



# Guidelines for Healthcare in a School Setting

Office of Coordinated School Health

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This document can be accessed from the [TDOE, Coordinated School Health, Health Services](#) webpage.

## Introduction

The Tennessee Department of Education (TDOE), in collaboration with the Tennessee Department of Health (TDOH), has developed guidelines to assist Tennessee public school districts and nonpublic schools with developing policies and procedures to meet the diverse healthcare needs of students in school settings. The purpose of the *Guidelines for Healthcare in a School Setting* is to give direction to public school districts and nonpublic schools to ensure adherence to state and federal law and provide guidance on the scope of the school nursing role. The guidelines have been written according to nationally recognized standards established by the National Association of School Nurses (NASN) and the National Council of State Boards of Nursing (NCSBN) and in accordance with the Rules and Regulations pertaining to the Tennessee Board of Nursing (TBON). School districts and nonpublic schools are responsible for keeping their health services, policies, protocols, and procedures up to date per state and federal laws and regulations.

### ***Coordinated School Health (CSH)***

Tennessee CSH connects physical, emotional and social health with education through eight inter-related components. This coordinated approach improves students' health and their capacity to learn through the support of families, communities and schools working together. By definition, all CSH components work together to improve the lives of students and their families. The eight components include: health education, health services, counseling, psychological and social services, nutrition, physical education/physical activity, school staff wellness, healthy school environment and student/parent/guardian/community involvement. Further information on Tennessee's CSH program can be found on the TDOE, [Coordinated School Health website](#).

### ***Health Services***

Health Services is one of the eight components of CSH and is a comprehensive program that strengthens the educational process by promoting, improving, and maintaining health and wellness for students. Health services enable students to attend school in a safe learning environment, reducing health barriers to learning. School districts may also choose to provide additional health services through school-based/school-linked clinics within their school system. School-based and school-linked clinics should be integrated with school nursing services to support attendance and reduce health barriers to learning. More information on school-based and school-linked clinics can be found [here](#).

## Health Services Personnel

Health Services personnel may include qualified professionals such as school nurses, consulting school physician(s), nurse practitioners, psychiatrists, psychologists, dentists, health educators, registered dietitians, school counselors and allied health personnel, such as speech therapists, occupational therapists, or physical therapists, health aides, and unlicensed assistive personnel (UAP). School districts and nonpublic schools develop job descriptions for these roles. School districts and nonpublic schools should ensure that school staff, who are assigned health-related tasks, are working within their job descriptions and within their scope of practice.

### *Consulting Physician*

School districts are encouraged to obtain services from a local physician(s) to provide guidance for the school health program. Having a physician to consult regarding health and safety matters strengthens the school district's ability to promote the health status of students and staff. Physician services are often provided voluntarily, but some school districts may choose to employ or contract with a physician.

The consulting physician, may, but is not limited to:

- Serve as a medical information resource related to school-aged children and adolescents
- Consult with school personnel as necessary
- Advise development of school health services policies and procedures
- Review and sign off on protocols and policies as needed

### *Nurses*

School nursing staff work under the Rules and Regulations pertaining to the TBON, which defines the scope of practice for Registered Nurses (RNs) and Licensed Practical Nurses (LPNs). This section seeks to differentiate the practice of RNs from that of LPNs. This information is provided to ensure student health and safety as well as to help superintendents, principals, school staff, and school health personnel understand the differences in the roles of the RN, LPN, and other individuals in the school setting who are assigned responsibility for healthcare.

*School Nursing: Scope and Standards of Practice, 4th Edition*, published by NASN and the American Nurses Association (ANA), **recommends** the school nurse be a registered, professional nurse with at least a baccalaureate degree in nursing from an accredited college or university and endorses national school nurse certification. It is the position of the NASN that access to a registered professional nurse all day, every day can improve students' health, safety, and educational achievement. Student acuity and school community indicators should be assessed to determine appropriate staffing levels. Access to a school nurse may mean that more than one school nurse is necessary to meet the needs of the school population. The American Academy of Pediatrics recommends a minimum of one full-time professional school nurse in every school.

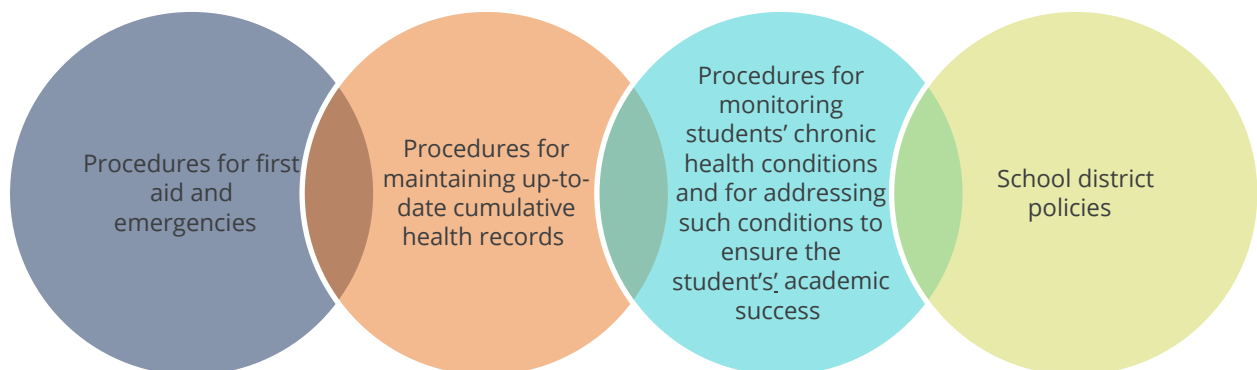
Neither the TDOH nor the TDOE define the requirements for school nurses in Tennessee. A nurse must be currently licensed as an RN or LPN in Tennessee to practice in this state, including in the school setting. Each public school nurse employed by a school district shall maintain current certification through a certifying cardiopulmonary resuscitation course to practice in a public school setting. School districts and nonpublic schools set the minimum qualification for the school nurse position.

It is the responsibility of the RN and LPN to maintain a current, unrestricted nursing license and to be familiar with the scope of nursing practice in the school setting. School districts may employ nurses with various levels of licensure. It is important that school districts, nonpublic schools, and school health services personnel have a clear understanding of expectations and limitations of each role.

The school's administration is responsible for implementing policies and practices to ensure student safety. Failure to adhere to the scope of practice exposes schools to potential litigation.

### Policy and Procedure Manual

Policies and procedures should be in place to support school health services. School districts should have a policy and procedure manual for school health services, containing relevant information about how health services will be provided. Well-written policies and procedures lay the foundation for safe and effective care. It is recommended a [consulting physician](#) and [RN](#) review the health services policies and procedures manual at least annually. Components of the manual may include:



### School Health Office

Health offices, also referred to as the nurse's clinic, should be designed and equipped to ensure proficient assessment, delivery, and evaluation of student health needs. Health offices should provide for privacy and safety and include necessary equipment and supplies.

#### *Health Office Recommendations*

**Health offices should include, but are not limited to:**

- Private area for health counseling
- Private area for observation/rest
- Assessment and treatment area, including sink
- Isolation area for potentially infectious students
- Reference materials, including school district policies and procedures
- Area for triage and waiting
- Desk with lockable drawers
- Lockable file cabinets for storage of student records
- Lockable cabinets for medication, supplies, and equipment storage
- Dedicated bathroom with sink
- Sinks equipped with liquid soap and paper towel dispensers
- Pedal-controlled, covered waste receptacles with disposable liners
- Refrigerator for medication storage
- Adequate ventilation
- First Aid Supplies

**Suggested medical supplies for the health office should include, but are not limited to:**

- Adhesive tape
- Alcohol pads
- Applicators (sterile/nonsterile)
- Band-Aids
- Disposable heating pads
- Flashlight
- Gauze pads
- Ice packs
- Safety pins in assorted sizes
- Saline, sterile
- Scissors
- Disinfectant solution for cleaning
- Splints: wooden, metal (finger)
- Kerlix or Ace wrap
- Tongue depressors
- Tweezers
- Cot paper
- Disposable gloves
- Sharps container
- Blood-borne pathogens clean-up kit

### ***School-Based Health Clinics and School-Linked Health Clinics***

The school nurse is the school's health advisor and ambassador, leading the day-to-day management and oversight of the school population's health. School-based and school-linked health clinics supplement the school nurse's role by providing an easily accessible site for referrals for students without a provider home or a student who may need more comprehensive services.

A school-based health clinic (SBHC) provides comprehensive preventive and primary healthcare services to students, outside of services already provided by the school nurse and is based on a school campus. A SBHC is staffed by a multidisciplinary team which can include physicians,

practitioners, clinical social workers, nurses, dentists, dental hygienists, nutritionists, and administrators.

A school linked health clinic (SLHC) refers to a collaboration wherein a school system connects the student with providers within the community to deliver healthcare services. This includes telehealth, telemedicine, and mobile clinics. School districts may choose to establish partnerships with external health care providers to provide services.

## Role of School Health Services Personnel

### ***Role of the Registered Nurse (RN)***

Tenn. Code Ann. § 63-7-103(a)(1) defines the practice of professional nursing as, “the performance for compensation of any act requiring substantial specialized judgment and skill based on knowledge of the natural, behavioral and nursing sciences and the humanities as the basis for application of the nursing process in wellness and illness care.”

Tenn. Code Ann. § 63-7-103(a)(2) further states that “professional nursing includes:

- (A)** Responsible supervision of a patient requiring skill and observation of symptoms and reactions and accurate recording of the facts;
- (B)** Promotion, restoration and maintenance of health or prevention of illness of others;
- (C)** Counseling, managing, supervising and teaching of others;
- (D)** Administration of medications and treatments as prescribed by a licensed physician, dentist, podiatrist, or nurse authorized to prescribe pursuant to § 63-7-123, or selected, ordered, or administered by an advanced practice registered nurse specializing as a certified registered nurse anesthetist (CRNA) during services ordered by a physician, dentist, or podiatrist and provided by a CRNA in collaboration with the ordering physician, dentist, or podiatrist that are within the scope of practice of the CRNA and authorized by clinical privileges granted by the medical staff of the facility. A CRNA shall collaborate in a cooperative working relationship with the ordering physician, dentist, or podiatrist in the provision of patient care, which includes consultation regarding patient treatment and cooperation in the management and delivery of health care;
- (E)** Application of such nursing procedures as involve understanding of cause and effect; and
- (F)** Nursing management of illness, injury or infirmity including identification of patient problems.”

The RN is the professional nurse in the school setting who may, within the scope of the Rules and Regulations pertaining to the TBON, triage, assess students, interpret clinical student data, develop nursing care plans, and make decisions regarding student nursing care. RNs manage the school health services in collaboration with their supervising personnel, principal, and superintendent. RNs are expected to practice independently without onsite collaboration and assistance from other healthcare professionals. Due to the complex health needs of students, many types of skills/tasks in

the school setting require professional judgment that are regulated as components of the scope of the RN and can only be implemented by the RN.

### **Responsibilities**

- Function in accordance with the [Standards of Professional School Nursing Practice](#), the Rules and Regulations pertaining to the TBON, and federal and state statutes governing nursing and school health services and function within the legal and ethical boundaries of nursing practice
- Develop, implement, evaluate, and update the school health services program in compliance with school district policy
- Provide information to the school board and school administrators as school health policies and procedures are developed and/or updated
- Provide health-related training to school personnel
- Provide preventive health services to students including health education, screening, consultation, and referrals
- Coordinate in-school healthcare with the student's health care provider(s) and other providers/staff as necessary and appropriate
- Provide care to students with illness or injury
- Assign tasks, train, and supervise LPNs/UAPs who perform procedures/tasks
- Develop staff training in compliance with school district policy
- Conduct and document nursing assessments and develop plans of care for students, as needed
- Safely implement the plan of care/intervention either directly or by delegation
- Maintain school health records
- Evaluate the responses of students to nursing interventions and revise the plan of care where appropriate

### ***Role of the Licensed Practical Nurse (LPN)***

According to Tenn. Code Ann. § 63-7-108, the practice of practical nursing is defined as, "the performance for compensation of selected acts required in the nursing care of the ill, injured or infirm and/or carrying out medical orders prescribed by a licensed physician or dentist under the direction of a licensed physician, dentist or professional registered nurse. The licensed practical nurse shall have preparation in and understanding of nursing but shall not be required to have the same degree of education and preparation as required of a registered nurse."

The LPN assists the RN in providing school health services and observing student health status. The LPN is not prepared educationally in the basic vocational program with the requisite scientific skills to expand his or her practice to assessment of students, formulation of a plan of care, or evaluation of the plan of care developed by the RN. The LPN is a valuable member of the health care team whose role is to contribute to the nursing assessment, participate in the development of the plan of

care and contribute to the evaluation of the plan of care developed by the RN (Tennessee Board of Nursing, 2018). Therefore, the LPN provides valuable input in the planning process, but the RN retains responsibility for developing the nursing plan of care and modifying the plan as indicated by ongoing assessment and evaluation.

The LPN practices under the supervision of a licensed physician, dentist, or RN and is not licensed for independent practice. It is essential that both the LPN and the school district have a clear understanding of licensure when utilizing LPNs in the health office. There also needs to be a structure of supervision in place for an LPN. In any patient care situation, the LPN should perform only those acts for which each has been prepared and has demonstrated ability to perform, bearing in mind the individual's personal responsibility under the law. The **LPN should receive periodic, on-site supervision** and must practice under the direction of an **appropriately licensed health care provider** (RN, physician, or dentist). The supervising RN, physician, or dentist has the responsibility to determine the frequency and type of supervision required (Tennessee Board of Nursing, 2018). The supervisor shall maintain accountability for the delegation while the LPN is accountable for his/her acts.

### Responsibilities

- Function in accordance with the [Standards of Professional School Nursing Practice](#), the Rules and Regulations pertaining to the TBON, and federal and state statutes governing nursing and school health services and function within the legal and ethical boundaries of practical nursing practice
- Assist the RN in implementing the school health services program
- Provide preventive health services to students including health education, screening, consultation, and referrals as directed by the RN
- Implement individual plans of care and perform health tasks, including administering medications and treatments, according to policy under the direction and supervision of the RN. Report student response to medication/treatments and/or any concerns to the RN.
- Participate in maintenance of school health records
- Assist in triage of illness and injury according to protocols and school district policy
- Observe and communicate student health status and changes to the RN
- Consult with RN and/or other health team members and seek guidance as necessary
- Contribute to the nursing assessment by collecting, reporting and recording objective and subjective data in an accurate and timely manner, if permitted by school district policy, using written guidelines, policies, and forms that outline the data to be obtained.
- Participate in the development and modification of the plan of care/interventions in consultation with an RN where appropriate
- Contribute to the evaluation of the responses of students to nursing interventions
- Receive appropriate annual training and demonstrate competency on specific tasks to be performed before accepting tasks

- Identify practice abilities and limitations and obtain instruction and supervision as necessary when implementing essential functions of the practice role

### ***Role of the School Nurse in Homebound Services***

According to the [State Board of Education Rules 0520-01-02-.10\(1\)\(d\)](#), a Medical Homebound Instruction Program is defined as an “instruction program provided at home, hospital, or other related locations to all students, including students with disabilities, who are enrolled in a public school but are unable to attend regular classes due to a medical condition.” Each LEA shall establish a medical homebound instruction program for each student enrolled in the LEA who qualifies. The school nurse is an essential member of the review team, which consists of LEA staff and/or school staff, including the student’s 504 team or IEP team if applicable, who are familiar with the health and educational needs of the student for whom a medical homebound instruction program is being requested. As part of the review team, the school nurse **may**:

- Identify students who may be eligible for homebound instruction due to medical conditions.
- Facilitate the homebound process by providing the parent/guardian with the required paperwork.
- Monitor the medical progress of the student.
- Communicate information to the homebound committee, as needed.
- Request updates from the student’s medical provider, as needed.
- Participate in planning for a student’s return to school after a period of homebound instruction.

### ***Role of UAP/School Personnel Who Volunteer***

A UAP is anyone who is providing health services in the school setting but does not have a healthcare license. The UAP may be nursing assistants, health aides, paraprofessionals, or school staff who have been designated to assist with medication administration and health-related tasks under the direction and supervision of an RN or other appropriate health care professional. The UAP’s scope of responsibilities will vary according to school health program needs, the capabilities of the UAP, and the availability of the RN/LPN to provide supervision. The UAP may perform selected tasks after receiving student-specific training and validation of competence in that task/procedure. The UAP should receive ongoing monitoring, supervision, and evaluation of the selected task. An initial, annual, and periodic review of skills competency evaluation should be performed. Appropriate tasks performed by UAP may include, but are not limited to, assistance with health screenings and assistance with self-administration of medication.

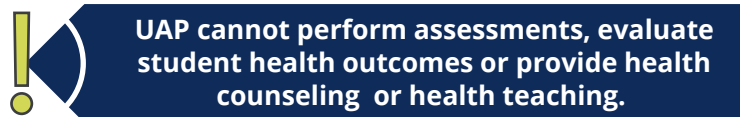
When the RN determines that certain tasks may be delegated to UAP, such delegation shall be under the supervision of the RN or LPN as directed by the RN. It is appropriate for an LPN to supervise UAP



performing selected nursing acts within the LPN's scope of practice (Tennessee Board of Nursing, 2018).

### Responsibilities

- As directed by the RN, assists in performing routine and non-complex tasks that **do not require independent, specialized nursing knowledge, skill, or judgment**, according to policy, and after receiving training and demonstrating competency, including, but not limited to, assistance with medication administration,
- Report student response to medications/treatments and/or concerns to the RN
- Report to and receive oversight from the RN regarding assigned tasks
- Follow protocol and policy for students with illness/injury in absence of the nurse
- Receive appropriate training on the specific task to be performed before accepting it
- Comply with policies, procedures, and healthcare plans as directed by the RN
- Completed assigned tasks as directed and document all tasks
- Administer emergency medications, including antiseizure medication, Glucagon, insulin, epinephrine, naloxone, and Solu-Cortef with appropriate training



### References

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## Laws, Rules, and Regulations Relating to School Health Services

All school health services personnel should be aware of federal and state laws and regulations related to school health services.

### ***Annual Reporting***

Tenn. Code Ann. § 49-50-1602(a)(4) requires the departments of education and health to jointly compile an annual report of the self-administration of medications and healthcare procedures including the administration of medications to students served in all public and nonpublic accredited schools in Tennessee.

Each year the department will distribute a survey, designed by the departments of health and education, to both public and nonpublic school systems to collect the data and other school health information. This survey should be submitted at the end of each school year.

Reports can be found on the Office of Coordinated School Health webpage, [Reports & Data](#).

### ***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 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 parents or guardians 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 parents regarding immunization requirements.

Tenn. Code Ann. § 49-6-1501 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**

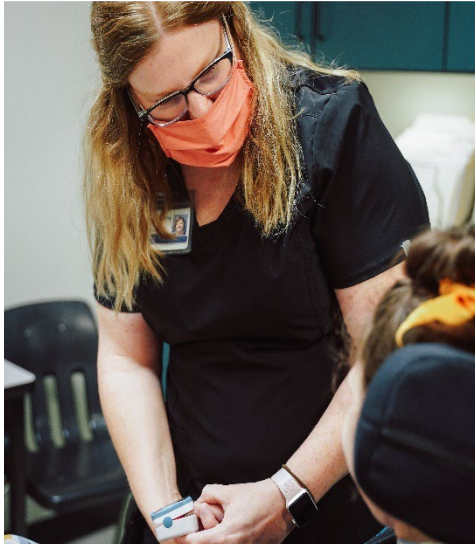
Tenn. Code Ann. § 49-2-122, was amended by adding a new subsection that “encourages schools to offer automated external defibrillator device training to school bus drivers.”

The Office of Coordinated School Health maintains and annually updates the [School Health Laws](#), which includes all laws related to school health.

# Professional School Nursing Practice

School nurses are the health care representatives in the school setting and meet complex health

*Photo courtesy of Arlington Community Schools*



needs of students. RNs provide direct services, train and supervise LPNs and UAPs that assist in providing school health services.

School nurses are assigned a varying case load dependent upon school district resources. School nurses aim to increase student time in the classroom and decrease the time out of school. School nurses serve as:

**Clinicians:** providing medical care and support for students who are ill, injured, or have chronic health conditions;

**Leaders:** providing support to parent/guardian, students, and staff to improve health programs and policies to support a healthy school environment;

**Educators:** providing health education to students and

staff to prevent disease and injury, and support school attendance;

**Advocates:** providing coordination of health services, policies, and programs as the on-site health resource.

## ***Definition of School Nursing***

National Association of School Nurses (NASN) defines school nursing as a “specialized practice of nursing, [that] protects and promotes student health, facilitates optimal development, and advances academic success. School nurses, grounded in ethical and evidence-based practice, are the leaders who bridge healthcare and education, provide care coordination, advocate for quality student-centered care, and collaborate to design systems that allow individuals and communities to develop their full potential” (National Association of School Nurses, 2022).

## ***Standards of Professional School Nursing Practice***

NASN has adopted a [Framework for 21st Century School Nursing Practice](#) which outlines the structure and concepts of the complex clinical specialty practice of school nursing. The framework provides an illustration of the key principles of professional school nursing practice, reflecting evidence-based best practice and providing focus to priority school nursing activities. The framework provides guidance to reach the goal of supporting student health and academic success by contributing to a healthy and safe school environment (National Association of School Nurses, 2017).

NASN and the American Nurses Association (ANA) developed *School Nursing: Scope and Standards of Practice, 3<sup>rd</sup> Edition* that describes and measures national standards of school nursing practice and professional performance. These standards are authoritative statements of the duties that school nurses should competently perform. This resource can assist school nurses define their role, develop job descriptions, develop tools for evaluation and quality assurance, and identify opportunities to improve practice.

### **Scope and Standards of Professional School Nursing Practice<sup>1</sup>**

The scope and standards of school nursing practice provide a mechanism of accountability of the specialty to the public. The scope is the components of practice a nurse may undertake. It describes the who, what, where, when, how, and why of the specialty practice. The standards are the professional expectations that guide the practice of school nursing. Used as a framework, the scope and standards of school nursing practice describe the core of the specialty. School nursing is a specialty of nursing-encompassing a broad range of nursing responsibilities and settings. The depth in which an individual school nurse engages in the total scope of school nursing practice depends on the nurse's education, licensure, experience, role, work environment and workload, and the student population served.

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<sup>1</sup> From American Nurses Association and National Association of School Nurses. (2017). *School Nursing: Scope and Standards of Practice, 3rd Edition*. Silver Spring, MD: ANA & NASN

<b>Standards of Practice for School Nursing</b>	
<b>Standard 1. Assessment</b>	The school nurse collects pertinent data and information relative to the student's health or the situation.
<b>Standard 2. Diagnosis</b>	The school nurse analyzes the assessment data to determine actual or potential diagnoses, problems, and issues.
<b>Standard 3. Outcome Identification</b>	The school nurse identifies expected outcomes for a plan individualized to the student or the situation.
<b>Standard 4. Planning</b>	The school nurse develops a plan that prescribes strategies to attain expected, measurable outcomes.
<b>Standard 5. Implementation</b>	The school nurse implements the identified plan. <b>A. Coordination of Care</b> The school nurse coordinates care delivery. <b>B. Health Teaching and Health Promotion</b> The school nurse employs strategies to promote health and a safe environment.
<b>Standard 6. Evaluation</b>	The school nurse evaluates progress towards attainment of goals and outcomes.

The Standards of Professional Performance for School Nursing are statements of the duties that all school nurses are expected to perform competently. School nurses are responsible for their professional actions to themselves, their students, families, and school communities (American Nurses Association and National Association of School Nurses, 2017).

<b>Standards of Professional Performance for School Nursing</b>	
<b>Standard 7. Ethics</b>	The school nurse practices ethically.
<b>Standard 8. Culturally Congruent Practice</b>	The school nurse practices in a manner that is congruent with cultural diversity and inclusion principles.
<b>Standard 9. Communication</b>	The school nurse communicates effectively in all areas of practice
<b>Standard 10. Collaboration</b>	The school nurse collaborates with key stakeholders in the conduct of nursing practice.
<b>Standard 11. Leadership</b>	The school nurse leads within the professional practice setting and the profession.
<b>Standard 12. Education</b>	The school nurse seeks knowledge and competence that reflects current nursing practice and promotes futuristic thinking.
<b>Standard 13. Evidence-Based Practice and Research</b>	The school nurse integrates evidence and research findings into practice.
<b>Standard 14. Quality of Practice</b>	The school nurse contributes to quality nursing practice.
<b>Standard 15. Professional Practice Evaluation</b>	The school nurse evaluates one's own and others' nursing practice.



<b>Standard 16. Resource Utilization</b>	The school nurse utilizes appropriate resources to plan, provide, and sustain evidence-based nursing services that are safe, effective, and fiscally responsible.
<b>Standard 17. Environmental Health</b>	The school nurse practices in an environmentally safe and healthy manner.
<b>Standard 18. Program Management</b>	The school nurse directs the health services program within the school and community that includes evidence-based practice and accountability measures for quality, student health, and learning outcomes.

### Licensing and Credentialing

The [TBON](#) is the licensing and credentialing entity for nurses in Tennessee. The TBON regulates the practice of nursing and defines the scope of practice for RNs and LPNs. The board's mission is to safeguard the health, safety and welfare of Tennesseans by requiring that all who practice nursing within this state are qualified and licensed to practice. The board grants licenses to LPNs, RNs and advanced practice nurses (certificate) who meet the requirements of the statutes and rules. Only graduates of approved schools of nursing are eligible to take the National Council Licensure Examination (NCLEX), which is required for licensure.

The statutes pertaining to this Board are found at Tenn. Code Ann. § Title 63, Chapter 1 (Division of Health Related Boards) and Tenn. Code Ann. § Title 63, Chapter 7 (Nursing). [Rules and Regulations pertaining to the TBON](#) outline the legal scope of practice and standards for nursing practice in Tennessee. The scope and standards of practice should be used to ensure the nurse is providing care within the margins of the law and rules. Both have the force of law and may be used in the regulation of the nursing profession. The [TBON Position Statement: Decision Making Guidelines](#), can assist nurses in making their own determination as to whether a contemplated practice or activity falls within the scope of practice.

The following questions may assist nurses, school districts, and nonpublic schools in determining whether specific interventions, activities, or roles are permitted under a nurse's level of education, licensure, and competence, and meet the standards established by TBON's Rules and Regulations:

- Is the activity prohibited by the nursing practice act, or by any other law, rule, or policy?
- Would another reasonably prudent nurse perform this activity in this setting?
- Does nursing literature and/or documented evidence support the activity as part of nursing practice?
- Is the activity in line with the nurse's job description? Does the district or school have policies in place allowing the activity?
- Can the nurse demonstrate competency in performing the activity, such as through related education?

- Is the nurse prepared to accept responsibility for managing outcomes and consequences of actions?

### *Decision-making Tools*

[Tennessee Board of Nursing Framework for Decision Making Nursing Practice Activities](#)

[National Council of State Boards of Nursing Scope of Practice Decision Making Framework](#)

### **Professional Organizations**

The Tennessee Association of School Nurses (TASN) is the local affiliate of the NASN. Membership in NASN includes membership in TASN. These organizations provide support and advocacy for school nurses and for professional development of school nurses. There are also other general professional organizations for nursing available:

- [Tennessee Board of Nursing](#)
- [National Board for Certification of School Nurses](#)
- [National Association of School Nurses](#)
- [Tennessee Association of School Nurses](#)
- [American Nurses Association](#)
- [Tennessee Nurses Association](#)

### **References**

American Nurses Association and National Association of School Nurses. (2017). *School Nursing: Scope and Standards of Practice, 3rd Edition*. Silver Springs, MD: American Nurses Association and National Association of School Nurses.

National Association of School Nurses. (2017). *Framework for 21st Century School Nursing Practice*. NASN School Nurse, 45-53. Retrieved from NASN.

### ***Nursing Assessment in the School Setting***

Standard of care regarding nursing assessments is described in *School Nursing: Scope and Standards of Practice, 3rd Edition*. According to NASN and the ANA, as part of the [assessment](#), the nurse “collects pertinent data and information relative to the student’s health or condition.” Nursing assessments are provided for students with actual, potential, or suspected health problems to provide a baseline of health-related data. The assessment may include, but is not limited to, health history, family history, psychosocial history, review of systems, and physical exam.

A nursing assessment in the school setting for a student includes gathering information relevant to the student’s overall well-being and current status regarding self-management of a health condition and success in school and activities. (National Association of School Nurses, 2021). Additional areas for review may include:

- social determinants of health (e.g., conditions in the places where students and families live, learn, work, and play)
- school environment (e.g., class schedule, school activities, education plans, academic indicators)
- individual factors (e.g., social needs, exposure to adverse childhood experiences (ACEs), strengths and resiliency factors, developmental level, self-management skills)
- actual or potential impact of the health condition on academic achievement (e.g., poorly managed blood glucose)

The [Tennessee Board of Nursing Rules and Regulations of Registered Nurses](#) defines the standards related to the RN's responsibility to implement the nursing process. The RN shall:

- Conduct and document nursing assessments of individuals and groups by:
  - Collecting objective and subjective data in an accurate and timely manner.
  - Accurately sorting, selecting, reporting and recording the data.
  - Validating, refining and modifying the data by utilizing available resources including interactions with the client, family, significant others, and health team members.
- Establish critical paths and teaching plans based on individual patient's plans of care after prioritizing need upon completion of a comprehensive assessment.
- Develop the plan of care/action based on a comprehensive assessment, desired outcomes, and current knowledge.
- Safely implement the plan of care/action either directly or by delegation.
- Use appropriate teaching skills for individual or group teaching.
- Evaluate the responses of individuals or groups to nursing interventions and revise the plan of care where appropriate. Evaluation shall involve the client, family, significant others and health team members.

The [Tennessee Board of Nursing Rules and Regulations of Licensed Practical Nurses](#), defines the standards related to the LPN's contribution to and responsibility for the nursing process. The LPN shall:

- Contribute to the nursing assessment by collecting, reporting and recording objective and subjective data in an accurate and timely manner.
- Participate in the development of the plan of care/action in consultation with a Registered Nurse.
- Participate in the assisting and giving of safe direct care.
- Contribute to the evaluation of the responses of individuals or groups to nursing interventions and participate in revising the plan of care where appropriate.

Additional Standards can be found on the TDOH, [Board of Nursing](#) webpage.

Subjective and objective data is gained through assessment. The RN makes a nursing judgment regarding the needed nursing response based on the data collected and is responsible for developing the plan of care/interventions based on the assessment. It is critical for school districts to understand the unique role of the RN in assessment and judgement in the delivery of safe and legal care for students with healthcare needs during the school day. Conducting a health assessment remains the responsibility of the RN. The LPN's role is to contribute to the nursing assessment by collecting objective and subjective data through defined policy and procedure, participate in the development of the plan of care in consultation with the RN, and contribute to the evaluation of nursing interventions and participate in revising the plan of care where appropriate. The assimilation and analysis of the data and the formulation of the plan of nursing care is always the RN's responsibility. The RN is responsible for initiating data collection and performing an analysis of the data to create the care plan/intervention for the student. The RN retains the overall responsibility for verifying data collected, interpreting and analyzing data, and formulating nursing diagnoses.

The nursing assessment, the initial step in determination of student care needs, serves as the basis for nursing diagnoses and provides necessary information for the development of related Plans of Care (POC), including the Individual Health Plan (IHP) and Emergency Action Plan (EAP).

### ***Student-Centered Plan of Care/Healthcare Plans***

Student care plans are nursing care plans specific to a student and are important parts of nursing documentation and communication and promote consistency of care. The plans are based on nursing assessment and direct the nurse's actions. Care plans may look different depending on the diagnosis and level of student need. They may also differ according to school district templates and/or school charting systems. Several different care plans exist that may be required for students with special needs. These plans include:

- Individual Health Plan (IHP)
- Emergency Action Plan (EAP/Emergency Care Plan (ECP)
- 504 Accommodation Plan (504 Plan)
- Individualized Education Program (IEP)

Planning care for a student with a chronic health condition includes adapting healthcare provider orders to the school setting and implementing independent nursing actions that support the attainment of health and academic goals identified in collaboration with the student and family (National Association of School Nurses, 2021).

## Individual Health Plan

The IHP is a type of nursing care plan. The NASN defines the IHP as a written document based on the nursing process. Development of the IHP by the RN provides a framework for meeting these clinical and administrative needs:

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Document standards of school nursing practice

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Document the nursing process

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Facilitate evidence-based management of the health condition

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Outline the relevant knowledge and actions needed by school personnel to support the student's access to a free and appropriate education

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Prepare for prompt responses to medical emergencies

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Support the health components of education plans for the student

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Support the student's success by providing the school's multidisciplinary team with a systematic, organized approach to meeting specific health needs

---

Guide care coordination for the student

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Serve administrative purposes by defining the focus of nursing, validating the nurse's role in the school, and differentiating accountability of the nurse from other staff

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Provide an effective vehicle for documentation of nursing delegation when permitted by The TBON Rules and Regulations and Tennessee law

The RN is the sole professional qualified to generate an IHP. A significant task for the RN is the determination of which students require an IHP. The RN is responsible for first assessing the student's health status, identifying health problems that may create a barrier to educational progress, safety or well-being, and developing a healthcare plan for management of the problems in the school setting. As outlined in [Tennessee State Board of Education Rule 0520-01-13-.03\(3\)](#), any child with acute or chronic health issues should have a health assessment completed by an RN. As warranted by the child's condition or diagnosis, an IHP will be completed by the RN. **At a minimum, all IHPs shall include emergency care procedures, a nursing assessment, physician's orders, and parent/guardian authorization.**

Tenn. Code Ann. § 49-50-1602 requires IHPs for students with diabetes, students who require administration of anti-seizure medication and students at risk for anaphylaxis. Tenn. Code Ann. § 49-50-1601 requires IHPs for students with cystic fibrosis and pancreatic insufficiency. State Board of Education Rule 0520-01-13-.04(3)(g) requires IHPs for adrenal insufficiency. The IHP for students with cystic fibrosis and pancreatic insufficiency shall be child-specific and shall address or include:

- a written format for nursing assessment that includes health status, risks, concerns, and strengths;

- nursing diagnoses;
- interventions;
- delegation;
- training;
- expected outcomes; and
- goals to:
  - meet the healthcare needs of a student with pancreatic insufficiency or cystic fibrosis; and
  - protect the safety of all students from the misuse or abuse of medication.

An IHP helps to ensure that all necessary information, needs, and plans are considered to maximize the student's participation and performance in school and how health services will be implemented for the student at school and school-sponsored events. It includes details about who, what, when, where, and how care is to be performed to meet the identified goal and related outcomes; and can be used to support the health components of other student education plans. (National Association of School Nurses, 2020). The IHP also covers other aspects of care such as a student's knowledge about their condition, self-care abilities and any modifications needed to enhance learning and prevent emergencies. Interventions and goals must be individualized for each student, focusing on health issues that affect safety and the student's ability to learn, and should incorporate the student's and parent/guardian goals and priorities.

Utilizing NASN's *Framework for 21st Century School Nursing Practice*, the RN, mobilizing the key principles of care coordination and quality improvement, initiates, develops, implements, evaluates and revises the IHP to maximize student health, support academic success, and optimize school attendance. (National Association of School Nurses, 2020).

The IHP is developed following the nursing process. NASN recommends IHPs include the following components:

- Assessment (includes subjective and objective data)
- Student Problem (Nursing Diagnosis)
- Planning (Including student Goal(s) and expected/desired outcomes(s))
- Intervention strategies for implementation, including responsible staff
- Evaluation progress (ongoing evaluation ensures a commitment to achieving measurable student outcomes)

Additional information on each component of the IHPs can be accessed by viewing the NASN'S [\*A Model for School Nurse-Led Case Management, 2021.\*](#)

Benefits of an IHP include quality assurance of school nursing services, continuity of care, and development of a safer delegation process of nursing in the school setting.

Not all students with a healthcare need will require an IHP. Prioritization of students and their needs is essential and begins by identifying students whose health needs affect their daily functioning. Priority for IHP development must be given to students who need significant health services at school, have a medical diagnosis that may result in a health crisis, and/or students with health conditions addressed in an IEP or 504 Plan (National Association of School Nurses, 2020). This may include students who:

- Are medically fragile
- Require frequent/significant interventions/tasks performed by the nurse or UAP during the school day.
- Have health needs that are addressed on a daily basis.
- Have health needs addressed as part of their IEP or 504 plan.

The RN will create an IHP for select students with healthcare needs that, if not addressed, may negatively affect, or have the potential to affect, attendance and/or academic performance. These students may have chronic health issues or have an acute alteration in their health status that may temporarily require specialized nursing care. The student, parent/guardian, and/or health care provider should be involved in developing the IHP. IHPs will be reviewed annually and/or when significant changes occur in the student's health status.

Depending on the health condition, IHPs may prompt the development of student Emergency Action Plans (EAP) and/or Emergency Care Plans (ECP). These plans stem from the intervention component of the IHP and provide instruction on addressing healthcare needs or appropriate responses to a student's emergent healthcare issue. These plans use language best suited for the non-medical educational staff (National Association of School Nurses, 2020).

### **EAP/ECP**

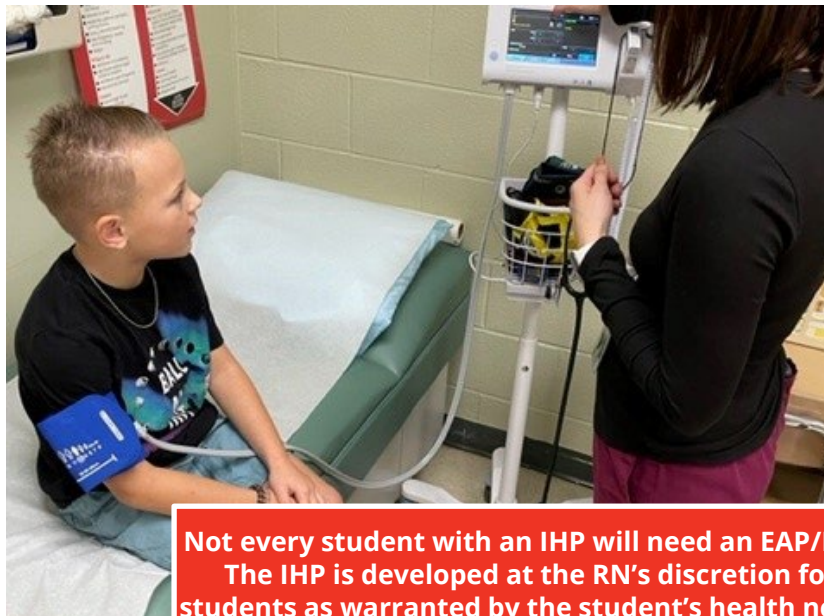
A student's health care provider may develop an emergency action plan when the student has a potential urgent health need that may be life threatening and require quick action to maintain health and safety of the student. The plan has medical orders for daily and emergency medications and treatments. Conditions may include severe allergic anaphylactic reaction, asthma, diabetes, seizure disorders or epilepsy (Anaphylaxis Action Plan, Asthma Action Plan, Diabetes Action Plan, Seizure Action Plan).

A health condition that has the potential to become life-threatening (anaphylaxis, diabetes, prolonged seizure, etc.) requires an EAP/ECP. The EAP/ECP is used by non-nursing school staff who may respond to an emergency and should be written in language that a layperson can understand.

EAP/ECPs are written in clear action steps and are provided to appropriate school staff to assist them when responding to an emergency.

The EAP/ECP should include:

- Definition of medical emergency for the student;
- Specific actions to be taken during and after the emergency, based on the signs and symptoms present;
- List of individuals to be notified when an emergency occurs; and
- Transportation procedures



**Not every student with an IHP will need an EAP/ECP. The IHP is developed at the RN's discretion for students as warranted by the student's health needs and/or health conditions.**

## **Resources**

National Association of School Nurses. (2020). *Use of Individualized Healthcare Plans to Support School Health Services (Position Statement)*. Retrieved from

<https://www.nasn.org/advocacy/professional-practice-documents/position-statements/ps-ihps>

National Association of School Nurses. (2020). *Framework for 21st Century School Nursing Practice: Clarifications and Updated Definitions*. SAGE.

National Association of School Nurses. (2021). *A Model for School Nurse-Led Case Management: Guidance and Resources to Support the School Nurse in Providing Case Management for Students with Chronic Health Conditions*. Retrieved from

<https://cdn.fs.pathlms.com/6iqDwSasTdykzTomzwaG>



National Association of School Nurses. (2022). *About NASN*. Retrieved from <https://www.nasn.org/about-nasn/about>

State Board of Education. (2022, February). *Rules of the State Board of Education*. Retrieved from Chapter 0520-01-13 School and Student Health Services: <https://publications.tnsosfiles.com/rules/0520/0520-01/0520-01-13.20220220.pdf>

## **IEP and 504 Plans**

As the health expert in the school setting, the RN plays an essential role in planning, implementation, and evaluation of IEPs and 504 plans. It is the RN's role to identify needed health accommodations, outline a plan of care, provide nursing services, and evaluate the health-related components of the IEP and/or 504 plan for a student with disabilities. The RN should be included in Section 504/IEP team meetings that involve students with health needs requiring health services. School districts and nonpublic schools may choose to have an LPN attend the meeting in place of or with the RN, with consideration that the RN retains ultimate responsibility for creating the plan and health accommodations/interventions.

*The RN's role in the IEP or 504 plan process may include:*

- assisting in identifying students who may need special educational or health-related services/accommodations;
- assessing the identified student's functional and physical health status in collaboration with the student, parent/guardian, teachers and other school staff, and healthcare providers;
- developing IHPs and EAPs/ECPs based on nursing assessments;
- recommending health-related accommodations or services that may be required for the student to access the educational program ;
- assisting students, parent/guardian, and teachers to identify and remove health-related barriers to learning;
- providing in-service training for teachers and staff regarding the individual health needs of the student ;
- training and supervising unlicensed assistive personnel to provide specialized healthcare services in the school setting according to state delegation guidelines;
- participating in transition planning, including promotion of successful post-school employment and/or education, and transition of medical care; and
- evaluating the effectiveness of the health-related components of the IEP and/or 504 plan with the student, parent/guardian, and other team members and revising the plan(s) as needed.

## *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/ECP 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 accessed from the [TDOE, Special Education](#) webpage.

## **Resources**

National Association of School Nurses. (2018). *IDEIA and Section 504 Teams - The School Nurse as an Essential Team Member (Position Statement)*. Retrieved from

<https://www.nasn.org/advocacy/professional-practice-documents/position-statements/ps-ideia>

U.S. Department of Education. (2010, August). *Free Appropriate Public Education for Students with Disabilities: Requirements Under Section 504 of the Rehabilitation Act of 1973*. Retrieved from

<https://www2.ed.gov/about/offices/list/ocr/docs/edlite-FAPE504.html>

U.S. Department of Education. (2020, January). *Protecting Students with Disabilities*. Retrieved from

<https://www2.ed.gov/about/offices/list/ocr/504faq.html>

## **Case Management**

Case management is defined as a “collaborative approach to provide and coordinate school health services” (National Association of School Nurses, 2021). School nurse-led case management (SNLCM)

assists students with health-related needs to successfully manage their needs, reduces barriers to academic performance, and increases student engagement. SNLCM builds upon NASN's Framework for 21st Century School Nursing Practice. Case management strategies are comprehensive, proactive, promote independence and self-care, address health and academic goals, and are outlined in a student's IHP. A SNLCM program can improve the quality of nursing services and contribute to the understanding and impact of the nurse in the school setting.

### School Nurse-Led Case Management At-A-Glance<sup>2</sup>

Support Students with Chronic Health Conditions	
<b>Step 1</b>	Identify, through case finding, Tier 3 students with a chronic health condition who would benefit from SNLCM (MTSS Model).
<b>Step 2</b>	Identify considerations for prioritizing students to receive SNLCM.
<b>Step 3</b>	Conduct and document a thorough nursing assessment for each identified student.
<b>Step 4</b>	In collaboration with the student, family, and healthcare provider begin planning a student's IHP and ECP.
<b>Step 4A</b>	Obtain consent to provide care per school or district policy and to exchange student health information. Obtain the healthcare provider orders needed for medical interventions.
<b>Step 4B</b>	In collaboration with the student and family, synthesize assessment findings and interpret the healthcare provider orders to determine the student-centered focus of care (e.g., nursing diagnosis).
<b>Step 4C</b>	In collaboration with the student and family, identify measurable (SMART format) long-term goal(s) and outcomes to help reach the goal(s).
<b>Step 4D</b>	Plan evidence-based nursing interventions to implement in school and at school-sponsored events to reach the identified outcomes and goals.
<b>Step 5</b>	Implement the student-centered plan of care.

<sup>2</sup> From National Association of School Nurses. (2021). *A Model For School Nurse-Led Case Management*

<b>Step 5A</b>	Request participation on educational planning teams (if applicable) when the health issue has potential to impact learning.
<b>Step 6</b>	<p>Step 6 and Ongoing: provide supervision and evaluation to inform of changes needed in the student-centered plan of care including:</p> <ul style="list-style-type: none"> <li>• Student health outcomes and goals, measured progress over time and at conclusion of plan</li> <li>• Delegated Care</li> <li>• Impact on other education plans (if applicable)</li> </ul>

Tools and resources for case management can be accessed from the [NASN webpage](#).

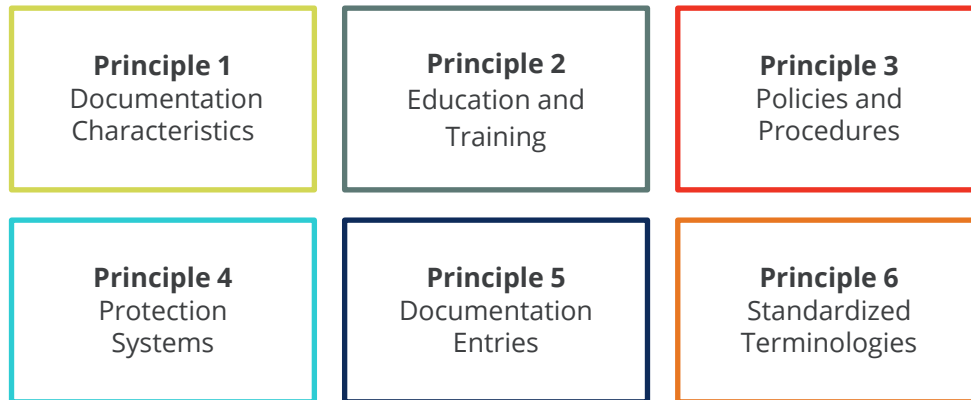
## ***Documentation***

A student health record is a formal, legal document that provides evidence of a student's care and can be written or computer based. Student health records are kept on students who are well (health screening, immunization, and episodic health room care) and students with chronic health conditions (emergency care planning; daily treatment).





















The use of chronological logs with multiple student names for recording health office visits and medication administration is discouraged. Although school districts use different systems and forms of documentation, all student health records have similar information. Each school district should have policies about recording and reporting student health data, and each nurse is accountable for practicing according to those standards. Documentation includes subjective and objective data, nursing diagnosis, a management plan, and reassessment and revision of a plan as needed. All health office visits by students should be documented. Documentation should be timely, complete, accurate, confidential, and specific to the student. Frequency of documentation should be based on school district policy, protocols, and the acuity of the student's health status.

Concise documentation is a pivotal element of quality and safe evidence-based school nursing practice. Nurses are accountable for the nursing documentation that is used throughout the school district. Nurses and UAP should adhere to school district policy, procedure, and guidelines regarding the maintenance and protection of student health records.

The American Nurses Association developed [Six Nursing Documentation Principles](#) to guide nursing practice:



## Dos and Don'ts of Nursing Documentation

- |                                                                                                                                                                          |                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  Ensure the correct chart is being used                                                 |  Don't document a symptom, such as "complains of pain," without documenting how it was treated |
|  Ensure documentation reflects the nursing process                                      |  Never alter a student's health record                                                         |
|  Always use complete descriptions                                                       |  Don't use shorthand or abbreviations that aren't widely accepted                              |
|  Chart the time medication was administered, administration route, and student response |  Don't chart imprecise or vague descriptions, such as "a large amount"                         |
|  Chart precautions or preventive measures taken                                         |  Don't chart excuses, such as "medication not administered because it wasn't available"        |
|  Record any phone call/conversation including the exact time, message, and response     |  Never chart care ahead of time                                                                |
|  Always document often enough and with enough detail to tell the entire story          |  Avoid charting what someone said, heard, or experienced unless the information is critical   |
|  Chart all teaching                                                                   |  Never record assumptions or words reflecting bias (ex. "disagreeable")                      |
|  Use objective, specific, and factual descriptions                                    |  Never leave a blank space for a colleague to chart later                                    |
|  Correct charting errors                                                              |  Never chart for someone else                                                                |

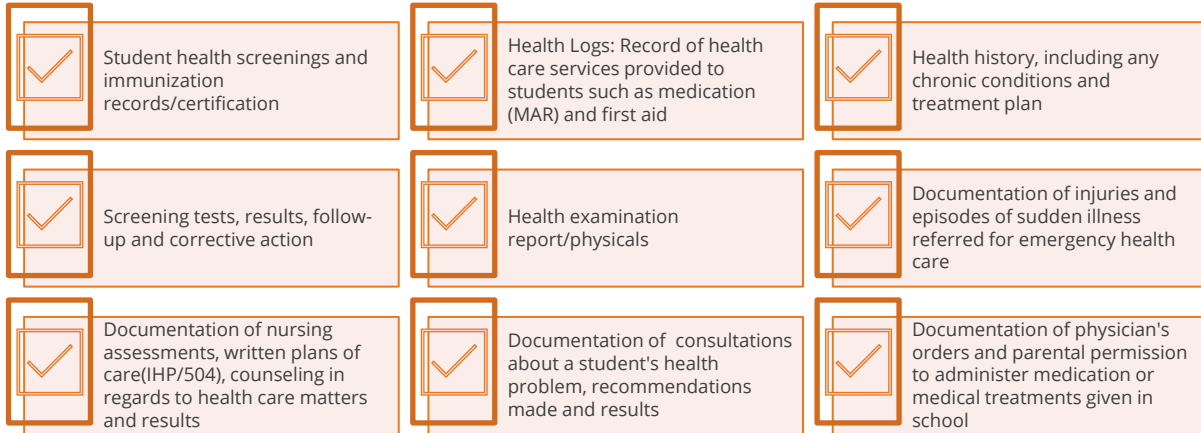
## Accepted Terminology

Abbreviations are used because they are convenient, short, and easy to use. It is important to use only commonly accepted abbreviations, symbols, and terms that are specified by the school district. When in doubt whether to use an abbreviation, write the term out in full until certain about the abbreviation. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) recommends certain abbreviations never be used in nursing documentation and charting. The list can be accessed from the [JCAHO website](#).

## Retention of Student Health Records

Student health records are part of the education record and subject to FERPA. The [Tennessee State Board of Education Retention Schedule](#) requires health records and immunization records to be permanently maintained as part of the cumulative pupil record. 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.

*As a best practice, health records should include:*



## Resources

Tennessee Department of Education. (2021). *Student Membership and Attendance Procedures Manual*. Retrieved from

<https://www.tn.gov/content/dam/tn/education/reports/Student%20Membership%20and%20Attendance%20Procedures.pdf>

Tennessee State Board of Education. (2018, July). *Record Retention Schedule*. Retrieved from

[https://www.tn.gov/content/dam/tn/stateboardofeducationschools/documents/procedures/Records%20Retention%20Schedule\\_Accessible.pdf](https://www.tn.gov/content/dam/tn/stateboardofeducationschools/documents/procedures/Records%20Retention%20Schedule_Accessible.pdf)

## Delegation in the School Setting

A delegated responsibility is a nursing activity, skill, or procedure that is transferred from a licensed nurse to a delegatee. A delegatee is one who is delegated a nursing responsibility by either a physician, dentist, or RN and is competent to perform it and accepts the responsibility. A delegatee may be an RN, LPN, or UAP (National Council of State Boards of Nursing, American Nurses Association, 2019).

Ongoing training and competency evaluations of the non-licensed personnel are imperative to safeguard the health and welfare of the students in their care.

Certain tasks **may not** be performed by or delegated to a UAP. These include activities which are not within the delegating or supervising nurse's scope of practice, and activities that include use of the nursing process and require special knowledge, judgment or skills. The following is a non-inclusive list of acts that are included in the practice of nursing and should not be delegated to UAP:

- The insertion of a catheter into the bladder
- Enteral feeding

The UAP may assume health-related responsibilities only when those responsibilities do not require independent, specialized nursing knowledge, skill, or judgment including assessment and evaluation of student health outcomes and only when those responsibilities have standardized protocols and procedures leading to a predictable outcome.

Delegation of nursing care in the school setting is sometimes necessary. Delegation is a tool that may be used by the nurse to allow UAP to provide standardized, routine school health services. The nurse must determine whether nursing procedures can be safely delegated. The nurse facilitates UAP training, evaluation of UAP competence, and provides ongoing supervision of the UAP and evaluation of the student's health outcomes. The nursing process can never be delegated.

Delegation is an ongoing process. Once the nurse has determined delegation is appropriate and can be performed safely, the nurse must continue to monitor the situation. The delegating nurse determines whether a task or procedure can be safely performed by UAP, keeping in mind, **delegation may only be done if a student's condition is stable and predictable, unless a legal exception for emergency care exists (e.g., administration of stock epinephrine auto-injectors by trained volunteer school personnel).**

*When the decision is made to delegate nursing care tasks to the UAP at school, the following steps must be taken:*

- identify the care needed to support a student's health as outlined in the student's IHP
- develop step-by-step checklists for each nursing care task for the UAP to follow
- train the UAP on how to perform the care task using the checklist
- provide ongoing supervision of the UAP
- provide ongoing monitoring of the student's health

The task is delegated-not the nursing judgement around when or why the tasks may need to be performed at school. Nursing delegation requires oversight by an RN, or school physician, when available. The nurse may never delegate the nursing process in its entirety and not all nursing tasks can be delegated. The nurse cannot delegate tasks that are not within the scope of practice. Certain nursing tasks may only be performed by an RN or LPN. Tasks requiring nursing skill and judgment



and complex tasks **may not** be delegated. Nursing tasks that do not require nursing assessments may be delegated to UAPs who have been properly trained and provided supervision. Any task needing nursing assessment or tasks performed on an as needed basis should not be delegated. Any time the student's health status becomes unpredictable, unstable, and/or requires immediate or daily nursing judgement, the task should no longer be delegated.

### *Five Rights of Delegation<sup>3</sup>*

The Five Rights of Delegation may be used to determine if a procedure/task can be safely delegated.

**Right task:** The activity falls within the delegatee's job description or is included as part of the established written policies and procedures of the nursing practice setting. The facility needs to ensure the policies and procedures describe the expectations and limits of the activity and provide any necessary competency training.

**Right circumstance:** The health condition of the patient must be stable. If the patient's condition changes, the delegatee must communicate this to the licensed nurse, and the licensed nurse must reassess the situation and the appropriateness of the delegation.

**Right person:** The licensed nurse, along with the employer and the delegatee, is responsible for ensuring that the delegatee possesses the appropriate skills and knowledge to perform the activity.

**Right directions and communication:** Each delegation situation should be specific to the patient, the licensed nurse and the delegatee. The licensed nurse is expected to communicate specific instructions for the delegated activity to the delegatee; the delegatee, as part of two-way communication, should ask any clarifying questions. This communication includes any data that needs to be collected, the method for collecting the data, the time frame for reporting the results to the licensed nurse, and additional information pertinent to the situation. The delegatee must understand the terms of the delegation and must agree to accept the delegated activity. The licensed nurse should ensure that the delegatee understands that she or he cannot make any decisions or modifications in carrying out the activity without first consulting the licensed nurse.

**Right supervision and evaluation:** The licensed nurse is responsible for monitoring the delegated activity, following up with the delegatee at the completion of the activity, and evaluating patient outcomes. The delegatee is responsible for communicating patient information to the licensed nurse during the delegation situation. The licensed nurse should be ready and available to intervene

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<sup>3</sup> From the American Nurses Association and the National Council of State Boards of Nursing Joint Statement on Delegation

as necessary. The licensed nurse should ensure appropriate documentation of the activity is completed.

## ***Supervision in the School Setting***

According to the TBON, supervision is “overseeing or inspecting with authority. The basic responsibility of the individual nurse who is required to supervise others is to determine which of the nursing needs can be delegated safely to others, and whether the individual to whom the duties are entrusted must be supervised personally” . When an RN or LPN undertakes to supervise other nursing tasks requiring greater skill and knowledge by such persons, the following requirements shall apply:

- Such persons shall assist with and undertake only those nursing tasks which they are qualified to perform.
- The RN or LPN shall supervise such persons.
- The RN or LPN shall retain professional accountability for nursing care when such persons are performing these activities.
- The RN or LPN shall not require assistance with or supervise nursing care activities or responsibilities by such persons contrary to the nurse practice act or rules and regulations to the detriment of patient care.
- Such persons shall have had proper instruction and supervised practice and shall have demonstrated competency in the procedure or activity.
- There is documentation of continued competency by such persons in the performance of the procedure or activity.
- There are written policies and procedures regarding the conditions under which the procedure or activity shall be performed by such persons.” (Tennessee Board of Nursing, 2021)

Supervision is crucial to a successful delegation. According to the Rules and Regulations of the TBON, failing to supervise persons to whom nursing functions are delegated or assigned is considered unprofessional conduct and negligence. Similarly, RNs and LPNs are liable if they perform delegated functions they are not prepared to handle by education and experience and for which supervision is not provided. In any patient care situation, the RN and LPN should perform only those acts for which each has been prepared and has demonstrated the ability to perform, bearing in mind the individual's personal responsibility under the law.

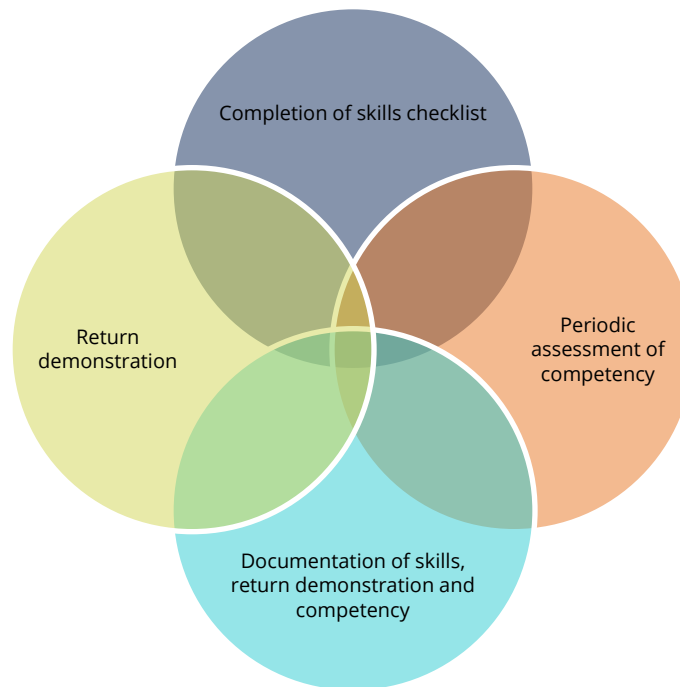
The type of supervision and the degree to which the nurse must supervise is a nursing judgment based on an evaluation of several factors including, but not limited to:

- stability of the student receiving care;

- training and capacity of the UAP to whom the nursing task is delegated;
- the nature of the task being delegated; and
- the proximity and availability of a qualified licensed nurse to the UAP performing the task

LPNs do not have the legal authority to either determine the acts of nursing performed or to perform all the acts included in nursing practice; therefore, it is inconsistent with the LPN role to serve as director of nursing or supervisor over RNs. It is appropriate for an LPN to supervise UAPs performing selected nursing acts within the LPN's scope of practice (Tennessee State Board of Nursing, 2018). The RN supervises delegation by monitoring the performance of the task and assuring compliance with standards of practice, policies and procedures. The LPN supervision is restricted to assurance that tasks have been performed and according to standards of practice established in school district policies and procedures.

Training should include:



The TBON provides the Position Statement, [Decision-Making Guidelines](#), to provide guidance in acts that constitute the practice of nursing and define certain acts that should not be delegated to unlicensed personnel.

### **Supervision of the Nurse in the School Setting**

School nursing clinical competency and professional performance of RNs and LPNs should be evaluated by an experienced RN who is competent in the specialty practice of school nursing and accompanied by self- and peer-evaluation. Supervision and evaluation should also be distinguished

between clinical supervision and administrative supervision. Input from school administrators regarding non-nursing responsibilities contributes to a well-rounded interprofessional evaluation of the nurse employed in a school system. Clinical supervision and evaluation of nursing practice require nursing knowledge and skill. Evaluation of school nurse practice by school nurses is crucial to promote safe, high quality, competent care for all school children and their school communities. Quality school nursing care in every school all day will optimize student health, safety, and learning.

### *Supervision of LPNs*

The supervising RN has the responsibility to determine the frequency and kind of supervision required. The supervision conducted may be on site, direct observation including demonstration of competency, record review, electronically and/or individual conference. Documentation must accurately reflect the supervision, provided in detail sufficient to provide an accurate picture of the competence of the individual supervised (Tennessee Board of Nursing, 2018).

The LPN practices under the supervision (defined as “overseeing with authority”) of a licensed physician, dentist, or registered nurse pursuant to Tenn. Code Ann. § 63-7-108. The LPN may not practice without oversight of the nursing care provided to students. The supervisor shall maintain accountability for the delegation while the LPN is accountable for his/her acts; LPNs are liable if they perform delegated functions they are not prepared to handle by education and experience and for which supervision is not provided. In any patient care situation, the LPN should perform only those acts for which each has been prepared and has demonstrated ability to perform, bearing in mind the individual’s personal responsibility under the law (Tennessee Board of Nursing, 2021).

## **References**

National Council of State Boards of Nursing, American Nurses Association. (2019, April). *National Guidelines for Nursing Delegation*. Retrieved from [https://www.ncsbn.org/public-files/NCSBN\\_Delegation\\_Guidelines.pdf](https://www.ncsbn.org/public-files/NCSBN_Delegation_Guidelines.pdf).

National Council of State Boards of Nursing, American Nurses Association. (n.d.). *Joint Statement on Delegation*. Retrieved from [https://www.ncsbn.org/public-files/NGND-PosPaper\\_06.pdf](https://www.ncsbn.org/public-files/NGND-PosPaper_06.pdf).

Tennessee Board of Nursing. (2022, May). *Supervision of Licensed Practical Nurses Position Statement*. Retrieved from <https://www.tn.gov/content/dam/tn/health/healthprofboards/nursing/position-statements/Position%20Statements%202022.pdf>

Tennessee Board of Nursing. (2021, June). *Rules and Regulations of Licensed Practical Nurses*. Retrieved from <https://publications.tnsosfiles.com/rules/1000/1000-02.20210630.pdf>

Tennessee State Board of Nursing. (2022, May). *Licensed Practical Nurses in a Supervisory Role*. Retrieved from <https://www.tn.gov/content/dam/tn/health/healthprofboards/nursing/position-statements/Position%20Statements%202022.pdf>

National Association of School Nurses. (2020, June). Improving Care Coordination for Students with Chronic Conditions. How School Nurse Use 'Delegation' To Provide Care. Retrieved from <https://cdn.fs.pathlms.com/LiSHXIMRFqpmoesfYwOA>,

National Association of School Nurses. (2020, June). Fact Sheet for School Administrators, Families, and School Personnel: Nursing Delegation Requires the School Nurse. Retrieved from <https://cdn.fs.pathlms.com/Lt4KFT5QJWej4iWlnOv4>

National Association of School Nurses. (2018) Supervision and Evaluation of the School Nurse (Position Statement. Silver Spring, MD: Mauter, E., Miller, T., Resha, C. Zeno, E.

## School Health Services

### ***Healthcare Procedures and Medication Administration***

Tenn. Code Ann. § **49-50-1602(a)(2)** states that healthcare procedures, including administration of medication to students during the day or at related events, shall be performed by appropriately licensed health care professionals in accordance with applicable guidelines of their respective regulatory boards and in conformity with policies and rules of local boards of education or governing boards of nonpublic schools. The student's parent/guardian must give permission in writing for appropriately licensed health care professionals to perform healthcare procedures. The written permission must be kept in the student's school records.

Tenn. Code Ann. § **49-50-1602(a)(3)** requires that any person assisting with or any LEA/governing board for a nonpublic school authorizing the self-administration of medication or performing healthcare procedures (including administration of certain medications), shall not be liable in any court of law for injury resulting from the reasonable and prudent assistance with the self-administration of such medication or the reasonable performance of the healthcare procedures, if performed pursuant to the policies and guidelines developed by the departments of health and education and approved by applicable regulatory or governing boards or agencies.

### **Healthcare Procedures**

The purpose of assisting with or performing healthcare procedures in school is to help each child maintain an optimal state of health to enhance his or her education. These guidelines do not require schools to assist students with procedures. However, any school that provides such assistance is

required to follow these guidelines. The student (if appropriate), parent/guardian, health care provider, should assist with the development of the IHP to outline the student's needs during the school day. The student's parent/guardian is encouraged to work with the student's health care provider to administer medications and specialized healthcare procedures before or after school, when possible.

It is encouraged that all care be put in place before a medically fragile student comes to school. The care cannot be given without the provider's order and parent/guardian authorization form, for students under 18 years old. For students 18 years old or older, a parent/guardian authorization form is necessary only if a parent/guardian remains the student's custodian pursuant to a power of attorney or conservatorship. The nurse may also develop an IHP and/or EAP/ECP that will also be distributed to the staff. Only licensed nurses and non-nurse school staff properly trained to perform a specific procedure with/on a specific student should be involved in any procedure/task. If the school nurse feels the care can be delegated to designated school staff, that staff member will be trained by the school nurse to provide the care. The nurse will supervise the designated school staff in the performance of the specialized procedures until proficiency is demonstrated and provide ongoing supervision. A skills checklist should be used to show evidence of mastery of the required task(s)/procedure(s). The checklist should be filed in the student's health record. As part of ongoing supervision and delegation, the nurse delegating the care should periodically monitor and document the quality of the care to ensure the procedure is being followed as taught, is being documented as required, and the caregiver is reporting concerns appropriately. See [Delegation/Supervision](#) for more information.

School personnel, including the school nurse, may need additional training for some procedures. There are certain procedures that cannot be performed by an unlicensed, non-medical person.

### **Universal Precautions**

School nursing staff and any other school personnel, including transportation personnel, who perform or assist with healthcare procedures which may involve blood borne pathogens must receive annual training on blood borne pathogens, be offered the Hepatitis B vaccine, have appropriate cleaning supplies, and be supplied with gloves.

Employees at risk for potential exposure should follow universal precautions including:

- Wearing disposable gloves for anticipated contact with blood or body fluids;
- Wearing protective gown/apron if soiling of clothes is probable
- Wearing goggles and/or mask when splashing of blood/bloody fluids is probable; and
- Washing hands after removing gloves or when hands have come in contact with blood or body fluids

Furthermore, the employer must provide all appropriate personal protective equipment (PPE). Suggested PPE in the school setting includes gloves, masks, face shield, apron/gown, and goggles. A mouth-to-mouth shield should also be available for use by those staff properly trained and certified in its use (e.g., emergency response/CPR/first aid trained employees). Exam quality, non-latex, powder-free gloves must be available for students or staff with a known or potential sensitivity to latex.

## **Resources**

Centers for Disease Control and Prevention. (2016, January). Standard Precautions for All Patient Care. Retrieved from <https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html>

Centers for Disease Control and Prevention. (2018, June). Standard Precautions. Retrieved from <https://www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/standard-precautions.html#:~:text=Standard%20Precautions%20are%20the%20minimum%20infection%20prevention%20practices,and%20prevent%20DACP%20from%20spreading%20infections>

## **Procedures Performed by Licensed Health Care Professionals**

Pursuant to Tenn. Code Ann. § 49-50-1602, any healthcare procedure a student is not capable or competent of performing must be performed by a licensed health care professional in accordance with applicable guidelines of their respective regulatory boards. **A physician's orders and parental authorization are required for any healthcare procedures performed by a licensed health care professional in the school setting.** The written parental authorization shall be kept in the student's school records.

All healthcare procedures, including the administration of medication, shall be conducted in accordance with the *guidelines*.

Procedures should be documented and show compliance with standard nursing guidelines. Documentation should include the name of the procedure, name of the person performing the procedure, date, time, results of the procedure or the reason the procedure was omitted. The student's parent or guardian must give permission in writing for appropriately licensed health care professionals to perform healthcare procedures and administer medications. The written permission must be kept in the student's school records.

The Rules and Regulations of the TBON regulate the practice of nursing for the RN and LPN. Although nurses can legally perform certain healthcare procedures, the nurse in the school setting may be unfamiliar with evolving healthcare technology, interventions, treatments, and equipment (e.g., updated insulin pumps). These changes can also impact the nurse's responsibilities. Specific

orientation or training regarding a procedure or equipment may be required. The licensed nurse is responsible and accountable, both professionally and legally, for determining his/her personal scope of nursing practice. For more information on standards and scope of practice, [click here](#).

At the beginning of the school year and periodically as needed, an LEA should determine the types of healthcare procedures that may be performed in their schools. With those specific procedures in mind, an initial, annual and periodic review of the skills competency evaluation should be performed by the licensed healthcare professional employed or contracted by the LEA. The evaluation should be maintained by the RN or principal.

For more information on supervision and delegation, [click here](#).

### **Training Resource<sup>4</sup>**

The Wisconsin Improving School Health Services (WISHeS) Project was a statewide collaborative project aimed at improving school health services in Wisconsin public schools. The Wisconsin Public Health Association (WPHA) and the Medical College of Wisconsin (MCW) were awarded a 5-year grant by the Healthier Wisconsin Partnership Program, a component of the Advancing a Healthier Wisconsin endowment at the Medical College of Wisconsin. The goals of the WISHeS project were to improve the capacity of Wisconsin school districts and increase the competency of the individuals providing health services in those schools. Many of the resources developed as a result of the project are now housed on the Department of Public Instruction website.

The procedures are available resources that may be used as part of your school district's comprehensive training plan administered by your school district nurse or other professional health care provider.

[Click here](#) for more information.

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<sup>4</sup> This program is not endorsed or approved by the Department of Education. This is an example of procedures school districts may choose to adopt. Districts are encouraged to review these procedures for accuracy before adopting and implementing.



## Resources

Tennessee Board of Nursing. 2018. *Skilled Nursing Services Rendered by Unlicensed Personnel*.

Retrieved from

<https://www.tn.gov/content/dam/tn/health/healthprofboards/nursing/position-statements/Position%20Statements%202022.pdf>.

Tennessee Board of Nursing. June 2021. *Rules and Regulations of Registered Nurses*. Retrieved from

<https://publications.tnsosfiles.com/rules/1000/1000-01.20210630.pdf>

## Procedures Performed by Students with Assistance

An IHP for procedures must include a nursing assessment, physician's orders, and parent/guardian authorization. The nursing assessment will determine if UAP can assist the student with a procedure. Appropriate training and demonstration of competency on the specific task must be performed prior to providing assistance. Once a UAP is trained to provide a specialized health service for one student, he/she cannot perform that same service for another student without receiving delegated authority and training. More information on delegation and supervision can be found [here](#).

## Activities of Daily Living (ADL)

ADLs are activities related to personal care. An individual has a limitation in an ADL if he/she has difficulty performing the activity by himself/herself and without special equipment or does not perform the activity at all because of health problems. ADLs do not need to be performed by a licensed healthcare professional. Activities that can be performed by UAP, including teaching assistants, may include, but are not limited to:

Toileting	Diapering	Bathing	Transferring
Dressing	Vital Signs	Positioning	Application of protective devices and supportive devices
Removal of protective devices and supportive devices	Record taking	Feeding/Eating	Walking

In general, nursing assessment, physician's orders, and parent/guardian authorization are not needed for ADLs, although some of the listed items may require training and check off competency evaluation by an RN or therapist.

### **Incontinence Care**

Toileting is considered an ADL, including toileting of students with delayed achievement of this developmental task. Unless there is a specific disability that requires nursing judgment, any related service provider, including paraprofessionals or other certified personnel, can perform this task in most cases. The school nurse should periodically assess skin integrity of students who are diapered or when there are any bowel or bladder complications.

### **Resources**

Centers for Disease Control and Prevention. (2016, July). Safe and Healthy Diapering to Reduce the Spread of Germs. Retrieved from <https://www.cdc.gov/hygiene/pdf/diapering-home-508.pdf>

State Board of Education. (2021, June). Standards for School Administered Child Care Programs. Retrieved from [https://publications.tnsosfiles.com/rules\\_all/2018/0520-12-01.20210630.pdf](https://publications.tnsosfiles.com/rules_all/2018/0520-12-01.20210630.pdf)  
Procedures Performed by Students without Assistance

### ***Procedures Performed by Students without Assistance***

If a student has been taught to perform his or her own healthcare procedure, including administration of medication, and does not need assistance, space must be made available for the student to perform this task. If a student is performing an invasive procedure, that student should have, at minimum, a bi-annual nursing assessment of competency and proficiency as well as an IHP. Physician's orders and parent/guardian authorization are highly recommended but are not required for procedures done by a student without assistance. Every attempt should be made on an individual basis to allow a child who is independent to continue self-management.

It is not the intent to make a child or adolescent feel the school system or nurse is attempting to remove personal choice or ability to manage medications or procedures. Every attempt should be made on an individual basis to allow a child who is independent to continue self-management. It is prudent for the student and the nurse to work out a method of reporting or asking for assistance on an as-needed basis.

## **Medication Administration**

The purpose of administering medications in school is to help each child maintain an optimal state of health to enhance his or her education. Medications should be limited to those required during school hours and necessary to provide the student access to the educational program. The intent of

the guidelines is to reduce the number of medications given in school and assure the safe administration of medications for those students who require them.

For all **prescription and non-prescription medications**, a written request shall be obtained from the parent/guardian requesting that medication is given during school hours. It is the responsibility of the student's parent/guardian to ensure that the written request and medication are brought to the school.

Local school board policies related to "Zero Tolerance" may require that a responsible adult bring all medications, both prescription and non-prescription, to school and deliver the medication to appropriate or designated school personnel.

All medications should be administered by the RN or LPN. If a nurse is not available to administer the medication, designated and trained school staff may assist students with medication administration. School personnel who volunteer under no duress and pressure may assist with administration of [certain rescue medication](#).

The school nurse should review the medication order and dosing prior to administration at school to ensure that it is a safe and appropriate dose.

## ***All Prescription Medications***

All prescription medications (including CAMs – Complementary and Alternative medicines if LEA permits) given at school shall:

- Be prescribed by a licensed prescriber on an individual basis as determined by the child's health status.
- Be brought to school in the original pharmacy labeled container. The container shall display:
  - Student's name
  - Date
  - Name of medication,
  - The dose,
  - The route,
  - The frequency
  - Time of administration
  - Prescription number
  - Licensed prescriber's name
  - Pharmacy name, address, and phone number
- Require a written parent/guardian request (renewed annually) that shall be kept in the

student's records and include:

- Student's name
  - Parent/guardian current phone number in case of emergency
  - Name of medication, dose, route, time of administration
  - Discontinuation date
  - Reason medication is needed
- Be documented on a medication administration record (MAR). The MAR can be in paper or electronic form and should be easily retrievable. Documentation shall include:
    - Student's name
    - Name of medication
    - Date
    - Frequency
    - Time administered
    - Dosage
    - Route the medication is to be administered
    - Signature of the person administering or assisting the student in self-administration
  - Have written authorization from the licensed prescriber for the administration of the prescribed medication during school and at school-sponsored events, including off-campus events. The written authorization from the licensed prescriber should be renewed annually and signed by the licensed prescriber. Written authorization may include, but is not limited to:
    - Student name
    - Name of medication
    - The dose
    - The route
    - The frequency
    - Time to be administered,
    - The diagnosis or reason the medication is needed
    - A list of adverse effects that may be reasonably expected
    - Contraindications to administering the medication
    - Licensed prescriber contact information
    - Pharmacy contact information
    - A written statement from the licensed prescriber which identifies the specific conditions and circumstances under which contact should be made with him or her in relation to the condition or reactions of the student receiving the medications and reflects a willingness on the part of the licensed prescriber to accept direct communications from the school nurse or the person administering the medication
  - Written authorization from the licensed prescriber and parent/guardian when there are

changes in the prescription medication order or discontinuation of the order. The change will be noted on the medication administration record (MAR) without eradicating the previous information. Only an RN or LPN can make changes on the MAR. Changes can include, but are not limited to:

- Time
- Dose
- Addition
- Discontinuation

## ***All Non-Prescription Medications***

All non-prescription medications (excluding CAMs) given in school shall:

- Be brought in with the original label listing the ingredients, dose schedule, and child's name affixed to the container
- Require a written parent/guardian request which shall be kept in the student's school records and include:
  - Child's name
  - Name of medication, dose, route, time of administration
  - Discontinuation date
  - Reason medication is needed
  - Parent/guardian name and phone number in case of emergency

## **School Supply (Stock) OTC Medications**

State regulations do not prohibit schools from providing stock OTC medication to students, with parent/guardian permission. It is strongly recommended that LEAs require a physician's order for all medications, including OTC medications. LEAs should adopt a policy on OTC medications in consultation with their board attorney.

## ***Medication Dispensing***

The Tennessee Board of Pharmacy oversees the dispensing of medications. Dispensing is defined by the Tennessee Board of Pharmacy as "preparing, packaging, compounding or labeling for delivery and actual delivery of a prescription drug, nonprescription drug or device in the course of professional practice to a patient or the patient's agent, to include a licensed health care practitioner or a healthcare facility providing services or treatment to the patient or patients, by or pursuant to the lawful order of a prescriber."

## ***Complementary and Alternative Medicine***

Complementary and Alternative Medicine (CAM) includes healthcare systems, practices, and products not considered a part of conventional medicine. *Complementary* medicine is used in conjunction with conventional medicine. *Alternative* medicine is used in place of conventional medicine (National Institute of Health, 2021). Complementary and alternative medicine include, but are not limited to, dietary supplements, CBD products, herbs, aromatherapy, and essential oils.

Alternative medicines, such as homeopathic or herbal medications, are not tested by the US Food and Drug Administration for safety or effectiveness. (Council on School Health, 2009). Nurses are accountable for knowing therapeutic effects, safe dosage, contraindications, and potential side effects of products or medications administered. CAMs must be administered with the same best practices and standards of care as [prescription medications](#). The administration of any CAM is to take place only if permitted by school district policy and in compliance with state law and the Rules and Regulations of the TBON.

### **Non-FDA Approved Medication (Alternative, Off-Label, Experimental Medications)**

For non-FDA approved medication, the NASN recommends the following:

- School districts are encouraged to have clear policies on medications or dosages that are not FDA approved for children and for administering medications prescribed for off-label purposes.
- The school nurse must consult state law and school policies before administering non-FDA approved medication.
- Off-label medications should be administered by a licensed nurse or healthcare provider per state laws and regulations.
- Requests for off-label and experimental medication must be accompanied by drug information that supports clinical decision making.
- Principals, parent/guardian, and licensed prescribers must communicate with the school nurse to assure safe administration of experimental medication for students in clinical trials.
- Information should be provided to the school and school nurse on the purpose, side effects, allergy potential, administration schedule, safe dosage, storage requirements, and intended benefit for the student.
- Requests for non-standard medications, off-label, experimental medications and nutrition supplements, dosages that exceed manufacturer recommendations do not need to be honored. Safe dose ranges cannot be determined for alternative and homeopathic medications and therefore should not be administered in schools

## **Resources**

Council on School Health. (2009). Policy Statement-Guidance for the Administration of Medication in School. Pediatrics, 1244-1251.

National Institute of Health. (2021, December 9). National Center for Complementary and Alternative Medicine. Retrieved from Complementary, Alternative, or Integrative Health: What's In a Name?: <https://www.nccih.nih.gov/health/complementary-alternative-or-integrative-health-whats-in-a-name>

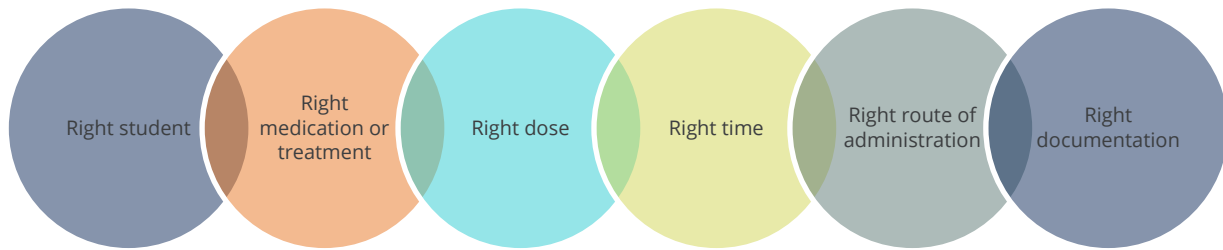
All individual students' medications, except those exempted by law, must be put in a leak-proof container and stored in a secure or locked area (Ex: locked cabinet). Controlled substances should be double-locked. LEAs are encouraged to include storage of medication in district policy, taking into consideration availability and access of rescue medications during an emergency that are also controlled substances (e.g., Diazepam).

Medication should be stored in the original pharmacy or manufacturer labeled container with the student's name on it. Access to stored medication and medication cabinet keys must be limited to school personnel authorized to administer medications. Medication requiring refrigeration must be stored under proper temperatures according to the pharmacy or manufacturer guidance in a locked refrigerator or in a locked container in a refrigerator specifically for medications, with the temperature monitored on a regular basis, with daily temperature monitoring encouraged, using a certified, calibrated thermometer. If at any time it is suspected or discovered that storage temperatures fell outside the manufacturer's recommendations for more than a few hours, the products should be discarded and not used for students.

Emergency medications, such as the Glucagon kit and the Epinephrine kit, must be kept in a secure area near the student and readily available for timely, emergency use. The student's IHP and/or EAP/ECP will determine availability and parameters for use of emergency medications.

## ***Administering Medications***

Certain guiding principles are mandatory when dealing with medication administration, the most important of which is being sure to follow the Six "Rights" of administration. These simple but important guidelines help assure that the correct person is given the intended medication in the prescribed amount at the correct time and in the proper way. Ensuring medication safety requires that healthcare providers identify and confirm the following facts prior to administering any medication and/or treatment:



When administered, each dosage of medication shall be documented. If at the end of the medication regimen a count discrepancy is noted, it should be reported to the school nurse to enable further investigation.

### ***Self-Administration of Medication***

The provisions of Tenn. Code Ann. § **49-50-1602(a)** state that a local board of education or governing board for a nonpublic school may permit an employee or a person under contract with the board to assist in self-administration of medications, under the following conditions:

- The student must be competent to self-administer non-prescription or prescription medication with assistance;
  - The student's condition, for which the medication is authorized or prescribed, must be stable;
  - The self-administration of the medication must be properly documented;
  - Guidelines, not inconsistent with this section, for the assistance in self-administration of nonprescription or prescription medications by personnel in the school setting, developed by the Departments of Health and Education and approved by the board of nursing, must be followed;
  - The student's parent/guardian must give permission in writing for school personnel to assist with self-administration of medications. The written permission shall be kept in the student's school records; and
  - Assistance with self-administration shall primarily include storage and timely distribution of medication.
  - The written request must state that the child is competent to self-administer the medication with assistance.

All training of school personnel providing assistance with self-administration of medications shall be done by an RN employed or contracted by the local school system. Training for school personnel in the assistance with self-administration of medications shall be repeated annually, and competencies shall be documented in the employee personnel file. It is strongly recommended that backup personnel be trained for each school site.



Tenn. Code Ann. § **49-50-1602(a)(3)** requires that any person assisting in self-administration of medication or performing healthcare procedures, including administration of medications under this section, and any local board of education or governing board for a nonpublic school authorizing the self-administration of medications or the performance of healthcare procedures shall not be liable in any court of law for injury resulting from the reasonable and prudent assistance in the self-administration of such medication or the reasonable performance of the healthcare procedures, including administration of medications, if performed pursuant to the policies and guidelines developed by the departments of health and education and approved by applicable regulatory or governing boards or agencies.

### **Guidelines for Assistance with Self-Administration of Medication**

Medications should be limited to those required during school hours and necessary to maintain the student's enrollment and attendance in school.

The student should be able to identify his or her medication, identify the reason the medication is used, and be competent to self-administer the authorized and/or prescribed medication with assistance.

The individual assisting with medication of self-administration must visually observe the student self-administer the medication **OR** in the case of a cognitively competent but physically challenged student, perform that portion of self-administration for which the student is physically incapable.

Each dosage of medication shall be documented and the documentation easily retrievable. Documentation shall include date, frequency, time, dosage, route and the signature of the person assisting the student in self-administration.

### ***Medication Errors***

Violation of any of the "six rights" of medication administration constitutes a medication error. The six rights are: right medication, right route, right dosage, right time, right student, and right documentation. The focus is on a systems approach that ensures the safe keeping of medication and delivery of medication at the prescribed time.

In case of a medication error, school staff should follow their school district policy on the reporting protocol. A Medication Error Form must be filled out and routed to the appropriate administrative personnel in the local school system or routed per the protocol of a contracted agency. A procedure shall be established for providing communication with the parent/guardian regarding any problems with the administration of the medication. The RN and/or LPN, and parent/guardian must be notified in the event of a medication error.

To assure safety and accountability, nursing supervision shall be provided to personnel assisting with the self-administration of medication to ensure local school board policies and state guidelines are being followed.

## ***Discarding of Medications***

Medications must be kept no longer than the expiration date or end of the school year, whichever is sooner. The parent/guardian shall be responsible at the end of the treatment regimen for removing any unused medication from the school. When the treatment regimen is complete or the medication is out of date, the parent/guardian shall be advised to pick up the unused or expired medication or medication remaining at the end of the school year. After notification attempts per local school system policy, if not picked up in 14 days, the medication shall be disposed of according to local environmental protocol by the school nurse (RN) or school administrator. Medication disposal should be witnessed by at least one other school staff person and documented by both school personnel involved.

## ***Resources***

NASN. (2021, October). *Administering Medications to Students: Six Rights of Medication Administration*.

Retrieved from

[https://cdn.fs.pathlms.com/UJvMtScQhGRd0P1Taav?cache=true&\\_ga=2.235763910.679105537.1643121247-1428437279.1604352662](https://cdn.fs.pathlms.com/UJvMtScQhGRd0P1Taav?cache=true&_ga=2.235763910.679105537.1643121247-1428437279.1604352662)

NASN. (2021). *School Nursing Evidence-based Clinical Practice Guideline: Medication Administration in Schools*. Retrieved from

<https://cdn.fs.pathlms.com/eMfakewQq20XiLuoim9w>

NASN. (2021, November). *School Nursing Evidence-based Clinical Practice Guideline: Medication Administration in Schools Implementation Toolkit*. Retrieved from

<https://learn.nasn.org/courses/36927>

## ***Asthma***

Asthma management is an important component in promoting the health and safety of a student with asthma. Proper asthma management ensures that asthma does not interfere with the student's attendance, academic performance or daily activities and includes preventing and managing of environmental triggers and adherence to medication, reducing the potential for asthma symptoms and episodes.

Students with asthma should have an IHP and/or EAP/ECP developed by the RN. Ensuring students with asthma have appropriate care plans and access to medication is essential to successful asthma management at school. An Asthma ECP is an important tool to communicate and coordinate asthma management between the student, family, health care provider, and school. Having an Asthma

EAP/ECP for every student with asthma allows the school nurse or other school personnel to help students with asthma ensure that their asthma is managed appropriately — from routine daily care to dealing with worsening symptoms and emergencies.

### **Asthma-Reliever Inhaler**

Tenn. Code Ann. § **49-50-1602(c)** states that an LEA **must** permit possession and self-administration of a prescribed, metered dosage, asthma-reliever inhaler by any student with asthma if the student's parent/guardian:

- Provides to the school written authorization for student possession and self-administration and provides a written statement from the prescribing health care practitioner that the student is diagnosed with asthma and has been instructed in self-administration of the prescribed, metered dosage, asthma-reliever inhaler. The statement must also contain the following information:
  - The name and purpose of the medication
  - The prescribed dosage
  - The time or times the prescribed inhaler is to be regularly administered, as well as any additional special circumstances under which the inhaler is to be administered
  - The length of time for which the inhaler is prescribed

These statements shall be kept on file in the office of the school nurse or school administrator.

The LEA shall inform the student's parent/guardian that the school and its employees and agents shall incur no liability as a result of any injury sustained by the student or any other person from the possession of self-administration of the inhaler.

The student's parent/guardian shall sign a statement acknowledging that the school shall incur no liability and the parent/guardian shall indemnify and hold harmless the school and its employees against any claims relating to the possession or self-administration of the inhaler.

The permission for self-administration of the prescribed, metered dosage, asthma-reliever inhaler shall be effective for the school year in which it is granted and must be renewed each following school year upon fulfilling the requirements set forth in these guidelines.

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

Upon fulfilling the requirements set forth in these guidelines, a student with asthma may possess and use the prescribed, metered dose, asthma-reliever inhaler when at school, at a school-sponsored activity, or before or after normal school activities while on school property, including

school-sponsored childcare or before or after school programs.

There should be a mechanism to include self-reporting of reliever inhaler use and frequency that can be documented on the student MAR. A sample action plan is available at the [American Lung Association](#).

## ***Emergencies in the School Setting***

While emergencies in the school setting are often unpredictable, those involved in the care of students should prepare to meet the needs of those students before, during, and after an event. Nurses should receive education and training based on evidence-based treatment of common emergencies, including potential emergencies that may occur for students with chronic health conditions. Emergencies that may occur at school include:

- Student, staff and visitor health-related emergencies or injuries;
- Mass casualty incidents;
- Weather-related emergencies; and
- Hazardous materials emergencies (Cowell & McDonald, 2018; Kalekas, 2017).

School districts are responsible for handling injuries and sudden illness occurring at school, on school property, and/or during school-sponsored events. This includes administering first aid and notification of parent/guardian. LEAs are encouraged to have certain products on hand, such as eyewash, for first aid purposes. If such products are kept, they, along with any student medications, should be monitored and stored under proper temperatures according to pharmacy or manufacturer guidance in order to maintain efficacy. If it is discovered that storage temperatures fell, at any time, outside of the manufacturer's recommendations for more than a few hours, the products should be discarded and not used for students.

### **Related Laws**

Tenn. Code Ann. § **49-5-414** states every public elementary and secondary school in this state is encouraged to have in its employ, or as a volunteer, at least one (1), preferably more, persons who are currently certified by the American Red Cross or another qualified certifying agency approved by the department of education, as qualified to administer emergency first aid and cardiopulmonary resuscitation (CPR).

The local board of education is authorized to allocate up to six and one half (6.5) hours a year of in-service days established pursuant to Tenn. Code Ann. § 49-6-3004 to conduct training programs for teachers and other personnel who have expressed an interest in becoming qualified to administer emergency first aid and CPR.

In addition, Tenn. Code Ann. § **49-3-359** states each public school nurse employed by an LEA shall maintain current certification through a certifying CPR course consistent with the scientific guidelines of the American Heart Association in collaboration with the International Liaison Committee on Resuscitation.

Health emergencies may occur at any time and are common in the school-age population. Students with special healthcare needs may require emergency care. Students without identified health problems may also become ill or injured. School procedures are an essential part of managing sudden illness, injury, or other emergencies. Preparing for health-related emergencies should involve planning for those students with a known health condition and training of school staff to respond appropriately during emergencies. The role of the RN includes assessment and intervention of students who are acutely ill, injured, or experiencing problems with a health condition. It is important that non-nursing staff are trained at each school site to recognize signs and symptoms of illness and injury and to give immediate and temporary care, when necessary, in the absence of the school nurse. School staff trained in first aid and emergency care responsibilities should receive written protocols, training, supervision and evaluation in appropriate emergency response measures.

Children who have a critical or potentially life-threatening health condition or concern should have an IHP that includes emergency care procedures, a nursing assessment, physician's orders, and parent/guardian authorization. In addition, it is recommended that the school protocol include parent/guardian notification, RN notification, and activation of EMS as appropriate for a life-threatening or potentially disabling emergency situation.

School districts should have protocols and procedures in place for sudden illness/injury and when to contact EMS. First aid should be administered according to standard protocol and procedure adopted by the school district. For emergencies related to chronic health conditions, instructions prescribed by the student's health care provider on the student's IHP and/or EAP should be followed.

### **Exemptions by Law: Emergency Procedures by Trained Personnel**

Tennessee law permits certain emergency procedures to be performed by school personnel with appropriate training. Those laws include:

**Antiseizure Medication:** Tenn. Code Ann. § **49-50-1602(g)** provides that “. . . school personnel who volunteer under no duress or pressure and who have been properly trained by a registered nurse employed or contracted by the LEA or governing board for a nonpublic school may administer anti-seizure medications, including diazepam gel, to a student in an emergency situation. . .” The Departments of Health and Education shall jointly amend guidelines to reflect the appropriate procedures for use by registered nurses in training volunteer school personnel to administer anti-

seizure medications to a student in an emergency situation. The guidelines shall require at least one school employee to serve as a witness when a volunteer administers anti-seizure medication during an emergency situation, unless a witness is not available within the time limit for administration specified in the emergency care plan. Training to administer anti-seizure medication shall be repeated annually. Training is outlined in the Seizure section of these guidelines.

**Epinephrine:** Tenn. Code Ann. § **68-140-310** allows any lay person eighteen (18) years and older who has been trained to administer epinephrine in emergency situations, and Tenn. Code Ann. § **49-50-1602(f)(3)(B)** authorizes schools to maintain epinephrine auto-injectors in a secure, unlocked location and authorizes trained school personnel to administer epinephrine to any student believed to be having a life-threatening allergic or anaphylactic reaction. The statute authorizes a physician to prescribe epinephrine auto-injectors in the name of an LEA or nonpublic school for such use. Training is outlined in the Food Allergy and Anaphylaxis section of these guidelines.

**Glucagon:** Tenn. Code Ann. § **49-50-1602(b)** provides that "...school personnel who volunteer under no duress or pressure and who have been properly trained by a registered nurse employed or contracted by the local education agency may administer Glucagon in emergency situations...Training to administer Glucagon shall be repeated annually and competencies shall be documented in the employee's personnel file." The statute does not require school systems to have volunteer school staff trained to administer Glucagon. This is a choice each school system will make based on their needs and the availability of school staff who volunteer. Training is outlined in the Diabetes section of these guidelines.

**Naloxone:** Tenn. Code Ann. § **49-50-1604** provides guidelines regarding the availability of opioid antagonists in schools. The statute requires the State Board of Education, in consultation with the state department of health, to develop guidelines for the management of students presenting with a drug overdose for which administration of an opioid antagonist may be appropriate. Each school is authorized to maintain an opioid antagonist at the school in at least two unlocked, secure locations, so that an opioid antagonist may be administered to any student believed to be having a drug overdose. Physicians may prescribe an opioid antagonist in the name of an LEA or nonpublic school to be maintained for use in schools when necessary. An LEA may utilize a statewide collaborative pharmacy practice agreement to obtain an opioid antagonist for administration. The school nurse, school resource officer, or other trained school personnel may utilize the supply of the opioid antagonists to respond to a drug overdose. If a student is injured or harmed due to the administration of an opioid antagonist, the physician is immune from liability unless there was an intentional disregard for safety. Similarly, if a student is injured or harmed due to the administration of an opioid antagonist to the student by school personnel, the employee is not liable for the injury unless the personnel administered the opioid antagonist with intentional disregard for safety.

**Medicine That Treats Adrenal Insufficiency:** Tenn. Code Ann. § **49-50-1603** states LEAs shall adopt policies and procedures that provide for the administration of medications that treat adrenal insufficiency. A person who has successfully completed educational training in the treatment of adrenal insufficiency as described in subsection (d) may receive from the parent/guardian of a student a medication that treats adrenal insufficiency and that is prescribed by a health care professional who has appropriate prescriptive privileges and is licensed under title 63, as well as the necessary paraphernalia for administration. The person may possess the medication and administer the medication to the student for whom the medication is prescribed if the student is suffering an adrenal crisis in an emergency situation when a licensed health care professional is not immediately available.

Information and resources related to emergency situations, such as natural disasters or other potential hazards, security, and emergency preparedness, can be found on the TDOE [School Safety webpage](#).

## **Resources**

National Association of School Nurses. (2019). Emergency Preparedness (Position Statement). Silver Spring, MD: Allsbrook, P., Begley, C., Graf, K. Retrieved from <https://www.nasn.org/nasn-resources/professional-practice-documents/position-statements/ps-emergency-preparedness>

CECA TN. (2021). *Emergency Guidelines for Schools, 3rd Edition*. Retrieved from <https://cecatn.org/wp-content/uploads/2022/03/Emergency-Guidelines-for-Schools-Rev-1-10-2022-Final.pdf>

## **Training Resources**

### *PEARS (Pediatric Emergency Assessment, Recognition and Stabilization)*

The American Heart Associations' PEARs (Pediatric Emergency Assessment, Recognition and Stabilization) Course has been updated to reflect science in the *2015 AHA Guidelines for CPR and ECC*. In this classroom-based, Instructor-led course, students learn how to use a systematic approach to quickly assess, recognize the cause, and stabilize a pediatric patient in an emergency situation.

During PEARs, students interact with real patient cases, and realistic simulations and animations to assess and stabilize pediatric patients experiencing respiratory and shock emergencies, and cardiopulmonary arrest. PEARs prepares students to provide appropriate lifesaving interventions within the initial minutes of response until a child can be transferred to an advanced life support provider.

[Click here](#) for more information.

### *American Red Cross Ready Rating Program*

Is your school prepared for emergency? This free, self-paced membership program begins with a self-assessment of your level of preparedness to reveal areas for improvement and helps you track your school's progress in increasing your preparedness through a customized, OSHA-compliant Emergency Action Plan. You'll also gain access to a Resource Center with additional tools to prepare your school.

[Click here](#) for more information.

### *Multi-hazard Emergency Planning for Schools*

This course covers basic information about developing, implementing, and maintaining a school emergency operations plan (EOP). The goal of this course is to provide teachers, substitutes, school counselors, parent volunteers, coaches, bus drivers and students with an understanding of the importance of schools having an EOP and basic information on how an EOP is developed, exercised, and maintained.

[Click here](#) for more information.

### *The NASN Disaster Preparedness Resource Page*

[Click here](#) for more information and resources.

Additional information and resources can be accessed from the [TDOH, Safe Stars](#) webpage.

## Students with Special Healthcare Needs & Management of Chronic Health Conditions

### ***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.

According to the National Diabetes Education Program, diabetes is one of the most common chronic diseases in school-aged children. About 208,000 young people in the United States are living with diagnosed diabetes. Most children with diabetes have Type 1 diabetes.

Diabetes is not contagious and cannot, at this time, be cured. However, it can be managed and treated. Diabetes must be managed 24 hours a day, seven days a week. 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).

### **Continuous Glucose Monitors (CGM)**

CGM, as the name suggests, continually monitors the glucose in blood through an external device that's attached to the student's body and gives real-time updates. CGM has become more popular and more accurate over the years, and with that improvement has come a new way to manage blood glucose. For students with type 1 diabetes and for some with type 2 diabetes, regular monitoring of blood glucose levels either by fingerstick or by using a CGM is needed. CGM are a small wire that is worn just under the skin and taped in place. CGM are meant to stay in place for 10 - 14 days, depending on the type of device. A CGM may either send information continuously to a smart phone or a dedicated receiver or need to be scanned with a phone application (app) or dedicated reader to see the current glucose level. Phone apps allow glucose information to be shared with other smart phones if desired.

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 of Hypoglycemia/Hyperglycemia

### *Causes of Hypoglycemia*

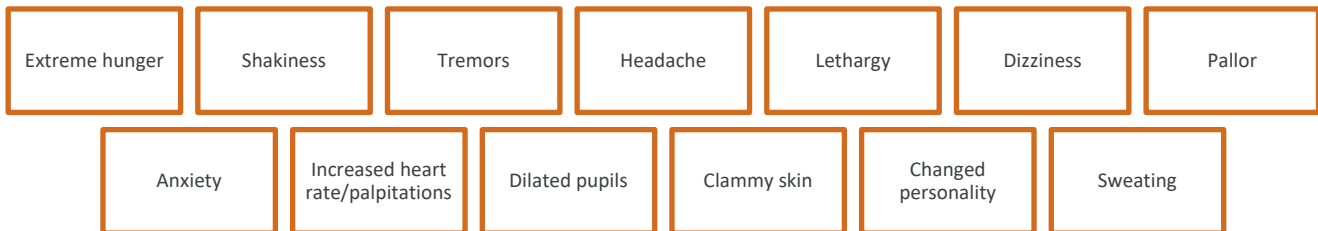
Too much insulin

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:



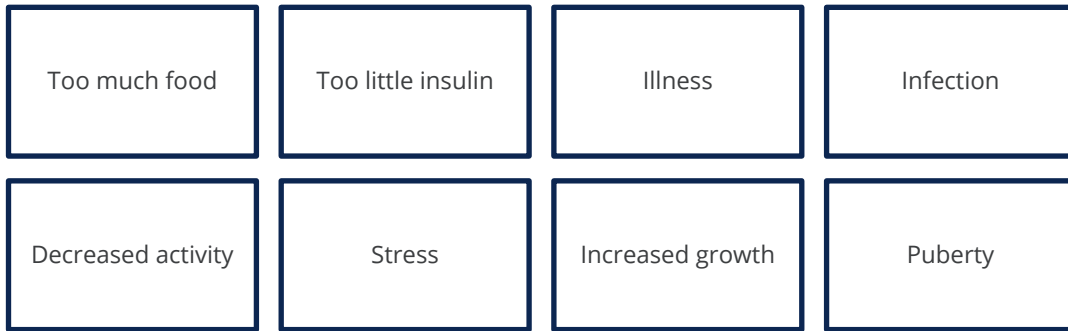
If not treated promptly, a moderate **hypoglycemia** reaction can quickly progress to a severe state or condition which may be characterized by:



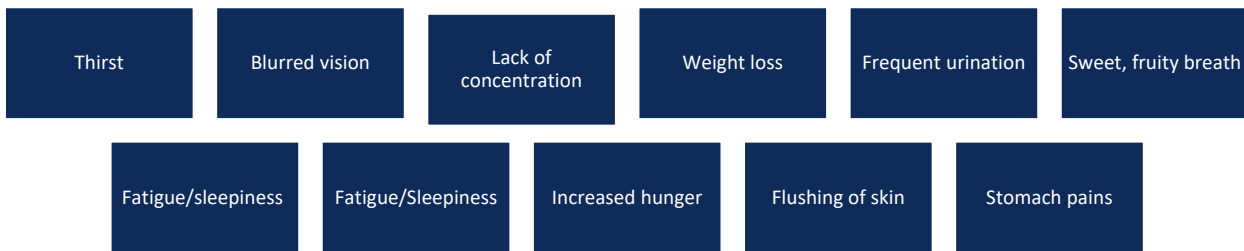
Symptom onset and progression can happen very quickly. Each student will have his/her own set of symptoms that characterize hypoglycemia. These should be listed in the Diabetes Medical Management Plan (DMMP). The important thing to remember is that early recognition and intervention is the best strategy 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.

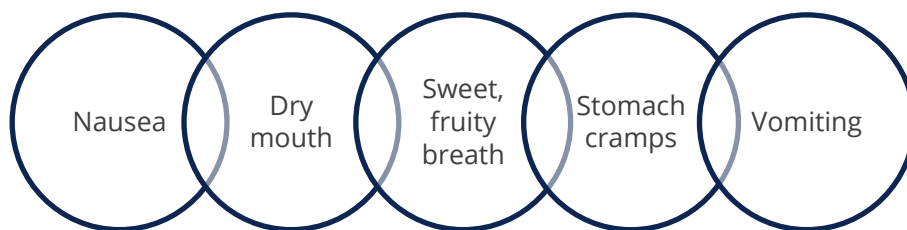
### Causes of Hyperglycemia



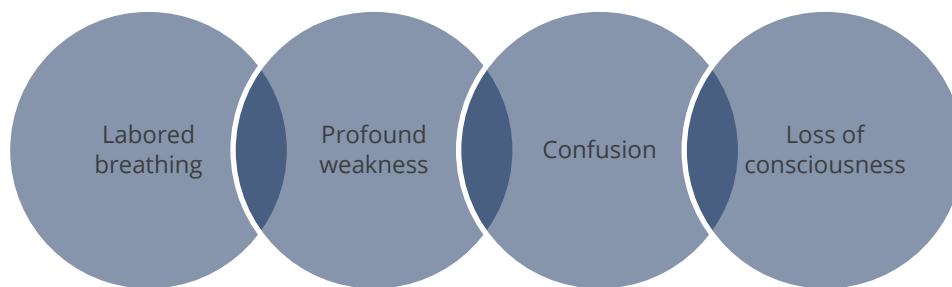
The recognition and treatment of significant **hyperglycemia** are imperative. Symptoms of **hyperglycemia** may vary somewhat from individual to individual, or from episode to episode and can include:



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.

### *Training*

Tenn. Code Ann. § **49-50-1602(d)(3)** states all school nurses must be educated in diabetes care and have knowledge of the guidelines. School personnel, who volunteer under no duress to assist with the care of students with diabetes, must receive training pursuant to the guidelines from a school RN. The school RN may use certified diabetes educators and licensed nutritionists to assist with the training. All training must be renewed on an annual basis and competency must be noted in the personnel file. School personnel shall not be required to volunteer for the training. School personnel may not be reprimanded, subject to any adverse employment action, or punished in any manner for refusing to volunteer.

Per Tenn. Code Ann. § **49-50-1602(d)(7)**: Upon written request of the parent/guardian, and if included in the student's medical management plan and in the Individual Health Plan (IHP), a student with diabetes shall be permitted to perform blood glucose checks, administer insulin, treat hypoglycemia and hyperglycemia and otherwise attend to the care and management of the student's diabetes in any area of the school or school grounds and at any school-related activity, and shall be permitted to possess on the student's person at all times all necessary diabetes monitoring and treatment supplies, including sharps. Any sharps involved in diabetes care and management for a student shall be stored in a secure but accessible location, including on the student's person, until use of the sharps is appropriate. The use and disposal of sharps shall be in compliance with the guidelines set forth by the Tennessee Occupational Safety and Health Administration (TOSHA).

Diabetes is considered a disability under federal law. Under Section 504 of the Rehabilitation Act of 1973, it is illegal to discriminate against a person with a disability. Children with diabetes must have full access to all activities, services, or benefits provided by public schools. An LEA shall not assign a student with diabetes to a school other than the school for which the student is zoned or would otherwise regularly attend because the student has diabetes.

The following persons shall not be liable in any court of law for injury resulting from reasonable assistance with the care of students with diabetes if performed pursuant to these guidelines:

- Any RN who provides the training.
- Any person who is trained and whose competency is indicated in such person's personnel file.
- Any local board of education or governing board for a nonpublic school that authorized school personnel to volunteer to assist with the care of students with diabetes.

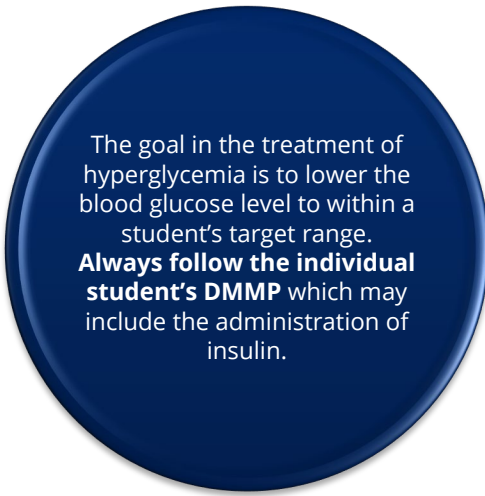
### **Student Health Plans and Care Plans**

The RN will develop an IHP in collaboration with the student, parent/guardian, student's health care provider, and other school staff that need to know or may care for the student during the school day. The student's IHP should include, as applicable, information from the DMMP. Medical management plans, which are essentially provider(s) orders written on a specifically designed form for use in school, are not IHPs. Information from the student's health care provider is essential in the development of the IHP but cannot be considered a substitute for the IHP. The medical management plan is a valuable tool in managing the care of students with diabetes.

Various plans may be developed for students with diabetes, including, but not limited to diabetes EAPs/ECPs, 504 Plans, IEPs, as well as plans for events outside the usual school day and protocols for the appropriate disposal of materials that come in contact with blood. The RN will need to use the nursing process in the development of the plan(s). The nursing process uses sequential steps (nursing assessment, nursing diagnosis, outcomes identification, planning, implementation, and evaluation). The plan(s) should define what is to be done and who will do it to ensure the safety of the student. Plan information should be reviewed and updated each school year or upon a change in the student's prescribed treatment/medication regimen, level of self-management, school circumstances (e.g., a change in schedule) or at the request of the student (as applicable) or parent/guardian. Use of the following information is essential in the development of a student's IHP:

- Date of diagnosis
- Current health status
- Emergency contact information
- Student's willingness and ability to perform self-management tasks at school
- List of diabetes equipment and supplies, including the use of insulin pump and/or continuous glucose monitoring devices
- Specific medical orders
- Blood glucose monitoring
- Insulin, Glucagon, and other medications to be given at school
- Meal and snack plan
- Exercise requirements

- Additional monitoring
- Typical signs, symptoms, and prescribed treatment for hypoglycemia and hyperglycemia



The **DMMP** is completed by the student's parent/guardian and the health care provider and is the medical basis for an IHP. It generally includes how to recognize and treat hypoglycemia and hyperglycemia as well as specific orders for blood glucose monitoring, administration of insulin and the steps to take in an emergency.

The **EAP/ECP** of hypoglycemia and hyperglycemia, based on the DMMP, summarizes how to recognize and treat hypoglycemia and hyperglycemia and who to contact for help. The RN will coordinate the development of these plans. An emergency plan of

care should be completed for each student with diabetes and should be copied and distributed to all school personnel who have responsibility for students with diabetes during the school day and during school-sponsored activities.

Consider laminating these plans for use throughout the school year. Provide completed copies to the parent/guardian. An emergency plan of care should include:

- Emergency contact information for parent/guardian and health care provider.
- Causes of hypoglycemia and hyperglycemia.
- Symptoms of hypoglycemia and hyperglycemia.
- Actions for treating hypoglycemia and hyperglycemia.

During all [levels of training](#), information in the emergency plans on the signs and symptoms of hypoglycemia and hyperglycemia, how to respond, and who to contact for help in an emergency should be reviewed with school personnel.

### **Treatment for Hypoglycemia/Hyperglycemia**

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.

### Care of the Student with Diabetes

Tenn. Code Ann. § **49-50-1602** (d)(1) states that a local board of education or a governing board for a nonpublic school may permit school personnel to volunteer to assist with the care of students with diabetes if parent/guardian and the student's personal health care team have developed a medical management plan that lists the health services needed by a student at school and is signed by the student's physician, nurse practitioner or physician assistant.

The parent/guardian shall have given permission for the school's trained volunteer or school nurse to participate in the care of the student with diabetes. The written permission shall be kept in the student's school records. Assistance in the care of a student by trained volunteers must be documented.

Tenn. Code Ann. § **49-50-1602**(d)(4) states that if a school nurse is on site and available to assist, the school nurse must provide any needed diabetes assistance rather than other trained school personnel volunteering to assist the student. In addition, a school RN has the primary responsibility for maintaining all student health records.

Tenn. Code Ann. § **49-50-1602**(b) states that school personnel who volunteer under no duress or pressure and who have been properly trained by a registered nurse employed or contracted by the LEA may administer glucagon in emergency situations and may administer daily insulin to a student based on that student's IHP. However, if a public school nurse is available and on site, the nurse shall provide this service to the student.

The DMMP details the specific conditions for all routine and emergency diabetes care tasks, including insulin and Glucagon administration. Non-medical school staff can be trained to assist students with these tasks as laid out in the DMMP and IHP. However, any and all clinical assessments are made by the student's health care providers in the development of the DMMP; school staff is simply following the plan as prescribed. Once the DMMP has been provided to the school, it is implemented collaboratively by the school diabetes team, which includes supervising RN, school nurse, student, parent/guardian, and other school personnel.

The need for performance of or assistance with diabetes care tasks will vary from student to student.

### **Routine Care of the Student with Diabetes**

- Many students will be able to handle all or almost all of their routine diabetes care by themselves. They can check their own blood glucose, and they can dose and give their own insulin or medication, keeping it in balance with physical activity and food intake.
- Some students—because of age, developmental level, or inexperience—will need help from school staff, including performing tasks like insulin administration, blood glucose monitoring, or carbohydrate counting.
- The use of insulin pumps and CGM is becoming increasingly common and reduces the need for injections to administer insulin and finger sticks for glucose monitoring. Depending on the type of device used, the student may need to do 0-2 calibrations per 24-hour period.

### **Emergency Care of the Student with Diabetes**

**ALL** students with diabetes will need help in the event of an emergency situation. The EAP/ECP should outline instructions during an emergency.

### **Carbohydrate Counting and Nutrition Guidance**

The nutritional needs of a student with diabetes differ slightly from the needs of a student without diabetes. Both should eat a variety of foods to maintain normal growth and development. The major difference is that the timing, amount, and content of the food that the student with diabetes who requires insulin eats are carefully matched to the action of the insulin.

There are two methods of meal planning using carb counting:

1. Following a consistent carb intake meal plan
2. Adjusting insulin for changing carb intake

Students who follow a consistent carb meal plan aim for a set amount of carb grams at each meal and snack and do not adjust their mealtime insulin for the amount of carb intake. Students who use multiple daily injections or an insulin pump usually use the adjusting insulin for changing carb intake of meal planning. This method requires adjusting insulin doses to cover the number of carbs consumed using an insulin-to-carb ratio. This information will be provided in the student's DMMP. Carb counting involves calculating the number of grams of carbohydrates or choices of carbohydrates the student eats.

- This information can be obtained from nutrition information on food labels, school nutrition services, parent/guardian or at CalorieKing.com, and is used to determine the amount of insulin the student needs to control blood glucose for any given meal or snack.
- The student's meal plan is designed to balance nutritional needs with the insulin regimen and physical activity level.
- The student should eat lunch at approximately the same time each day.



- Snacks may be necessary for a child with diabetes to balance the peak times of insulin action. Many children with diabetes will need to take insulin via pump or injection to match the carbs in snacks, especially if eating extra carbs, such as at a class party.
- For those students who typically eat a snack, a missed or delayed snack could result in hypoglycemia.

## **Roles and Responsibilities for Management of Diabetes**

Collaboration, cooperation, and planning are key elements in developing and implementing successful diabetes management at school. As is true for children with other chronic diseases, students with diabetes are more likely to succeed in school when students, parent/guardian, school nurses, principals, teachers, other school personnel and the student's health care providers (or personal health care team) work together to ensure effective diabetes management.

### *Students with Diabetes*

To remain active and healthy, the student with diabetes should strive to maintain glucose levels within a target range. Glucose may be monitored by assessing capillary blood glucose levels or interstitial fluid glucose levels. CGM uses subcutaneous sensors to measure interstitial glucose levels. School health policy and staff will promote and support toward self-sufficiency and independence in following the DMMP designed by his/her health care provider. The student, however, must also assume age-appropriate responsibility. The following responsible actions are recommended:

- Cooperate with school personnel in implementing the diabetes plan of care.
- Wearing a medical alert identification tag while in school is strongly advised.<sup>5</sup>
- Observe all local policies and procedures related to blood and body fluid precautions and sharps disposals.
- Complete the initial and ongoing diabetes education provided by the health care provider.
- Seek adult help immediately when low glucose levels are suspected or verified by glucose monitoring.
- Record and report all glucose monitoring according to the DMMP and IHP
- Conform to all nutritional guidelines according to the medical plan of care.
- Demonstrate competence in glucose monitoring and insulin administration in the school setting.

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<sup>5</sup> If for safety reasons, medical alert identification needs to be removed during specific activities, the student should be reminded to replace this identification immediately after the activity is completed.

### *Parent/Guardian*

- Inform the school as soon as possible when a student is newly diagnosed with diabetes or when a previously diagnosed student enrolls in a new school so planning and training of personnel can be arranged quickly. The parent/guardian should work with the school staff prior to their child's admittance to ease the student's transition into the school environment.
- Participate in team meetings and development of the IHP or communicate with individual school personnel who will be in contact with your child.
- Provide the school with emergency contact information (cell phone, work number, etc.) and designate someone to act on your behalf if you are unavailable.
- Provide the school nurse with medication orders from a health care provider, signed consent forms to administer medications, and health information on a need-to-know basis. The school nurse, as a member of the health care team for the student, can consult with the diabetes provider without parent/guardian permission and the diabetes provider can also contact the school nurse without parent/guardian permission.
- Provide the school nurse with any new written medical orders when there are changes in the medical management that must be implemented in the school.
- Provide and transport all medications, equipment, supplies, and carbohydrate snacks associated with the medical management of the student's diabetes to the school.
- Assume responsibility for the maintenance and calibration of all medical equipment.
- Work with healthcare providers, their staff, and the child to promote self-sufficiency as developmentally appropriate in diabetes management.
- Provide the school with updates on the child's diabetes status annually and as needed.
- Communicate with schools regarding necessary accommodations for school field trips or off-site school-sponsored events.
- Providing a medical alert identification tag for your child is strongly advised.<sup>4</sup>

### *RN (or LPN as directed by the RN)*

- Introduce yourself to the student and orient him/her how to access the nurse.
- At the beginning of the school year, meet with the parent/guardian of the student with diabetes or as soon as possible after diagnosis.
- Obtain and maintain a current knowledge base and update skills and abilities related to the medical management of diabetes in the school-age population.
- Organize and facilitate planning of meetings with the student's parent/guardian and other key school staff to discuss the planning and implementation of the student's IHP.
- Develop an IHP in cooperation with the student, the parent/guardian, the health provider, and other school-based staff.
- Assure that the IHP and the EAP/ECP includes the student's name and photo, if available.
- Regularly evaluate and revise the IHP whenever there is a change in medical management or the student's response to care.
- Establish and maintain a working relationship with the student's parent/guardian and health

care provider and act as a liaison between the student's authorized health care provider and the school.

- If necessary, work with the health care provider and/or parent/guardian to re-evaluate the student's competency level to further enhance the student's independence or, if necessary, to require closer supervision until the student's knowledge and skills improve.
- Practice universal precautions and infection control procedures at all student encounters.
- Train volunteer school personnel who are willing to assist with the care of students with diabetes. The nurse shall be under no duress to qualify any volunteer unless such volunteer is trained and deemed by the nurse to be competent.<sup>6</sup>
- Provide or arrange for student-specific training for all school-based personnel who will have direct contact with the student on how to respond in an emergency.
- Maintain appropriate documentation of the training and care provided and monitor the documentation of services provided by UAP.
- Act as a resource to the principal and other school-based personnel, providing or arranging for in-service education appropriate to their level of involvement with the student with diabetes.
- Establish a diabetes resource file of pamphlets, brochures, and other publications for use by school personnel.
- Participate in IEP planning and 504 planning meetings and provide relevant health information.
- Establish a process for ongoing and emergency communication with the parent/guardian the authorized health care provider, the UAP, and the school staff that come into direct contact with the student (this should include a parent/guardian notification procedure to address repairing or replacing equipment and replenishing supplies and medications).
- Request a functioning communication device in the health clinic (example: phone system, intercom or two-way radios).
- Serve as the student's advocate.
- Respect the student's confidentiality and right to privacy.

### *School Administrator*

- Participate in planning the IHP as a member of the team and support school personnel, the student and the parent/guardian in its implementation.
- Review emergency response plans to ensure that any food, equipment, or services unique to the needs of students with diabetes are covered by those plans.
- Provide leadership for all school-based personnel to ensure that all health policies related to diabetes management at school are current and implemented.

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<sup>6</sup> According to Tenn. Code Ann. § 49-50-1602(d)(3), school personnel, who volunteer under no duress to assist with the care of students with diabetes, must receive training pursuant to the guidelines from a school RN.

- Monitor overall compliance with the implementation of the emergency response plan.
- Recommend that communication devices are provided and are in functioning condition in the appropriate location – nurse’s clinic, classroom, cafeteria, etc.
- Collaborate with the school nurse in selecting and designating UAP to provide the student-specific services required for each student with diabetes in their school.
- Require that training and education of all involved personnel are completed and documented.
- Inform the parent/guardian if any student experiences an emergency incident (hypo/hyperglycemia) at school.
- Communicate in advance with the school nurse when a field trip or off-site school-sponsored event or class party might require an adjustment in their meal plan or insulin administration.
- Provide adequate time for the school nurse to train school personnel who volunteer.

### *Educational Personnel (teachers, aides, coaches, etc.)*

- Participate in team meetings for the students with diabetes.
- Be aware of which students have diabetes and cooperate with the accommodations listed in the IHP or Section 504 Plan.
- Recognize the signs and symptoms associated with hypoglycemia and hyperglycemia.
- Be sure volunteers, student teachers, aides, specialists, and substitute teachers are informed of the student's diagnosis and necessary safeguards on a need-to-know basis.
- Request that the classroom has a functioning intercom, two-way radios, or other communication device for communication with the school nurse and administrator.
- Work with the school nurse to educate other parents about the presence and needs of the child with diabetes on a need-to-know basis and with parent/guardian permission.
- Respect the student's right to confidentiality and privacy.
- Inform parents of any special school events where food will be served.
- Ensure that the student (e.g., engaged in physical or extracurricular activity) has a safe location (if possible) to monitor blood glucose or administer insulin in accordance with the student's IHP. By law, students with diabetes must not be restricted to certain areas to self-manage.
- Monitor before exercise or strenuous activity and allow for snacks before and after the physical activity if indicated in the student's IHP.
- Communicate and collaborate in advance with the school nurse when a field trip or off-site school-sponsored event or class party might require an adjustment in their meal plan or insulin administration.
- If for safety reasons, medical alert identification needs to be removed during specific activities, the student should be reminded to replace this identification immediately after the activity is completed.
- Notify substitute teachers of students with diabetes and leave a clear plan of care regarding the special needs of the student.
- Keep the student's EAP/ECP readily accessible in the classroom in an organized format for substitute teachers and for use in emergencies.

### *School Counselor*

While the school counselor and/or social worker may not always have direct contact with the student, they should be aware of the students in their schools who have diabetes and the potential impact of diabetes and its treatment on the student's behavior and performance.

- Communicate with the school nurse as needed in the development of the student's IHP.
- Monitor anxiety, stress levels, and social development of students with diabetes and provide interventions as appropriate.
- Act as a resource to the parent/guardian and students regarding anxiety, stress and normal development.
- Educate classmates to avoid endangering, isolating, stigmatizing or harassing students with

diabetes (with parent/guardian and student's permission) per LEA policy (at a minimum annually).

### *Food Service Manager/Personnel*

Food and nutrition service staff members play an important role in providing nutritional and balanced meals for all students with diabetes.

- Provide nutritional information including carb counts for all foods/drinks served.
- Keep information about students with diabetes readily available.
- Respect the student's right to confidentiality and privacy.
- Have a functioning communication device to support emergencies.
- Be knowledgeable about the activation of EMS/911.
  - If a student is suspected to be experiencing a diabetes emergency, activate the school's emergency response team.

### *School Bus Drivers*

- Understand that students with diabetes may carry snacks or equipment for emergency response and may need to eat and/or drink during the bus ride.
- Provide functioning communication devices.
- Know local emergency medical services procedures.
- Communicate to the school nurse any concerns regarding the student's actions or behavior regarding diabetes management.
- Respect the student's right confidentiality and privacy.
- Individual LEA's school bus drivers should consider receiving emergency CPR training.

### *Volunteer Trained School Personnel*

- Understand the student's care plans (DMMP, IHP, 504 Plan, IEP, EAP/ECP, and/or other education plan).
- Attend the student's school health team meetings.
- Participate in diabetes management training by the RN. The RN may use certified diabetes educators and licensed nutritionists to assist with the training.
- Assist with the care of the student, which may include blood glucose monitoring, urine or blood ketone testing, and emergency Glucagon and Insulin administration, as trained.
- Practice universal precautions and infection control procedures.
- Participate in planned evaluations of care.
- Assistance with care must be documented in accordance with these guidelines and according to standards and requirements outlined in school policy.
- Observe and record student health and behavior, noting any changes over time.
- Communicate directly and regularly with the school nurse or the supervising health professional.

- Consult with an appropriate member of the student's school health team when questions arise or the student's health status changes.
- Respect the student's confidentiality and right to privacy.
- Accompany the student on field trips or off-campus school-sponsored sports events and activities, as determined by the 504 Plan, IHP, IEP, or other education plans.
- Provide support and encouragement to the student.
- Help ensure that the student has a supportive learning environment.

### *Off-Site School Sponsored Events*

- No student should be excluded from a field trip or extracurricular program or activity due to a diagnosis of diabetes.
- A school must provide the accommodations and services the student needs to participate in the trip.
- A school may only exclude a student from a field trip if the student's participation presents an unacceptable risk to the student's health or safety.
- The parent/guardian of the student should be allowed to accompany their child on the school trip in addition to the school chaperone.
- Unless all parents are required to participate in the field trip, the parent/guardian of students with disabilities may not be required to participate in the field trip in order to care for the student.
- The teacher requesting/organizing the field trip will coordinate in advance with the principal, RN, or designee to meet the student's healthcare needs.
- Parent/guardian must provide glucose meter and supplies, appropriate snacks, and a suitable glucose source (such as glucose tablets, a tube of cake frosting, or other oral solution) for their child's emergency for availability during extracurricular activities.

### *Before A Field Trip or Extracurricular Activity, the School SHALL:*

- Notify the student's parent/guardian in a timely manner in order to prepare for food/snacks/medications.
- Make certain that an emergency communication device is always present. A minimum of two (2) people with cell phones is recommended.
- Maintain records of the names and phone numbers of parent/guardian of the student and the health care provider.
- Be sure that a trained staff person is assigned to stay with the student at all times if the emergency medication has been administered.
- Designate someone to call the student's parent/guardian with the name and location of the hospital.
- Verify that the school employee accompanying the student has received specific training in the blood glucose monitoring procedure and insulin administration as documented on the skills checklist by the registered nurse. The school employee must also be trained in the

signs/symptoms of high and low blood glucose and follow the student specific emergency care plan. This employee will supervise the carrying of the glucose meter and supplies, snacks, glucose source, a copy of the orders, and emergency information card.

- Be sure that the bus driver has the emergency route to the hospital if the cell phone cannot make the connection to EMS. Only if EMS cannot be reached should the bus driver take the child to the nearest emergency room on the bus.

### **Blood Glucose Monitoring**

- According to the IHP, if the student ordinarily performs his/her own finger stick and testing, he/she will do this while on the field trip, if necessary.
- Some students may wear a CGM device and perform 0-3 checks/day for calibrations, depending on the type of device.
- The healthcare provider orders will be followed if high or low blood glucose is found.
- If orders are followed for treatment of high or low blood glucose and the student appears disoriented or their level of consciousness deteriorates, call 911.

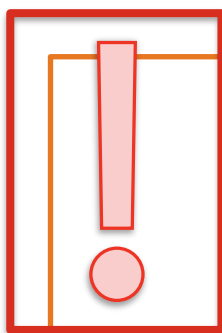
### **Diabetes Medication Administration**

Tenn. Code Ann. § **49-50-1602(b)**: "If an LEA permits, school personnel who volunteer under no duress or pressure and who have been properly trained by a registered nurse employed or contracted by the LEA may administer glucagon in emergency situations ... However, if a public school nurse is available and on site, the nurse shall provide this service to the student."

The RN may train any school personnel who volunteer and are willing to assist with the care of students with diabetes but should seek to ensure at least two (2) volunteers are available.

### *Glucagon Administration*

Glucagon is a hormone that causes the liver to release glucose into the blood. It is used to raise the blood glucose when a child is unable to take liquids or food by mouth because of severe sleepiness, unconsciousness or seizure activity. Glucagon is an emergency medication, given by injection or nasal spray. It should be given immediately if the student with diabetes is found unconscious or is



**The risk of not administering Glucagon is more life-threatening than giving it under these emergency conditions.**

**A blood glucose does not need to be checked before glucagon is administered. The decision to administer Glucagon is based on the clinical condition of the student with diabetes.**



having a seizure as these are associated with severe hypoglycemia.

If Glucagon is part of a child's DMMP, IHP, and EAP/ECP, then a health care provider's order and written parent/guardian permission are needed.

- One Glucagon Emergency Kit supplied by the family is needed.
- Store Glucagon at room temperature.
- Inform the appropriate staff of the storage location.
- Check the expiration date of Glucagon kits on a regular basis.
- Obtain a refill prior to the expiration date and return/dispose of expired medication according to LEA policy.
- Practice administering Glucagon with a Glucagon demonstration practice kit or an expired kit.
- Glucagon must be administered according to the health care provider's instructions.

If a nurse is available and on site, the nurse shall administer Glucagon in emergency situations and administer daily insulin to a student based on the student's IHP. If the school nurse is unavailable, school personnel who volunteer under no duress or pressure and who have been properly trained by an RN may administer Glucagon in emergency situations and may administer daily insulin to a student based on the student's IHP to protect against serious harm or death. Training provided to school personnel on the administration of glucagon and insulin shall be repeated annually and competencies shall be documented at least twice a year in the employee's personnel file. The RN should attest, in writing, that such trained school personnel have completed training. Protection from liability shall apply to the volunteers who provide services pursuant to subsection (b) in T.C.A. §. 49-50-1602 and the RNs who provide their training.

### *Administering Injectable Glucagon<sup>7</sup>*

#### Glucagon Emergency Kit

- Never attempt to give a student suffering from severe hypoglycemia food or drink or put anything in their mouth because this could cause choking.
- Position the student on their side to prevent choking in the event of vomiting, which is a side effect of the Glucagon.
- Have a staff member call for emergency medical assistance (911) and also have them notify the parent/guardian.
- Stay with the student until EMS arrives. It may take the student 15-20 minutes to regain consciousness. Don't be surprised if:
- The student doesn't remember being unconscious or is incoherent.

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<sup>7</sup> The following instructions are included from the manufacturer's website and may be subject to change. Glucagon should be administered according to the manufacturer's instructions.

- The student has nausea or vomiting.
- The student's blood glucose becomes very high, BUT do not administer insulin after a severe low blood glucose event.

Instructions for administering Glucagon can be found [here](#).

Gvoke HypoPen™ (glucagon injection)

GVOKE HypoPen is for the treatment of severe hypoglycemia in pediatric and adult patients with diabetes ages 2 years and above. This is a premixed Glucagon injection that is pressed against the thigh. The auto-inject device makes it quick and easy to use. It is also available in a prefilled syringe. Instructions for administering Gvoke HypoPen™ can be found [here](#).

Instructions for administering the (Gvoke Kit) can be found [here](#). This is a premixed Glucagon in a vial that comes with a syringe, allowing you to draw up the dose manually and inject it directly into your thigh.

GlucaGen®

The GlucaGen® medicine comes as a dry powder. Before using GlucaGen®, the dry powder must be mixed with the syringe of sterile water that comes in the GlucaGen® HypoKit®. Instructions for administering GlucaGen® can be found [here](#).

Glucagon pen – Zegalogue®

A premixed Glucagon, available as an easy-to-use auto-inject device. It is also available in a prefilled syringe (PFS). Instructions for administering Zegalogue® can be found [here](#).

### *Administering Nasal Glucagon<sup>6</sup>*

Unique from other Glucagon options, Baqsimi® is the only intranasal medication for severe hypoglycemia. Prior to Baqsimi®'s approval by the FDA, injectable Glucagon was the primary method to treat severe low blood sugar. Instructions for administering Baqsimi® can be found [here](#).

## **Resource**

Elli Lilly. (2020, October). *Instructions for Use*. Retrieved from <https://uspl.lilly.com/baqsimi/baqsimi.html#ug>

### *Administering Daily Insulin*

Insulin is a hormone that can only, at this time, be taken by multiple injections or by an insulin pump. Insulin lowers blood sugar. The various kinds of insulin start and continue to work for differing lengths of time. Most children take a combination of insulin at different times of the day. The types and amount of insulin the student needs must be ordered by the physician or nurse practitioner.

Students with type 1 diabetes and some students with type 2 diabetes require insulin to be given at regular times each day. Some students who need insulin during the school day are able to administer it on their own; others need supervision; and some need someone to administer the insulin for them. The school nurse should perform diabetes care tasks, including insulin administration, in accordance with the IHP. School staff, including school nurses and trained volunteer school personnel, who are responsible for the student's care should be knowledgeable about the student's insulin delivery system and how to respond to an emergency.

The most common ways to administer insulin are with a syringe, an insulin pen, or an insulin pump. The manufacturers of insulin, insulin syringes, insulin pens, and insulin pumps have websites where school personnel can learn more about these products.

### *Storing Insulin*

- Review the manufacturer's storage instructions and check the expiration date.
- Refrigerate unopened vials and insulin pens.
- Be careful not to freeze.
- Once opened, store at room temperature (less than 86 degrees) for 28 days. Discard after 28 days.

### *When to Administer Insulin*

- Insulin must be administered as specified in the student's DMMP. The DMMP specifies the orders of the student's health care provider.
- The DMMP should clearly specify insulin dosing procedures.

### *Dosing Insulin*

- Some students will use a standing insulin dose (same dose) regardless of blood glucose level or food intake.
- It is very important to give short-acting meal doses at the right time, generally before meals, or as soon as possible.
- Others will have a varied dose, depending upon:
  - Carb or meal boluses, to cover what is eaten
  - Correction boluses, to cover high blood glucose

### *Where to Administer Insulin*

- Insulin works best when it is injected into a layer of fat under the skin, above the muscle tissue.
- Rotating sites is important to insulin absorption.
- Common preferred sites are the abdomen, thighs, buttocks, and upper arms.
- The student should help choose the injection site.

### *After Administering Insulin*

After insulin is administered, regardless of whether it is by syringe, pen, or pump:

- Check the site for leaks (occasionally injection sites will leak when insulin is administered).
- Document on the administration log sheet.
- When correction doses are given to lower blood glucose, remember it will take about two hours to see the effect of this dose. When insulin has been given prior to a meal or snack, it is important that the correct amount of food is eaten approximately 15 minutes after the insulin was administered.

### **Diabetes Training**

T.C.A. § **49-50-1602(d)(3)** states that all school nurses must be educated in diabetes care and have knowledge of the guidelines.

Licensed health care professionals employed or contracted by an LEA who will be providing care to a student with diabetes should demonstrate competency for both knowledge and skills on an annual basis.

### *Suggested Training Resource for School Nurses*

School Nursing Evidence-Based Clinical Practice Guideline: Students with Type 1 Diabetes Toolkit

NASN's School Nursing Evidence-Based Clinical Practice Guideline: Students with Type 1 Diabetes Toolkit, provides evidence-based recommendations to assist the school nurse in their role of improving the health and safety of the school-age child with Type 1 Diabetes. This toolkit is designed to help school nurses implement those recommendations. Multiple tools and resources are included to provide care for students with Type 1 Diabetes:

- Nursing Assessment
- Planning and Implementing Care
- Evaluating Care
- Additional Resources

[Click here](#) for additional information.

### *Training for Volunteer School Personnel*

Tenn. Code Ann. § **49-50-1602(b)** states that school personnel who volunteer under no duress or pressure and who have been properly trained by a registered nurse employed or contracted by the LEA may administer glucagon in emergency situations and may administer daily insulin to a student based on that student's Individual Health Plan (IHP). Training to administer glucagon and insulin shall be repeated annually and competencies shall be documented at least twice a year in the employee's personnel file. The provisions of subdivision (a)(3) regarding protection from liability shall

apply also to the volunteers who provide services pursuant to this subsection and the registered nurses who provide their training.

Tenn. Code Ann. § **49-50-1602(a)(3)** provides that any person assisting in self-administration of medication or performing healthcare procedures, including administration of medications under this section, and any local board of education or governing board for a nonpublic school authorizing the self-administration of medications or the performance of healthcare procedures shall not be liable in any court of law for injury resulting from the reasonable and prudent assistance in the self-administration of such medication or the reasonable performance of the healthcare procedures, including administration of medications, if performed pursuant to the policies and guidelines developed by the Departments of Health and Education and approved by applicable regulatory or governing boards or agencies.

Tenn. Code Ann. § **49-50-1602(d)(3)** states that school personnel, who volunteer under no duress to assist with the care of students with diabetes, must receive training from a school RN. The school RN may use certified diabetes educators and Registered dietitian nutritionists to assist with the training. All training must be renewed on an annual basis and competency must be noted in the personnel file. No school personnel shall be required to volunteer for the training. School personnel may not be reprimanded, subject to any adverse employment action or punished in any manner for refusing to volunteer.

Tenn. Code Ann. § **49-50-1602(d)(5)** states that the following persons shall not be liable in any court of law for injury resulting from reasonable assistance with the care of students with diabetes if performed pursuant to the guidelines developed by the Departments of Health and Education:

- Any school RN who provides the training;
- Any person who is trained and whose competency is indicated in the person's personnel file as required in subdivision (d)(3); and
- Any local board of education or governing board for a nonpublic school that authorizes school personnel to volunteer to assist with the care of students with diabetes.

RNs who provide training to volunteers under this subsection shall not be subject to any disciplinary or otherwise adverse licensing action by the board of nursing for injury resulting from assistance with the care of students with diabetes if performed pursuant to these guidelines.

The RN may use certified diabetes educators and licensed nutritionists to assist with the training.

#### Suggested Components for Training Curriculum

Diabetes management training for school personnel is essential to ensure effective school-based diabetes management. Three levels of training are recommended by the American Diabetes

Association:

**Level 1 All school personnel should receive training** that provides a basic understanding of diabetes, how to recognize and respond to the signs and symptoms of low blood glucose (hypoglycemia) and high blood glucose (hyperglycemia), and whom to contact immediately in case of an emergency.

**Level 2 Classroom teachers and all school personnel who have responsibility for students with diabetes throughout the school day** should receive Level 1 training plus additional training to carry out their individual roles and responsibilities and to know what to do in case of a diabetes emergency.

**Level 3 One or more school staff members should receive in-depth training about diabetes and routine and emergency care for each student with diabetes** from an RN, a certified diabetes educator, or other qualified health care professional with experience in diabetes. This training will help ensure that a school staff member is always available to help all students with diabetes in case of an emergency and to help younger or less experienced students or those with additional physical or mental impairments perform diabetes care tasks (e.g., administering insulin, checking blood glucose levels).

Training curriculum and teaching methods for preparing the volunteer school personnel should include both knowledge and skills components. Both a written test and a skills check should be included, and the learner must demonstrate competency on both in order to be designated as a trained volunteer school personnel.

A copy of the training guidelines, knowledge test and skills check results, and a record of staff training must be maintained by the RN or principal.

Content shall include, at a minimum, the following elements so that the volunteer school personnel:

- Understands the essential elements of the DMMP, IHP, 504 Plan, IEP, EAP/ECP or other education plans.
- Understands type 1 and type 2 diabetes.
- Understands the effects of balancing insulin, food, and exercise upon a student's glucose levels.
- Recognizes the signs and symptoms of low blood glucose (hypoglycemia) and high blood glucose (hyperglycemia) levels.
- Understands and knows how to take or help the student take proper action if the blood or interstitial glucose and/or urine ketones are outside the range indicated by the student's diabetes management and treatment plan.

- Performs or assists a student with monitoring of blood glucose using a CGM system or a glucose monitor provided by the student's family and/or urine testing strips for ketone evaluation. Records the results in the designated record.
- Knows how to administer insulin and Glucagon safely and properly according to the student's DMMP and IHP. Documents actions in the designated record.
- Knows and recognizes the signs and symptoms and blood glucose levels that require emergency assistance and knows how to take proper action.
- Knows and understands the nutritional needs of students with diabetes, including but not limited to, the need for regular meals, how snacks are utilized in the daily regimen of children with diabetes, how exercise affects blood glucose, and how changes in schedules, such as illness, tests, and field trips can affect children's nutritional needs.
- Knows when to call the parent/guardian, a healthcare professional, and/or EMS (911) for help.

#### Suggested Training Resources for Trained Volunteer School Personnel

##### Helping the Student with Diabetes Succeed: A Guide for School Personnel

This comprehensive online resource is designed to educate school personnel about how they can help students manage their diabetes effectively. The guide provides tools and resources that promote a supportive environment and equal access to educational opportunities for students with diabetes. The resource includes current information on:

- diabetes equipment and supplies for blood glucose monitoring and administering insulin
- meal planning and carbohydrate counting
- effective diabetes management for children with type 2 diabetes

[Click here](#) for additional information.

##### Diabetes Care Tasks at School: What Key Personnel Need to Know

The American Diabetes Association's *Diabetes Care Tasks at School: What Key Personnel Need to Know* is an 18-module training curriculum. Each module has a PowerPoint presentation and some corresponding video segment.

This curriculum is intended to be used with the National Diabetes Education Program's free [Helping the Student with Diabetes Succeed: A Guide for School Personnel](#). If at all possible, this guide should be read prior to training.

The school nurse or diabetes health care professional should use these modules to train non-medical school personnel to perform diabetes care tasks.

These modules focus specifically on how diabetes care should be done in the school setting. In each

PowerPoint, there are detailed talking points for the presenter to use. These are accessible in the "notes" view.

The video segments are primarily intended to reinforce the hands-on training of staff who will provide direct care. However, selected segments may also be used at school staff and parent meetings to increase diabetes awareness.

[Click here](#) for additional information.

### American Diabetes Association Training Resources

The American Diabetes Association 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 child with diabetes has the best opportunity to get a great education and can safely participate in all school activities.

[Click here](#) for additional information.

### *Suggestions for Obtaining Training Supplies*

Schools may be able to obtain training supplies from the following sources:

- pharmacies
- manufacturers of diabetes products and supplies
- local health departments
- parent donations, especially expired Glucagon kits
- physician's office
- hospitals and clinics

### *Tasks & Skills Checklist*

Diabetes training and training to administer glucagon and/or insulin shall be repeated annually, and competencies shall be documented at least twice a year in the employee's personnel file. Individuals should receive hands-on training and demonstrate competency in the skills and items listed below:

- The student's IHP, Section 504 Plan, IEP, or other education plan
- The student's EAP/ECP, including symptoms and treatment, for hypoglycemia and hyperglycemia, the impact of hypoglycemia or hyperglycemia on behavior, learning, and other activities, and how to respond or assist a student in responding to hypoglycemia and hyperglycemia
- Step-by-step instructions on how to perform the task using the student's equipment and supplies



- Clear parameters on when to perform the task, when not to do so, and when to ask for help from a health care professional
- How to document that all care tasks are performed
- Plan for ongoing evaluation of trained diabetes personnel's performance
- Training on diabetes care tasks as specified in the student's DMMP and IHP (blood glucose monitoring, ketone testing, basic carbohydrate counting, insulin administration, Glucagon administration)
- Know when and who to contact for information or help (parent/guardian, student's health care provider, school nurse, and EMS (911))
- Overview of the operation of devices (or equipment) commonly used by students with diabetes, including how to calibrate equipment

### *Insulin Administration*

- Demonstrate aseptic and sterile techniques
- Use insulin syringes, pens, or other delivery devices
- Prepare and calculate accurately the correct dose
- Inject subcutaneous (under the skin) insulin
- Record action (time, dose, site) and any student observation

### *Insulin Pump*

- Recognize proper attachment
- Know how to disconnect the pump when indicated
- Know how to administer a bolus dose of insulin
- Recognize signs of malfunction and what to do in the event of a problem



### *Glucagon Administration*

- Know when to administer Glucagon and call for emergency help
- Prepare medication using diluent
- Calculate the proper dose, as ordered by an authorized healthcare professional
- Record action and blood glucose test results

### **Universal Precautions**

- Staff and students with diabetes need to adhere to the district or school policy that

addresses universal precautions to prevent potential needle stick injuries and potential infection.

- The school or district policy should be consistent with standard Universal Precautions and local waste-disposal laws.
- Local waste disposal laws vary from community to community.

## ***Food Allergy and Anaphylaxis***

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 even in rare instances exercise. Food allergy is a growing food safety and public health concern in the United States because of the increased prevalence. Guidelines for the management of students with life-threatening food allergies are available in this section in accordance with Tenn. Code Ann. § 49-50-1602(f). Each LEA shall implement a plan based on the guidelines developed pursuant to subdivision (f)(1) for the management of students with life-threatening food allergies enrolled in the schools under its jurisdiction. While the guidelines focus primarily on food allergies, they may be applied to all sources of anaphylaxis.

School settings are faced with major challenges due to students with one or more food allergies. According to the [Centers for Disease Control and Prevention](#), an estimated 8% of children in the United States have a food allergy. That's one in 13 children, or about two students per classroom. Even small amounts of allergen in food can cause a reaction in individuals who are sensitive to the specific allergen. Strict avoidance of the 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.

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 reaction in children, but nearly all foods are capable of causing allergic reactions:

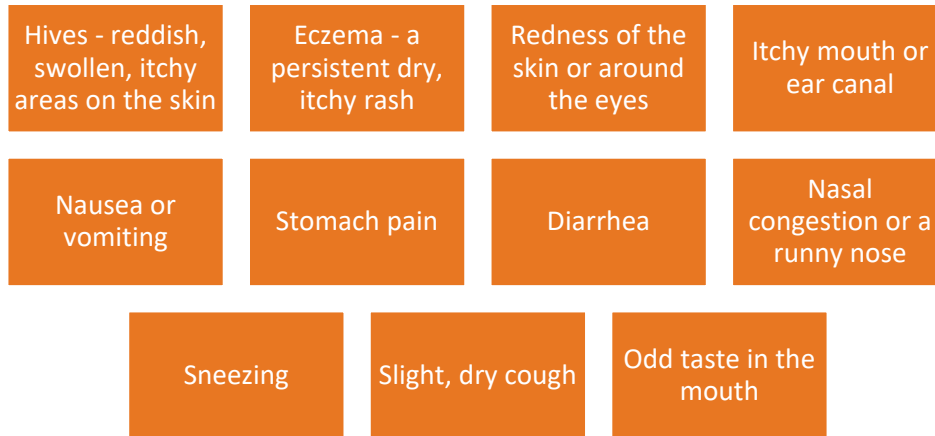


These eight foods are responsible for most food reactions, but there are other foods that can cause a serious allergic reaction. Peanuts and tree nuts generally cause the most severe allergic reactions, and it is estimated that in the United States approximately 90% of fatal and near-fatal reactions 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.

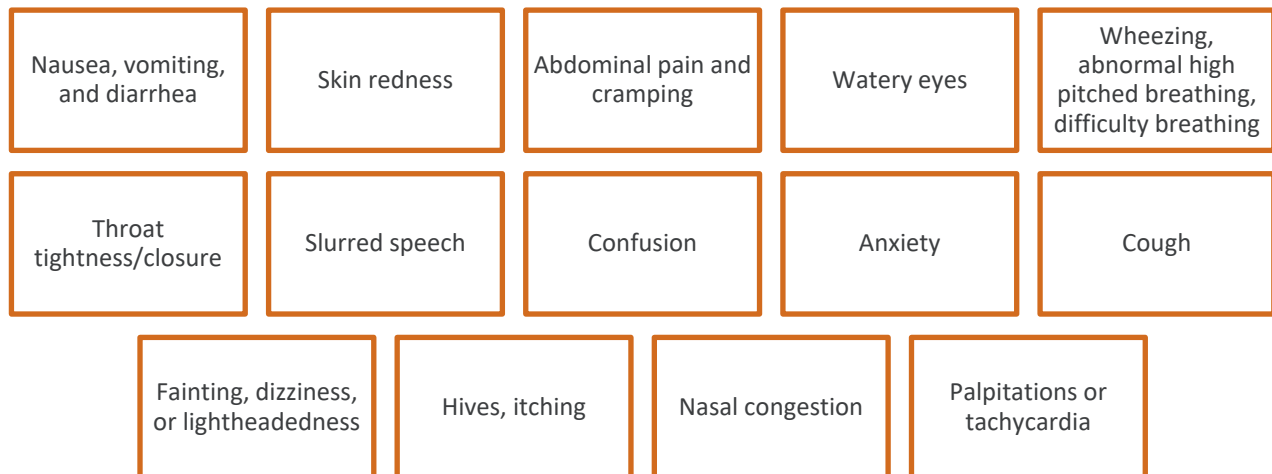
### Signs and Symptoms

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:



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



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

### *Other Severe/Life-threatening Allergies*

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.

## **Treatment**

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.

## **Emergency Allergy Response Plan and Allergy Action Plan**

Each LEA shall develop a comprehensive program for managing allergies at school. Each school shall have an allergy management team which may include but is not limited to the school nurse, principal, teacher, student, food service director, bus driver, school physician, and counselor.

Implementation of healthcare procedures, guidelines, and plans that focus on allergy education, awareness, avoidance and immediate treatment of allergic reactions are critical to saving lives. School districts should anticipate the enrollment of students with life-threatening allergies in their schools and be prepared to assist these potential individuals when needed.

Each LEA shall develop and implement an Emergency Allergy Response Plan based on the guidelines for the management of students with life-threatening food allergies enrolled in the schools under its jurisdiction. Prevention and an appropriate response procedure should an unexpected emergency occur should be included. This plan should be in place before the start of the school year and may be adopted into policy and procedures at the district and local education level. Each school district must develop processes to identify all students with food allergies and develop and implement an IHP and an AAP for each student. LEAs shall use the Department of Education's standardized allergy form, Allergy and Anaphylaxis Emergency Plan, and require each school in the LEA to use the form to maintain a record of any student who has reported having an allergy.

### *Emergency Allergy Response Plan*

The LEA's system-wide policy will outline the requirements of a program to manage students with life-threatening allergies. These more comprehensive and detailed protocols should include

measures to reduce exposure to allergens and procedures to treat allergic reactions. The four suggested plan components include:

1. Education and Training – All school personnel should have general education on managing life-threatening allergies.

Mandatory training requirements include:

- Scheduling and implementation of the training in collaboration with the LEA administration by the RN
- Annual training at a minimum
- Cleaning protocol for classroom and cafeteria (the type of cleaners, frequency, etc.)
- Guidelines for snacks, parties, lunch substitutions based on USDA guidelines
- Allergen-free tables in cafeterias and classrooms, if desired. Be careful not to compromise student confidentiality.
- Students/staff hygiene – frequent hand washing
- Field trip management

2. Bus/transportation management:

- Storage of epinephrine auto-injectors
- Instructions for care and use

3. Emergency response protocol:

- Personnel responsibilities
- Communication procedures
- Emergency drills
- Administration/possible repeat administration of epinephrine
- Demonstration and competency checks on the administration of the epinephrine auto-injectors

4. Training in CPR based on LEA policy and Tenn. Code Ann. §§ **49-5-414** and **49-3-359**

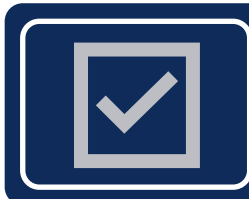
#### Record Keeping/Documentation

- Development, evaluation, and revision of the IHP and AAP by the RN. Copies should be in a clearly designated and readily accessible area at all times and updated as changes occur in the student's health status, including a current photo, if feasible.
- Distribution of the IHP and AAP by the school nurse
- Maintain locations of epinephrine auto-injectors and monitor expiration dates
- Review of system-wide policies on allergies, as needed.
- Retain lists of trained volunteer school personnel and documentation of competency, maintained by a school administrator or designee.

- Policies regarding student self-administration of epinephrine, with competency to be evaluated by the RN at least annually
- Identification of students with medical diagnosis and/or chronic health issues who are at risk for allergies by review of health information by the school nurse.

#### Development and Review of the AAP

Developed by the RN, the IHP and/or AAP should be based on information provided by the parent/guardian, the student's health care provider(s) and the school nurse.



The primary goal of the AAP is to provide direction to the school nurse, school personnel, and EMS responders that enable them to react promptly with specific procedures unique to each student.

The IHP should be revised annually or more frequently, if needed, based on the student's ability to self-administer epinephrine auto-injectors and the health care provider's statement on the student's competency. Students should have a nursing assessment of competency and proficiency completed and documented at least bi-annually (twice a year).

[Click here](#) to view more general information on action plans.

#### Protocols for classrooms and cafeterias that include strategies to reduce exposure to allergens

- Plan for activating EMS and notifying the school nurse, the parent/guardian and school administrators.
- Functioning communication devices are recommended for personnel use whether on the school campus, field trips, bus routes, or extracurricular events.
  - Examples include, but are not limited to, intercom systems, telephones, cell phones, and two-way radios.
- Emergency drills – implement a periodic anaphylaxis drill similar to a fire drill.
- Communication devices should be tested with emergency drills per LEA policy and malfunctions corrected immediately.
- Collaboration should occur with local emergency response teams to assure that they will respond to a 911 call with epinephrine. Do not assume that all ambulance services carry it.
- Include in the Allergy Action Plan steps to notify the school nurse and parent/guardian immediately of an anaphylactic reaction.
- Develop a School Crisis Plan – in the event of a fatal reaction, plan to deal with the death of a student. There should be counseling for classmates and parents.
- The school nurse should maintain open communication with all members of the allergy management team(s), particularly the parent/guardian and the health care provider.

Special challenges to consider on an individual basis when creating protocols

- Religious or ethnic influences
- Vending machine options
- Home economics/culinary classes/biology labs
- Provision for safe art supplies
- Outdoor events beyond cell phone coverage area
- Emergency crisis plan in the event of a fatal anaphylactic reaction that results in the death of a student; identify crisis team members
- Celiac disease, Food Protein Induced Enterocolitis Syndrome (FPIES) and eosinophilic esophagitis could be mistaken as allergic reactions to food. It should be clearly stated in the IHP of the child with this diagnosis that epinephrine is not the appropriate treatment.

Evaluation of the Emergency Allergy Response Plan

- A written narrative should document each emergency exposure to allergens. The school nurse and the allergy management team should evaluate the cause of the exposure, effectiveness of personal responses and suggestions for improvements.
- Conduct post exposure review to examine any problems with the IHP. Update the IHP annually and as needed, based on the exposure review.
- There should be a minimum of one annual review of system-wide policies on allergy management.
- Review and update the student's Individual AAP annually and more frequently, if needed.
- Complete incident reports of anaphylaxis according to LEA policy.

### *Allergy Action Plan*

All students with identified life-threatening allergies should have an Allergy Action Plan (AAP) with the student's IHP. The RN will develop, evaluate, and revise the plan as needed. The AAP should include the following information:

- Name of the student and photos (if a picture is available)
- The specific offending allergens or generic ingredients that could be identified on labels
- Warning signs of an allergic reaction
- Health care providers and/or allergy specialists contact information (name, phone numbers)
- Emergency response procedures designating who administers the epinephrine based on the location of the exposure
- Where epinephrine auto-injectors (and backup auto-injectors, if applicable) are stored

The IHP will contain a summary of the nursing assessment, including the student's competency to carry and administer his or her epinephrine auto- injectors. A copy of the AAP will accompany the student to the emergency room.



## Food Allergy and Anaphylaxis Management

Each student with a diagnosis of a life-threatening allergy should have an IHP and an AAP. The AAP should include the student photo, if available, specific offending allergen of reaction and names of the trained staff responsible for administering epinephrine as outlined in the IHP based on the order from the student's health care provider.

### *Roles and Responsibilities*

An effective IHP and AAP requires the cooperation of designated school personnel who are knowledgeable and trained regarding the management of students with life-threatening food allergies. Staff who may be present in the event of an anaphylactic reaction should be prepared for their responsibilities prior to the emergency. The food allergy management team should include, but is not limited to, the student, RN, school nurse, parent/guardian, administrators, teachers, counselors, food service directors and personnel, bus/transportation staff, coaches and/or extracurricular advisors. The RN shall meet with the team annually as a group, but he or she may also meet separately with staff members to ensure their competency in emergency response procedures. Responsibilities are shared among all partners to assist the child in food avoidance when there are known allergies.

### Student with Life-Threatening Allergies

- Learn to recognize symptoms. Signs and symptoms should be taken seriously as soon as they develop.
- Promptly inform all adults if he/she suspects exposure to an allergen
- Take responsibility for avoiding allergens, including participating in developing the IHP/AAP, as applicable based on age and developmental level.
- Learn to read food labels
- Wear a medical alert identification tag while in school is strongly advised
- Trading or sharing food is prohibited
- Wash hands before and after eating
- Develop trusting friendships with peers and ask them for help if needed
- Report teasing or harassment immediately
- Carry own epinephrine auto-injectors and demonstrate competency if age and developmentally appropriate
- If permitted by school authorities and parent/guardian, carry a cell phone for emergency use only (middle and high school students)
  - Cell phones should not take the place of notifying school personnel

## Parent/Guardian

- Inform the school nurse and administrators of the child's allergies prior to the opening of school or as soon as possible after diagnosis. Explain what the child's allergens, triggers, warning signs of allergic reaction and emotional responses.
- Participate in team meetings and in the development of the IHP
- Communicate with individual school personnel who will be in contact with your child.
- Provide the school with emergency contact information (cell phone number, work number, etc.) and designate someone to act on your behalf if unavailable.
- Provide a list of foods and ingredients that the child should avoid, as recommended by their health care provider or observed by the parent/guardian.
- Provide the school nurse with medication orders from a health care provider, permission to consult with the provider, and signed consent forms to administer medications and share health information on a need-to-know basis.
- Provide the school with up-to-date epinephrine auto-injectors (two auto-injectors are recommended) to be stored in **secure, unlocked locations** according to school policy. It is not the school's responsibility to furnish epinephrine auto-injectors for students.
- Communicate with schools regarding necessary accommodations for school field trips or off-site school-sponsored events.
- Provide the school with updates on the child's allergy status annually, and as needed.
- Provide a medical alert identification tag for your child (strongly advised).
- Advocate for your child regarding the seriousness of allergies and encourage your child to take more responsibility as he/she grows older.

## RN (or LPN as directed by the RN)

- Introduce yourself to the student and orient him/her how to access the nurse and allergy medication if applicable.
- At the beginning of the school year, meet with the parent/guardian of the student with life-threatening allergies or as soon as possible after diagnosis.
- Obtain and maintain a current knowledge base and update skills and abilities related to the medical management of food allergies in the school-age population.
- Arrange and convene a food allergy management team meeting to plan and review IHP with special attention to the AAP; encourage parent/guardian participation.
- Assure that the IHP with the AAP includes the student's name, photo if available, allergens, and symptoms of allergic reaction, risk reduction procedures, emergency responses, and required signatures. Monitor that it is filed in the cafeteria and classroom.
- Regularly review and update the IHP whenever there is a change in medical management or the student's response to care.
- Establish and maintain a working relationship with the student's parent/guardian and health care provider and act as a liaison between the student's authorized health care provider and the school.
- Document attempts to collaborate with the parent/guardian who have not participated in

the development of the IHP or fail to supply epinephrine auto-injectors (letters or phone calls – consequences of lack of cooperation per LEA policy).

- Familiarize assigned school personnel with the AAP on a need-to-know basis.
- Coordinate or conduct in-service training and education for appropriate staff per LEA policy.
- Implement a periodic anaphylaxis drill with the assistance of the school administrator based on LEA policy.
- Make sure there is a contingency plan for substitute school nurses.
- File location of epinephrine auto-injectors in the main office, health clinic, food service area and with all assigned teachers. Check expiration dates and stock up supply per LEA policy.
- Request a functioning communication device in the health clinic (e.g., phone system, intercom, or two-way radios).
- Serve as the student's advocate.
- Respect the student's confidentiality and right to privacy.

#### School Administrator

- Participate in developing the IHP with an attached AAP as a member of the allergy management team. Support school personnel, the student and parent/guardian in implementation of the plans
- Include in the school's emergency response plan a written plan outlining emergency procedures for managing life-threatening allergic reactions.
- Include district health professionals in the development and reviews of health policies and emergency protocols for the LEAs.
- Monitor overall compliance with the implementation of the AAP.
- Recommend that communication devices are provided and in functioning condition in the appropriate locations (nurse's clinic, classroom, cafeteria, etc.).
- If the LEA chooses to have a school supply (stock) epinephrine for students having a life-threatening/anaphylactic reaction for the first time or when the student's personal auto-injector is not available, pursuant to Tenn. Code Ann. § **49-50-1602(f)**, the school must develop a protocol for administration of epinephrine.
- Require the completion and documentation of training and education of all involved school personnel as set forth in T.C.A. § **49-50-1602(f)**.
- Inform the parent/guardian if their student experiences an allergic reaction at school.
- Monitor strategies to reduce the risk of exposure.
- Communicate in advance with the school nurse when a field trip or off-site school-sponsored event or class party might require additional planning.
- Provide adequate time for the school nurse to train volunteer school personnel.

#### Educational Personnel (Teachers, Aides, Coaches, Etc.)

- Participate in team meetings for the student with life-threatening allergies.
- Be aware of signs and symptoms of an allergic reaction and follow planned procedures

outlined in the Emergency Response Plan.

- Be sure volunteers, student teachers, aides, specialists and substitute teachers are informed of the student's food allergies and necessary safeguards on a need-to-know basis.
- Request that the classroom has a functioning intercom, two-way radios, or other communication device for communication with the school nurse and administrator.
- Work with the school nurse to educate other parents about the presence and needs of the child with life-threatening allergies on a need-to-know basis and with parent/guardian permission. Enlist their help in keeping certain foods out of the classroom.
- Respects the student's right to confidentiality.
- Participate in the planning for student's re-entry to school after an anaphylactic reaction, when possible.
- Inform parents of any special school events where food will be served.
- A student experiencing a suspected allergic reaction should **never** be sent to the nurse's clinic, office, or anywhere in the school building alone.
- Request a teacher's aide or assistant, if needed, based on the student's IHP.
- Establish procedures in the classroom to ensure that the student with life-threatening food allergies eats only what he or she brings from home or is provided by the school following the IHP.
- Prohibit students from sharing or trading snacks.
- Allow time for proper hand washing before and after eating and/or using food products.
- Consider students' allergies when offering incentives and rewards as well as classroom crafting activities.
- Communicate and collaborate in advance with the school nurse about a field trip, off-site school-sponsored event or class party.
- If, for safety reasons, medical alert identification needs to be removed during specific activities, the student should be reminded to replace this identification immediately after the activity is completed.
- Notify substitute teachers of students with allergies and leave a clear plan of care regarding the special needs of the student.
- Keep the student's AAP readily accessible in the classroom in an organized format for substitute teachers and for use in emergency situations.

#### School Counselor

- While the school counselor and/or social worker may not always have direct contact with the student, they should be aware of the students in their schools who have a food allergy and the potential impact it may have on the student's behavior and performance.
- Communicate with the school nurse as needed in the development of the student's IHP and AAP.
- Monitor anxiety, stress levels, and social development of students with life-threatening allergies and provide interventions as appropriate.
- Act as a resource to parents and students regarding anxiety, stress, and normal

development.

- Educate classmates (with parent/guardian and student's permission) to avoid endangering, isolating, stigmatizing or harassing students with food allergies per LEA policy (at a minimum of annually).

#### Food Service Manager/Personnel

- Set up policies for the cafeteria regarding students with a food allergy.
- Communicate as needed with the school nurse regarding the development of the food AAP.
- File the student's AAP with the consent of parent/guardian.
- Review the legal protections for a student with special healthcare needs.
- Read all food labels and re-check routinely for potential food allergens.
  - This includes new products as well as items that have a long shelf life.
- Annually train all food service staff (including monitors) and their substitutes to read product food labels and recognize food allergens.
- Maintain contact information for manufacturers of food products – consumer hotline.
- Review and follow sound food handling practices to avoid cross-contact with potential food allergens.
- Create specific areas that will be allergen safe, if feasible.
- Enforce strict sanitation with staff using commercial cleaning solutions on tabletops to avoid cross-contact.
- After receiving a doctor's order, make appropriate substitutions or modifications for meals served to students with food allergies; consult with the district food service director as needed.
- Plan ahead to have safe meals for field trips.
- Recommend that food service personnel wear non-latex gloves.
- Provide advance copies of the menu to parent/guardian when feasible.
- Have a functioning communication device to support emergencies.

#### School Bus Drivers

- Provide functioning communication devices.
- Know local emergency medical services procedures.
- Recommend that there be no consumption of food on school buses unless medically necessary, such as students with diabetes.
- Respect the student's right to confidentiality and privacy.
- Individual LEA's school bus drivers should consider receiving training on emergency allergy response epinephrine administration and CPR training.

#### Off-site School Sponsored Events

- An epinephrine auto-injector must be with the child on all field trips, both long and short trips.

- No student should be excluded from a field trip or any extracurricular program or activity due to the risk of allergen exposure.
- A school must provide the accommodations and services the student needs to partake in the trip.
- A school may only exclude a student from a field trip if the student's participation presents an unacceptable risk to the student's health or safety.
- The parent/guardian of the student should be allowed to accompany their child on the school trip in addition to the school chaperone.
- Unless all parents are required to participate in the field trip, parent/guardian of students with disabilities may not be required to participate in the field trip in order to care for the student.
- As a matter of safe practice, the school may reasonably require that parents supply an extra set of emergency medication (epinephrine auto-injector for availability during extracurricular activities).

Before a field trip or extracurricular activity, the school shall:

- Notify the student's parent/guardian in a timely manner to prepare for food/snacks/medications.
- Prohibit sharing or trading food.
- Make certain that an emergency communication device is always present. A minimum of two people with cell phones is recommended.
- Clearly identify who is responsible for keeping the epinephrine auto-injector, first aid kit and other medication along with a copy of the student AAP.
- Have the school nurse assess if it is appropriate for the student to carry his/her own epinephrine auto-injector.
- It is recommended that students and staff use hand wipes before and after eating.
- Maintain records of the names and phone numbers of parent/guardian of the student, the health care provider, and the allergist.
- Ensure trained school personnel are assigned to stay with the student at all times if the emergency medication has been administered.
  - Immediately call an ambulance to transport the student to the nearest hospital when an epinephrine auto-injector is given.
  - Designate someone to call the student's parent/guardian and provide the name and location of the hospital.
- Communicate in advance with the school nurse when a field trip or off-site school sponsored event is planned.
- Ensure the bus driver has the emergency route to the hospital if the cell phone cannot make the connection to EMS. The bus driver should only transport to the nearest emergency room on the bus if EMS cannot be reached.
- Train staff in proper separation, storage, and distribution of the child's snacks/lunches.

## Food Allergy and Anaphylaxis Medication Administration

Tenn. Code Ann. § 49-50-1602(e) states:

- (1) A student with anaphylaxis is entitled to possess and self-administer prescription anaphylaxis medication while on school property or at a school-related event or activity if:
  - (A) The prescription for anaphylaxis medication has been prescribed for that student as indicated by the prescription label on the medication bottle.
  - (B) The self-administration is done in compliance with the prescription or written instructions from the student's physician or other licensed health care provider; and
  - (C) A parent of the student provides to the school:
    - (i) A written authorization, signed by the parent, for the student to self-administer prescription anaphylaxis medication while on school property or at a school-related event or activity;
    - (ii) A written statement, signed by the parent, in which the parent releases the school district and its employees and agents from liability for an injury arising from the student's self-administration of prescription anaphylaxis medication while on school property or at a school-related event or activity, except in cases of wanton or willful misconduct; and
    - (iii) A written statement from the student's physician or other licensed health care provider, signed by the physician or provider, that:
      - (a) Supports a diagnosis of anaphylaxis;
      - (b) Identifies any food or other substances to which the student is allergic;
      - (c) Describes any prior history of anaphylaxis, if appropriate;
      - (d) Lists any medication prescribed for the child for the treatment of anaphylaxis;
      - (e) Details emergency treatment procedures in the event of a reaction;
      - (f) Lists the signs and symptoms of a reaction;
      - (g) Assesses the student's readiness for self-administration of prescription medication; and
      - (h) Provides a list of substitute meals that may be offered by school food service personnel.
- (2) The physician's statement must be kept on file in the office of the school nurse of the school that the student attends or, if there is not a school nurse, in the office of the principal of the school that the student attends.
- (3) If a student uses the medication in a manner other than prescribed, the student may be subject to disciplinary action under the school codes.

### *Recommendations*

- The school will share pertinent health information, including the AAP, with school staff who have a legitimate educational interest in the student.

- The school will maintain a current and updated list of students who carry their own epinephrine in the school's nurse's office.
- The school will provide information about students with life-threatening allergies and their photos (if consent is given by parent/guardian) to all staff on a need-to-know basis (including bus drivers).
- The school will document the administration of epinephrine in the student's IHP and student record.
- The school will maintain and make available a list of trained volunteer school personnel authorized to administer epinephrine. A list of all trained personnel should be immediately available in an emergency.
- The LEA should develop a policy on students carrying their own epinephrine auto-injector.
- The LEA should develop a policy for carrying and disposal of the sharps.
- The school nurse should periodically check medications for expiration dates and arrange for expiring medication to be replaced

Tenn. Code Ann. § **49-50-1602(f)(3)**: It is the intent of the general assembly that schools, both public and nonpublic, be prepared to treat allergic reaction in the event a student's personal epinephrine auto-injector is not available or the student is having a reaction for the first time. 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. A physician may prescribe epinephrine auto-injectors in the name of an LEA or nonpublic school to be maintained for use in schools when necessary. When a student does not have an epinephrine auto-injector or a prescription for an epinephrine auto-injector on file, the school nurse or other trained school personnel may utilize the school supply to respond to an anaphylactic reaction, under a standing protocol from a physician licensed to practice medicine in all its branches.

If applicable, at the beginning of the school year, the school should inform parents of its election to maintain epinephrine auto-injectors for use in emergencies. School personnel who volunteer under no duress or pressure and who have been properly trained may administer epinephrine auto-injector to respond to any student believed to be having a life-threatening allergic or anaphylactic reaction, even if a student does not have an epinephrine auto-injector or a prescription on file. The district's standing protocol is to be followed in those circumstances.

If a student is injured or harmed due to the administration of epinephrine:

- The physician will not be held responsible for the injury unless the physician issued the prescription or standing protocol with intentional disregard for safety.
- The school nurse or other trained school personnel will not be held responsible for the



injury unless the school nurse or school employee administered the epinephrine injection with an intentional disregard for safety.

### *Epinephrine Auto-Injector Administration*

Epinephrine, also called adrenaline, is naturally produced by the body. When administered, it rapidly improves breathing, increases heart rate, and reduces swelling of the face, lips, and throat.

**Epinephrine is the only medication that can reverse the symptoms of anaphylaxis.**

Epinephrine is available as an auto-injector (Auvi-Q™, EpiPen® or Adrenaclick®). For students at risk of experiencing a severe reaction (anaphylaxis), epinephrine is prescribed and must be administered promptly during anaphylaxis to be most effective.

#### Timely Accessibility

- Epinephrine should be readily accessible and secure at all times during school hours. It may be carried by the student, if appropriate, and according to the health care provider's orders and outlined in the IHP.
- To promote rapid life-saving steps, epinephrine should be in accessible and **unlocked, secure locations** that can be properly supervised by a nurse or other authorized and trained staff member. Key staff members, such as the teacher, principal, and cafeteria staff, should know where the auto-injector is stored even if they are not trained to administer it.
- All staff trained in the use of epinephrine should know exactly where it is located.
- Identification of the place where the epinephrine is to be stored is selected after considering where students may be most at risk of anaphylaxis and where the school can provide easily accessible, yet secure access. The epinephrine may be stored at more than one location. The location of the auto-injector and the backup should be written in the student's IHP.

#### Available Epinephrine Auto-Injectors

There are a number of epinephrine auto-injectors that have been approved by the FDA and are available with a prescription. The devices operate in different ways, so it is important to be properly trained to use the device. Epinephrine should be stored and administered according to manufacturer's instructions. Below is a list of the devices currently on the market, links to more information about each device.

#### Auvi-Q™

It has a retractable needle system and a red safety guard located at the same end as the needle. Activation of the device by removing the outer case initiates an audio voice recording that provides step-by-step instructions and a five-second countdown during the injection.

Click [here](#) for detailed information about Auvi-Q™.

### EpiPen®

A disposable, pre-filled automatic injection device used to treat life-threatening, allergic emergencies including anaphylaxis. EpiPen® contains a single dose of epinephrine.

[Click here](#) for detailed information about EpiPen®.

### Adrenaclick®

An automatic injection device designed for self-administration delivering one dose of epinephrine. The press and hold technique: press hard, hold in the middle of the outer side of the thigh (upper leg) for 10 seconds - is designed to deliver the full dose of epinephrine.

[Click here](#) for detailed information about Adrenaclick®.

When Administering Epinephrine:

- EMS (911) should be called for further evaluation and treatment after administration of epinephrine. The student should be transported to the nearest hospital emergency room. Even if symptoms appear to resolve after epinephrine administration, the effect of the injection begins to wear off after ten to 20 minutes, or sooner.
- If symptoms recur, use the second epinephrine auto-injector in the twin pack. This may be used as soon as 5 minutes after the first injection.
- In the event an allergic reaction occurs where there is no known allergic history (first-time reaction), the staff should call the school nurse and activate the School Emergency Allergy Response Plan. EMS (911) should be called immediately.

### **Food Allergy and Anaphylaxis Training**

Tenn. Code Ann. § **49-50-1602(f)(1)** states that guidelines should include education and training for school personnel on the management of students with life-threatening food allergies, including training related to the administration of medication with a cartridge injector.

#### *Licensed Health Care Professionals*

Licensed health care professionals employed or contracted by an LEA who will be providing care to a student with known allergies should demonstrate competency for knowledge and skills on an annual basis.

#### *Suggested Training Strategy*

NASN and the CDC recommend offering different levels of training that includes basic training for

all staff and specialized training for specific staff members.

**Level 1 Food Allergies and Anaphylaxis Overview:** This training would be required of all early childhood educators and school personnel. The training provides the basics about food allergies and anaphylaxis and how to assist others in responding to food allergy-related emergencies.

**Level 2 Food Allergies and Anaphylaxis Basics and Emergency Response:** This in-depth training would build on Level 1. This training would be required for school personnel that have contact with students with food allergies and risk for anaphylaxis (e.g., classroom teachers, physical education teachers, coaches, bus drivers, food service personnel, early childhood educators).

School personnel training should be facilitated by the school nurse. NASN has provided a [sample checklist](#) for training school personnel

**Level 3 Specialized Training for Staff Responsible for Managing the Health of Children with Food Allergies on a Daily Basis:** This training should be required for the district nurse, school nurse, school physician, and other health care professionals. Level 3 content should include level 1 and 2 strategies.

#### *Suggested Components for Training Curriculum*

- Provide an overview of food allergies.
- Review signs and symptoms of food allergy and anaphylaxis.
- Explain medications for food allergy and anaphylaxis.
- Discuss best practices for preventing exposure to food allergens.
- Review policies on bullying and discrimination against students with food allergies.
- Delineate communication process during medical emergencies including who to contact for help in an emergency.
- Provide FERPA privacy and confidentiality and legal rights of students with food allergies.
- Provide guidance for the staff team accountable for the student specific AAP/Emergency Care Plan.
- Review preventing exposure to allergens.
- Discuss school-wide staff response to allergen exposure or symptoms of anaphylaxis.
- Train and evaluate staff detection of symptoms of anaphylaxis.
- Train, practice, and evaluate staff administration of epinephrine auto-injector.
- Train, practice, and evaluate staff in activating emergency care plans in case of a food allergy emergency.
- Document training and evaluation of training.
- Periodically provide training updates as needed.
- Provide background on the importance of partnering with parents.
- Discuss the need to investigate local emergency medical services carrying epinephrine.

- Describe the team approach for preventing exposures and responding to emergencies, including identifying the school personnel team needed to support the food allergic student.
- Educate regarding legal issues related to students with food allergies.
- Reinforce the need for ongoing evaluation and documentation of emergency response and staff competence in responding to food allergy emergencies, including debriefing following an exposure or epinephrine administration.

### *Suggested Training Resources*

#### NASN Allergies and Anaphylaxis

Many of the resources on this webpage have been developed by the Epinephrine Policies and Protocols Workgroup, a collaboration of representatives of NASN, the American Academy of Pediatrics, and the National Association of State School Nurse Consultants and sponsored by Mylan; some materials and programming was supported by Pfizer; and other materials were compiled by NASN staff.

[Click here](#) to learn more.

#### CDC Voluntary Guidelines for Managing Food Allergies

The Voluntary Guidelines for Managing Food Allergies are intended to support implementation of food allergy management and prevention plans and practices in schools and early care and education (ECE) programs. They provide practical information, planning steps, and strategies for reducing allergic reactions and responding to life-threatening reactions for parents, district administrators, school administrators and staff, and ECE program administrators and staff. They can guide improvements in existing food allergy management plans and practices. They can help schools and ECE programs develop a plan where none currently exists.

[Click here](#) to learn more.

#### Food Allergies: Keeping Students Safe and Included

Food Allergies: Keeping Students Safe and Included is an online training course 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.

[Click here](#) to learn more.

## **Seizure Disorders**

### **Seizure Description**

According to the [National Epilepsy Foundation](#), approximately 300,000 American children under the

age of 15 have epilepsy and 200,000 new cases of epilepsy are diagnosed each year. Often the cause of seizures is not apparent. 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.

### **Types of Seizures**

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	
<b>Absence seizures (formerly known as petit mal)</b>	<ul style="list-style-type: none"> <li>• Typical: brief episodes of staring, blinking, being unaware of surroundings; usually last less than 10 seconds but may last up to 20 seconds.</li> <li>• 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.</li> </ul>
<b>Myoclonic</b>	Brief jerks of a muscle or group of muscles; usually involving the neck, shoulders, and upper arms.
<b>Atonic</b>	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.
<b>Clonic</b>	Rhythmic jerking movements of the arms and legs, may be generalized.
<b>Tonic</b>	Sudden stiffening movements of the body, arms, or legs involving both sides of the body; usually last less than 20 seconds.
<b>Tonic-clonic (formerly known as grand mal)</b>	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	
<b>Focal aware seizures (formerly known as simple partial seizures)</b>	<ul style="list-style-type: none"> <li>• With motor symptoms – jerking and/or stiffening</li> <li>• With somatosensory symptoms – touch, smell, hearing, taste, and vision</li> <li>• 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</li> <li>• With psychic symptoms – consciousness not impaired; dreamy state, Déjà vu</li> </ul>
<b>Focal impaired awareness seizures (formerly known as complex partial seizures)</b>	<ul style="list-style-type: none"> <li>• Consciousness and/or responsiveness impaired</li> <li>• Movements of the mouth and face (e.g., lip smacking, chewing, and swallowing movements)</li> <li>• Movements of the hands and arms (e.g., fumbling, picking, and tapping movements)</li> <li>• Vocalizations (e.g., grunting or repetition of words or phrases)</li> </ul>
Seizure Clustering	
<ul style="list-style-type: none"> <li>• Repetitive or serial seizures</li> <li>• Clustering implies that the occurrence of one seizure may influence the probability of a subsequent seizure. The health care provider will give specific details.</li> </ul>	

Classifying epilepsy by seizure type alone leaves out other important information about the patient and the episodes themselves. Classifying into syndromes takes a number of characteristics into account, including the type of seizure; typical 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.

Most schools will have one or more students who may need care for a seizure problem at school. An LEA shall not assign a student with epilepsy or other seizure disorder to a school other than the school for which the student is zoned or would otherwise regularly attend because the student has a seizure disorder.

### *Psychogenic non-epileptic events (PNEE)*

PNEE are characterized by a variety of involuntary, abnormal, body movements and/or behavior that are caused by a complex, multifactorial functional disconnection between their brain and the environment. Although movements in PNEE may be concerning for or resemble epileptic seizures, PNEE movements are not caused by abnormal electric signals in the brain nor abnormal brain structure. PNEE is a category under Functional Neurologic Disorder (FND), which are a group of disorders and symptoms that can mimic neurologic disorders, but have a different underlying pathophysiology thus require different management. FND is often seen in people with unrecognized or unaddressed trauma, stress, mood disorder, etc. that may be recent or remote from their presentation. Unlike epileptic seizures, there are no specific medications that treat PNEE, but mental health therapy, specifically Cognitive Behavioral Therapy (CBT), has been shown to be effective. However, similar to epileptic seizures, when someone has a PNEE event it is important they are safe from physical harm (e.g., clear area around them, guide them gently to the ground, do not attempt to place anything in their mouth) and talk to them gently until they return to baseline. For additional information, please visit the National Institute of Neurological Disorders and Stroke, [Functional Neurological Disorder](#) webpage or the National Organization for Rare Disorders, [Functional Neurological Disorder](#) webpage.

### **Causes of Epilepsy**

With the exception of very young children and the elderly, the cause of the abnormal brain function is usually not identifiable. In about seven out of ten people with epilepsy, no identifiable cause can be found. Among the rest, the cause may be any one of a number of things that can make a difference in the way the brain works. Head injuries or lack of oxygen during birth may damage the delicate electrical system in the brain. Other causes include brain tumors, genetic conditions (such as tuberous sclerosis), lead poisoning, problems in development of the brain before birth, and infections like meningitis or encephalitis.

In many cases, there is no known cause, and they are labeled as having idiopathic epilepsy. "Idiopathic" is a Latin word meaning "of unknown cause." Recently, the classification of idiopathic epilepsy has changed to genetic epilepsy, as advancements in the field of genetics and with genetic testing have identified an increasing number of genetic mutations associated with epilepsy.

There appears to be a slightly increased risk of epilepsy in close relatives of individuals with seizures compared to the risk in the general population, depending on the etiology (cause). Sometimes there is a family history of seizures, including febrile (fever-caused) seizures, epilepsy, or seizures in

childhood that later went into remission.

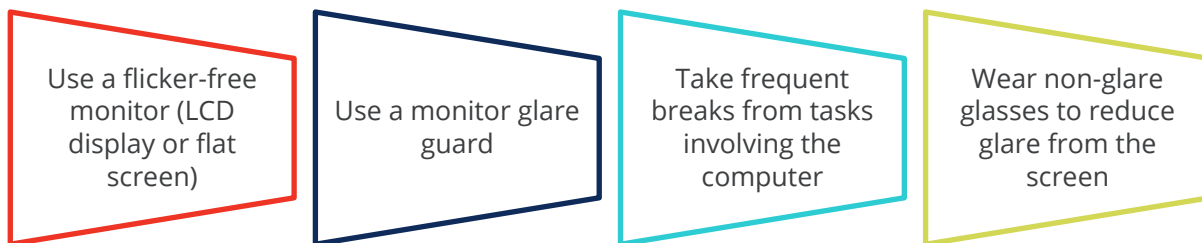
Absence and juvenile myoclonic epilepsy are two types of epilepsy that tend to run in families and are thought to have a genetic basis. Research is ongoing to find the genetic roots of some forms of epilepsy or the inherited conditions that have seizures as a primary symptom.

### Seizure 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:



### Training Requirements

Tenn. Code Ann. § 49-50-1602(g)(1) states that public and nonpublic school personnel who volunteer under no duress or pressure and who have been properly trained by a registered nurse employed or contracted by the LEA or governing board for a nonpublic school may administer abortive anti-seizure medications, including diazepam rectal gel, to a student in an emergency situation based on that student's IHP; however, if a school nurse is available, on site, and able to reach the student within the time limit for administration specified in the IHP, then the nurse shall



provide this service to the student.

With the availability of an effective medication which may rapidly stop a seizure, it is important that provisions are made to provide this medication when a nurse is not available at school. Therefore, the purpose of Tenn. Code Ann. § **49-50-1602(g)** is to allow school districts to develop and implement an Emergency Seizure Response Plan that includes training school staff in the recognition of seizure activity and the administration of emergency anti-seizure medication in the school setting.

Using this document as a guide, each school district must develop processes to identify students with seizure conditions that would require anti-seizure medication.

### *Liability*

Trained volunteer school personnel administering emergency anti-seizure medications under Tenn. Code Ann. § **49-50-1602(g)(6)**, any registered nurse who provides training to administer such medications and any local board of education or governing board for a nonpublic school authorizing the same shall not be liable in any court of law for injury resulting from the reasonable and prudent assistance in the administration of such medications, if performed pursuant to the policies and guidelines developed by the Departments of Education and Health and approved by applicable regulatory or governing boards or agencies.

### *IHP*

Once a child with a seizure disorder is identified and the parent/guardian express the desire to have an emergency anti-seizure medication available at school, pursuant to Tenn. Code Ann. § **49-50-1602(g)(2)**, a registered nurse employed or contracted by the LEA shall be responsible for developing, updating and maintaining an IHP for each student outlining the response plan for that individual child.

The following information is essential in the development of an IHP for a student diagnosed with epilepsy/seizure disorder:

- All medical diagnoses, including medication history, that may impact medication administration
- Known allergies to food or medication
- Seizure history
- Specific type(s) of seizure(s), including the frequency of seizure activity, description, and duration of seizure activity
- Description of usual post-seizure activity and plan
- Information on the student's response to any previous administration of emergency anti-seizure medication

- Requirements for reporting administration of emergency anti-seizure medication, prescription medication or over-the-counter medicines that are administered when the student is not present at school. Such notification shall be given after administration of medication, before or at the beginning of the next school day in which the student is in attendance.

### Emergency Seizure Response Plan

Convulsive seizures in a child who has epilepsy may not be a medical emergency as most seizures are self-limited. However, the following situations require immediate medical attention:

A child has a seizure and there is no known history of epilepsy. Some other medical problem might be causing the seizure, and emergency treatment of that problem might be required.

A second seizure begins shortly after the first one without regaining consciousness in between the seizures

Consciousness and/or baseline level of responsiveness does not return within 10 minutes after the seizure ends.

The seizure shows no sign of ending after five minutes.

If a child hits his/her head with force, either during the seizure or just before it began, and if one or more of the following signs is noted, call for immediate medical attention:

- Difficulty in arousing
- Altered responsiveness and/or confusion from the child's baseline cognitive level
- Vomiting
- Complaints of difficulty with vision
- Persistent headache after a short rest period
- Unconsciousness with failure to respond
- Unequal size of pupils
- If a seizure occurs in water

### *During Seizure Activity*

- **Stay with the child!**

- If falling or generalized jerking occurs:
  - Place child on the floor
  - Gently support head to side position and monitor breathing and pulse
  - Do **NOT** restrain the child
  - Do **NOT** try to place anything in child's mouth or between child's teeth, including your finger
  - Protect the child by moving items away that may cause injury – e.g., desks, chairs
  - Loosen clothing at neck and waist; remove eyeglasses, if applicable
- Have another classroom adult remove/direct students from the area. Use a watch to **time the seizure**. Observe the pattern of the seizure and be prepared to describe it.

#### **CALL 911 if:**

- The absence of breathing and/or pulse (start CPR)
- Seizure of five minutes or greater duration – follow specific time restrictions on provider order and in the IHP
- Two or more consecutive (without a period of baseline consciousness between) seizures which total five minutes or greater
- No previous history of seizure activity
- Continued unusually pale or bluish skin/lips or noisy breathing after the seizure has stopped which could indicate respiratory distress or respiratory depression
- Emergency anti-seizure medication is administered by trained volunteer school personnel or according to student's provider orders and IHP

#### *After Seizure Activity*

A child recovering from a generalized convulsive seizure may manifest abnormal behavior such as incoherent speech, extreme restlessness, and confusion that may last from five minutes to hours.

1. Reorient and reassure the child
  - Allow/assist the child with changing into clean clothing if necessary
  - Allow the child to sleep, as desired, after the seizure
  - Allow the child to eat, as desired, once fully alert and oriented
2. Inform parent/guardian immediately of seizure by telephone if:
  - The seizure is different from the usual type/frequency that has not occurred at school in the past month.
  - The seizure meets criteria for 911 emergency call. For example, the duration (e.g., 10 minutes) to call 911 if a student is not responding after the seizure ends should be included in the student's IHP.
  - The duration of time it typically takes the student to return to baseline after a seizure

has been exceeded. Every child and every seizure is different, but it is important to know at what duration to contact the parent/guardian based on the student's typical seizure activity (e.g., the student is responsive but takes longer than one hour to return to baseline alertness/mental status after seizure activity).

- Parent/Guardian requests in writing to be notified of seizure activity.

It is the parent/guardian's responsibility to determine follow-up care with a health care provider.

### **Treatment of Seizures**

There are several possible treatment methods to use to control epilepsy including medication, surgery, a special ketogenic diet, or an implanted magnet that can stimulate the vagus nerve when activated. 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 physicians 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.

However, 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. One such medication that is commonly used is diazepam (commonly known as Valium™). Special formulations of diazepam have been developed that can be administered to an unconscious person during a seizure. These special formulations are administered rectally as a gel and is known by the brand name Diastat® or intranasally and is known by the brand name Valtoco®. Diazepam rectal gel and intranasal spray work to stop seizure activity by acting on brain cell interactions that inhibit the seizure discharges. It is rapidly absorbed and quickly achieves therapeutic levels in the blood. It can be used in both children and adults.

### **Care of Student with Seizures**

The immediate first aid for seizures will be outlined in the IHP/ECP, also known as a section action plan (SAP) developed for each child with seizures. Not all children with seizures have an order for anti-seizure medication at school. School staff should understand what first aid response is necessary based on each student's IHP and/or ECP, as well as the appropriate after seizure care.

### **Roles and Responsibilities for Management of Seizure Disorders in the School Setting**

The RN should provide training, including the emergency response plan, to all school personnel about the nature of epilepsy and seizure disorder, how to recognize them, and what to do in the

event that one occurs. Any member of the school staff could be present while a student is having a seizure. All staff should understand that they should call the school nurse as soon as possible in order to evaluate the student after the seizure has subsided and to determine if any further medical attention is needed. When teachers, students, and school personnel better understand epilepsy, schools are more equipped to provide the best possible environment for students with seizures disorders.

### *Student with Epilepsy/Seizure Disorders*

- Learn to recognize symptoms and take them seriously in the early stages.
- Take as much responsibility for avoiding triggers as possible, based on developmental level.
- If age appropriate, participate in the development of the seizure health plan.
- Promptly inform an adult if he/she is aware of an impending seizure.
- Notify school staff when he/she is not feeling well.
- Develop trusting friendships with peers and ask them for help if needed.
- Report teasing or harassment immediately.
- Wearing a medical alert identification tag while in school is strongly advised.<sup>4</sup>
- Be aware of and follow any restrictions such as swimming/use of playground equipment.

### *Parent/Guardian*

- Inform the school nurse and administrators of your child's medical condition prior to the opening of school or as soon as possible after diagnosis.
- Participate in team meetings and development of the IHP or communicate with individual school personnel who will be in contact with your child.
- Provide the school with emergency contact information (cell phone, work number, etc.) and designate someone to act on your behalf if you are unavailable.
- Provide a written authorization to administer the medication at school with the LEA's release of liability pursuant to Tenn. Code Ann. § 49-50-1602.
- Deliver the medication to the school in an original package with the dosage locked in by the dispensing pharmacy with a prescription label affixed with a valid expiration date. While the parent/guardian is present, the nurse will check to ascertain that the medication is ready to use per the manufacturer's recommendation (e.g., green ready seal is visible for Diastat®); otherwise, the parent/guardian should return medication to the pharmacy for correction.
- Provide and transport to the school all medications, equipment (e.g., protective headgear) and supplies.
- Replace expired medication prior to the expiration date. If expired medication is not replaced by the parent/guardian, 911 should be called in the event of a seizure based on criteria for use of the emergency anti-seizure medication outlined in the provider's order
- Understand that the medication order is good for the entire school year unless rescinded in writing.
- Notify the school administrator or school nurse if emergency anti-seizure medication or any new prescription or over-the-counter medication is given outside of school hours by the next

school day.

- Provide the school with updates on the child's medical status annually and as needed.
- Providing medical alert identification tag for your child is strongly advised.
- Communicate with schools regarding necessary accommodations for parent/guardian participation on school field trips or off-site school-sponsored events.
- When 911 is called for treatment of seizures, it is at the expense of the parent/guardian.

*RN (or LPN as directed by the RN)*

- Introduce yourself to the student and orient him/her how to access the nurse.
- At the beginning of the school year, meet with the parent/guardian of the student with a seizure disorder or as soon as possible after diagnosis.
- Establish and maintain a working relationship with the student's parent/guardian and health care provider and act as a liaison between the student's authorized health care provider and the school.
- Organize and facilitate planning meetings with the student's parent/guardian and other key school staff to discuss the planning and implementation of the student's IHP.
- Develop an IHP in cooperation with the student, the parent/guardian, the health care provider, and other school-based staff.
- Regularly review and update the IHP whenever there is a change in medical management or the student's response to care.
- Coordinate or conduct child-specific training to all school-based personnel who will have direct contact with the student on how to respond in an emergency per LEA policy.
- Train volunteer school personnel who are willing to assist with anti-seizure medications per LEA policy.<sup>8</sup>
- Obtain and maintain a current knowledge base and update skills and abilities related to the medical management of seizures.
- Make sure there is a contingency plan for a substitute school nurse.
- Describe the established method of communication for the student/nurse/volunteer/witness to facilitate a rapid response in the event of a seizure.
- Require notification of the administration of emergency anti-seizure medication or over the counter non-prescription medication outside of school hours with instructions to return to the school nurse or school administrator the next school day that student attends.
- Check to verify that the correct dose of medication is ready to use per the manufacturer's recommendation (e.g., green ready seal is visible for Diastat®); otherwise, the parent/guardian should return medication to the pharmacy for correction.
- Identify the location of the medication in the school.
- Identify any specific storage and handling required for the medication.

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<sup>8</sup> According to Tenn. Code Ann. § 49-50-1602, public and nonpublic school personnel who have been properly trained by an RN may administer anti-seizure medications.

- Determine the plan for anti-seizure medication that is transported daily to and from school.
- Indicate the specific time frame for the administration of emergency anti-seizure medication intervention.
- School administrator/school nurse shall check monthly, and document, the expiration dates for each anti-seizure emergency medication in possession of the school.
- At least one (1) month prior to the expiration date of each medication, the school nurse or administrator shall inform the student's parent/guardian of the expiration date and the need for replacement medication.
- Request a functioning communication device in the health clinic (e.g., phone system, intercom, or two-way radios).
- Serve as the student's advocate.
- Respect the student's confidentiality and right to privacy.

### *School Administrator*

- Participate in planning the IHP as a member of the management team, and support school personnel, the student and the parent/guardian in its implementation.
- Include in the school's emergency response plan a written plan outlining emergency procedures for managing seizures.
- Include a district health professional in the development and reviews of health policies and emergency protocols for the LEAs.
- Monitor overall compliance with the implementation of the Emergency Response Plan.
- Recommend that communication devices are provided and are in functioning condition in the appropriate location (nurse's clinic, classroom, cafeteria etc.).
- Require that training and education of all involved personnel are completed and documented.
- Inform the parent/guardian if any student experiences a seizure at school.
- School administrator/school nurse shall check monthly, and document, the expiration dates for each anti-seizure emergency medication in possession of the school.
- At least one (1) month prior to the expiration date of each medication, the school nurse or administrator shall inform the student's parent or guardian of the expiration date and the need for replacement medication.
- Communicate in advance with the school nurse to review field trip plans and emergency care.
- Provide adequate time for the school nurse to train school personnel who volunteer.

### *Educational Personnel (Teachers, Aides, Coaches Etc.)*

- Participate in team meetings for the student with epilepsy/seizure disorders.
- Be aware of signs and symptoms of a seizure and follow the planned procedure during and after a seizure as described in the Emergency Response Plan.
- Be sure volunteers, student teachers, aides, specialists and substitute teachers are informed of the student's diagnosis and necessary safeguards on a need-to-know basis.

- Request that the classroom has a functioning intercom, two-way radios, or other communication device for communication with the school nurse and administrator.
- Work with the school nurse to educate other parents about the presence and needs of the child with epilepsy/seizure disorders on a need-to-know basis and with parent/guardian permission.
- Respect the student's right to confidentiality and privacy.
- Participate in the planning for student's re-entry to school after a seizure has occurred, when possible.
- Communicate and collaborate in advance with the school nurse to review field trip plans and emergency care.
- Notify substitute teachers of students with epilepsy/seizure disorders and leave a clear plan of care regarding the special needs of the student.
- Keep the student's Emergency Response Plan for Seizures readily accessible in the classroom in an organized format for substitute teachers and for use in emergencies.

#### *School Counselor*

- While the school counselor and/or social worker may not always have direct contact with the student, they should be aware of the students in their schools who have a seizure disorder and the potential impact it may have on the student's behavior and performance.
- Communicate with the school nurse (RN) as needed in the development of the student's IHP.
- Monitor anxiety, stress levels, and social development of students with seizure disorders and provide interventions as appropriate.
- Act as a resource to the parent/guardian and students regarding anxiety, stress and normal development.
- Educate classmates to avoid endangering, isolating, stigmatizing, or harassing students with epilepsy/seizure disorders (with parent/guardian and student's permission) per LEA policy (at a minimum annually).
- When an episode of automatic behavior or a convulsion occurs in the classroom, the whole class is affected. Provide interventions as appropriate.

#### *Food Service Manager/Personnel*

- Be aware of special dietary requirements (e.g., ketogenic diet).
- Be able to identify the signs and symptoms of student distress.
- Be knowledgeable about the activation of emergency services.
- Have a functioning communication device to support emergencies.

#### *School Bus Drivers*

- Provide functioning communication devices.
- Know local emergency medical services procedures.
- Respect the student's right to confidentiality and privacy.



- Individual LEA's school bus drivers should consider receiving CPR training.

### *Off-site School Sponsored Events*

- No student should be excluded from a field trip or any extracurricular program or activity due to seizure disorders. Instead, a school must provide the accommodations and services the student needs to participate in the trip. A school may only exclude a student from a field trip if the student's participation presents an unacceptable risk to the student's health or safety. The parent/guardian of the student should be allowed to accompany their child on the school trip in addition to the school chaperone. Unless all parents are required to participate in the field trip, the parent/guardian of students with disabilities may not be required to participate in the field trip in order to care for the student are not required to attend the trip.
- The teacher requesting/organizing the field trip will coordinate with the principal, school nurse or designee to meet the student's healthcare needs.
- As a matter of safe practice, the school may reasonably require the parent/guardian to supply an extra set of emergency anti-seizure medication for availability during extracurricular activities.

### *Before a field trip or extracurricular activity, the school shall:*

- Notify the parent/guardian of the student with epilepsy/seizure disorders in a timely manner in order to prepare for medications.
- Plan activities that take into account students with epilepsy/seizure disorders who are participating.
- Train participating school staff in emergency responses relative to student's needs to include administration of student's emergency medications.
- Make certain that an emergency communication device is always present. A minimum of two (2) people with cell phones is recommended.
- Maintain records of the names and phone numbers of parent/guardian of the student and the health care provider.
- Designate someone to call the student's parent/guardian with the name and location of the hospital.
- Be sure that the bus driver has the emergency route to the hospital if the cell phone cannot make the connection to EMS. Only if EMS cannot be reached should the bus driver take the child to the nearest emergency room on the bus.

### **Anti-seizure Medication Administration**

Tenn. Code Ann. § **49-6-1602(g)** addresses the administration of anti-seizure medications in school settings in emergency situations. This statute establishes procedures for all LEAs and the governing boards of nonpublic schools that choose to allow volunteer school personnel to administer anti-seizure medication.

- School personnel in both public and nonpublic schools who volunteer under no duress or pressure and who have been properly trained by a registered nurse employed or contracted by the LEA or governing board for a nonpublic school may administer emergency anti-seizure medications, including diazepam gel, to a student in an emergency situation based on that student's IHP.
- At least one (1) school employee is to serve as a witness on any occasion a volunteer administers emergency anti-seizure medication during an emergency situation, unless a witness is not available within the time limit for administration specified in the IHP.
- Training shall be conducted as soon as volunteer staff has been determined and shall be repeated annually thereafter. In addition, competencies to administer emergency anti-seizure medications shall be documented in the personnel file of all volunteer school personnel.
- All volunteers trained to administer emergency anti-seizure medications shall also be trained in CPR consistent with guidelines of the American Heart Association prior to anti-seizure medication training.
- When a trained volunteer determines the administration of anti-seizure medication is necessary, school officials shall immediately summon local emergency medical services to the school to provide necessary monitoring or transport to safeguard the health and condition of the student.
- Trained volunteer school personnel administering anti-seizure medications, any registered nurse who provides training to administer such medications and any local board of education or governing board for a nonpublic school authorizing the same shall not be liable in any court of law for injury resulting from the reasonable and prudent assistance in the administration of such medications, if performed pursuant to the policies and guidelines developed by the Departments of Health and Education and approved by applicable regulatory or governing boards or agencies.

Prior to the administration of any emergency anti-seizure medication by a volunteer or a school nurse, it is essential that the proper documentation is in place and the appropriate forms are correctly completed and authorized. Each LEA currently has proprietary medication administration forms that are used in their district for the authorization of medication at school. These forms can still be used by school districts as their written authorization to administer anti-seizure medication.

The student's parent/guardian shall provide:

- A written authorization to administer the medication at school.
- A written statement from the student's health care practitioner that includes the following information:
  - the student's name
  - name and purpose of the medication
  - prescribed dosage

- route of administration
- the frequency that the medication may be administered
- detailed circumstances under which the medication may be administered
- a list of other medications the student is taking, with emphasis on any medication that could increase or change the effects of the anti-seizure medication

The written authorization to administer emergency anti-seizure medication shall be kept on file in the office of the school nurse or school administrator. Unless subsequently rescinded in writing, such authorization shall be effective for the entirety of the school year in which it is granted. New authorization **must** be obtained each school year.

The completed medication administration form must be supplied to the school by the child's parent/guardian along with the medication prescribed. The prescribed medication must be in the original package with the dosage locked in by the dispensing pharmacy with a prescription label affixed with a valid expiration date.

A student's parent/guardian, who has given the student's school written authorization to administer emergency anti-seizure medication, shall, in accordance with the student's IHP, notify the school administrator or school nurse if emergency anti-seizure medication or prescription or over-the-counter medicines are administered to the student at a time at which the student is not present at school.

The school nurse or school administrator shall check monthly the expiration date for each anti-seizure medication in possession of the school. At least one (1) month prior to the expiration date of each medication, the school nurse or administrator shall inform the student's parent or guardian of the expiration date.

#### *Prior to Administration of Anti-seizure Rescue Medication*

Ensure the following is in place prior to the procedure being performed in school:

- Medication Authorization form completed by the health care provider and signed by a parent/guardian.
  - Must include indications/contraindications and follow-up plan
- IHP, 504 Plan, EAP/ECP, IEP
- Antiseizure medication should be stored in a secure and readily accessible place at school.
  - A separate dose of the medication can be kept at the school at all times to avoid the possibility of leaving the medication at home when the device is transported back and forth each day. If this is not possible, other plans for storage and transport of medication will be outlined in the child's IHP and/or EAP/ECP.
- Volunteer(s) trained to administer anti-seizure rescue medication must have current training

in CPR.

- Instructions and health care provider's orders for anti-seizure rescue medication administration will be in the IHP and/or EAP/ECP in a predetermined location along with supplies necessary for administration and communication with EMS/parent/guardian.
- Knowledge by the nurse and/or trained volunteer personnel on what type of seizure activity the antiseizure medication is to be administered for and how many minutes into the seizure it is to be given, as prescribed by the health care provider.
- Document the expiration date.
- Anti-seizure medication orders must include the following information:
  - Duration and type of seizure activity before anti-seizure rescue medication is administered. Volunteers must be trained by an RN on each student's ECP/SAP, including signs and symptoms and when to treat with anti-seizure rescue medication per health care provider's order.
  - Any contraindications to the anti-seizure rescue medication (e.g., fever, respiratory infections, etc.).
  - Exact dose of the drug.
- The school nurse, or the volunteer in lieu of the nurse, must verify the dosage received matches the healthcare provider's order and document this on the Medication Log.
- The student's IHP and/or ECP should outline when 911 should be notified and when the student may return to school after a seizure. 911 must be called when trained volunteer school personnel administer diazepam gel. When 911 is called, always communicate the following:
  - Time of seizure onset
  - Description of seizure activity
  - Time seizure ended
  - Time anti-seizure rescue medication dosage given
  - Who administered anti-seizure rescue medication

### *Antiseizure Rescue Medication*

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.

### Diazepam Nasal Spray

Diazepam nasal spray rescue medication (Schedule IV controlled substance) is approved for short term treatment of seizure clusters or acute repetitive seizures. Valtoco® is the brand name for a nasal form of diazepam. It does not replace daily seizure medication. This is the same medication used in the rectal form known as Diastat®. Common side effects of Diazepam nasal spray include

sleepiness (most frequent side effect), headache, and nose discomfort or congestion. More serious side effects include breathing problems, central nervous system depression, and suicidal thoughts and behavior (Epilepsy Foundation, 2020). Medication should be administered according to the manufacturer's instructions. Instructions for administering Valtoco® 5 mg and 10 mg doses and 15 mg and 20 mg doses can be found [here](#).

#### Midazolam Nasal Spray

Midazolam nasal spray rescue medication (Schedule IV controlled substance) is approved for short-term treatment of increased or frequent seizures called seizure clusters or acute repetitive seizures. It does not replace the need for daily seizure medicine and should not be used daily. Nayzilam® is a benzodiazepine and is the brand name for the nasal form of midazolam. If a medicine like midazolam or other benzodiazepine is used every day and then stopped suddenly, withdrawal symptoms may occur. Stopping this medicine suddenly may cause worsening of seizures and seizure emergencies. Common side effects include sleepiness, runny nose, nasal discomfort, throat irritation, and headache. More serious side effects include heart and breathing problems, central nervous system depression, allergic reactions, and suicidal thoughts and behavior (Epilepsy Foundation of America, 2020). Medication should be administered according to the manufacturer's instructions. Instructions for administering Nayzilam® can be found [here](#).

## Resources

Epilepsy Foundation. (2020). *Diazepam Nasal*. Retrieved from <https://www.epilepsy.com/medications/diazepam-nasal>

Epilepsy Foundation of America. (2020). *Midazolam Nasal*. Retrieved from <https://www.epilepsy.com/medications/midazolam-nasal>

Neurelis. (2020, January). *Instructions for Use*. Retrieved from [https://www.valtoco.com/sites/default/files/pdf/Instructions\\_For\\_Use.pdf](https://www.valtoco.com/sites/default/files/pdf/Instructions_For_Use.pdf)

UCB Group of Companies. (n.d.). *Instructions for Use*. Retrieved from <https://www.ucb-usa.com/nayzilam-instruction.pdf>

#### Diazepam Gel

Diazepam is a benzodiazepine class medication (Valium™) used to stop prolonged seizures. In the rectal gel preparation, it is more convenient to administer to patients who cannot swallow during or after seizures. It is supplied in a syringe-like container and has a small plastic applicator tip that is inserted just inside the rectum. The dose is predetermined by the child's age and weight and is delivered in preset dosages.

The most common side effect of diazepam is sedation. This sedation is more likely to occur at higher dosages or if the medication has previously been given within the past eight hours. **Therefore, it is critical for school personnel to know about same-day use of antiseizure rescue medications,**

**including diazepam, prior to school.**

It is important for school personnel to be informed by the health care provider of any interactions between diazepam rectal gel and other medication the student may be taking that could possibly potentiate the sedative effect. The dosage will be predetermined by the child's health care provider and that specific dose will be loaded into the delivery container (e.g., Diastat® AcuDial™) and locked by the pharmacy. It is not necessary for school personnel to calculate the dose to be administered at school. Medication should be administered according to the manufacturer's instructions. Instructions for administering Diastat® can be found [here](#).

### *Seizure Training*

Tenn. Code Ann. § **49-50-1602(g)(4)** provides that once a public or private school has determined to allow volunteer staff to administer anti-seizure medication in an emergency situation, the training referenced in subdivision (g)(3) shall be conducted as soon as possible and shall be repeated annually thereafter. In addition, competencies to administer anti-seizure medications shall be documented in the personnel file of all volunteer school personnel. All volunteers trained to administer anti-seizure medications shall also be trained in CPR.

Licensed health care professionals employed or contracted by an LEA who will be providing care to a student with a seizure disorder should demonstrate competency for both knowledge and skills on an annual basis.

The curriculum for training includes:

- General education about seizures and epilepsy
- The recognition of prolonged seizure activity requiring intervention
- Immediate first aid techniques including CPR for the management of seizures
- Protocol and proper technique for the administration of emergency anti-seizure medication
- Appropriate post-seizure aftercare

**If an LEA chooses to allow school personnel volunteers to be trained to administer emergency anti-seizure medication in an emergency situation:**

- School personnel who volunteer under no duress will be trained in the administration of an emergency anti-seizure medication.
- CPR training, consistent with guidelines of the American Heart Association, will be taught to any school personnel volunteer prior to receiving emergency anti-seizure medication training. The minimum training should be equivalent to the American Heart Association's Family and Friends curriculum.
- The LEA will maintain documentation of CPR training and emergency anti-seizure medication training.
- If the school nurse or volunteer school personnel is not available or is unable to administer emergency anti-seizure medication, 911 will be called, in accordance with the IHP and/or the Emergency Care Plan (ECP).
- Upon administration of emergency anti-seizure medication by trained volunteer school personnel, the school officials will call 911.
- A school administrator/school nurse will conduct a monthly check of each anti-seizure medication in possession of the school and notify the parent/guardian one (1) month prior to the medication expiration date.
- LEA shall not assign a student to a school other than the one to which the student is zoned or would otherwise regularly attend because the student has a seizure disorder.

#### RN Training Responsibilities

The RN will provide training to the volunteer school personnel and conduct an assessment and document the volunteer's competency in understanding seizures, the medication, method of administration and all tasks required to carry out the specific guidelines for administration of emergency anti-seizure medication.

- Determine the competency of the volunteer to administer the emergency anti-seizure medication.
- Verify that the CPR status of the volunteer is current and consistent with guidelines of the American Heart Association prior to anti-seizure emergency medication training, and place of

training in the personnel or other appropriate school file.

- Provide volunteer school personnel training in the recognition of seizures and especially prolonged seizure activity that may require rapid administration of emergency anti-seizure medication in the school setting.

#### Suggested Components for Training Curriculum

The participant(s) will demonstrate and/or verbalize the following competencies:

- Know which authorization forms are required to be completed for students with conditions requiring the emergency administration of emergency anti-seizure medication in accordance with school district policy and requirements.
- Have a basic understanding of seizures and the different types and characteristics of each type of seizure.
- Develop an understanding of how to manage seizures during the school day based upon health care provider's seizure authorization, including immediate first aid for seizures and techniques for CPR.
- Know the six rights (6 R's) of medication administration.
- Read medication label and know how to correctly follow directions on the medication label.
- Know the manufacturer's storage recommendations for each prescription medication.
- Know how to appropriately administer the anti-seizure medication.
- Know the steps to follow after administering the anti-seizure medication.
- Know when to call EMS (911).
- Know how to dispose of unused emergency anti-seizure medication/delivery device.

Both a written test and a skills check should be included, and the volunteer school personnel must demonstrate competency on both.

#### Training Resources from the Epilepsy Foundation

##### For the School Nurse

[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.

Additional trainings offered by the Epilepsy Foundation:

- [Seizure Training for School Nurses: Caring for Students with Psychogenic Seizures \(PNES\)](#)
- [Seizure Training for School Nurses: Using Rescue Therapies in Epilepsy Care](#)



For School Personnel

[Seizure Training for School Personnel](#) is 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.

## ***Guidelines for the Administration of an Opioid Antagonist***

Opioids are substances derived from the opium poppy seed and also includes synthetic compounds that can also interact with opioid receptors in the brain. Opioids include morphine, heroin, fentanyl, tramadol, codeine, and other similar substances. Due to its effect on the brain, an opioid use can cause breathing difficulties that can lead to death due to the effects of opioid on the part of the brain that regulates breathing. It is the intent of the general assembly that schools, both public and nonpublic, be prepared to treat drug overdoses in the event other appropriate healthcare responses are not available.

### *Signs and Symptoms of Opioid Overdose*

- Unresponsiveness to shouting or pain;
- Unconsciousness;
- Slow and shallow breathing or not breathing;
- Pale, clammy skin or loss of color;
- Blue, purple or gray face, especially around lips and fingernails;
- Faint or no pulse; and/or
- Extremely small "pinpoint" pupils.

### *Opioid Antagonists and Indications for Use*

Naloxone is an opioid antagonist that will temporarily reverse the potentially deadly respiratory depressive effects of opioid overdose. It is available as intramuscular or subcutaneous injection and nasal spray. Each LEA that adopts a policy to maintain an opioid antagonist shall decide which form of Naloxone will be kept in schools.

When administered quickly and effectively, Naloxone has the potential to immediately restore breathing to a victim experiencing an opioid overdose. If administered to someone who is not suffering from an opioid overdose, it is not harmful.

### *Training Requirements*

School personnel, including school nurses, who might administer Naloxone in a suspected overdose must complete the TDOH training on Naloxone administration. The certificate of training completion must be kept in the employee's file. A certificate is provided upon completion of the training. It is

recommended that training is completed at least annually.

### *Location and Storage of Opioid Antagonists*

- Each school within an LEA and each nonpublic school is authorized to maintain Naloxone in at least two **unlocked, secure** locations to be determined by each school.
- Opioid antagonists should be stored according to the manufacturer's instructions.
- Each LEA should develop a procedure for maintaining an inventory documenting the quantities, locations, and expirations of Naloxone, proper storage, and documentation of replacement units.

### *What to do during an overdose*

In the case of a suspected opioid overdose, school nurses or other trained staff shall follow the protocols outlined in the TDOH Naloxone training and the instructions in the Naloxone kit. It is recommended that each LEA develop a procedure for use of Naloxone that includes, but is not limited to, the following steps:

Step 1: Try to maintain responsiveness.

- Call the person's name.
- Shake the person.
- Utilize sternal rub (make a fist and rub knuckles over a person's sternum).

Step 2: Dial 911 and begin CPR.

- If an individual is not responsive, alert someone to call 911 and get an AED.
- If an individual is not breathing, begin CPR per training.

Step 3: Administer a Naloxone product **according to the manufacturer's package insert instructions**<sup>9</sup>.

- Instructions for administering intranasal Naloxone (Brand name: Narcan™)<sup>10</sup> can be found [here](#).

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<sup>9</sup> The following instructions are included from the manufacturer's website and may be subject to change. Opioid antagonists should be administered according to the manufacturer's instructions.

#### Step 4: Post-Naloxone Administration Support

- Check for breathing. If the person is not breathing, continue to perform CPR until Naloxone starts working or EMS arrives.
- If the person is breathing, place the person on his or her side. This position will help prevent the individual from inhaling vomit.

#### Step 5: Stay and Watch the Individual

- Explain to the individual that you've just given them Naloxone.
- Comfort the person being treated, especially since withdrawal symptoms triggered by Naloxone can be unpleasant.
- Help the person remain calm.

#### Step 6: Inform Paramedics

- Inform EMS personnel about the treatment given and condition of the individual.

#### *Records and Reporting*

Each LEA that adopts a policy to maintain an opioid antagonist, shall develop a Naloxone receipt form with storage information as well as a use reporting form which should be completed after any incident involving the use of Naloxone.

### ***Management and Treatment of Adrenal Insufficiency***

Adrenal insufficiency is a chronic condition that requires daily medication. It is an endocrine disorder that occurs when the body is unable to produce enough adrenal hormones, which help the body respond to stressors, such as injury and illness. Adrenal crisis is a sudden, severe worsening of symptoms associated with adrenal insufficiency including, but not limited to, vomiting, diarrhea, dehydration, dizziness, hypotension (low blood pressure), changes in emotional behavior, and loss of consciousness. Adrenal crisis is a medical emergency. EMS should be notified, and an oral medication or an injection may be necessary.

Tenn. Code Ann. § **49-50-1603** provides for the administration of medicine that treats adrenal insufficiency and requires each LEA to adopt policies that provide for the administration of medications that treat adrenal insufficiency and crisis.

#### **Administering Rescue Medication for Adrenal Crisis**

Persons who have been trained may possess and administer medication to students for whom the medication is prescribed if the student is suffering an adrenal crisis in an emergency situation and a

licensed healthcare professional is not immediately available.

### *Training Requirements*

- The LEA is only required to train school personnel when the LEA has been notified by a parent/guardian that a student in a school of the LEA has been diagnosed with adrenal insufficiency.
- IT is recommended that training is completed at least annually.
- Training shall be conducted under the supervision of a physician or nurse practitioner. Training may be conducted by the physician, nurse practitioner, or any other health care profession licensed under Title 63 as delegated by a supervising physician or nurse practitioner.
- Training shall include, at a minimum, general information about adrenal insufficiency and the dangers associated with adrenal insufficiency, recognition of the symptoms of a person who is experiencing an adrenal crisis; the types of medications that are available for treating adrenal insufficiency, the proper administration of medications that treat adrenal insufficiency; and LEAs shall maintain a written record of all school personnel who have completed such training.
- A person who has successfully completed training in the treatment of adrenal insufficiency may possess the medication and necessary paraphernalia for administration of medication.
- Trained school personnel may administer the medication to the student for whom the medication is prescribed if the student is suffering an adrenal crisis when a school nurse or other licensed health care professional is not immediately available.

### *Administration*

If a student is experiencing adrenal crisis, administration of Hydrocortisone Emergency Injection Kit (Solu-Cortef) should be administered, as directed by the student's health care provider, without delay. More information, including administration instructions, can be found [here](#).

### *After Administration*

- If 911 was not called prior to administration, call now.
- Do NOT leave the student unattended.
- Turn the student on his/her side and monitor breathing.
- Ensure that the parent/guardian has been notified.
- Document your actions!
  - What time did you notice symptoms?
  - What was the time that you administered the medication?
  - What time was 911 called and what time did EMS arrive?
  - What time did EMS take the student from school?
  - What actions were taken to care for the student in an adrenal crisis? (Ensure that each person documents their own actions/steps taken in caring for the student. Do NOT document for another person.)

## **Liability**

Employees administering the medication or performing healthcare procedures related to the administration of medication for adrenal insufficiency and the board of education authorizing the administration of the medication or the performance of healthcare procedures are not liable for injury resulting from the administration of the medication or performance of the healthcare procedures.

Do NOT delay or second guess whether the child is in crisis – when in doubt, provide the medication, as directed, according to the student’s emergency medical management plan.

# Frequently Asked Questions

## **School Health Services General Questions**

**1. Is every public school system (LEA) required to provide an RN or LPN?**

Yes. Tenn. Code Ann. § **49-50-1602** 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. With regard to public school systems, Tenn. Code Ann. § **49-3-359(c)(1)** states “There is included in the Tennessee Basic Education Program (BEP) an amount of money sufficient to fund one (1) full-time, public school nurse position for each three thousand (3,000) students or one (1) full-time position for each LEA, whichever is greater. An LEA may use such funds to directly employ a public school nurse or to contract with the Tennessee public school nurse program, created by Tenn. Code Ann. § **68-1-1201(a)**, for provision of school health services; provided, that after the BEP is fully funded, an LEA must use such funds to directly employ or contract for a public school nurse as provided for in this subsection or must advise the department of education that the LEA has affirmatively determined not to do so, in which case the LEA shall notify the department of the election against providing such service and the alternative arrangement which the LEA has made to meet the health needs of its students.”

**2. Where can I find sample EAPs/ECPs?**

You can find many sample healthcare plans on the [Coordinated School Health website](#) or by contacting the [state school nurse coordinator](#).

Click [here](#) to access the Chronic Health Conditions Toolkit.

**3. Who supervises the LPN in a school setting?**

The LPN works under the supervision of an RN, physician, or dentist and can perform healthcare procedures appropriate to the LPN’s level of education, experience, and scope of practice.

**4. Has a job description been developed for school nurses?**

No. Job descriptions are the responsibility of local school systems.

**6. Do health department employees have the authority to speak with or meet with K-12 students on school grounds in the course of a health investigation?**

Yes. The TDOH has the authority to conduct investigations regarding the cause and spread of disease. In cases in which a minor is located at school, the health department employee may call the school and conduct a brief interview by phone, visit the school and speak with the student in person, or leave a message with the school asking the student to call.

**7. What is the difference in delegation and supervision?**

An RN maintains responsibility for supervising the delegatee to ensure that the delegated healthcare task is performed accurately and consistently, including monitoring the delivery of care by the delegatee. The LPN performs primarily procedural nursing functions and some shared nursing responsibilities in accordance with their educational preparation and the Tennessee Board of Nursing Rules and Regulations pertaining to the LPN, which includes working under the supervision of an RN or other designated healthcare professional. **LPNs should not be placed in positions in which supervision by a designated healthcare professional is not available.**

**8. Which nursing tasks can be delegated to UAP and LPNs?**

Delegation is based on nursing judgement according to the Rules and Regulations of the Tennessee Board of Nursing, the assessment of the student's health condition, the availability of a nurse, etc.

**9. How do I know if a specific procedure or skill is within my scope of practice?**

The scope of practice for nurses can be found on the [Tennessee Board of Nursing Rules and Regulations](#) webpage. To determine whether a procedure or activity is within an individual nurse's scope of practice, a nurse may utilize the Tennessee Board of Nursing *Position Statement: Decision Making Guidelines* available on the [Tennessee Board of Nursing Policies](#) webpage.

**10. Who is responsible for writing a student's IHP?**

An RN must develop and coordinate the IHP. The development of an IHP requires an assessment of the student's health condition. IHP development should also include identification of potential or existing health problems that need to be addressed at school, the development of goals and the actions that should be taken to address the problems, and a method for evaluating the outcomes of the care that is provided. According to the Rules and Regulations of the Tennessee Board of Nursing, the steps required to develop an IHP fall within the scope of practice of an RN. An LPN may assist the RN in the collection of subjective and objective data for establishing the IHP, but the RN must analyze the data gathered to create the IHP.

**11. Does the HIPAA Privacy Rule allow a health care provider to disclose protected health information (PHI) about a student to a school nurse or physician?**

Yes. The HIPAA Privacy Rule allows covered health care providers to disclose PHI about students to school nurses, physicians, or other health care providers for treatment purposes, without the authorization of the student or student's parent/guardian. For example, a student's primary care physician may discuss the student's medication and other healthcare needs with a school nurse who will administer the student's medication and provide care to the student while the student is at school. In addition, a covered health care provider may disclose proof of a student's immunizations directly to a school nurse or other person designated by the school to receive immunization records if the school is required by State or other law to have such proof prior to admitting the student, and a parent, guardian, or other person acting in loco parentis has agreed

to the disclosure. See 45 CFR 164.512(b)(1)(vi).

## **Healthcare Procedure Questions**

### **12. Does the law regarding healthcare procedures apply to private schools?**

Yes. The procedures are performed by nurses per the Rules and Regulations of the Tennessee Board of Nursing. Practicing nurses are required to follow the same procedures and laws.

### **13. Who is authorized to perform healthcare procedures in the schools?**

Most healthcare procedures will be performed by RNs or LPNs. However, under certain circumstances, other appropriately licensed professionals (e.g., physical therapists) may perform healthcare procedures within the scope of their practice.

### **14. Can a parent/guardian designate school personnel to perform healthcare procedures on their child?**

No, school personnel cannot perform healthcare procedures. School personnel can volunteer to be trained to administer daily insulin or to administer glucagon, Narcan, diazepam, epinephrine auto-injectors, and adrenal insufficiency medications in an emergency situation based on the student's IHP and/or EAP/ECP. Once trained and competency is demonstrated, school personnel may assist the RN in carrying out specific tasks that do not require independent, specialized nursing knowledge, skill, or judgment. School personnel cannot perform assessment or evaluation of student health outcomes, provide health counseling or teaching. Examples of appropriate tasks include assistance with health screenings and assisting with self-administration of medication.

### **15. Is it permissible for a parent/guardian to come to school to perform a healthcare procedure?**

Yes, school districts may allow a parent/guardian to come to school to perform a healthcare procedure on his or her child. However, a parent/guardian cannot be required to come to school to perform the child's procedure.

### **16. Can a student perform a self-catheterization?**

Yes, but the RN should assess the child at least twice during the school year to assess problems, techniques and health status. An RN should develop an IHP for the student.

### **17. Can an LPN perform a tube feeding?**

Yes, under a protocol established by an RN and the student's IHP.

### **18. Can a teacher wipe off a tracheostomy tube?**

Yes, with instruction and in accordance with the student's IHP, the teacher can wipe off excessive secretions around the trach or the student's mouth provided they wash their hands before and after.



**19. Does the school need a nurse at school if there is a student with a tracheostomy tube?**

Yes, a nurse should be available in the school.

**20. Are schools and school systems required to make reasonable accommodations for students who require healthcare procedures during off site events such as field trips?**

Yes, if those accommodations are needed in order to provide the student with equal opportunity for participation.

**21. Does a school board have to approve a policy regarding healthcare procedures?**

Yes, Tenn. Code Ann. § 49-50-1602 specifies that healthcare procedures must be performed in accordance with policies and rules of local boards of education.

**22. Is CPR a healthcare procedure?**

No, but Tenn. Code Ann. § 49-5-414 recommends that each public school have at least one, or preferably more, individuals trained in CPR. Tenn. Code Ann. § 49-3-359 requires each school nurse employed by an LEA to maintain current CPR certification consistent with guidelines of the American Heart Association.

**23. Is the handling of body fluids a healthcare procedure?**

No, but Universal Precautions are governed by required local school board policy as mandated by the State Board of Education and OSHA Bloodborne Pathogens Regulations.

## **Medication Questions**

**24. How do you determine if a child is competent to self-administer medications?**

A student is competent if he or she possesses the cognitive ability for self-administration of his/her own medications or medical procedures, regardless of physical capabilities. If the student can identify his or her medication and the reason that the medication is used, the student is competent to self-administer the authorized and/or prescribed medication with assistance. The decision should be made by appropriate health care professionals.

**25. Is training required for school personnel assisting with self-administration of medication?**

Yes. To be consistent and to assure safe care of students, it is required that all school personnel assisting with self-administration of medications have a basic training and annual updates from the RN related to assistance with medication administration and documentation of medications after assisting with administration. Training records should be kept in the personnel file. It is recommended back-up personnel be trained at each school site. In addition, training must be provided for school personnel to administer emergency medications glucagon, antiseizure medications, Naloxone, epinephrine auto-injectors, and steroids to treat an adrenal insufficiency crisis.

**26. Can a secretary administer medications?**

No, but a secretary could assist a student in the self-administration of his/her medication if designated and trained, and the guidelines for self-administration are followed.

**27. Can a volunteer who is a nurse assist with administration of medication or perform a healthcare procedure in school?**

No. They are volunteers and not employed or under contract by the school system.

**28. Can a nurse employed by the school system in another capacity (for example, health education teacher) perform healthcare procedures for students or assist students in the self-administration of medication?**

No, they cannot do procedures because they would be practicing outside of their job description. These nurses could assist students with self-administration of medications if they have been properly trained to assist with medication administration for a specific student(s) or administer emergency medications if they have been properly trained.

**29. Why do complementary and alternative medications (CAMs) require a prescriber's order when other over-the-counter medications do not?**

These medications typically do not contain appropriate dosing information such as dose amount and schedule for children and youth. There are also possible unknown drug interactions and adverse effects that may occur with some CAMs.

## **Diabetes Questions**

**30. Can a student who has diabetes perform their own glucose monitoring?**

Yes, unless otherwise specified by the student's health care provider and DMMP. If glucose monitoring is not performed by the student, it must be performed by an RN or LPN. The student may perform glucose monitoring assisted by volunteer school personnel trained according to the guidelines.

**31. Who can administer glucagon in a school setting?**

In the absence of the school nurse, school personnel who volunteer under no duress or pressure and who have been properly trained by an RN may administer glucagon to a specific student with diabetes. In the case of an emergency, trained personnel should only administer glucagon according to their district's policy and the health care provider orders as outlined in the student's IHP/ECP.

**32. Who can administer insulin in a school setting?**

In the absence of the school nurse, school personnel, who volunteer under no duress to assist with the care of students with diabetes, must receive training pursuant to the guidelines from a

school RN. Volunteer school personnel may administer insulin to a specific student based on that student's IHP). Trained volunteer school personnel should only administer insulin according to the student's DMMP or health care provider orders as outlined in the student's IHP.

**33. Who conducts diabetes training?**

An LEA should provide training under the direction of a school's RN. The school RN may use certified diabetes educators and licensed nutritionists to assist with the training. Training components can be found in the [Diabetes section](#).

**34. Should we send students with diabetes home if the blood glucose or ketones are above a certain range?**

Students with diabetes should remain in school if possible. Always follow the student's DMMP and IHP, but as a general recommendation, students may stay in school unless they are not feeling well (no nausea or vomiting). The student's healthcare provider should be contacted for additional guidance.

## **Allergy and Anaphylaxis Questions**

**35. Can a teacher or other school personnel administer epinephrine if a child has a life-threatening allergic reaction?**

Yes, if epinephrine is available, the school nurse is not immediately available, and if personnel have volunteered and been appropriately trained.

**36. What is a food allergy?**

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

**37. What is food intolerance?**

When the body has difficulty digesting the food, but the immune system is not involved. The symptoms can look and feel like a food allergy. Lactose intolerance is one example of food intolerance. A person with lactose intolerance lacks an enzyme that is needed to digest milk sugar when the person eats milk products. Symptoms such as gas, bloating, and abdominal pain may occur.

**38. What is anaphylaxis?**

A severe, potentially life-threatening allergic reaction that is rapid in onset. 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-mucosal tissue

- Respiratory compromise
- Reduced BP or associated symptoms (collapse, syncope, incontinence)
- Persistent GI symptoms (cramping abdominal pain, vomiting)

**39. What are some of the causes of anaphylaxis?**

- **Foods** - milk, eggs, peanuts and peanut products, fish, seafood, shellfish, wheats, soy, tree nuts (walnuts, cashews, pecans, hazelnuts, almonds). Individuals can be allergic to any food and some children may be allergic to more than one food.
- **Medication** - antibiotics (penicillin), seizure medication, muscle relaxants, aspirin.
- **Latex** - elastic waistbands, kitchen gloves, balloons, other household items.
- **Exercise** - rare
- **Insect Stings**

Some anaphylactic reactions have no known cause.

**40. Which foods are children commonly allergic to?**

Eggs, milk, and peanuts. Some of the most common food allergies in adults are shellfish, shrimp, crayfish, lobster, crab, peanuts, fish, and tree nuts. Adults usually keep their allergies for a lifetime, but children sometimes outgrow them. However, both children and adults could be allergic to items on both lists.

**41. Who has an anaphylaxis event/reaction?**

Anyone can experience an anaphylactic reaction, not just those with known allergies.

**42. How can I prevent anaphylaxis?**

Strict avoidance of substances and situations known to trigger severe allergic reactions in an individual. Read labels of all foods, and if a label contains unfamiliar terms or an ingredient label is not present, do not offer or permit consumption of the food to a student with known allergies to that food. However, it is challenging to avoid all allergens completely all the time, and accidental ingestions occur approximately every 3-5 years on average.

**43. What is the difference between EpiPen® and EpiPen Jr.?**

Epi-Pen® containing 0.3 mg single dose of epinephrine is prescribed for individuals weighing 66 pounds or more. EpiPen Jr. contains 0.15 mg single dose of epinephrine and is prescribed for children who weigh less than 33 pounds. Sometimes a single dose of epinephrine is not enough to reverse the symptom of anaphylaxis, so the doctor may prescribe more than one auto-injector and this practice is consistent with updated guidelines.

**44. What are some of the common signs and symptoms of anaphylaxis?**

Anaphylaxis may include one or more of the following symptoms. Symptoms may occur in any order or combination:

- Difficulty breathing
- Itching (of any body part)
- Coughing
- Difficulty swallowing
- Flushed or pale skin
- Hives
- Red, watery eyes
- Shortness of breath
- Swelling of lips, tongue, and throat
- Wheezing
- Vomiting Dizziness, faintness

**45. How do I respond to anaphylaxis?**

Giving epinephrine by auto-injector immediately. No matter what the cause is, whether it is food, latex, insect sting, or exercise-induced, epinephrine is the first medication that should be used in the emergency management of anaphylaxis. It is the only medication that has been proven to be lifesaving in the treatment of anaphylaxis. As a second line therapy, antihistamines should be used in conjunction with epinephrine. Antihistamines should never be used alone. If in doubt, it is better to give the epinephrine and seek medical care. Fatalities occur when epinephrine is withheld.

**46. How does epinephrine work?**

It is the treatment of choice for allergic emergencies because it quickly stops the allergic reaction by constricting blood vessels, relaxing smooth muscles in the lungs to improve breathing, stimulating the heartbeat, and reversing hives, and swelling around the face and lips.

**47. Who can administer an epinephrine auto-injector in a school setting?**

In the absence of the school nurse, trained school personnel that have volunteered and have been properly trained may administer epinephrine. In the case of an emergency, trained school personnel should only administer stock epinephrine auto-injectors according to the district's developed standard protocol from a physician.

**48. Who conducts the trainings for epinephrine auto-injector administration?**

An LEA should provide training under the direction of an RN. Training should include prevention, recognition and management of an anaphylactic reaction.

**49. How often should I be trained?**

Training is recommended at a minimum of once a year for all school personnel that have been trained, including nurses. It is also recommended that there be a minimum of three to five staff members trained at a school to ensure adequate provision for emergency situations, and additional staff for every 100 students.

**50. *Is a photo needed with a student's Allergy Action Plan?***

No, but it is recommended if available, with the parent/guardian consent.

**51. *What happens when a student goes on a field trip? Are schools and school systems required to make accommodations for field trips?***

The Allergy Action Plan/IHP should require that the teacher notify the parent/guardian, cafeteria staff and school nurse in advance of upcoming trips, providing time to plan for meals and snacks. The student should be assigned to school personnel who is trained in epinephrine auto-injector administration. An adult should remain with the child at all times during transport and throughout the trip. A parent/guardian can volunteer to chaperone, but their attendance should never be required (unless the attendance of all parents is required). A copy of the child's Allergy Action Plan goes with the student on the field trip, in addition to emergency information and contact numbers.

## ***Seizure Disorder Questions***

**52. *Can anyone have epilepsy?***

Virtually everyone can have a seizure under the right circumstances. Each of us has a brain seizure threshold which makes us more or less resistant to seizures. Seizures can have many causes, including brain injury, poisoning, head trauma, genetic disorders, or stroke; and these factors are not restricted to any age group, sex, or race, and neither is epilepsy.

**53. *Do seizures cause brain damage?***

Single brief seizures do not cause brain damage. Although generalized tonic-clonic (grand mal) seizures lasting longer than 30 minutes may injure the brain, there is no evidence that shorter seizures, lasting less than 30 minutes, cause permanent injury to the brain.

**54. *Can fevers cause seizures in children?***

In children under the age of 5 years, fevers may cause a generalized seizure, causing great alarm. These are called febrile seizures and usually involve convulsions of the entire body (generalized tonic-clonic activity) and last less than 15 minutes, but they may also involve one side of the body and have a longer duration. Febrile seizures may run in families.

**55. *Who should be trained to administer emergency anti-seizure medications in a life-threatening situation?***

In the absence of the school nurse, school personnel who volunteer under no duress or pressure and who have been properly trained by an RN may administer anti-seizure medication. In the case of an emergency, trained personnel should only administer antiseizure medications according to the students IHP and/or EAP/ECP.

**56. Who conducts the emergency medication training for seizures?**

An LEA should provide training under the direction of a school RN. Training should include prevention of known triggers, seizure management and seizure first aid.

## **Adrenal Insufficiency Questions**

**57. What is adrenal insufficiency?**

The adrenal glands are located just above the kidneys. Adrenal insufficiency is an endocrine, or hormonal, disorder that occurs when the adrenal glands do not produce enough of certain hormones.

**58. What is an adrenal crisis?**

Adrenal crisis is a medical emergency caused by a lack of cortisol marked by nausea/vomiting, severe pain, low blood pressure and loss of consciousness.

**59. Is my district required to have policies and procedures regarding administration of medication for adrenal insufficiency/crisis?**

Yes, Tenn. Code Ann. § **49-50-1603** states that each district must adopt policies and procedures that provide for the administration of medications that treat adrenal insufficiency.

**60. Is my district required to train staff to administer medication for the treatment of adrenal crisis?**

Yes, if the district has been informed by a parent/guardian that a student in the district has adrenal insufficiency, someone must be trained to administer that student's medication. That person may be the school nurse or a non-licensed school employee.

**61. If no one is available to administer the emergency medication to a known adrenal insufficiency student believed to be in crisis, do I call 911 as alternate care?**

While you should call (or instruct someone else to call) 911 when there is a student believed to be experiencing an adrenal crisis, there should ALWAYS be a staff member available that has been trained to administer the medication when needed.

**62. Can the school nurse administer adrenal crisis medications with just the parent/guardian authorization while awaiting a physician's signature on the form?**

A health care provider order is required to administer any prescribed medication in the school setting. (Please refer to the [All Non-Prescription Medications](#) section for additional guidance regarding over the counter medications). However, with parental/guardian authorization, school districts may consider allowing administration of adrenal crisis medications based on the medication label and in accordance with the student's IHP and EAP/ECP. Pharmacies fill the medication based on the original prescription/medication order from the health care provider. Districts are encouraged to consult with the district board attorney when implementing a policy

regarding the administration of medicines to treat adrenal insufficiency, pursuant to Tenn. Code Ann. § 49-50-1603(c)(1).



# Definitions

**Accountability:** As used in this document, being responsible and answerable for actions or inactions of self or others.

**Advanced Practice Registered Nurse (APRN):** An RN who holds a master's degree or higher in nursing specialty and national certification as a Nurse Practitioner, Nurse Anesthetist, Nurse Midwife, or Clinical Nurse Specialist. An Advanced Practice RN who holds a certificate of fitness to prescribe may diagnose and prescribe treatments, diagnostics, and medications. An APRN who prescribes is required to have a collaborating physician pursuant to T.C.A. § 63-7-123.

**Ancillary Personnel:** Ancillary personnel must complete appropriate training provided by appropriate health care professionals (RN, MD, DO, dentist) and must have continued supervision by appropriately licensed health care professionals (RN, MD, DO, dentist).

**Allergen:** A food or other substance that triggers an allergic reaction in individuals who are sensitive to it. Allergens can cause allergic reactions when they are swallowed, touched, or even inhaled. Sometimes even a tiny trace of an allergen such as a dusting of a peanut on a cake can trigger anaphylaxis.

**Allergic Reaction:** An immune-mediated response to an otherwise harmless substance.

**Allergist/Immunologist:** A physician trained in the science of immunology.

**Allergy Action Plan (AAP):** A written emergency care plan for students who have a life-threatening food allergy. An AAP provides specific directions about what to do in a medical emergency such as an accidental exposure to the allergen. An AAP is a type of emergency care plan (ECP). The ECP/AAP is developed based on the IHP.

**Anaphylaxis:** A severe allergic reaction that is rapid in onset and may cause death if not treated quickly with epinephrine.

**Antihistamine:** A medication used to block the effects of histamine, a chemical that is released during an allergic reaction. Antihistamines are available by prescription and over the counter.

**Assisted Administration:** Assisting a student in the self-ingestion, application, injection, or inhalation of medication according to directions of the legal prescriber or monitoring the self-administration of medication.

**Authorized Medication:** Prescription or non-prescription drugs for which the parent/guardian has submitted a written request for administration.

**Blood Glucose Monitoring:** Blood glucose is essential for the body to function. Blood glucose testing may be ordered to check the blood glucose level. Low blood glucose can become life-threatening and needs appropriate treatment.

**CAM:** Complementary and alternative medicine. Examples may include herbal and dietary supplements.

**Catheterization (Urinary):** A flexible, thin tube is inserted into the bladder in order to drain the urine in situations where bladder control is impaired.

**Celiac Disease (Gluten Intolerance):** A genetic disorder characterized by an inappropriate immune response to dietary proteins found in wheat, rye, and barley. This response leads to inflammation in the intestines and the resulting damage to the intestinal walls which decreases their ability to absorb nutrients. The body begins to develop symptoms of malnutrition and osteoporosis as a common consequence. The only treatment is lifelong adherence to a gluten-free diet. Symptoms include abdominal pain, bleeding tendencies, bone and joint pain, diarrhea, oral ulcerations, fatty stools with a foul odor, fatigue, and growth and developmental delays.

**Certified Nursing Assistant (CNA):** CNAs are not licensed health care professionals. Although they may assist students in some areas, they do not satisfy legal requirements for licensed health care professionals.

**Competent:** A student who possesses the cognitive ability for self-administration of his/her own medications or medical procedures, regardless of physical capabilities.

**Diabetes Medical Management Plan (DMMP):** Completed by the student's parent/guardian and personal health care team and it includes the medical orders. The DMMP can be used as the basis for developing education plans and nursing care plans (IHP, EAP/ECP, etc.) for students with diabetes. The DMMP should be included in the student's IHP.

**Delegatable Nursing Services:** Nursing functions which may be delegated to and performed by unlicensed assistive personnel under the supervision of an RN.

**Delegation (Nursing):** The transfer to a competent individual of the authority to perform a selected nursing activity in a selected situation, with the nurse retaining accountability for the delegation. Nursing delegation is governed by rules and regulations of the Tennessee State Board of Nursing.

**Emergency:** A serious situation that arises suddenly and threatens the life, limb, or welfare of one or more persons; a crisis. An emergency creates a type of implied consent when the individual is unable to consent to treatment that is immediately necessary.

**Emergency Plan (Emergency Care Plan or Emergency Action Plan):** Plan developed based on the IHP and is written in clear action steps and provided to the school staff to assist them in responding to a health crisis.

**Enteral Feeding:** A mode of feeding via the gastrointestinal tract.

**Epinephrine (Adrenaline):** The drug of choice in the emergency treatment of acute anaphylaxis. Epinephrine relaxes bronchial smooth muscle by stimulating alpha and beta receptors in the sympathetic nervous system. It must be administered as soon as anaphylaxis is suspected. For this reason, an allergic patient may carry their own epinephrine auto-injectors.

**Epinephrine Auto-Injector:** A prescription device pre-filled with a medication called epinephrine to treat life-threatening allergic reactions.

**Focused Assessment:** A detailed nursing assessment of specific body system(s) relating to the presenting problem or current concern(s) of the student. This may involve one or more body systems. May also be called problem focused assessment

**Food Intolerance:** When the body has difficulty digesting food and the immune system is not affected. Signs and symptoms may occur within minutes or hours after eating the food and includes headaches, abdominal pain, and also a rash. Unlike the case of food allergies where only a tiny amount of the food is needed to trigger a reaction, with intolerance the person may be able to eat small quantities of the food without any problems, (e.g., lactose intolerance with milk).

**Gastrointestinal (GI) Tract:** The system of the body that includes the stomach and intestines.

**Gastrostomy:** A surgical opening through the surface of the abdomen into the stomach. A flexible tube (G-tube) or "T" shaped device (G-button) is inserted into the surgical opening to provide nutrition, hydration, or medication. This method is used to bypass the usual route of feeding by mouth when there is an obstruction in the esophagus and swallowing is impaired, and/or the student is at risk of choking or is unable to take in enough food by mouth to obtain adequate nutrition.

**Glucagon:** A polypeptide hormone identical to human glucagon that increases blood glucose by stimulating the liver to release glucose and amino acid (alanine) from the muscles. Glucagon can be administered by injection in the case of a person with diabetes having a hypoglycemic emergency.

**Health Assessment:** The systematic collection and analysis of information or data about an individual's health situation to determine the individual's general state of health, patterns of functioning, and the need for health services, counseling, and education; a licensed function of

physicians and nurses. Health assessments of students by school nurses include data collection, data analysis, and the identification of relevant nursing diagnoses in order to plan interventions and accommodations, make appropriate referrals and collaborate with others (e.g., with families, educators, and health care providers to promote students' health and learning). May also be called nurse assessment.

**Healthcare Procedure:** Related to Tenn. Code Ann. § **49-6-1602**, defined as any clinical activity or task performed by competent licensed health care professionals within the scope of practice for the profession.

**Health Care Professional:** An individual with specialized educational preparation, knowledge, and skill who is licensed under state statute to provide specific healthcare services to clients (e.g., nurse, physician, occupational and physical therapist, speech-language pathologist, clinical psychologist, and social worker).

**Health Care Provider:** A Doctor of Medicine or Osteopathy, podiatrist, dentist, chiropractor, clinical psychologist, optometrist, nurse practitioner, nurse-midwife, or a clinical social worker who is authorized to practice by the state and performing within the scope of their practice as defined by state law.

**IEP:** An Individualized Education Program is a written statement developed and implemented through a collaborative process for a child with a disability, as defined by the Individuals with Disabilities Education Act.

**Immune System:** A complex network of specialized cell tissues and organs that defend the body against attacks by disease-causing microbes.

**Individualized Healthcare Plan (IHP):** A healthcare plan developed by an RN for students with acute or chronic health issues. The student's parent/guardian and other health care providers involved with the child should participate in the development and approval of the plan. The IHP should be developed using the 5 sequential steps of the nursing process: assessment, diagnosis, planning, implementation, and evaluation.

**Invasive Procedure:** Procedures in which the skin or mucous membranes and connective tissue are incised, or an instrument is introduced through a natural body orifice. It requires the entry of a needle, catheter, or other instrument into a part of the body.

**Lactose Intolerance:** A reaction to milk that does not involve the immune system. Lactose intolerant people lack an enzyme that is needed to digest milk sugar. When milk products are eaten, symptoms such as gas, bloating, and abdominal pain may occur. Lactose intolerance is more common in adults than in young children.

**Ketogenic Diet:** The ketogenic diet is a special high-fat, low-carbohydrate diet that may help to control seizures in some people with epilepsy. It is prescribed by a physician and carefully monitored by a dietitian.

**LEA:** Local educational agency, which includes county, city, and special school districts and the state special schools and achievement schools.

**Licensure:** Permission by a competent government agency. In Tennessee, the agency is a Health Related Board, such as the Board of Nursing.

**Licensed Practical Nurse (LPN):** A nurse trained in basic nursing techniques and direct patient care who assists and practices under the direction or supervision of the registered nurse according to the rules and regulations of the Tennessee Board of Nursing. The educational background of an LPN is generally one year of training in a hospital-based program or technology center program. An LPN works under the direction of an RN in providing health services in the school. The LPN should receive periodic, on-site supervision by an appropriately licensed health care provider (RN, MD, DO, and dentist).

**Licensed Prescriber:** As used in this document, refers to physicians, a medical doctor (M.D.) and doctor of osteopathy (D.O.), dentists, podiatrists, physician assistants and advanced practice nurses legally authorized to prescribe medications.

**Licensed Prescriber's Orders (for school use):** Statements written by a student's licensed health care provider which directs the medical care at school. The orders are valid for one school year unless changed or the time limited by the prescriber. The order gives school systems the permission to carry out a procedure in the school setting. Also known as medical orders.

**Long-term Medication:** Medication utilized for the treatment of chronic illness and includes both daily and PRN (as needed) medication.

**LTA:** Life-Threatening Allergy.

**MAR:** Medication Administration Record.

**Medical Management Plan (MMP):** Completed by the student's parent/guardian and personal health care team and can be used as the basis for developing education plans and nursing care plans for students with conditions such as diabetes, asthma, allergies, seizures, etc. MMPs, which are essentially provider(s) orders written on a specifically designed form for use in school, are not IHPs. The MMP should be included in the student's IHP. Information from the student's health care provider is essential in development of the IHP but cannot be considered a substitute for the IHP.

The medical management plan is a valuable tool in managing the care of students with diabetes.

**Medication:** Any substance that when taken into a living organism, may modify one or more of its functions; any medicine or preparation for internal or external use of humans, intended to be used for the cure, mitigation, or prevention of diseases or abnormalities of humans.

**Non-Delegatable Nursing Services:** Nursing functions that require nursing knowledge, judgment, and skill and may not be delegated.

**Rules and Regulations of the Tennessee Board of Nursing:** Delineates the legal scope of the practice of nursing within Tennessee.

**Nursing Assessment:** This is the first step in the nursing process where important subjective and objective information is collected, organized, analyzed, validated and recorded about a student's health status.

**Objective Data:** Signs that are detectable by an observer or can be measured or tested against an acceptable standard. Objective data can be seen, heard, felt, or smelled. Objective data is obtained by conversation or physical examination. Examples include a blood pressure reading or discoloration of the skin.

**Occupational Therapist:** A person licensed by the state of Tennessee to practice occupational therapy. [Tenn. Code Ann. § 63-13-103(9)]

**Parental Consent:** Written consent from a parent/guardian that is required before a student can be administered medication or be a recipient of healthcare procedure in the school setting, outside of emergency situations.

**Physical Therapist:** A person licensed in the state of Tennessee to practice physical therapy. [Tenn. Code Ann. § 63- 13- 103(14)]

**Prescription Medications:** Medications requiring a written order for dispensing, signed by a licensed prescriber.

**Protocol:** A written outline of direction relative to standards of practice for a health condition or healthcare procedure.

**Qualified:** Ability to competently demonstrate the use of equipment and performance of procedures necessary to provide healthcare services that are specialized. The level of competence for an RN is established by professional standards of nursing practice and agency guidelines.

**Registered Nurse (RN):** A nurse licensed to practice in Tennessee who has successfully passed the national licensure examination for RNs after completing a Board of Nursing approved program leading to an associate, bachelor, or master's degree in nursing or a 3-year diploma hospital-based program. The RN is the primary professional who will coordinate health services in the school setting.

**School Nurse:** A nurse within the school setting, may be an RN or LPN.

**Scope of Practice:** The legal boundaries of a profession as set out in Tennessee Code Annotated and rules promulgated by the regulatory boards.

**Self-Administration:** The ingestion, application, injection, or inhalation of his/her own medication by a student in school OR in the case of a physically challenged student, student directed administration by a designated individual.

**Standards of Care:** A recognized standard of professional healthcare practice in a community.

**Standardized Procedures:** The minimum safe standards of practice utilized in basic and specialized healthcare procedures.

**Student's School Records:** A compilation of health, attendance, disciplinary and scholarship information that accompanies the student through his/her school career. It should also contain the student's birth certificate and a copy of the guardian's driver's license for proper identification. Some student school records may contain parental custody documentation. All student records shall be remitted in accordance with the Family Education Rights and Privacy Act.

**Subjective Data:** Symptoms that are apparent only to the student affected and can be described or verified only by that individual. Subjective data include the student's sensations, feelings, values, beliefs, attitudes, and perception of personal health status.

**Tracheostomy:** A surgical opening into the trachea (windpipe) in the neck to allow the passage of air into the lungs.

**Universal Precautions:** General barrier techniques designed to reduce exposure of personnel to body fluids containing the human immunodeficiency virus or other blood-borne pathogens. Schools' systems must provide annual training to all staff members.

**Unlicensed Assistive Personnel (UAP):** A school volunteer who is trained to function in an assistive role to the RN in the provision of student-related activities or responsibilities. This person is not licensed or governed by a Health Regulatory Board. UAP may only assist students in the self-administration of medications or standby to assist students perform their healthcare procedure

based on the assessment and direction of the RN.



# Additional Resources<sup>11</sup>

## ***School Health Services***

[American Academy of Pediatrics: Role of the School Nurse in Providing School Health Services](#)

[Centers for Disease Control and Prevention: Healthy Schools](#)

[National Association of School Nurses](#)

[National Association of School Nurses: School Nursing: A Comprehensive Text](#)

[Tennessee Association of School Nurses](#)

## ***Healthcare Procedures***

[WISHeS Project Resources](#)

[National Association of School Nurses: School Nursing Evidence-based Clinical Practice Guideline:](#)

[Medication Administration in Schools Implementation Toolkit](#)

## ***Chronic Health Conditions***

### **Asthma**

[American Lung Association: Asthma](#)

[Asthma and Allergy Foundation of America: Asthma in Schools](#)

[Centers for Disease Control and Prevention: Asthma](#)

[National Institutes of Health Asthma Management Guidelines](#)

[National Association of School Nurses: Asthma Resources](#)

[School Based Asthma Management Program \(SAMPRO\)](#)

### **Diabetes**

[American Diabetes Association: Diabetes Medical Management Plan](#)

[American Diabetes Association: Diabetes Care Tasks at School: What Key Personnel Need to Know  
Training Modules](#)

[American Diabetes Association: Safe at School Campaign](#)

[Centers for Disease Control and Prevention: Diabetes in Schools](#)

[Centers for Disease Control and Prevention: Managing Diabetes at School](#)

[National Association of School Nurses: School Nursing Evidence-Based Clinical Practice Guideline:  
Students with Type 1 Diabetes](#)

[Juvenile Diabetes Research Foundation School Advisory Toolkit for Families](#)

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<sup>11</sup> Reference to any resource, organization, activity, product, or service does not constitute or imply endorsement by the Tennessee Department of Education. Exact website addresses may change.

[National Association of School Nurses: Diabetes in Children](#)

[National Institute of Diabetes and Digestive and Kidney Diseases: National Diabetes Education Program](#)

[National Institute of Health: Helping the Student with Diabetes Succeed: A Guide for School Personnel](#)

### **Food Allergy**

[American Academy of Allergy Asthma & Immunology: Food Allergy](#)

[Asthma and Allergy Foundation of America: Asthma in Schools](#)

[Centers for Disease Control and Prevention: Voluntary Guidelines for Managing Food Allergies in School](#)

[Centers for Disease Control and Prevention: Food Allergies in Schools Toolkit](#)

[Food Allergy Research & Education \(FARE\)](#)

[Food Allergy Research & Education \(FARE\): Gold Standard for Food Allergy Management in Schools](#)

[National Institute of Allergy and Infectious Diseases: Guidelines for Clinicians and Patients for Diagnosis and Management of Food Allergy in the United States](#)

[National Association of School Nurses: Allergies and Anaphylaxis](#)

[Allergy Home: Bringing food Allergy Management and Awareness to Your Community Resources](#)

### **Seizure Disorders**

[Centers for Disease Control and Prevention: Epilepsy](#)

[Centers for Disease Control and Prevention: Training for School Staff](#)

[Epilepsy Foundation: Training and Education Programs](#)

[The Epilepsy Foundation](#)

### **Communicable Disease**

[American Academy of Pediatrics: Red Book: 2021–2024 Report of the Committee on Infectious Diseases](#)

[American Academy of Pediatrics: Managing Infectious Diseases in Childcare and Schools](#)

[National Association of School Nurses: Nursing Infection Control Education Network](#)

[Occupational Safety and Health Administration: Bloodborne Pathogens](#)

[Tennessee Department of Health Reportable Diseases](#)

[Tennessee Occupational Safety and Health Administration: Bloodborne Pathogen Video](#)

[Tennessee Occupational Safety and Health Administration: Training and Education](#)

For additional resources, please visit the TDOE, [Coordinated School Health, Health Services](#), webpage.