Chronic Health Conditions Toolkit

A Resource for Non-Medical Staff in Schools

Tennessee Department of Education | June 2023

TN Department of Education

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Introduction

This document is a revision of the Tennessee Department of Education's (TDOE) 2018 *Chronic Health Conditions Toolkit: For Non-Medical Staff in Schools*, and can be accessed from TDOE's, Coordinated School Health (CSH), Health Services webpage.

A chronic health condition is a health condition, diagnosed by a health care provider, which persists over time for a duration of months and years. Chronic health conditions impact everyday life and require healthcare services beyond what is required for children in general. Examples of chronic health conditions include asthma, diabetes, seizure disorders and severe allergies.

Chronic health conditions can often cause distress for non-medical school staff, especially if a nurse is not present for part or all of the school day. Responding to the needs of students with chronic health conditions requires a coordinated and systematic approach. TDOE has provided this toolkit to assist non-medical staff and unlicensed assistive personnel (UAP) in schools.

The purpose of this toolkit is to support and enable teachers and other school staff to ensure a safe environment and academic success for students with a chronic health condition. This toolkit contains practical information for non-medical school staff on common chronic health conditions, example forms that can be adapted to meet the needs of schools and districts, and training information and resources.

In addition to this toolkit, the Guidelines for Healthcare in a School Setting can be used by schools to create and update health services policies and procedures and ensure alignment with state and federal laws and regulations and nationally recognized standards.

The School District's Responsibility for Students with Special Healthcare Needs

Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act (ADA) require that each student with disabilities attending public school be able to participate fully in the academic program. Specifically, this means that students must have access to necessary healthcare during the school day and for school-sponsored activities, even when they occur outside of regular school hours or off school property. These laws require that health services for student health must be provided if such services are needed for students to access their education.

Care coordination and management of students with chronic health conditions requires a circle of support and collaboration. Students, families, school nurses, health care providers, and schools are

all members of the team. The roles and responsibilities of the student's team may vary based on unique student needs and the unique makeup of each school district.

School staff are invested in the students' health and academic success and each individual plays a different role in supporting all students. School administrators, school principals, teachers, and other school staff should have roles and responsibilities that support learning and health. Other school staff (e.g., coaches, bus drivers, counselors, school psychologists, food service staff, etc.) also play a role in student success. Roles and responsibilities for school health teams should include[1]:

- understanding and following federal and state laws that apply to students with chronic health conditions;
- working with members of the school health team, led by the school nurse, to implement the students' health and education plans;
- communicating with the school nurse about student progress or any concerns;
- recognizing and responding to signs and symptoms of medical emergencies;
    - knowing who to contact for a suspected or actual medical emergency;
    - knowing how to activate local emergency medical services;
- identifying gaps, developing, and implementing policy that supports chronic health condition management;
- providing education for school nurses and school staff on school health;
- participating in the appropriate level of staff training; and
- promoting a positive school climate to include
    - trusted adults, where students can seek help;
    - non-discrimination, where students with a chronic health condition are treated the same as other students, except to respond to their medical needs;
    - student confidentiality and right to privacy, where student's expectations of confidential and private care is upheld; and
    - school/classroom accommodation is provided, as indicated, in the student's health and/or education plans.

[1] Adapted from the National Association of School Nurses Roles and Responsibilities of the Student's School Health Team, 2020

Guidance for Schools[2]

The information below may serve as a guide to assist school districts and schools with ensuring responsiveness to the health needs of students with chronic health conditions. School districts are encouraged to review local policies and procedures associated with school health services, including education and training, and consult with the district lead nurse, school nurse, CSH personnel, and/or district board attorney.

School District's Responsibilities	School's Responsibilities
Develop and implement districtwide guidelines and protocols applicable to chronic health conditions generally and specific protocols for asthma, allergies, diabetes, seizure disorders, and other common chronic health conditions of students.	Identify students with chronic health conditions, and review health records as submitted by the parent/guardian and health care provider(s).
Guidelines should include safe, coordinated practices that enable the student to successfully manage his or her health in the classroom and at all school related activities in accordance with district policy.	Arrange a meeting to discuss health accommodations and educational aids and services that the student may need and to develop a 504 Plan, IEP, or other school plan, as appropriate.
Protocols should be consistent with established standards of care for students with chronic health conditions and any applicable state and federal laws.	Communicate with the parent/guardian regularly and as authorized with the student's health care provider(s).
Protocols should address education of all members of the school environment about chronic health conditions.	Ensure the student receives prescribed medication(s) in a safe, reliable, and effective manner and has access to needed medication at all times during the school day and at school related activities.
Develop, coordinate, and implement necessary training programs for school staff that will be responsible for care tasks at school and school related activities.	Clarify the roles and obligations of specific school staff, and provide education and communication systems necessary to ensure students' health and educational needs are met in a safe and coordinated manner.
Monitor schools to ensure health services policies, protocols, and procedures are being followed.	Implement strategies that reduce disruption in the student's school activities, including physical education, recess, offsite events, extracurricular activities, and field trips.
Meet with the parent/guardian, school staff, and health care provider(s) to address issues of concern	Be prepared to manage health needs and emergencies and to ensure that there is a staff member available who is properly trained to assist

[2] Adapted from National Institute of Health, Students with Chronic Illnesses: Guidance for Families, Schools, and Students

about the provision of care to students with chronic health conditions by school district staff.	with medication administration or provide other immediate care during the school day and at all school-related activities, regardless of time or location.
	Ensure that all school staff who interact with the student on a regular basis receive appropriate guidance and training on routine needs, precautions, and emergency actions.
	Promote a supportive learning environment that views students with chronic health conditions the same as other students except to respond to health needs.
	Ensure proper record keeping, including appropriate measures to protect confidentiality and to share information.
	Provide a safe and healthy school environment.

Additional information on the roles and responsibilities of the student's school health team (e.g., RN, LPN, UAP, parent/guardian, school administrator, educational personnel, school counselor, food service personnel, school bus company) are outlined in the Guidelines for Healthcare in a School Setting.

Protecting student privacy of health information at school is a priority. School nurses should only share health information with other school staff if there is a reason it could impact student learning or to protect the student's health and safety. District policies and procedures should address the types, maintenance, and protection of school health records, access to records, confidentiality of health information, and record retention.

Information about confidentiality and protecting student health information in the school setting can be located on the United States Department of Education Protecting Student Privacy webpage.

Additional information regarding confidentiality and federal and state privacy laws can be found in the Federal Requirements and State Requirements sections below.

Federal Requirements

Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act (ADA) require that each student with disabilities attending public school be able to participate fully in the academic program. Specifically, this means that students must have access to necessary healthcare during the school day and for school-sponsored activities, even when they occur outside of regular school hours or off school property. These laws

require that health services for student health needs be provided if such services are needed for students to access their education.

Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of students' education records. "Education records" are broadly defined and include student health records (including immunization records) that are maintained by a school or district. FERPA protects the confidentiality of student health information and specifies when student records may be shared and when they may not. Student health information may only be disclosed under very limited circumstances, such as when disclosure is required by law or when parental permission is obtained.

Occupational Safety and Health Administration (OSHA), a regulatory agency within the U.S. Department of Labor, requires schools to meet safety standards set forth by this agency. These standards include the need for procedures to address possible exposure to bloodborne pathogens. Schools are also required to maintain a clean and healthy environment. They must adhere to universal precautions designed to reduce the risk of transmission of bloodborne pathogens, which include the use of barriers such as surgical gloves and other protective measures, such as needle disposal, when dealing with blood and other body fluids or tissues.

Health Insurance Portability and Accountability Act (HIPAA) was enacted by Congress in 1996 to, among other things, improve the efficiency and effectiveness of the healthcare system through the establishment of national standards and requirements for electronic healthcare transactions and to protect the privacy and security of individually identifiable health information. The HIPAA Privacy Rule requires covered entities, including health care providers, to protect individuals' health records and other identifiable health information by requiring appropriate safeguards to protect privacy, and setting limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The rule also gives patients' rights over their health information, including rights to examine and obtain a copy of their health records and to request corrections.

State Requirements

1996

Guidelines were initially approved by the Tennessee Board of Nursing and the State Board of Education for implementation during the 1996-97 school year. The guidelines provide information for compliance with Tenn. Code Ann. § 49-50-1602 which requires certain healthcare procedures, including the administration of medications during the school day or at related events, to be performed by appropriately licensed health care professionals.

2002

Tenn. Code Ann. § 49-50-1602(b) was amended to allow "…school personnel who volunteer under no duress or pressure and who have been properly trained by a registered nurse" to administer

Glucagon in the event of a diabetes emergency in the absence of the school nurse. The guidelines were revised to address this change in law and to provide further clarification for medical and nursing procedures performed in the school setting.

2004

Tenn. Code Ann. § 49-50-1602 was amended to "permit possession and self-administration of a prescribed, metered dosage asthma-reliever inhaler by any asthmatic student."

Tenn. Code Ann. § 49-50-1602 was also amended to "permit school personnel to volunteer to assist with the care of students with diabetes," excluding the administration of insulin.

Tenn. Code Ann. § 49-5-414 encourages LEAs to have CPR-certified individuals in their employment or as a volunteer.

Tenn. Code Ann. § 49-3-359 was amended so that each public school nurse, employed or contracted by an LEA, will maintain current CPR certification consistent with the guidelines of the American Heart Association.

Tenn. Code Ann. § 49-6-5004 was amended to authorize health care professionals to indicate the need for a dental, hearing or vision screening on any report or form used in relation to reporting immunization status for a child. Health care professionals shall provide a copy of the report or form to the parent/guardian indicating the need to seek appropriate follow-up.

2008

Tenn. Code Ann. § 49-50-1602 was amended to allow school staff, who under no duress, to volunteer to be trained in the administration of anti-seizure medication, including diazepam rectal gel as prescribed by a licensed health care provider.

2013

Tenn. Code Ann. § 49-50-1602 was amended to provide that each school is authorized to maintain at least two epinephrine auto-injectors so that epinephrine may be administered to any student believed to be having a life-threatening allergic or anaphylactic reaction.

2014

Tenn. Code Ann. § 49-50-1602 was amended to allow "…school personnel who volunteer under no duress or pressure and who have been properly trained by a registered nurse" to administer daily insulin to a student based on the student's individual health plan in the absence of the school nurse. The guidelines were revised to address this change in law and to provide further clarification for medical and nursing procedures performed in the school setting.

2017

Tenn. Code Ann. § 49-50-1603 was enacted to require each LEA to adopt policies that provide for the administration of medications that treat adrenal insufficiency. The statute requires LEAs to train personnel on the treatment of adrenal insufficiency when notified by a parent or guardian that a student in the school has been diagnosed with adrenal insufficiency.

Tenn. Code Ann. § 49-50-1604 authorizes LEAs and nonpublic schools to maintain an opioid antagonist at the school and for the school nurse, school resource officer, or other trained school personnel to utilize the opioid antagonists to respond to a drug overdose, under a standing protocol from a physician licensed to practice medicine in all its branches.

2021

Tenn. Code Ann. § 49-6-5001 was amended to require schools, nursery schools, preschools, childcare facilities, and public institutions of higher education to include information on immunization exemptions on any communications to students or parent/guardian regarding immunization requirements.

Tenn. Code Ann. § 49-6-3601 was enacted to require each LEA or public charter school that provides a school youth athletic activity to establish certain health and safety requirements in regard to school youth athletic activities.

Tenn. Code Ann. § 49-6-5002(a) was amended to include a new subdivision (2) that “that only applies to a natural or adopted child or stepchild of a member of the armed forces engaged in active military service of the United States or a member of the Tennessee national guard engaged in active military service of the United States” regarding immunization and medical evaluation requirements.

Tenn. Code Ann. § 49-2-137 authorizes LEAs to develop and implement a "Stop the Bleed" program and provides limited civil immunity to LEAs, schools, and LEA employees for personal injuries resulting from the use of items in a bleeding control kit; establishes requirements for the program.

2022

Tenn. Code Ann. § 49-2-122, was amended by adding a new subsection that “encourages schools to offer automated external defibrillator device training to school bus drivers.”

The Office of CSH maintains and annually updates School Health Laws, which includes all laws related to school health in Tennessee and can be accessed on the CSH, School Health Laws, Standards, and Guidelines webpage.

Commonly Used Acronyms

Acronym	Represents
AAP	Asthma Action Plan, American Academy of Pediatrics
AED	Automated External Defibrillator
AIDS	Acquired Immune Deficiency Syndrome
APRN	Advanced Practice Registered Nurse
BBP	Bloodborne Pathogens
CAE	Certified Asthma Educator
CDC	Centers for Disease Control and Prevention
CHC	Chronic Health Condition
CPR	Cardiopulmonary Resuscitation
CSH	Coordinated School Health
DO	Doctor of Osteopathy
DMMP	Diabetes Medical Management Plan
EAP	Emergency Action Plan
ECP	Emergency Care Plan, Exposure Control Plan
FERPA	Family Educational Rights and Privacy Act
HIPAA	Health Insurance Portability Accountability Act
HIV	Human Immunodeficiency Virus
HCP	Health Care Provider
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Educ
IHP	Individual Health Plan, Individualized Healthcare Plan
LEA	Local Education Agency
LHCP	Licensed Health Care Provider
LPN	Licensed Practical Nurse
MD	Medical Doctor
NASN	National Association of School Nurses
NP	Nurse Practitioner
OSHA	Occupational Safety and Health Administration
RN	Registered Nurse
SCA	Sudden Cardiac Arrest
TASN	Tennessee Association of School Nurses
TDOE	Tennessee Department of Education
TDOH	Tennessee Department of Health
TOSHA	Tennessee Occupational Safety and Health Administration
UAP	Unlicensed Assistive Personnel

Chronic Health Conditions

Many students with chronic health conditions or illnesses attend schools in Tennessee. Chronic, and even acute, health conditions and illnesses may create barriers to learning and limit a student's educational progress. This section includes practical information for non-medical school staff on common chronic health conditions in the school setting.

More detailed information on the conditions in this section (asthma, diabetes, seizure disorders, severe allergies/anaphylaxis) can be found in the corresponding sections of the Guidelines for Healthcare in a School Setting located on the TDOE, CSH webpage.

Additional information, including number of students diagnosed with common chronic health conditions, health screenings and healthcare procedures in Tennessee public and nonpublic schools, can be found in the Annual School Health Services Report located on the TDOE, CSH, Reports and Data webpage.

Managing Asthma at School

What is Asthma?

Asthma is a chronic lung condition that causes difficulty breathing. Airways carry air in and out of the lungs. During an asthma attack, the airways can become irritated and swollen and may fill with mucus that clogs the airways. Muscles may tighten and squeeze around the airways. Muscle tightening, swelling, and clogging makes the airway smaller, resulting in less air getting in and out of the lungs. This makes it harder to breathe.

Asthma does not have a cure, but it can be managed. Students with asthma may need medication during the school day and may have a quick-relief inhaler at school. The inhaler should be stored in a safe place and available to the student in the event of an asthma attack. Students with asthma should have appropriate medication with them during exercise and should be allowed to take medication when needed. Students can help control their asthma by knowing warning signs of an asthma attack, avoiding asthma triggers, and following their health care provider's recommendations and advice. School staff should know about common signs, symptoms, and triggers.

Students with asthma can participate in school sports, physical education, and other activities. Students with asthma might need special consideration regarding assignments, missed class time, and testing due to flare ups, visiting the school nurse, and/or doctor visits. Health care providers should give students and the parent/guardian an asthma action plan/emergency care plan that outlines how to prevent and respond to asthma attacks and flare-ups. Each plan will be based on the individual needs of each student.

Triggers

One way to manage asthma is to avoid asthma triggers. A trigger is an activity, condition, or thing that irritates the airway and causes sudden worsening of asthma symptoms, also called an asthma attack or flare-up. There are many asthma triggers and not all triggers will affect every student's asthma. Students with asthma should get to know their own triggers and avoid exposure to them.

Common asthma triggers include:

Respiratory infections, such as cold, flu or sinus infections. Frequent hand washing and avoiding people who are sick can reduce exposure to respiratory infections. Medical conditions, like acid reflux, can also worsen symptoms.

Food & Medicines can trigger asthma symptoms (e.g., common food allergies like peanuts). Clean up spills right away. For large spills, contact custodial staff.

Smoke - All types of smoke can make it difficult to breathe, including cigarette smoke. School staff can help enforce no smoking and no idling policies.

Weather, Pollen, and Air Pollution - Increased pollen in the air can exacerbate asthma symptoms. Time outdoors should be limited during high pollen times. Extreme temperatures can also trigger symptoms. Keep air vents clear of furniture, books, paper, and other items. Examples of triggers include air pollution, high humidity, weeds, grass, and trees, cold, windy and/or stormy weather, or sudden/extreme temperature changes.

Animals - Skin, saliva, and waste, from animals with fur can be a trigger for some students with asthma. Exposure to pet allergens can be reduced by frequent vacuuming and damp dusting. Accommodations for students with service animals and students with asthma should be made in accordance with their education and health plans.

Strong odors and scents from chemicals, perfumes, cleaning supplies, and deodorants can affect a student with asthma. When possible, choose cleaning supplies that are odor and fragrance free. Examples of triggers include scented candles, cleaning products and air fresheners. Aromatherapy, diffusers, etc. may not be permitted in accordance with district policy. Report unusual odors to maintenance staff.

Mold - Exposure to mold can be reduced by ensuring classrooms are well ventilated. Report mold and moisture to maintenance staff.

Pests - Examples include cockroaches, dust mites, and rodents. To reduce exposure, vacuum and dust regularly. Proper and safe pest control for school buildings is important. All food should be

kept covered and it is encouraged to keep food in plastic bags or containers. Contact maintenance staff if pests are seen.

Exercise and physical activity are good for everyone and is important to overall health. A student's provider may prescribe the student's quick-relief inhaler prior to exercise. Exercise intensity may need to be adjusted to the current asthma state, but exercise should not be avoided because it is important for health.

Strong emotions can trigger asthma symptoms and cause rapid breathing. Some students may experience asthma symptoms in response to anxiety, stress, anger, fear, yelling, laughing or crying too hard.

Signs and Symptoms

Asthma can be life-threatening, but it can be managed to minimize symptoms so students with asthma can be active and healthy. Recognizing signs and symptoms and taking appropriate action is crucial during an asthma attack.

Signs and symptoms of asthma in school-aged children and adolescents may include, but is not limited to:

- persistent coughing;
- working harder to breathe (nostrils flaring, exaggerated belly movement) ;
- panting with normal activities;
- difficulty keeping up with peers on the playground or in physical education classes;
- chest tightness or pain;
- throat tightening;
- breathing through the mouth;
- fast breathing;
- wheeze (whistling sound);
- shortness of breath, possibly to the point of having trouble speaking;
- panic/fear;
- skin pulling between the ribs, looks like ribs sink in when inhaling; and/or
- cyanosis (color change on tongue, lips, around eyes, fingertips, or nail beds).

You may hear a student describe their symptoms (possibly in short sentences or phrases). Examples of phrases you might hear include:

- "My chest hurts." or "my chest feels tight."
- "I can't breathe." or "I can't catch my breath."
- "My throat feels itchy."

It is important for students to understand how treatment helps their asthma. Quick-relief medicines work quickly to relieve sudden symptoms and are taken as needed at the first sign of symptoms.

Controller medicines help control asthma by correcting the underlying changes in the airways (e.g., swelling, excess mucus). Biologics target a cell or protein to prevent swelling inside the airways. Biologics are for people with certain types of persistent asthma and are given by injection or infusion.

The difference between these asthma treatments can be confusing. Using treatments correctly can help students keep their asthma well-controlled. Students should always take medicine as directed by their health care provider and as outlined in their IHP and/or EAP/ECP.

What Schools and Non-Medical Staff Can Do

Schools can support students with asthma by knowing which students are at risk for an asthma emergency, educating teachers and school staff about asthma, encouraging physical activity when a child with asthma is able, ensuring good indoor air quality and providing tobacco-free buildings and grounds (American Lung Assocation, 2022).

Schools should create and provide a supportive environment for students with asthma to effectively and safely manage their asthma at school. Students who have asthma should be encouraged to participate as much as possible in physical education and activities. Some students with asthma may have activity limitations as indicated in their IHP and can be encouraged to do what they can while recognizing and respecting their limits. The student's EAP/ECP should be followed, including pre-medication before physical activity, if prescribed.

All staff should be prepared and know how to handle asthma or breathing emergencies, even staff who do not routinely provide direct care or instruction to students (e.g., bus drivers and administrative, food service, and custodial staff). Knowing what to do in an emergency can save a life. Teachers, physical education instructors, coaches, playground supervisors or anyone that may be responsible for a child with asthma should know how to respond in an emergency. School staff should be aware of and watch for symptoms or signs of poorly controlled asthma (e.g., coughing, wheezing, chest tightness, or shortness of breath) and should notify the school nurse or other designated staff immediately if these signs or symptoms are noticed.

School staff should communicate with the school nurse, as needed. For example, if a student expresses an inability to do an activity or expresses desire to sit out this might indicate the student's asthma is not well-controlled. Sleepiness or inability to focus during activities may indicate a student with asthma is not getting enough sleep. Effective communication with the parent/guardian should be maintained, including informing them if their child has become unwell at school. Teachers who have the main responsibility for a student with asthma can participate in the school meeting with the parent/guardian.

Staff should follow the student's EAP/ECP if the student is having symptoms of an asthma attack or flare. School nurses should communicate with school staff to help them become familiar with the unique needs of individual students with asthma. EAP/ECP should be kept in locations that ensure quick and easy access during an emergency.

Five steps to Follow for an Asthma Episode in the School Setting[3]

If student has excessive coughing, wheezing, shortness of breath, or chest tightness:	
	**Help to an upright position; speak calmly and reassuringly**
	**Follow the EAP/ECP for use of quick-relief inhaler**
	**If quick-relief inhaler or EAP/ECP is not available, send to health office accompanied by peer or with staff member**
	**Get emergency help from school nurse or designated emergency staff if student has any of these:** • Inhaler not helping • Breathing hard and fast • Nostrils open wide • Can't walk or talk well
	**Call 911 if not breathing, unconscious, lips are blue, struggling to breathe (hunched over or ribs show) or other signs of distress**
Notify parent/guardian	

General training for all staff about managing asthma should be conducted. Comprehensive training should be provided for school staff who have frequent contact with students who have asthma.

3 Adapted from the American Lung Association, Asthma-Friendly Schools Initiative Toolkit

Training should include:

- background information about asthma and symptom recognition,
- roles and responsibilities of individual staff members involved with daily asthma management and response to asthma attack, and
- what to do during asthma emergency.

Additional training information can be found in the Recommendations for Non-Medical School Staff Tiered Training Levels Section.

Asthma Resources

- CDC - Asthma
- CDC - Asthma - School and Childcare Providers
- CDC - Healthy Schools - Asthma
- Allergy & Asthma Network
- National Institute of Health - Managing Asthma: A Guide for Schools
- United States Environment Protection Agency - Managing Asthma in the School Environment
- Asthma & Allergy Foundation of America - Asthma in Children
- American Lung Association - Asthma-Friendly Schools Initiative Toolkit
- American Lung Association - Back to School with Asthma Toolkit

Managing Severe, Life-Threatening Allergies/Anaphylaxis at School

What are severe allergies/anaphylaxis?

An allergy is an abnormal response to a substance, triggered by the body's immune system. In students whose immune system decides that a particular substance is harmful, the immune system creates specific antibodies against the substance. After this, when a student is exposed to the substance, these antibodies trigger an allergic reaction, which may cause serious illness and in some cases death.

Anaphylaxis is a severe, potentially life-threatening allergic reaction that is rapid in onset. Anyone can experience an anaphylactic reaction, not just those with known allergies. Anaphylaxis may be fatal if not treated promptly with epinephrine. Criteria for anaphylaxis are met when two or more of the following occur rapidly after exposure to a likely allergen (minutes to hours):

- involvement of skin or mucosal tissue,
- respiratory compromise,
- reduced blood pressure or associated symptoms (collapse, syncope, incontinence), and/or
- persistent gastrointestinal symptoms (cramping abdominal pain, vomiting).

Food allergy is estimated to affect approximately eight percent of children. That's one in 13 children, or about two students per classroom. (Centers for Disease Control and Prevention, 2022). Food allergy is a response by the immune system to one or more foods that the body identifies as harmful and/or toxic to the body. Once the immune system determines an ingested food is an allergen, the immune system produces specific antibodies to that specific food or foods. When the food is ingested, the immune system response can produce a series of chemical triggers as part of the allergic reaction due to the allergic substance and in some instances can affect the respiratory system, cardiovascular system, skin, and/or the gastrointestinal tract. Symptoms of the allergic reaction to food may appear in one or several body systems. The signs and symptoms may range from mild to severe and may be life-threatening in some cases, depending on the individual level of dose response and mode of exposure.

Food is the most common cause of anaphylaxis. However, other causes of anaphylaxis include insect bites, bee stings, natural rubber latex, and/or medications and in rare instances, exercise. Food allergy is a growing food safety and public health concern in the United States because of the increased prevalence.

Even small amounts of allergen in food can cause a reaction in individuals who are sensitive to the specific allergen. Strict avoidance of food allergen is the only form of prevention of life-threatening food allergy reactions. In some cases, deaths have occurred in schools, resulting from not recognizing symptoms and not responding promptly or effectively. The most common cause of death related to anaphylaxis is due to delayed administration of epinephrine.

Students with severe, life-threatening allergies may need to:

- carry an epinephrine auto-injector for emergencies,
- visit the school nurse to take medication or assess reactions,
- have eating accommodations during lunch to avoid allergen exposure (e.g., allergy to peanuts),
- have alternative snacks/food for lunch, snacks, classroom parties, etc., and
- wear a medical alert bracelet.

Signs and Symptoms

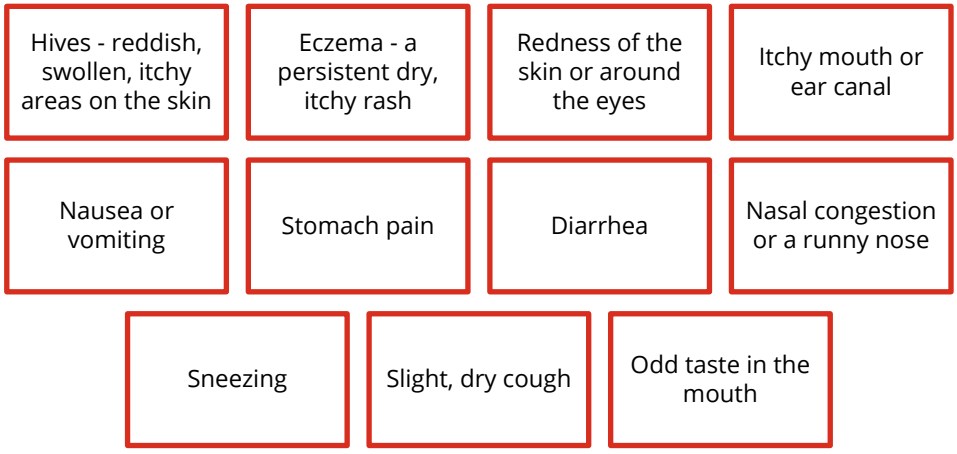
Presently there is no cure for food allergies and **avoidance is the only method to prevent an allergic reaction**. Individuals, particularly children, may have life-threatening allergies to one or many types of food. Listed below are most of the commonly known foods to cause allergic reactions in children, but nearly all foods are capable of causing allergic reactions.

- Peanuts
- Cow's milk
- Eggs
- Fish
- Shellfish
- Soy
- Wheat
- Tree nuts (walnuts, cashews, pecans, hazelnuts, almonds, coconuts, pistachios, pine nuts, Brazil nuts)

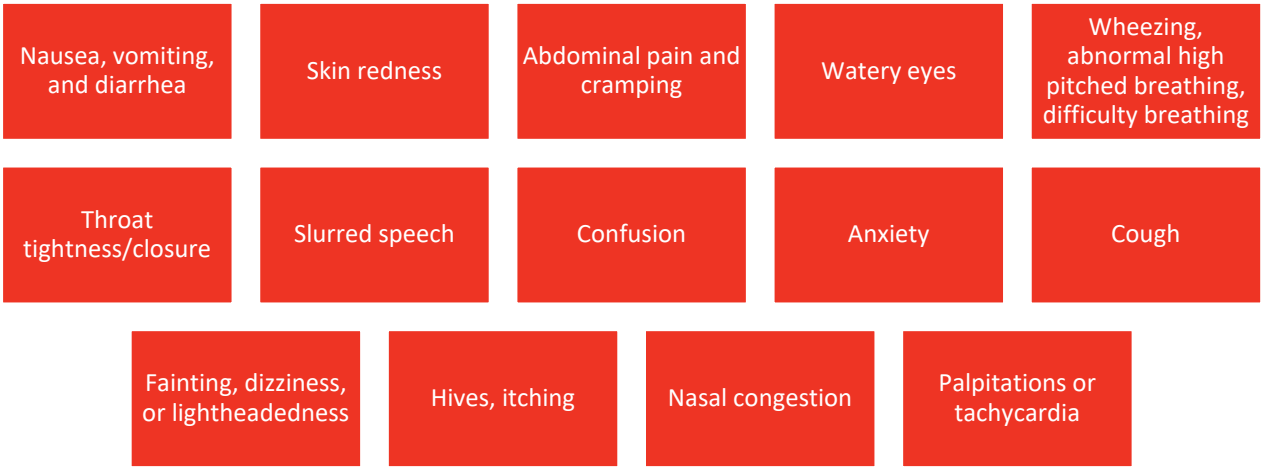
These eight foods are responsible for most food reactions, but there are other foods that can cause a serious allergic reaction. Peanuts and tree nuts generally cause the most severe allergic reactions, and it is estimated that in the United States approximately 90 percent of fatal and near-fatal reactions are due to these foods: **peanuts, tree nuts, fish, and shellfish**. In some cases, individuals may have reactions resulting in death if there are no rapid medical interventions or if epinephrine administration is delayed.

Some highly sensitive individuals can have an allergic reaction to tactile (touch) exposure or inhalation exposure. It is exceedingly rare for exposure to an allergen via tactile or inhalation to result in severe or life- threatening reactions unless the individual has also ingested the allergen. Exposure by mouth, nose, or eyes is considered to be ingestion and depending on the dose response of the specific individual, may cause anaphylaxis and trigger an allergic reaction. The level of sensitivity to allergens, types of symptoms, and the severity of symptoms are dependent on the individual and can range from mild to severe, including the potentially life-threatening condition known as **anaphylaxis**.

Mild symptoms of an allergic reaction may include the following:



<u>Anaphylaxis is a severe allergic reaction with rapid onset and may cause death</u>. Symptoms occur rapidly after exposure to a likely allergen (minutes to 1-2 hours) and may include one or more ofthe following:



It is important to note that severe allergic reactions and anaphylaxis can occur WITHOUT hives or itching.

Symptoms of an allergic reaction to an insect sting, latex, or medication, or other allergens appear the same as life- threatening food allergies. Treatment of these serious allergic reactions should be the same, and the use of anaphylaxis management should be encouraged even when individuals at risk have no signed medical provider statements. According to the Food Allergy and Awareness Connection Team, 25 percent of first-time anaphylactic reactions reported in the school setting were those of students with no known history of an allergy. Each school in an LEA and each nonpublic school is authorized to maintain at the school in at least two (2) unlocked, secure locations, including, but not limited to, the school office and the school cafeteria, epinephrine auto-injectors so that epinephrine may be administered to any student believed to be having a life-threatening allergic or anaphylactic reaction. It is imperative that the emergency medical system (EMS) is activated (dial 911) immediately and stock epinephrine be administered, if available.

No treatment exists to prevent allergic reactions or anaphylaxis due to food allergies. Strict avoidance of food allergens is the only way to prevent a reaction. Avoidance is not always easy or possible. School staff must be prepared to deal with allergic reactions, including anaphylaxis. Early and quick recognition and treatment of allergic reactions that may lead to anaphylaxis can prevent serious health problems or death. Mild to moderate symptoms (e.g., itching, sneezing, hives, and rashes) are often treated with antihistamines. For students at risk of experiencing a severe reaction (anaphylaxis), epinephrine is prescribed.

Key Points about Food Allergy Reactions
First time reactions can and do happen in schools
Fatal and near-fatal reactions are rare but do occur
Early recognition and treatment of anaphylaxis can be life saving

What Schools and Non-Medical Staff Can Do

All school staff who have interactions with students with allergies/anaphylaxis should understand the signs and symptoms of anaphylaxis as well as allergy management. School staff should receive education on signs and symptoms of an allergic reaction, including information that signs and symptoms may vary for each student and that each reaction might be different from the last reaction. This includes, but is not limited to, teachers, aides, substitute teachers, specialists, coaches, administrators, counselors, bus drivers, nutrition service workers, and custodians. Charts that outline signs and symptoms of anaphylaxis may be posted in classrooms.

All school staff should know their role in the school's emergency plan and be familiar with the students' EAP/ECP. Some school staff will require additional information relevant to their role (e.g., nutritional services). It is imperative to train volunteer school personnel who can administer an epinephrine auto-injector to a student with a known allergy or who can administer the school supply of epinephrine auto-injector to a student suspected of having anaphylaxis if a school nurse is unavailable in accordance with district policy and state and federal laws.

Effective communication with the parent/guardian should be maintained, including informing them if their student has become unwell at school. School staff should communicate with the school nurse, as needed. School teachers who have the main responsibility for a student with severe allergies can participate in the school meeting with the parent/guardian. Training should be provided to any staff who supervise and work with students with a known allergy who are at risk for anaphylaxis. School staff should be aware of allergic triggers and know prevention strategies to avoid exposures, including knowing and removing allergens (if possible) and avoiding cross contact or cross-contamination. Information should be provided to substitute teachers that communicate the day-to-day needs of the student with allergies.

Students with severe, life-threatening food allergies should have an IHP and/or EAP/ECP for emergencies. School staff should know the location of the student's epinephrine auto-injector. The EAP/ECP should be followed when there is a student with a known risk for severe allergy/anaphylaxis. Staff should be aware of their response if a student without a prior history of severe allergy/anaphylaxis shows signs of an allergic reaction or anaphylaxis. Volunteer school staff should be trained to administer epinephrine in accordance with district policy.

General training for all staff about managing students with severe allergies and the risk of anaphylaxis should be conducted annually. School staff should understand specific and general role(s) in allergy prevention and emergency plan(s). General training should include:

- allergy management,
- signs and symptoms of allergies, and
- generalized allergy care.

Comprehensive training should be provided for school personnel who have frequent contact with students who have severe allergies/anaphylaxis. Training should include:

- background information about allergies and symptom recognition,
- roles and responsibilities of individual staff members involved with allergy management, and
- what to do during anaphylaxis.

Additional training information can be found in the Recommendations for Non-Medical School Staff Tiered Training Levels section.

The role of school administrators, superintendents, school nutrition professionals, teachers and paraeducators, school transportation staff and school mental health professionals regarding allergy management is outlined in Tip Sheets on the CDC Food Allergies in Schools Toolkit webpage.

Resources

- AAP - Guidance on Completing a Written Allergy and Anaphylaxis Emergency Plan
- American Academy of Allergy Asthma & Anaphylaxis -Anaphylaxis Symptoms, Diagnosis, Treatment & Management
- Asthma & Allergy Foundation of America - Severe Allergic Reaction: Anaphylaxis
- Allergy & Asthma Network - Managing Allergies in Schools: A Guide for Staff

Managing Diabetes at School

What is Diabetes?

Diabetes is a chronic disease in which the body does not make or properly use insulin, a hormone that is needed to convert sugar, starches, and other food into energy by moving glucose from blood into the cells. Insulin lowers blood glucose. People with diabetes have increased blood glucose (sugar) levels for one or more of the following reasons:

- Little or no insulin is being produced.
- Insulin production is insufficient.
- The body is resistant to the effects of insulin.

As a result, high levels of glucose build up in the blood, and spill into the urine and out of the body. The body loses its main source of fuel and cells are deprived of glucose, a needed source of energy.

High blood glucose levels may result in short- and long-term complications over time.

Type 1 diabetes is usually diagnosed in children and young adults. In Type 1 diabetes, the body does not produce insulin. Type 2 diabetes is the most common form of diabetes in the U.S. population. In type 2 diabetes, the body does not use insulin properly.

Treatment of Type 1 diabetes consists of administering multiple doses of insulin, monitoring blood sugar several times during the day, eating nutritious meals and snacks, as well as following a regular exercise program. A balance between insulin, food, and exercise must be maintained to prevent blood sugar levels from being either too low (hypoglycemia) or too high (hyperglycemia).

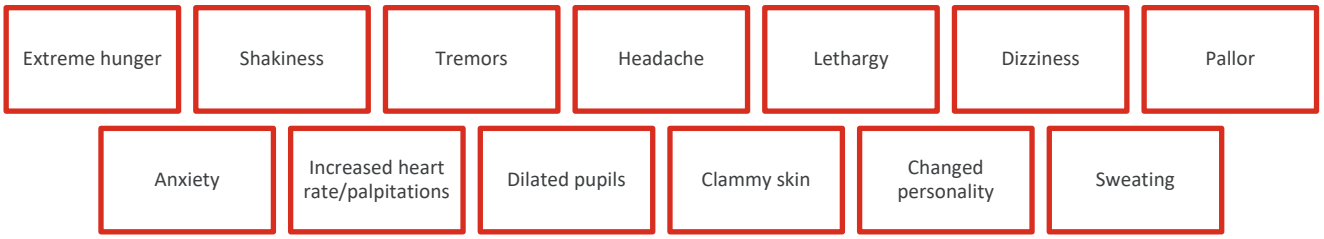
Students with type 1 diabetes and some students with type 2 diabetes will need to administer insulin at school either by an injection or a bolus given via an insulin pump. This injection or bolus is most often given at lunch, ideally before eating. Many students with type 2 diabetes will take oral medication, Metformin, and some will also need to take insulin injections. Blood glucose monitoring, careful attention to a healthy diet and daily exercise are important to controlling Type 2 diabetes.

Signs and Symptoms

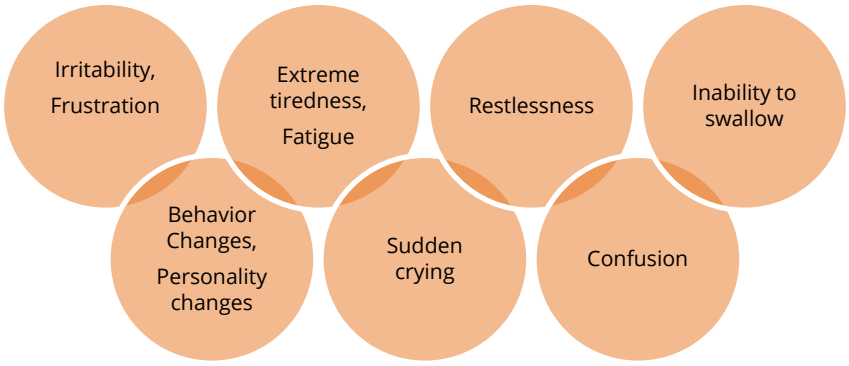
Causes of Hypoglycemia (low blood glucose)

- Too much insulin
- Late food or too little food
- Too much or too intense exercise
- A planned or unplanned activity without additional food

The recognition and treatment of **hypoglycemia** are imperative. Mild **hypoglycemia** can usually be treated easily and effectively. Most episodes of hypoglycemia that will occur in the school setting are of the "mild" type. Symptoms of **hypoglycemia** may include the following:



If not treated promptly, a moderate **hypoglycemia** reaction can quickly progress to a severe state or condition which may be characterized by:



Symptom onset and progression can happen very quickly. Each student will have his/her own set of symptoms that characterize hypoglycemia. These should be listed in the Diabetes Medical Management Plan (DMMP). The important thing to remember is that early recognition and intervention is the best strategy to prevent progression to more severe symptoms. Students who are wearing a CGM, as well as individuals receiving data from the CGM, may be alerted to a low BG by receiving an alarm from the device. If the alert does not match symptoms, it is important to verify with a fingerstick glucose check.

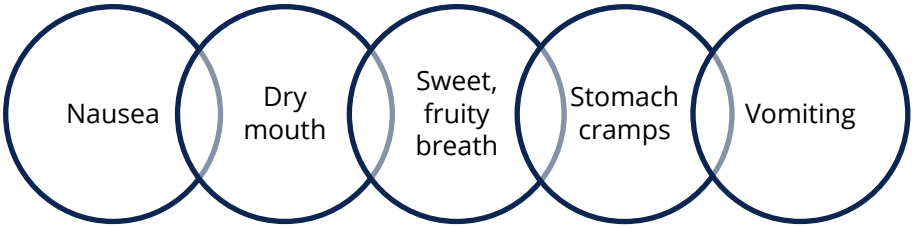
Causes of Hyperglycemia (high blood glucose)

Too much food	Too little insulin	Illness	Infection
Decreased activity	Stress	Increased growth	Puberty

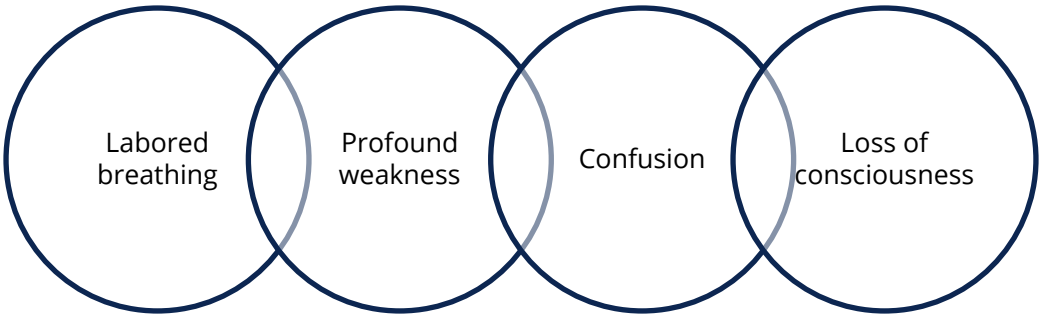
The recognition and treatment of significant **hyperglycemia** are imperative. Symptoms of **hyperglycemia** may vary somewhat from individual to individual, or from episode to episode and can include:

Thirst	Blurred vision	Lack of concentration	Weight loss	Frequent urination	Sweet, fruity breath
Fatigue/sleepiness	Fatigue/Sleepiness	Increased hunger	Flushing of skin	Stomach pains	

The following symptoms indicate that **hyperglycemia** has escalated. Mild symptoms **plus**:



The last group of symptoms indicates **severe hyperglycemia** and probable ketoacidosis. Mild and moderate symptoms **plus**:



Intervention at any of these levels will prevent progression to more severe symptoms.

Diabetes is managed with medication, nutrition, physical activity, and glucose monitoring. Intervene promptly when hypoglycemia is mild/moderate to prevent the progression to severe symptoms. The steps for intervening with each student will be outlined in his/her DMMP.

- The initial response would be to treat with oral carbohydrates according to the DMMP.
- Glucagon is a hormone that raises blood glucose levels. Glucagon is administered as an injection or nasal spray when a person's blood glucose becomes so low that the person is unresponsive, passes out, or cannot eat or drink safely.
- Glucagon can cause severe nausea and vomiting but can be a lifesaving treatment for extremely low blood glucose.
- Remember to turn the student on their side to prevent choking if they were to vomit before regaining consciousness.

What Schools and Non-Medical Staff Can Do

Students with diabetes should have a supportive learning environment to safely and effectively manage their diabetes during the school day. Knowledgeable and trained staff are essential to provide a safe school environment for students with diabetes, including providing care during the

school day, field trips, and all school-sponsored activities in the school setting. Non-medical school staff can play a critical role in ensuring students with diabetes achieve academic success.

Students with diabetes may miss class time due to health care provider or hospital and health care provider visits and may need special consideration regarding assignments, testing, and missed class time. Extra snacks, juices, and emergency supplies may be kept in the classroom based on the student's health and/or educational plan. Plans should include when and how to contact the school nurse or trained diabetes personnel. School staff should be familiar with their role and be prepared to respond as outlined in the EAP/ECP.

Exercise is important for all students but may have special implications for students with diabetes. Regular exercise helps to lower blood glucose levels, control weight, and maintain cardiovascular fitness. The timing of exercise may impact a student's meal plan and need for insulin. School staff may want to remind students to check their glucose levels before, during, and after exercise and to keep a snack handy.

The student's emergency medication should be available to the student in the event of hypoglycemia. Changes in the student's behavior could be a symptom of blood glucose changes. The student with diabetes should have the appropriate medication or food with them and should be allowed to take it, when needed, including monitoring blood glucose during the school day. Eating meals and snacks on time is an important diabetes management component.

The guidance outlined below can help schools and non-medical staff help keep students with safe.[4]

- Become aware of essential diabetes care tasks.
- Be prepared to respond in the event of a diabetes emergency.
- Learn about the student's diabetes and how you can best respond and support the student.
- Provide a classroom environment that enables the student to have unrestricted access to needed care.
- Participate in team meetings and understand your role in implementing the student's diabetes care plan and written accommodations plan.
- Be familiar with the modifications in the student's written plan(s).
- Maintain Information on the day-to-day needs of the student with diabetes and emergency information in the substitute teacher's file.
- Notify the parent/guardian and other supervisory school staff in advance of changes in schedule (e.g., field trips, upcoming parties, etc.).

[4] Adapted from the American Diabetes Association, Tips for Teachers

- Communicate any concerns to designated school staff (e.g., school nurse, trained personnel, or school administrator) and parent/guardian.

Diabetes care during the school day is necessary for the student's safety, long-term well-being, and academic performance. The school nurse and other school staff should have an understanding of diabetes and be trained to manage daily diabetes-specific tasks as well as to manage emergencies. Diabetes education should be targeted toward teachers and other school staff who interact with the student (e.g., school nurses, administrators, coaches, health aides, bus drivers, secretaries, etc.).

General diabetes training for all school staff is encouraged and helps facilitate appropriate care for students with diabetes. School staff should receive appropriate training that aligns with their responsibilities for students with diabetes. Additional training may be needed if a student's condition or treatment changes (e.g., the student transitions to an insulin pump or continuous glucose monitoring).

The ADA recommends three, tiered levels of training to keep students with diabetes safe at school.

General training in managing students with diabetes should be conducted annually for all staff. School staff should understand specific and general role(s) in diabetes management and emergency plan(s). General training should include:

- overview of diabetes,
- recognition of low and high blood glucose, and
- what to do during an emergency.

Comprehensive training should be provided for school personnel who have frequent contact and primary responsibility for students with diabetes.

Additional training information can be found in the Recommendations for Non-Medical Staff School Tiered Training Levels section.

Resources

- CDC - Diabetes
- The Junior Diabetes Research Foundation
- National Institute of Diabetes and Digestive and Kidney Disease - Helping the Student with Diabetes Succeed

Managing Seizure Disorders at School

Most schools will have one or more students who may need care for a seizure problem at school. A seizure happens when the electrical system of the brain malfunctions. Normally the brain sends small electrical impulses from nerve cell to nerve cell to communicate and process information that

controls our day-to-day bodily functions and activities. The best way to explain what seizures are is to imagine abnormal electrical impulses firing rapidly in one or more parts of the brain. These rapidly firing impulses disrupt the normal electrical operations of the brain and result in altered levels of consciousness, altered sensations, and possibly unusual muscle contractions causing parts of the body to stiffen and convulse.

If only part of the brain is affected, it may cloud awareness, block normal communication, and produce a variety of undirected, uncontrolled, unorganized movements. Most seizures last less than a few minutes, although confusion afterward may last longer. Epilepsy is defined as the occurrence of more than one unprovoked seizure. Some people use the term "seizure disorder" instead of "epilepsy" to describe this condition. Both mean the same thing - an underlying tendency to experience seizures. Having a single seizure does not mean a child has epilepsy. An epilepsy syndrome is defined by a collection of similar factors, such as the type of seizure, when they developed in life, the cause of seizures, and/or response to treatment.

Under certain conditions, such as a reaction to medication or after a head injury, anyone can have a seizure. Seizures are also common when a young child has a rapidly rising fever (febrile seizures) or when a student with diabetes has severely low blood sugar. The majority of seizures are self-limited and resolve within a few minutes. When convulsive seizures continue for more than five minutes, they are considered a medical emergency and require treatment to stop them.

There are many different kinds of seizures, and they do not cause the same symptoms and behaviors. People may experience just one type or more than one. The kind of seizure a person has depends on which part and how much of the brain is affected by the electrical disturbance that produces seizures. Experts divide seizures into generalized seizures (absence, atonic, tonic-clonic, myoclonic, epileptic spasms) and focal seizures (with or without loss of awareness).

What most people think of as a seizure is what is known as a generalized or bilateral tonic-clonic seizure. These used to be called grand mal seizures but are now classified by the symptoms present during the seizure. Generalized or bilateral tonic-clonic seizures are characterized by unresponsive stiffening of the entire body followed by arrhythmic contraction and relaxation of certain muscle groups causing the whole body or all extremities to jerk on a rhythmic fashion. At the other end of the seizure spectrum are absence seizures, formally called petit mal seizures. When someone has an absence seizure, they have unresponsive staring (they may look “zoned out”) or may abruptly but briefly stop doing what they are doing for a few seconds, sometimes with fluttering of their eyelids.

Classification of Epileptic Seizures

Generalized Seizures	
Absence seizures (formerly known as petit mal)	• Typical: brief episodes of staring, blinking, being unaware of surroundings; usually last less than 10 seconds but may last up to 20 seconds. • Typical with atypical features: staring spells lasting between five to 30 seconds, eyelid blinking, or slight jerking movement of the lips may occur; partial reduction in responsiveness.
Myoclonic	Brief jerks of a muscle or group of muscles; usually involving the neck, shoulders, and upper arms.
Atonic	Sudden loss of muscle strength, eyelids may droop, the head may nod or drop, objects may be dropped, or the child may fall to the ground; these usually last less than 15 seconds, and injury is common, so the child may need to wear a helmet.
Clonic	Rhythmic jerking movements of the arms and legs may be generalized.
Tonic	Sudden stiffening movements of the body, arms, or legs involving both sides of the body; usually last less than 20 seconds.
Tonic-clonic (formerly known as grand mal)	Convulsive seizures; body briefly stiffens followed by a jerking motion of the arms and legs; loss of consciousness and falls frequently occur, excessive saliva production may be present, possible loss of bowel and bladder control; usually last a couple of minutes; the child is often tired or confused after the seizure and may want to go to sleep.
Focal Seizures	
Focal aware seizures (formerly known as simple partial seizures)	• With motor symptoms – jerking and/or stiffening • With somatosensory symptoms – touch, smell, hearing, taste, and vision • With autonomic symptoms – heart rate change, internal sensations such as abdominal discomfort which may rise to the throat, nausea, vomiting, borborygmi (sounds of gas moving in the intestines), belching, flatulence • With psychic symptoms – consciousness not impaired; dreamy state, Deja vu
Focal impaired awareness seizures (formerly known as complex partial seizures)	• Consciousness and/or responsiveness impaired • Movements of the mouth and face (e.g., lip smacking, chewing, and swallowing movements) • Movements of the hands and arms (e.g., fumbling, picking, and tapping movements) • Vocalizations (e.g., grunting or repetition of words or phrases)
Seizure Clustering	
• Repetitive or serial seizures • Clustering implies that the occurrence of one seizure may influence the probability of a subsequent seizure. The health care provider will give specific details.	

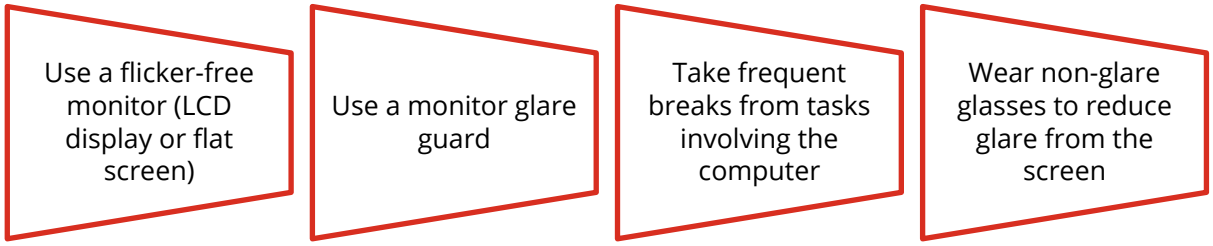
Classifying epilepsy by seizure type alone leaves out other important information about the student and the episodes themselves. Classifying into syndromes takes a number of characteristics into account, including the type of seizure; typical electroencephalogram (EEG) recordings; clinical features such as behavior during the seizure; the expected course of the disorder; precipitating features; expected response to treatment; and genetic factors.

Triggers

Some people who have epilepsy have no special seizure triggers, while others are able to recognize things in their lives that do affect their seizures. Keep in mind, however, that just because two events happen around the same time does not mean that one is the cause of the other. The most frequent cause of a breakthrough seizure in children with the diagnosis of epilepsy is the failure to take anti-seizure medication as prescribed. Other factors include fever/illness, ingested substances, hormone fluctuations, stress, altered sleep patterns, and photosensitivity.

Photosensitive epilepsy is more common in children and adolescents with generalized epilepsy, in particular, juvenile myoclonic epilepsy. It becomes less frequent with age, with relatively few cases in the mid-twenties and is even less common in children with focal epilepsy. Many people are unaware that they are sensitive to flickering lights or to certain kinds of patterns until they have a seizure. They may never go on to develop epilepsy, which is characterized by recurrent spontaneous seizures, though a seizure may be triggered by certain photic conditions. Many individuals who are disturbed by light exposure experience symptoms such as headache, nausea, and dizziness and do not have seizures.

To help minimize the risk of photosensitive epilepsy with computer monitors:



Although there is no cure for seizure disorders, developments and advances in treatment have made it possible for most individuals to achieve seizure control. There are many different medicines that can prevent or stop seizures, known as anti-seizure medications (ASMs). Other treatments like devices, dietary therapies, or surgery can help control seizures.

Of these treatments, drug therapy is by far the most commonly used and is usually the first to be tried. A number of medications are currently used in the treatment of epilepsy. These medications control different types of seizures. People who have more than one type of seizure may have to take more than one kind of medication, although health care providers try to control seizures with one drug if possible. A seizure preventing drug (also known as an anti-seizure medication, an anti-epileptic drug, or an anticonvulsant) will not work properly until it reaches a certain level in the body, and that level has to be maintained. The goal is to keep the blood level high enough to prevent seizures, but not so high that it causes excessive sleepiness or other unpleasant side effects.

“As needed" medicines are only given in specific situations. These are also known as rescue medications or rescue treatments. Even with therapeutic levels of anti-seizure medication, sometimes a seizure can still occur. When this happens, additional medication is needed to stop the seizure. Rescue medications do not take the place of daily seizure medications that are taken on a routine basis. The aim of rescue medications is to stop seizures quickly. Some students may have an implanted device for the treatment of epilepsy (e.g., vagus nerve stimulator) and use a magnet to swipe over the device at the time of the seizure. This is a form of rescue treatment.

In the United States, the U.S. Food and Drug Administration (FDA) has approved several medications for out-of-hospital use for the treatment of acute repetitive seizures or clusters.

- Diastat® - a diazepam rectal gel approved for people aged two and older.
- Nayzilam® - a midazolam nasal spray approved for people aged twelve and older.
- Valtoco® - a diazepam nasal spray approved for people aged six and older.

It is important to note that rescue medicines do NOT take the place of emergency medical care. Emergency medical help should be obtained right away if a medical emergency occurs. Immediate first aid for seizures and situations requiring immediate medical care should be outlined in the IHP and/or EAP/ECP. School staff should understand what first aid response is necessary as well as the appropriate after seizure care. Additionally, pursuant to Tenn. Code Ann. § 49-50-1602(g)(3), emergency medical services are to be immediately summoned if trained volunteer school personnel administer diazepam gel.

Seizure First Aid[5]

Stay with the student until they are awake and alert after the seizure.

- Time the seizure.
- Remain calm.
- Check for medical ID.

Keep the student SAFE.

- Move or guide away from harm.

Turn the student onto their side if they are not awake and aware.

- Keep airway clear.
- Loosen tight clothes around neck.
- Put something small and soft under the head.

Call 911 if:

- Seizure lasts longer than 5 minutes.
- Student does not return to their usual state.
- Student is injured, pregnant, or sick.
- Repeated seizures.
- First time seizure.
- Difficulty breathing.
- Seizure occurs in water.

Do not restrain.

- Do not put any objects in the student's mouth.
- Give rescue medications as outlined in the student's IHP and/or ECP.

[5] Adapted from the Epilepsy Foundation of America, 2020

What Schools and Non-Medical Staff Can Do

Staff understanding the student's condition is vital to a student with a seizure disorder's educational and social development and will enable the staff to handle a seizure calmly and effectively and to recognize signs of seizure activity that may have gone unnoticed by other staff members. Observing and reporting any changes in the student may assist the parent/guardian in working more effectively with the child's health care provider to control the seizures. Being aware of the educational problems the student may face will encourage early intervention, if needed. A compassionate, well-informed teacher can help the student make the most of their academic potential. A knowledgeable teacher is vital to a student with a seizure disorder's educational and social development.

Most seizures are not life-threatening and most students with seizure disorders can participate in physical activity, school sports, and other activities. Students who have had a seizure may be tired, confused, disoriented, or even agitated and combative for a few minutes to hours after a seizure and may need to lie down in the school nurse's office or go home for the day. Students may also need extra time to make up any missed assignments or classwork.

Being familiar with the information below can help keep students with seizure disorders safe at school.

- Be prepared to recognize the triggers, signs and symptoms of seizures and how to respond in the event of a seizure emergency.
- Learn about your student's seizure disorder and how you can best respond and support the student
- Understand the potential impact of seizures and medication on a student's memory and school performance.
- Participate in team meetings and understand your role in implementing the student's seizure care plan and written accommodations plan.
- Be familiar with the modifications in the student's written plan(s).
- Maintain Information on the day-to-day needs of the student with seizures and emergency information in the substitute teacher's file.
- Communicate any concerns to designated school staff (e.g., school nurse, trained personnel, or school administrator) and parent/guardian.

General training for all staff about managing students with seizure disorders should be conducted annually. Staff should receive basic information about seizures and how to identify and respond to emergencies.

Comprehensive training should be provided for school personnel who have frequent contact and primary responsibility for students with seizures disorders.

Additional information can be found in the Recommendations for Non-Medical Staff School Tiered Training Levels section.

Resources

- AAP - Seizure Management in Schools
- Epilepsy Foundation - Understanding Seizures
- The Johns Hopkins Epilepsy Center - Epilepsy in Children
- CDC - Seizure First Aid
- CDC - About Epilepsy
- Epilepsy Association - Be Smart About Epilepsy: Seizure Management and Responsive Treatment

Managing ADHD at School

ADHD is a common mental disorder that affects children. ADHD symptoms include not being able to focus, impulsivity, and hyperactivity. ADHD is often identified in school-age children and adolescents when it leads to classroom disruption or problems with schoolwork. A combination of behavioral therapy and medication can improve symptoms of ADHD and works best for those with moderate to severe ADHD (American Psychiatric Association, 2021). Students with ADHD experience more obstacles than the average student. Students with ADHD may experience trouble following directions, sitting still, and completing tasks at school (CDC, 2020). School nurses play an important role in early recognition and assessment of ADHD, administer medication to students with ADHD, and monitor for therapeutic response and side effect.

Signs and Symptoms

ADHD is a common neurobehavioral disorder of childhood highly prevalent among young children and adolescents. Children and adolescents with ADHD may experience diminished attention span, daydreaming, difficulty following directions and distractibility. Students with ADHD may also exhibit the following signs and symptoms:

- displaying poor sense of physical and social boundaries,
- having impaired academic performance,
- difficulty with organization of physical spaces (backpacks, bedrooms, folders, etc.),
- having negative self-esteem from internalizing the response of peers and adults related to ADHD-related behaviors,
- developing secondary anxiety, depression, and/or substance use, and
- showing inconsistency in use of learned skills.

Some students with ADHD will have symptoms of inattention. Other students may have symptoms of hyperactivity-impulsivity. Some students may have both types of symptoms. For students with

ADHD, these behaviors are more severe, occur more often, and interfere with or reduce the quality of how they function at school or socially.

What Schools and Non-Medical Staff Can Do

Schools and health care providers can work together to support students with ADHD. Health care providers, like pediatricians and primary care providers, play a vital role in helping to identify symptoms and diagnose ADHD as well as advocate for services and early intervention strategies to prevent poor academic outcomes and misunderstood behaviors.

Administration of validated screening tools can be helpful adjuncts for making a diagnosis. Information that is shared with health care providers, such as rating scales completed by teachers and/or the parent/guardian, can be helpful in making a differential diagnosis between ADHD and anxiety. Health care providers can also consider the appropriateness of using psychopharmacological interventions as well as referrals for counseling and can coordinate with the school health services team to support these treatment options.

Schools can work with health care providers and seek input regarding a student's performance when using psychopharmacological interventions to assist with optimal levels of medication dosing. Health care providers use tools, such as the National Initiative for Children's Healthcare Quality (NICHQ) Vanderbilt Assessment Follow-up forms, to monitor medication efficacy and side effects.

Behaviors related to ADHD are often misunderstood and may put a student at risk for disciplinary action including out of school suspension or expulsion. It is important for schools to work with health care providers to find more effective and appropriate alternatives to exclusionary discipline policies for the developing child based on behavior since academic achievement is correlated with physical, emotional and mental health. One strategy emphasized by the AAP in their policy statement, Out-of-School Suspension and Expulsion, is for the pediatrician to "establish communication with the school nurse and/or counselor to verify how the child's behaviors compare with peer behaviors in the school setting. The pediatrician should work with the school, the child and family, and most effectively, mental health care professionals to facilitate and coordinate care of the student. This should occur as early as possible in the onset of behaviors that fail to respond to standard interventions."

Examples of evidence-based accommodations and services in schools include, but are not limited to:

- use of a daily behavior report card and/or communication log between the parent/guardian and teachers for younger students;
- training of organizational skills, executive functions skills and emotional self-regulation skills as part of an education plan where appropriate;
- use of a rewards-based and non-punitive approach that reinforces use of positive skills;

- advocating for a classroom functional behavior assessment (FBA) when a student shows a pattern of disruptive behaviors (e.g., aggression, property destruction, elopement) in the school environment to better understand the purpose of a student's maladaptive behavior;
- invite the development of a behavior intervention plan (BIP) to change the behavior; and
- working with schools to identify evidence-based behavioral services in the community that deliver behavioral parent training.

ADHD is recognized as a disability under the Americans with Disabilities Act, and accommodations in school may be needed. A positive collaboration between home and school will assist the student in their success. Students with ADHD may need an IHP to outline medical interventions (e.g., medication administration, monitoring for medication side effects, and communication with the parent/guardian and health care provider).

Recognizing ADHD in the Classroom[6]

Attention	• Easily distracted • Tunes out of lessons • Daydreams • Trouble staying in seat
Disorganized/Forgetful	• Forgets to take books home • Forgets assignments or forgets to turn them in • Loses homework, pencils, etc. • Messy desk, backpack, papers
Restless	• Fidgets • Fiddles with nearby objects • Trouble waiting, taking turns • Trouble staying in seat
Impulsive	• Talks excessively, blurts out or interrupts • May disrupt class • Trouble following rules • Careless errors
Work Habits	• Trouble starting/finishing work • Incomplete, late or missing assignments • Trouble following rules • Doesn't follow instructions

[6] Adapted from Children and Adults with Attention-Deficit/Hyperactivity Disorder, Recognizing ADHD in the Classroom

- Easily frustrated

ADHD can be managed with the right treatment. There are several treatment options and what works best depends on the individual student and student's family. Treatment for ADHD includes behavior therapy, including training for the parent/guardian, and medications.

The AAP recommends parent training in behavior management as the first line of treatment for students with ADHD younger than six years of age before medication is tried. Medication and behavior therapy together is recommended for children six years of age and older. Behavior therapy and medication (preferably both together) are good options for children six years of age and older according to the AAP.

Medication can help students manage ADHD symptoms and can help students control behaviors that can cause difficulties at school, improving the student's ability to focus, work, and learn. There are several different types of medications approved to treat ADHD in students as young as six years of age. Medications can affect students differently and can have side effects (e.g., sleep problems or decreased appetite). One student may respond well to one medication, but not to another medication. Sometimes, several medications or dosages are tried before finding a medication that works for a student. Students taking medications should be monitored closely by the student's health care provider.

Schools may offer ADHD treatments, including behavioral classroom management or organizational training, special education services, and/or accommodations to lessen the effect of ADHD on their learning. Behavioral classroom management encourages a student's positive behaviors in the classroom and discourages negative behaviors. This has been shown to influence student behavior in a constructive manner and increase academic management. Behavioral classroom management has been shown to be effective for students of all ages. Organizational training teaches students planning skills, time management, and ways to keep school materials organized to optimize learning and reduce distractions. Organizational training has been tested with children and adolescents. Both behavioral classroom management and organizational training require trained staff to follow a specific plan to teach and support positive behavior.

IEP and 504 Plans can offer accommodations for students to manage their ADHD and help them learn, including:

- extra time on tests,
- instruction and assignments tailored to the student,
- positive reinforcement and feedback,
- using technology to assist with tasks,
- allowing breaks or time to move around,

- changes to the environment to limit distraction, and
- extra help with staying organized.

Helping students manage ADHD symptoms can be challenging for teachers. The National Resource Center on ADHD provides information for teachers on how to help students with ADHD. Additional tips for classroom success are outlined in the table below.

Tips for Classroom Success[7]

Communication	Assignments and Tasks	Develop a Plan That Fits the Child
• Give frequent feedback and attention to positive behavior. • Be sensitive to the influence of ADHD on emotions, such as self-esteem issues or difficulty regulating feelings. • Provide extra warnings before transitions and changes in routine • Understand that students with ADHD may become deeply absorbed in activities that interest them (hyper-focus) and may need extra assistance shifting their attention.	• Make assignments clear (check with the student to see if they understand what they need to do). • Provide choices to show mastery (e.g., let the student choose among written essay, oral report, online quiz, or hands-on project). • Ensure assignments are not long and repetitive. Shorter assignments that provide a little challenge without being too hard may work well. • Allow breaks. For students with ADHD, paying attention takes extra effort and can be very tiring • Allow time to move and exercise. • Minimize distractions in the classroom. • Use organizational tools to limit the number of things the student has to track (e.g., homework folder).	• Observe and talk with the student about what helps or distracts them (e.g., limiting eye contact when listening, moving while learning can be beneficial or distracting depending on the student, background music, or fidget tools). • Communicate with the parent/guardian on a regular basis. • Involve the school counselor or school psychologist.

[7] Adapted from the Center for Disease Control and Prevention's What Teachers Can Do To Help, 2022

Resources

- National Institute of Mental Health - Attention-Deficit/Hyperactivity Disorder
- CDC - Treatment of ADHD
- Attention Deficit Disorder Association
- AAP - Attention Deficit Hyperactivity Disorder

Managing Concussion at School

A concussion is a type of traumatic brain injury, or TBI, is caused by a bump, blow or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, creating changes in the brain, and sometimes stretching and damaging the brain cells (CDC, 2015). Aside from the elderly, children and adolescents are among those at greatest risk for concussion. The potential for concussion in young people is greatest during activities where collisions can occur, such as during physical education class, playground time or sports activities. However, concussions can happen any time a student's head comes into contact forcefully with a hard object, such as a floor, desk or another student's head or body. Proper recognition and response to concussion can prevent further injury and help with recovery (CDC, 2015).

Signs and Symptoms

The signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or a few days after the injury. Be alert for any of the following signs or symptoms. Also, watch for changes in how the student is acting or feeling, if symptoms are getting worse or if the student just "doesn't feel right" (CDC, 2015). Signs reported by the student might include:

Emotional	Physical	Cognitive	Sleep	Signs Observed by Staff
• Irritability • Sadness • More emotional than usual • Nervousness	• Headache or "pressure" in head • Nausea or vomiting • Balance problems or dizziness • Fatigue or feeling tired • Blurry or double vision • Numbness or tingling	• Difficulty thinking clearly • Difficulty remembering or concentrating • Feeling slowed down • Feeling sluggish, hazy or foggy	• Drowsy • Sleeps less than usual • Sleeps more than usual • Has trouble falling asleep (Only ask sleep symptoms if injury occurred prior to date reported)	• Appears dazed or stunned • Is confused about events • 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

Be alert for symptoms that worsen over time. A student should be seen in the emergency department right away if they have the following danger signs.

- One pupil that is larger than the other
- Drowsiness or cannot be awaked
- A headache that gets worse and does not go away
- Weakness, numbness or decreased coordination
- Repeated vomiting
- Slurred speech
- Seizures
- Difficulty recognizing people or places
- Increased confusion, restlessness or agitation
- Unusual behavior
- Loss of consciousness

Once a concussion has been diagnosed by a health care professional, managing the concussion is best accomplished by creating a support system for the student. Communication and collaboration among the parent/guardian, school staff, coaches, athletic trainers and health care providers is essential for the recovery process. This support system oversees the return to academics and return to play process. A medical release signed by the parent/guardian allows for two-way communication between the school personnel and the health care provider

What Schools and Non-Medical Staff Can Do

If school staff observe symptoms that may indicate a concussion in any student, the student should be sent to the school nurse. Each school district has a policy that establishes guidelines for schools sponsoring youth athletic activities to inform and educate coaches, administrators, youth athletes, and other adults involved in youth athletics about the nature, risk, and symptoms of concussion and head injury, including information regarding the immediate removal of any youth athlete who shows signs consistent with a concussion from the activity or competition. All coaches, whether employed by the LEA or public charter school or a volunteer, are required to annually complete the concussion recognition and head injury safety education course program required under Tenn. Code Ann. § 68-55-502 in accordance with Tenn. Code Ann. § 49-6-3601.

For additional information, including prevention, the concussion management process, classroom strategies for concussion recovery, etc. please visit the TDOH Return to Learn/Return to Play: Concussion Management Guidelines.

SCA

While not a chronic health condition, SCA is a life-threatening emergency that occurs when the heart suddenly and unexpectedly stops beating. This causes blood and oxygen to stop flowing to the rest of the body. The individual will not have a pulse. It can happen without warning and can lead to death within minutes if the person does not receive immediate help. Only one in ten survives SCA. If CPR is given and an AED is administered early, five in ten could survive.

SCA is NOT a heart attack, which is caused by reduced or blocked blood flow to the heart. However, a heart attack can increase the risk for SCA.

Warning Signs

SCA usually happens without warning. SCA can happen in young people who don't know they have a heart problem, and it may be the first sign of a heart problem. When there are warning signs, the person may experience: If any of these warning signs are present, it's important to talk with a health care provider. There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops due to SCA, blood stops flowing to the brain and other body organs. Death or permanent brain damage can occur in minutes

Fainting	Dizziness	Extreme Fatigue	Chest Pain	Abnormal Racing Heart	Seizures	Difficulty Breathing

What Schools and Non-Medical Staff Can Do

In accordance with Tenn. Code Ann. § 49-2-122, all public schools must have at least one AED placed within the school. It is important for school staff to know where the AED(s) are located within the school and be familiar with their role in the event of an emergency. School staff should be part of an AED Drill.

AED programs are required in accordance with Tenn. Code Ann. § 68-140-404 and it is encouraged that AED Drills are part of any school-based AED program. The drills are scenarios designed to practice and reinforce more realistic CPR and AED skills for trained responders/rescuers in the school setting. Doing a practice drill is the best way to find out if the school's emergency action plan (EAP) works and tests the school's response team's readiness. The practice drill is designed to supplement the AED program and assists in identification of the need for:

- additional trained personnel,
- skills refresher and/or re-education of EAP/ECP,

- additional AEDs, and
- relocation of current AEDs.

Students should be informed to notify school staff and/or call for help if they think someone is having a medical emergency. Students should be reminded of where AEDs are placed throughout the year.

SCA recognition and management training can be found on the TDOH, Safe Stars webpage.

Resources

- American Heart Association - Cardiac Arrest
- Health Children - Screening Children and Teens For Sudden Cardiac Death Risk
- Vanderbilt Children's Hospital - Project ADAM
- East Tennessee Children's Hospital - Project ADAM

Health and Education Plans

There are several plans that support the education, health, and safety needs of students. Plans should be created in collaboration with the student, parent/guardian and school staff. Health and education plans support student-centered health and learning. Plans should be updated annually and as needed.

Additional information about health and education plans can be found in the Guidelines for Healthcare in a School Setting.

Education Plans

IEP

An IEP is a written plan for each student with a disability that is developed, reviewed, and revised in accordance with state and federal laws. An IEP may require related services, such as health services, physical therapy, speech therapy, and/or occupational therapy, to support and assist a student with a disability. The health component of the IEP should include conditions requiring nursing services during the school day. The school nurse should be included in the development of the IEP if healthcare services are being addressed. Relevant health information should be made available by the school nurse for staffing and educational planning. Students who have an IEP should have their EAP and/or IHP referenced in the IEP. Components of the EAP/ECP and/or IHP may be incorporated in the IEP if there are services or learning needs that are appropriate for inclusion.

504 Plan

A 504 plan addresses the unique learning needs of students with a disability and provides reasonable accommodation(s) so that a student has equal access to school programs and activities to meet their learning needs. The student must have a disability that substantially limits one or more major life activities, which include major bodily functions, even if their impairments do not substantially limit learning. The school nurse's role may include explaining the observed impact of the health condition on a student's participation in school and how the disability interferes with one or more life functions and recommending health-related accommodations or supports so the student has equal access to education.

Students with special healthcare needs that are eligible for Section 504 or special education may have their IHP incorporated into the 504 plan or the IEP. Some students may have healthcare needs that do not meet the eligibility requirements for Section 504 or special education. As appropriate, these students may be provided with an IHP.

Additional information and resources can be found on the TDOE, Special Education webpage.

Health Plans

IHP

IHPs are tools used by the school nurse to record important details about a student's medical needs, triggers, signs, symptoms, medication and other treatments. At a minimum, all IHPs will include emergency care procedures, a nursing assessment, physician's orders, and parent/guardian authorization. Your school may complete an IHP for students with a chronic health condition at the beginning of each school year, when a student enrolls, or when a student is diagnosed with a condition. IHPs should be updated annually and whenever an individual student's condition or medical needs change.

IHPs are created by the RN as warranted by the student's health condition or diagnosis. Development and implementation of IHPs ensure all necessary health information, needs, and interventions are considered to maximize the student's participation and performance in school. The responsibilities of school staff directly involved in student care should be outlined in the IHP and/or EAP/ECP and be clearly understood.

EAP/ECP

The EAP/ECP is a form a student's health care provider and/or school nurse develops to address a potential medical emergency that requires quick action to maintain health and safety of the student. The terms EAP and ECP may be used interchangeably. Any health condition that has the potential to become life-threatening requires an EAP/ECP. The EAP/ECP is used by non-medical staff who may

respond to an emergency and should be written in language that non-medical staff can understand, including clear action steps that non-medical staff follow when responding to an emergency.

Some districts use the EAP/ECP provided by the student's health care provider and others create their own forms to be used by the district.

Training for School Staff[8]

All school staff should be provided with education about common chronic health conditions of students within the school and should understand their role in the event of an emergency. Additionally, comprehensive training should be provided for staff who are responsible for overseeing the healthcare needs of students at school. Other training might include medication administration, bloodborne pathogens, or preparation to provide a specific healthcare procedure.

Recommendations for Non-Medical School Staff Tiered Training Levels

All school staff should receive the appropriate level of training that aligns to their responsibilities for students with chronic health conditions and in accordance with school district policies and procedures and state laws, rules, and regulations. The type of training will vary depending upon the student's needs and role of non-medical school staff.

General Training and Awareness – Tier 1 Training

Tier 1 Training includes a brief overview of the most common chronic health conditions in the school, including the signs and symptoms that would indicate a student is experiencing a medical emergency or health problem, and who should be contacted for help while care is provided. It is not recommended to distribute IHPs and/or EAP/ECPs to all school staff; however, a brief explanation and overview of the purpose of IHPs and/or EAP/ECP.

It is recommended that Tier 1 Training content include:

- an overview of common pediatric chronic health conditions (Schools can focus on the most common chronic health conditions present within the school),
- how to recognize a potential health emergency,
- who to contact to help with an emergency, and
- how to provide appropriate, basic care while waiting for assistance.

[8] Adapted from the National Association of School Nurses, Tiered Training Model for Teachers and School Personnel, 2020

Student-Specific Training – Tier 2 and Tier 3 Training

Student-specific training is always necessary, even if school staff has provided similar care to other students. Staff who are directly responsible for providing healthcare services to the student need comprehensive training to meet the individual needs of each student.

Tier 2 training builds on Tier 1 training and includes additional information about chronic health conditions that is student-specific for school staff that are responsible for the student throughout the school day (e.g., lunch staff, teachers, coaches, bus drivers).

It is recommended that Tier 2 training content include:

- expanded overview of the student's chronic health condition, including common procedures and medical equipment,
- overview of the legal rights of students with chronic health conditions,
- roles and responsibilities of the different school staff who have responsibility for the student if a medical emergency occurs,
- the student's EAP and the student-specific actions to take in the event of a medical emergency
- how to activate emergency medical services and the school's emergency response team, often called Medical Emergency Response Team (MERT), and
- tips and planning needed for the classroom and/or school-sponsored events.

Tier 3 training builds on Tier 1 and Tier 2. School staff who will perform or assist a student with a health care procedure or task during the school day should receive student-specific care training and instruction to ensure the student's unique needs are met.

These individuals will be trained and supervised by the school nurse. Tier 3 training requires nursing delegation and supervision according to the Rules and Regulations of the Tennessee Board of Nursing and state laws regarding care of students in the school setting.

It is recommended that Tier 3 training includes:

- student-specific training, using the student's supplies and equipment, for a specific nursing care task,
- an outlined sequence of steps to perform the identified care task, developed by the school nurse, and based on the student's health care provider medical orders,
- demonstration by the designated school personnel of clear understanding of the care task,
- demonstration by the designated school staff of competence in performing the care task,
- parameters on when to perform the care task, when not to do so, and when to contact the school nurse

- how to document the care task after it is performed, and
- plan for ongoing supervision by the school nurse.

Documentation of Tier 1 and Tier 2 training should include the date, time, names, and number of attendees. Attendees can be provided with learning outcomes and content (e.g., PowerPoint slides). The school nurse provides one-on-one training for unlicensed school staff, also known as UAP, during Tier 3 training. This includes general health information and student-specific health information, including care tasks based on the student's health care provider orders as outlined in the IHP and/or EAP/ECP. It is recommended that documentation for Tier 3 training includes:

- training content provided to the school staff;
- skills checklist (this guides the steps of the care task that the unlicensed school staff will perform);
- performance and proficiency at performing the task (competency demonstration),
- two-way communication plan that includes when and what the UAP should report to the school nurse, how the UAP should respond to an emergency, how and what the UAP must document about the care provided to the student;
- ongoing supervision of the UAP; and
- circumstances when the UAP should no longer perform the nursing care task (e.g., the task no longer has a predictable outcome).

Health Trainings

Non-medical school staff (e.g., teachers, transportation aides, school paraprofessionals and security personnel, etc.) should receive ongoing professional development and/or student-specific training related to healthcare activities and emergency assistance for which they may be responsible.

School staff may need additional training (e.g., first aid, body mechanics/lifting procedures, confidentiality, documentation, etc.) and may require supervision and training by the school nurse related to student-specific medication training and delegated care tasks. School staff who have regular or potential contact with body fluids should have ongoing general and specific instruction in bloodborne pathogens and universal precautions in accordance with school district policy and procedures.

School districts should determine who is responsible for facilitating the training listed below in accordance with local policy and state laws.

Training Topic	Audience	Information	Rationale
Child Abuse Reporting	**Required** for all staff	Annually	Tenn. Code Ann. § 49-6-1601
Concussion Recognition and Head Injury	• **Required** for all coaches • General training **recommended** for all staff	Annually	Tenn. Code Ann. § 49-6-3601
CPR	• **Required** for all coaches, expected AED users, and volunteer staff trained to administer anti-seizure medications • Certification **required** for school nurses • General training **recommended** for all staff (schools are encouraged to have at least one, preferably more persons certified) • For **school administered child care programs** (e.g., Pre-K), a staff member shall be present at all times who has current CPR certification. • For **school administered child care programs** (e.g.,, Pre-K), school bus drivers records shall contain verification of CPR **certification**. [9] • For **school administered child care programs** (e.g., Pre-K), at least one half (1/2) of staff members on duty shall have current Infant/Pediatric CPR **certification** from the American Red Cross, American Heart Association, or other certifying organization. When school-age children are present, and/or in a school-age only program, at least one staff member shall hold current **certification** in adult CPR.	Recommend annually (or every two years if staff are certified)	• Tenn. Code Ann. § 49-6-3601 • Tenn. Code Ann. § 49-5-414 • Tenn. Code Ann. § 49-3-359 • Tenn. Code Ann. § 49-50-1602 • Tenn. Code Ann. § 68-140-403 • Tenn. Code Ann. § 68-140-404 • State Board Rule 0520-12-01-.05

[9] In accordance with State Board Rule 0520-12-01-.05(7)(f)12.(iv), drivers only providing transportation for field trips with program staff on board are not required to have CPR and First Aid certification.

AED	• Training **required** for all coaches and expected AED users • General training **recommended** for all staff	Recommended annually	• Tenn. Code Ann. § 49-6-3601 • Tenn. Code Ann. § 68-140-403 • Tenn. Code Ann. § 68-140-404
AED Drill	It is **recommended** that all school staff are a part of AED drill(s) the AED drill include the following information: • The use of AEDs; • Location(s)s of AEDs; • The school's response plan; and • Members of the school response team (the First Responder Team).	Recommended annually	
SCA	• **Required** for all coaches • General training **recommended** for all staff	Annually	Tenn. Code Ann. § 49-6-3601
First Aid	• Determined by school district • For **school administered child care programs** (e.g., Pre-K), a staff member shall be present at all times who has current **certification** in first aid training. • For **school administered child care programs** (e.g.,, Pre-K), school bus drivers records shall contain verification of CPR and first aid **certification.**[9]	Recommended annually (or every two years if first aid is provided in CPR certification)	Tenn. Code Ann. § 49-5-414
Diabetes	Volunteer school personnel responsible for diabetes care	• Annually • Competencies documented at least twice a year	Tenn. Code Ann. § 49-50-1602
Assistance with medication administration, including emergency medication administration	• Volunteer school personnel • Determined by school district	• Anti-seizure medication administration training **required** annually; competency must be noted in the personnel file • School personnel assisting with medication administration are to be properly trained. Training is recommended at a minimum of once a year for all school personnel that have been trained.	• Tenn. Code Ann. § 49-50-1602 • Tenn. Code Ann. § 49-50-1603 • Tenn. Code Ann. § 49-50-1604 • State Board Rule 0520-01-13

Infection Control, BBP, and Universal Precautions	Determined by school district	Annually	• State Board Rule 0520-01-13-.03(4) • Bloodborne Pathogens Standard
Suicide Prevention	**Required** for all staff	Annually	Tenn. Code Ann. § 49-6-1901

Training Resources for School Staff

The following resources can be used and/or adapted by school districts for general staff training and/or student-specific training. School districts may have approved materials to be used for training purposes. School staff are encouraged to communicate with the district lead nurse, school nurse, and/or administration to determine which training is recommended or approved. Resources may also be viewed independently by school staff.

Asthma

Many asthma education programs are available to teach school staff about asthma, including the American Lung Association's Asthma Basics online learning course. The Asthma Basics program is offered as a self-paced online learning module or an in-person workshop and designed to help people learn more about asthma. This program teaches participants to recognize and manage triggers, understand the value of an asthma action plan, and recognize and respond to a breathing emergency. Asthma Basics also includes comprehensive resources, including asthma medication devices and demonstration videos and downloads.

There also are a number of asthma videos, accompanied by printable documents, that teach people how to properly use their asthma medication devices. Other organizations may have more targeted programs that meet the needs of your school.

The American Lung Association's Asthma Educator Institute® is an in-person, two-day course focused on guideline-based care and recommended for health practitioners and educators, including school nurses. The course prepares participants to sit for the National Asthma Educator Certification Board exam.

The Allergy and Asthma Network has developed and compiled a library of digital and print resources to address student needs.

The Asthma and Allergy Foundation of American (AAFA) has created this list of resources to help school administrators, nurses, and staff manage asthma in the classroom.

The Community Preventive Services Task Force (CPSTF) recommends school-based self-management interventions for asthma control based on strong evidence of effectiveness in reducing hospitalizations and emergency room visits among children and adolescents with asthma. Interventions were effective when delivered by trained school staff, nurses, and health educators in elementary, middle, and high schools serving diverse populations. The CPSTF Finding and Rationale Statement includes implementation issues, possible added benefits, potential harm, evidence gaps, and additional resources.

Severe, Life-threatening Allergy/Anaphylaxis

Resources on the NASN, Allergies and Anaphylaxis webpage have been developed by the Epinephrine Policies and Protocols Workgroup, a collaboration of representatives of NASN, the AAP, and the National Association of State School Nurse Consultants (NASSNC) and sponsored by Mylan; some materials and programming was supported by Pfizer; and other materials were compiled by NASN staff.

Food Allergies: Keeping Students Safe and Included is an online training course provided by the Food Allergy Research & Education (FARE) and is designed to help school staff and administrators become better prepared to manage students with food allergies and respond to food allergy emergencies. Take this course to learn more about managing food allergies in schools and how to best protect and keep students included.

Food Allergies & Anaphylaxis in School: What School Staff Need to Know is a module created to augment food allergy and anaphylaxis training provided to school staff and to serve as a teaching tool. Content is consistent with the CDC's Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs. This multiple choice exam can be taken by school staff after completion of "Management of Food Allergies in School: What School Staff Need to Know." A certificate of completion is available to be printed or emailed after passing the exam. The training module, quiz, and certificate of completion are free to use and shared by all. Food Allergy Research & Education (FARE) provides valuable resources for the school team to help understand the importance of food allergy management on their Educators webpage.

AAFA has created this list of resources to help school administrators, nurses, and staff manage allergies in the classroom.

CDC's Food Allergy in Schools Toolkit contains tip sheets, training presentations, and podcasts to help school staff implement the Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs to prevent and manage severe allergic reactions in schools.

FARE provides a Teacher's Checklist for Managing Food Allergies.

Diabetes

The ADA has many training and support materials that can prepare and educate school staff to provide needed care to students with diabetes.

Using these resources and working in collaboration with students, their parent/guardian, and their diabetes providers, schools can ensure that every student with diabetes has the best opportunity to get a great education and can safely participate in all school activities.

The ADA's Safe at School® Campaign's Helping the Student with Diabetes Succeed: A Guide for School Personnel has been updated to reflect important improvements to diabetes technology and treatment. The updated school guide incorporates ADA's current Diabetes DMMP and best practice in the school setting for implementation of the DMMP. The guide should be shared with school nurses, administrators, and staff; pediatric diabetes care providers, families of students with diabetes, policy makers, and other community partners.

The ADA offers a Diabetes Care Tasks at School: What Key Personnel Need to Know PowerPoint module online training curriculum designed to train school staff in diabetes care tasks. Whether school staff are providing diabetes care for the first time or just need a refresher, this is a useful resource. Each module consists of a short PowerPoint presentation and a post-test at the end. Videos accompany most of the modules.

The Tips to Help Teachers Keep Kids with Diabetes Safe at School PowerPoint presentation and talking points help inform teachers about how to keep kids with diabetes safe at school. School nurses and the parent/guardian can work together to present the information. The presentation defines diabetes, describes warning signs for immediate concerns such as hypoglycemia, and gives tips for helping students with diabetes succeed in the classroom.

Additional resources can be found on the ADA webpage.

Seizure Disorders

The Epilepsy Foundation offers training for school personnel designed for people who work with children and youth in school settings. This program provides an overview of seizures and epilepsy, seizure first aid, seizure action plans, rescue therapies, seizure emergencies and how to support students in school settings. This course is appropriate for school nurses, teachers, aides, coaches, administrators and anyone who works in a school setting.

Seizure Training for School Nurses: Caring for Students is a program designed to provide the school nurse with information, strategies, and resources that will enable him/her to better manage the student with seizures by supporting positive treatment outcomes, maximizing educational and

developmental opportunities, and ensuring a safe and supportive environment. The program consists of seven modules to assist the school nurse in learning to effectively manage seizures in a school environment.

The Epilepsy Foundation also offers Classroom Kits. These kits are intended to spread awareness of epilepsy, reduce the stigma that comes with it, and educate staff and students about how to recognize and respond to someone having a seizure. These kits are free and include educational resources for teachers, the parent/guardian, and students. Each kit has grade-specific instructions to make it easy for teachers to educate their class and lead a guided activity. Kits will be delivered through the mail and must be ordered by submitting an online request form.

Additional education and training information can be found on The Epilepsy Foundation, Training and Education and Tools and Resources webpages.

ADHD

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD) offers a Teacher Training Program crafted by teachers to provide other teachers with the strategies and tips to help their students with ADHD succeed. Comprehensive training and extensive resources are provided to participants, including an educator's manual.

ADHD fact sheets for the parent/guardian and educators can be found here.

The CDC ADHD in the Classroom: Helping Children Succeed in School webpage reviews classroom strategies for students with ADHD and the role of special education services and accommodations.

The XQ Effective Teacher Resources and Strategies for ADHD webpage details a variety of strategies teachers can take into the classroom when they have students with ADHD.

Strategies and tips to help students with ADHD succeed can be found on this teacher card from CHADD. The card lists the symptoms of ADHD to help teachers recognize ADHD in the classroom and provides strategies and tips teachers can use to help students with ADHD do better in school.

In addition, CHADD's National Resource Center on ADHD has produced a video series of Tips for Teachers.

The AAP provides clinical guidance and other resources to assist with the diagnosis and treatment of children and adolescents with ADHD. Tools are provided for pediatricians, patients, families and teachers to ensure a comprehensive assessment of the patients functioning and behaviors leading to a proper diagnosis and successful treatment plan.

Concussion

The Safe Stars webpage lists several training resources for school staff.

The Brain Links webpage provides resources curated for all types of school professionals. The webpage contains information regarding concussions in children and information on how to help children succeed after they've experienced a brain injury.

The HEADS UP to Schools: Online Concussion Training for School Professionals course is designed specifically for school professionals. School professionals play an important role in the recovery process for students experiencing concussion symptoms. This course will empower you to better support students recovering from concussion through understanding, monitoring, and accommodating their individual needs.

The National Federation of State High School Associations teamed up with the CDC to educate coaches, officials, the parent/guardian and students on the importance of proper concussion recognition and management in high school sports. The Concussion in Sports course highlights the impact of sports-related concussion on athletes, teaches how to recognize a suspected concussion, and provides protocols to manage a suspected concussion with steps to help players return to play safely after a concussion. Tennessee's requirements for concussion management are included as part of the course. A certificate is available upon completion of the course and post-test.

HEADS UP to Youth Sports: Online Training for Coaches positions coaches to improve the culture of sports safety and prevent concussion. A certificate is provided upon completion of the training and post-test.

HEADS UP to Athletic Trainers: Online Concussion Training course was developed through a partnership between the CDC and the National Athletic Trainers' Association (NATA) and is designed specifically for athletic trainers working at the high school level or below. Athletic trainers play an important role in concussion prevention and management, including how they work with other stakeholders such as coaches, the parent/guardian, athletes, and school professionals. This course will empower athletic trainers to better support athletes and other stakeholders and contribute to an overall culture of concussion safety. It provides a refresher and update for seasoned athletic trainers, and will help build practical on-the-ground skills for newer athletic trainers.

The HEADS UP to Health Care Providers Online Training for School Health Professionals course largely focuses on the clinical recommendations in the CDC Pediatric mild traumatic brain injury (mTBI) Guideline. By the end of this training, participants will be equipped with practical strategies to integrate CDC's evidence-based recommendations into their clinical practice. In addition, participants can earn 2.0 Continuing Education Credits through AAP.

Other Trainings

Bloodborne Pathogens

Tennessee Occupational Safety and Health Administration's Bloodborne Pathogens online video explains how workers can protect themselves from bloodborne pathogens such as Hepatitis B, Hepatitis C, and HIV. Additional resources can be found on the Tennessee Department of Labor and Workforce, Resources webpage.

Additional training resources can be found on the United States Department of Labor and Workforce Occupational Safety and Health Administration, Bloodborne Pathogen and Needlestick Prevention webpage, under "Training".

Suicide Prevention

The Jason Foundation, Inc. series of online Staff Development Training Modules provides information on the awareness and prevention of youth suicide. These training modules are suitable for teachers, coaches, other school personnel, youth workers, first responders, foster parents and any adult who works with or interacts with young people or wants to learn more about youth suicide. This series of programs introduces the scope and magnitude of the problem of youth suicide, the signs of concern, risk factors, how to recognize young people who may be struggling, and how to approach the student and help an at-risk youth find resources for assistance. At the conclusion of each training module, an opportunity to print a certificate of completion is provided.

Child Abuse

Child Abuse and Sexual Abuse Prevention training and education resources can be found on the CSH webpage, under Healthy School Environment.

Students with Special Healthcare Needs

The Care of the Student with Special Healthcare Needs is an online training for UAP designed to help staff with little to no healthcare background prepare to assist the students at their school who need special care. UAP is a term to cover a variety of roles or titles such as health aid, paraprofessional, or teaching assistant, to name a few.

Information for other chronic health conditions, not listed above, can be found on the CDC Chronic Disease Fact Sheets or Kids Health Factsheets webpages.

Example Forms

The example forms provided are not an all-inclusive list of forms to be used but can be used to assist schools in managing chronic health conditions. Forms can be modified based on school or

district need. It is encouraged to consult with your district lead nurse and/or school nurse to determine forms being used locally and if there are questions about a district's health services policies, procedures, and protocols.

Example Health History Form[10]

Health history forms should be completed by the student's parent/guardian upon school enrollment. The following example form could be incorporated into an online health intake.

Dear Parent/guardian, **Providing the following health information will assist the school nurse in providing a safe school environment for your student.**	
Student Name:	**Gender:**
Date of Birth:	**Grade:**
Primary Physician/Health Care Provider:	
Preferred Hospital:	
Health Insurance **My student is covered by:** ☐ Public (Medicaid/Medicare/TennCare) ☐ Private (Aetna, Blue Cross Blue Shield, etc.) ☐ No insurance	
I am interested in receiving information about low-income eligible health insurance programs in Tennessee. ☐ Yes ☐ No	
Chronic Disease Assessment Is the student currently under treatment for:	
Asthma: ☐ Yes **If Yes, please provide a copy of the student's Asthma Action Plan to the school.**	
Allergies to: ☐ Food ☐ Insects ☐ Latex ☐ Medication ☐ Other Allergy or unknown source of allergy **List names of allergens:**	
Food intolerance or Celiac Disease: ☐ Yes **If yes, please specify:**	
History or risk of Anaphylaxis: ☐ Yes **If yes, please provide a copy of the student's Emergency Allergy/Anaphylaxis Plan to the school.**	
Diabetes: ☐ Type 1 ☐ Type 2	

[10] Adapted from NASN School Nurse, The Entry-Into School Health History Intake: The Starting Point for Care Coordination, 2023.

If Type 1 or Type 2 is checked, please provide a copy of the Diabetes Medical Management Plan to the school.

Seizures:

☐ Yes

List Type and Frequency of Seizure Activity:

If yes, please provide a copy of the Seizure Action Plan to the school

☐ **My student does not have any of the above conditions.**

Indicate other health conditions for your student by checking the boxes below and providing comments.

Health Condition	Comments	Health Condition	Comments
☐ Anxiety/Emotional Concerns		☐ Head Injury (e.g., history of concussion)	
☐ Arthritis		☐ Headaches/Frequent or Migraine	
☐ Attention Deficit Hyperactivity Disorder (ADHD)		☐ Hearing concerns or frequent ear infections or deafness Indicate if student wears hearing aid or cochlear implant	
☐ Autism Spectrum Disorder		☐ Heart problems or blood pressure concerns	
☐ Behavioral concerns		☐ Hospitalizations and/or surgeries	
☐ Breathing problems or frequent nosebleeds		☐ Scoliosis	
☐ Developmental concerns		☐ Lead Poisoning	
☐ Bladder problem or Kidney Disease		☐ Muscle problems/Mobility or physical activity restrictions	
☐ Bowel Problem or Frequent stomachaches or Indigestion or feeding tube		☐ Sickle Cell Disease	
☐ Cerebral Palsy		☐ Social concerns (recent change in family such as divorce, death of family member)	
☐ Cystic Fibrosis		☐ Speech concerns	
☐ Dental problems		☐ Spinal injury or Spina Bifida	
☐ Depression, self-harm, or suicide concerns		☐ Underweight or overweight	
☐ Eating disorder		☐ Vision deficit/wears glasses or	

		contacts/color/low vision or blindness	
☐ Feeding or swallowing concern		☐ Other condition (List in comments)	
☐ **My student does not have any of the above conditions**			
Does your student take any medications routinely at home or at school? ☐ Yes ☐ No **If yes, please complete the information below for each medication.**			
Name of Medication	**Time(s) Given**	**Will it be taken at school?***	**Purpose of Medication**
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
*Medications given at school require a medication form signed by the health care provider and parent/guardian.			

Example IHPs

Example Individualized Healthcare Plan[11]		
Name:	**Grade:**	
Teacher/Staff Contact Person:	**Date of IHP:**	**Review Date(s):**
IHP written by:		
Nursing Assessment:		
Nursing Diagnosis:		
Student-centered Goal(s) ***(Long-term, SMART format)***		
Evidence-Based Interventions ***(Implementation date & Initial)***		
Evaluation ***(Date & Initial)***		
Outcomes	**Process** ***(Implementation successes & challenges)***	**Goal** ***(Progress)***

[11] Adapted from The National Association of School Nurses, School-nurse Led Case Management Manual, 2021

Example IHP Containing Medication Administration Examples[12]	
Name:	**Date of Birth:**
Address:	**Phone Number:**
Parent/Guardian:	**Grade:**
School:	
Health Care Provider:	
Individualized Education Program (IEP) Date:	**504 Plan Date:**
Emergency Care Plan/Emergency Action Plan (EAP/ECP) Date:	**Emergency Evacuation Plan (EEP) Date:**
Medical Diagnosis:	
Nursing Assessment:	
Nursing Diagnosis:	
Nursing Interventions: **The school nurse will:** ☐ Obtain parent and licensed prescriber authorization for medication to be given at school ☐ Administer medications as prescribed. ☐ Monitor availability of medications and devices to the student on his/her person (self-carry/self-administer). ☐ Monitor availability of back up medication and devices in the health room for emergencies, bus, and field trips. ☐ Assess knowledge deficits and learning needs related to management of chronic condition and medication administration. ☐ Train staff who are responsible for the healthcare of the student during the school day. ☐ Monitor student attendance.	
Expected Student Outcomes: **The student will:** ☐ Report feeling greater confidence in management of chronic health condition within weeks/months. ☐ Reporting feeling greater confidence in self-administration of medication within weeks/months. ☐ Be able to explain the reasons for their medication within weeks/months. ☐ Be able to verbalize who they should contact if they were to experience side effects from their medication within weeks/months. ☐ Be able to order a prescription refill correctly within weeks/months. ☐ Have their basic health needs met during the school day in order to attend school on a regular basis. ☐ Have less than absences.	
Plan initiated by:	**Date:**

[12] Adapted from the National Association of School Nurses Medication Administration Toolkit, 2021.

Example EAP/ECPs

Example EAPs/ECPs for common chronic health conditions in schools can be viewed by accessing the organizational webpages below.

Asthma

- American Lung Association
- Allergy & Asthma Network
- American Academy of Allergy Asthma & Immunology
- National Heart Lung & Blood Institute

Diabetes

- **Hyperglycemia**
  - National Diabetes Education Program
  - National Institute of Diabetes and Digestive and Kidney Diseases

- **Hypoglycemia**
  - National Diabetes Education Program
  - National Institute of Diabetes and Digestive and Kidney Diseases

Life-threatening Allergy/Anaphylaxis

- Tennessee Department of Education
- Tennessee Department of Education (Spanish)
- American Academy of Allergy, Asthma, and Immunology
- American Academy of Pediatrics
- Food Allergy Research and Education
- National Institute of Allergy and Infectious Diseases

Seizure Disorders

- Epilepsy Foundation

Adrenal Insufficiency

- National Adrenal Diseases Foundation

Cardiac Conditions

- SADS Foundation (Brugada Syndrome)
- SADS Foundation (Arrhythmogenic Right Ventricular Dysplasia)
- SADS Foundation (CPVT Syndrome)
- SADS Foundation (Wolff Parkinson White Syndrome)
- SADS Foundation (Long QT Syndrome)

- SADS Foundation (Pacemaker or Implanted Defibrillator)
- Supraventricular Tachycardia

Example EAP/ECP[1]

Name:	**Date of Birth:**	**Medical Diagnosis:**	
Allergies:			
Grade:	**School Year:**	**Teacher:**	**Date of Plan:**
Emergency Contact Information:			
Parent/Guardian:		**Email Address:**	
Home Phone:	**Work Phone:**	**Mobile:**	
Parent/Guardian 2:		**Email Address:**	
Home Phone:	**Work Phone:**	**Mobile:**	
Health Care Provider:		**Phone:**	
School Nurse:		**Phone:**	
If the student exhibits any of the following: ☐ ☐ ☐ ☐ ☐ Never leave the student alone or send anywhere or send with another student			
Take the following emergency actions: ☐ ☐ ☐ ☐ ☐ Notify the school nurse ☐ Call 911 if student is getting worse or not improving ☐ Call parent/guardian			
Reviewed with:		Date:	
Signature of school personnel:		Signature of school nurse:	

TDOE Allergy & Anaphylaxis Emergency Plan[13]

TN Department of Education

Allergy and Anaphylaxis Emergency Plan

Date of Plan: _____

Student's Name: _____ Date of Birth: _____ Age: ____ Weight: _____ pounds (____ kg)
Student's School System: _____ Student's School: _____
Student has allergy to _____
Student has asthma ☐ Yes (If yes, higher risk for severe reaction) ☐ No
Student has had anaphylaxis ☐ Yes ☐ No
Student has received instruction and has permission to self-carry epinephrine and use independently ☐ Yes ☐ No

IMPORTANT REMINDER: Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, use epinephrine.

For **ANY** of the following **SEVERE SYMPTOMS OR A COMBINATION** of symptoms from different body areas


Shortness of breath, wheezing, or coughing


Pale or bluish skin, weak pulse, fainting or dizziness


Tight or hoarse throat, trouble breathing or swallowing


Swelling of lips or tongue that bothers breathing


Many hives or redness over body


Feeling of "doom," confusion, altered consciousness or agitation


Repetitive vomiting or severe diarrhea

☐ **SPECIAL SITUATION:** If this box is checked, student has an extremely severe allergy to an insect sting or the following food(s): _____. Even if child has MILD symptoms after a sting or eating these foods, **give epinephrine.**

1. Inject epinephrine right away!
Note time when epinephrine was given.

2. Call 911.
- Ask for ambulance with epinephrine.
- Tell rescue squad when epinephrine was given.

3. Stay with Student and:
- Call parents and student's healthcare provider.
- If symptoms get worse or continue after 5 minutes, give a second dose of epinephrine.
- Keep student lying on back. If the student vomits or has trouble breathing, keep child lying on his or her side.

4. Give other medicine (if applicable) following epinephrine
- Antihistamine
- Inhaler/bronchodilator if wheezing

MILD SYMPTOMS


Itchy or runny nose, sneezing


Itchy mouth


Mild nausea or discomfort


A few hives, mild itchy skin

MONITOR STUDENT
- Stay with student and watch him or her closely.
- Give antihistamine (if listed below).
- Call parents.

If more than 1 symptom or severe allergy anaphylaxis symptoms develop, use epinephrine.

MEDICATION/DOSES

Epinephrine, intramuscular (list type):
_____
Epinephrine Dose: ☐ 0.1 mg ☐ 0.15 mg ☐ 0.3 mg

Antihistamine, by mouth (list type): _____
Antihistamine Dose: _____
Other (e.g., inhaler/bronchodilator if child has asthma):
_____

EMERGENCY CONTACTS

Healthcare Provider: _____
Phone: _____
Parent/Guardian: _____
Phone: _____
Other Emergency Contact Name/Relationship:
_____
Phone: _____

_____ _____ _____ _____
Parent/Guardian Authorization Signature Date Physician/HCP Authorization Signature Date

Additional Resources and References

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National Association of School Nurses. (2022, April). *Chronic Health Condition Management*. Retrieved January 3, 2022, from https://www.nasn.org/nasn-resources/resources-by-topic/chronic-health-condition-management

[13] In accordance with Tenn. Code Ann. § 49-1-208, the department, in consultation with the department of health, developed a standardized form on which a student with an allergy may report the allergy to the school in which the student is enrolled.

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