reports. Can you please comment on this?**

[Accident/Incident Reports](#)

Student Health Record, document: *Objective recording of incident, Quotes from Student, Assessment and intervention, communication with parent/guardian*

Accident/Incident Form, filed according to school policy, do not mention in student record, intended for purposes of risk management

Please see the information below in “quotes” which came directly from the article below.

https://www.nursingcenter.com/journalarticle?Article_ID=843476

“The incident report is not a part of the patient's medical record. In most courts, the incident report is protected from discovery by the opposing attorneys. If you document the incident report in the patient's medical record, you've lost that protection.

In addition to filling out the incident report, you must document the facts of the event in the patient's medical record. The medical record documentation, completed close to the time of the incident report, should contain only factual, objective, descriptive documentation relative to the patient's condition and response to the incident. Never try to hide or cover up a mistake.”

Additional resource:

Legal Issues in School Health Services, Editors Nadine C. Schwab and Mary H.B. Gelfman, pgs. 186-187

10. **What to do with students who have had their Tdap before age 11?**

Contact the Division of Immunizations @ 717-787-5681 or your District IZ Nurse Consultants.

11. **How do we chart / address transgender students (using pronouns, etc.)?**

You will need to consult with your school's administration and solicitor.

Link to The PA Dept. of Education

<https://www.education.pa.gov/Schools/safeschools/equityandinclusion/Pages/Gender.aspx>

PA School Board Association Legal Update

<https://www.psba.org/2019/01/transgender-legal-update-2/>

12. Act 86 – how do we adhere to this as a district?

<https://www.health.pa.gov/topics/school/Pages/Diabetes.aspx>

Please thoroughly review Act 86 , the “Diabetes in School Children: Recommendations and Resource Guide for School Personnel”, and the training modules found on the school health website. Please share this information with the health team, your administration, and school solicitor if needed.

If schools choose to opt into ACT 86 they must be sure to read the ACT and the Resource Guide in their entirety. Schools must ensure compliance with all the requirements in the law and resource guide and have the appropriate policies, permissions, agreements and orders in place. Each student with diabetes is to have an individual plan in place specific to their diabetes healthcare needs.

13. How to get Narcan at our middle school – having the district support it?

Schools would need to confer with the school’s physician, obtain an order and parental permission.

The schools may either purchase the Narcan from adapt pharma directly or contact their CCE. If the MS has 9th grade students and have not received any free cartons previously from Adapt Pharm. The school may contact Adapt Pharma.

PA Dept. of Health, Division of School Health Narcan webpage

<https://www.health.pa.gov/topics/school/Pages/Naloxone%20Program.aspx>

14. Any regulations for using O2 at school?

If a school district policy makes oxygen available for emergency situations, there must be a standing order for its use from the school physician. The order should include protocols, the route of administration, flow rate, and when to administer the oxygen. There should also be a protocol for storage and oxygen use warning identification. For individual students who have a chronic condition that may warrant oxygen administration, an individual order should be obtained from their primary care provider

15. Do action plans have an expiration date?

Action plans are completed/signed by the student’s health care provider along with parent/guardian signature annually.

16. Review of SHARRS reporting PLEASE! - especially reporting CDM and skilled nursing tallies.

PA Dept. of Health’s, Division of School Health SHARRS webpage

<https://www.health.pa.gov/topics/school/Pages/SHARRS.aspx>

From SHARRS Instruction Manual Chapter 12

Students

Health Services

01 Student Contacts for Acute/Chronic ILLNESS

Count the **number of contacts** when students required nursing assessment or intervention for an acute or chronic illness. For multiple contacts in one day **count each instance**

02 Student Contacts for Acute/Chronic INJURY

Count the **number of contacts** when students required nursing assessment or intervention for an acute or chronic injury. For multiple contacts in one day **count each instance**

03 Students Requiring Skilled Nursing

Count the **number of students** who required skilled nursing procedures as ordered by a licensed provider or deemed necessary by a CSN. **Only count each student once** (do not include the student contacts here)

Include:

Procedures, assessments and monitoring ordered by a primary care provider, specialist or deemed necessary by the CSN

For example; but not limited to, **blood glucose testing**, catheterization, concussion status monitoring, blood pressure monitoring, colostomy care, IV medication, tube feedings, ventilator care, pulse oximetry, nebulizer treatments, suctioning, wound care, etc.

17. Role of LPNs & RNs who are not CSNs and the differences in CSN responsibilities.

PA Dept. of Health's, Division of School Health February 2019 Update

<https://www.health.pa.gov/topics/school/Pages/Updates.aspx>

School Health Laws and Regulations

<https://www.health.pa.gov/topics/school/Pages/Laws-and-Regulations.aspx>

PA Dept. of Education CSPG. 80 – School Nurse

<https://www.education.pa.gov/Educators/Certification/Staffing%20Guidelines/Pages/CSPG80.aspx>

Link to CSN Rubric

<https://www.education.pa.gov/Documents/Teachers-Administrators/Educator%20Effectiveness/Non-Teaching%20Professionals/Certified%20School%20Nurse%20Rubric.pdf>

18. Can you address the CPR education mandates recently signed by the governor?

<https://www.media.pa.gov/Pages/Education-Details.aspx?newsid=663>

Act 7 of 2019, formerly Senate Bill 115, **which will require the Pennsylvania Department of Education (PDE) to create potentially life-saving curriculum for cardiopulmonary resuscitation (CPR).**

19. Can you comment on weapons in schools?

Refer to the PA Department of Education, Office for Safe Schools

<https://www.education.pa.gov/Documents/K-12/Safe%20Schools/ARTICLE%20XIII-A%20Safe%20Schools.pdf>

Section 1302-A. Office for Safe Schools.--(a) *There is hereby established in the Department of Education an Office for Safe Schools.*

(b) *The office shall have the power and duty to implement the following:*

(4) *To advise school entities and nonpublic schools on the development of policies to be used regarding possession of weapons by any person, acts of violence and protocols for coordination with and reporting to law enforcement officials and the Department of Education.*

<https://www.education.pa.gov/Schools/safeschools/laws/Pages/Regulations.aspx>
24 PS §13-1317.2 - Weapons

20. About ESY students and where to list their information in the SHARRS - current year, next year. "Please clarify if medication orders for ESY are part of the current school year or the next school year. We have had conflicting information and I thought they were part of the current school year since ESY is as well."

The school would report ESY in the current school year for SHARRS.

*Orders (medications and treatments) by the school physician and the family physician are good for 1 year unless there is an earlier discontinuation date. Per the Department of Education, the school year officially starts July 1 and ends June 30. So new/updated standing orders by the school physician should be written to begin with the new school year. **Private provider orders are good for 1 year from the date initially written unless there is a discontinuation date.** It is suggested these orders also be written July 1 so the nurse does not have to keep track of numerous end dates.*