OSPI Resources for School Nurses

Katie Johnson, MN, RN-BC, NCSN
Interim Health Services Supervisor, OSPI
Introduction to School Nursing - Pacific Lutheran University
October 20, 2012

OSPI Website
Office of the Superintendent of Public Instruction
- Randy Dorn - Superintendent
- Student Support / Health Services
- Mission – “Health Services provides consultation to school nurses, administrators, staff, families, and students in order to reduce barriers to learning and better assure a safe and healthy school environment.”
- Google “OSPI Health Services”
- http://www.k12.wa.us/HealthServices/default.aspx

Resources at OSPI
- Partner Links
- Health Topics A – Z
- School Nurse Corps
- Home / Hospital Instruction
- Free and Appropriate Public Education
- Health Services Assessment Tools
OSPI Education Partners
• Coordinated School Health
• Health and Fitness Education
• Navigation 101
• Center for the Improvement of Student Learning
• Readiness to Learn
• School Safety Center
• Homeless Education
• Special Education

DOH Partners
• Washington State Department of Health
  • Nursing Commission
  • Immunization Program
  • Emergency Medical Services and Trauma
  • Injury and Violence Prevention
  • Maternal Child Health
  • Environmental Health and Safety

State Partners
• Washington State Board of Health
• Center for Children with Special Needs (SCH)
• Action for Healthy Kids
• Department of Social and Health Services (DSHS)
  Children’s Administration (Health Insurance)
• Washington State Department of Early Learning
• Centers for Disease Control and Prevention
  • Division of Adolescent and Student Health (DASH)
Professional Organizations

- School Nurse Organization of Washington (SNOW)
- National Association of School Nurses (NASN)
- National Association of State School Nurse Consultants (NASSNC)
- American School Health Association (ASHA)
- American Nurses Association (ANA)
- American Academy of Pediatrics (AAP)
- Washington Interscholastic Activities Association (WIAA)

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School Nursing Practice

Documentation

- RCW 246.840.700 Standards of Nursing Practice - RN & LPN
  - Shall communicate significant changes in the client's status to appropriate members of the health care team.
  - In a timely manner
  - Shall document, on essential client records, the nursing care given and the client's response to that care
- RCW 70.02 Medical Records
  - http://apps.leg.wa.gov/rcw/default.aspx?cite=70.02
Documentation Privacy

- FERPA governs the privacy of student information
  - Health records become education records when transferred to school.
- Covers Personally Identifiable Information
- Applies to all agencies that receive federal funds
- Must have written permission to disclose

FERPA

- Exceptions:
  - Legitimate educational interest
  - Transferring schools
  - Audit/evaluation
  - Judicial order
  - Health & safety emergency
- Resource: Guidelines for Handling Health Care Information in School Records

Standardized Documentation Codes

- School Nurse Corps
  - ESD 123 Website
  - School Health Forms & Documents
- Address
  - Chronic Health Conditions
  - Health Room
    - Reason for Visit
    - Intervention
    - Disposition
  - Absence Reason

JLARC Survey of SN ‘97
Joint Legislative Audit Review Committee

- Examined school nursing resources and student needs
- District level control of staffing
- School nurse is ESA-RN
- OSPI requires that “school nurse” in Class I districts is ESA-RN; Class II districts not subject to this rule
- 296 Districts; 71% response rate
- FTE RN: Students = 1:1713
- ESA-RN Funding under Instruction Support
  o Classified RN not tracked

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JLARC Findings

<table>
<thead>
<tr>
<th>Staffing Pattern</th>
<th>State</th>
<th>Class I</th>
<th>Class II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to RN</td>
<td>94.7%</td>
<td>99.1%</td>
<td>65.1%</td>
</tr>
<tr>
<td>No Certificated RN access</td>
<td>12.0%</td>
<td>3.5%</td>
<td>67.8%</td>
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<tr>
<td>Classified RN only</td>
<td>6.5%</td>
<td>2.6%</td>
<td>32.9%</td>
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<tr>
<td>Students with no RN access</td>
<td>5.3%</td>
<td>0.9%</td>
<td>34.9%</td>
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<tr>
<td>LPN only</td>
<td>1.5%</td>
<td>0.4%</td>
<td>8.7%</td>
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<tr>
<td>No RN on staff</td>
<td>3.8%</td>
<td>0.5%</td>
<td>26.2%</td>
</tr>
</tbody>
</table>

Measures by Student Population (JLARC p. 6-7)

School Nurse Corps (SNC)
ESD School Nurse Corps Nurse Administrators

- Located at each ESD
- Administer the School Nurse Corps program in their individual ESD region.
  o Help hire and assign SNC school nurses to neediest districts
  o Training, orientation and supervision of SNC nurses.
- Provide ESD-wide school health services consultation.
- Consultation and technical assistance re: school health
- Organize and/or provide training as needed.
  - http://www.k12.wa.us/HealthServices/SchoolHealth.aspx
SNC Resources

- School Health Services Guidebook – ESD 105
- School Nurse Resource Guide – ESD 189
- Reference Books / Videos – ESD 113
  - http://www.esd113.org/Page/1106
  - http://www.esd113.org/Page/1107
- Coding Documents - ESD 123
  - http://esd123.org/hsdocsarticle

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Staff Model

- Combines health and education law; RCW & WACS referenced.
- Grew out of JLARC study of 1997 re: access of students to an RN – especially ESA RN
- Describes nursing assessment
- Nursing preparation (ESA RN; RN; LPN)
- Delegation issues
- Section 504
- Confidentiality
- Transportation considerations

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Staff Model

- Recommended Staffing
  - ESA Certified School Nurses – responsible for 1500 student caseload; determining acuity level; delegating care to RNs, LPNs, UAPs; training and supervision of staff; SpEd evaluations; IHPs and health 504 plans; health education; surveillance of health and safety of building; immunization monitoring; caseload management; care coordination.
  - RNs & LPNs – Based on student severity coding. LPNs need supervision by RN, MD or LHCP.
  - Health Room Asst – special training to assist in health room; supervised by RN; especially staffing for high use time. Elementary 0.1 FTE/100 students; Secondary 0.1 FTE/200 students. Needs weekly face-to-face time with RN
  - Clerical Staff – clerical duties; data entry; managing health forms & immunizations

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Severity Coding

• Used to describe the acuity of the nurse’s caseload
• **Level A** – Nursing Dependent 24 hour/day 1:1 nurse. Requires continuous nursing assessment to prevent irreversible damage or death
• **Level B** – Medically Fragile – daily possibility of life threatening emergency. Full time nurse in building
• **Level C** – Medically Complex – Complex/unsable physical/social-emotional condition requiring daily treatment/close monitoring. RN 1 day/week and available daily.
• **Level D** – Health Concerns – uncomplicated, predictable condition. Occasional monitoring. RN 1 time/year.

Condition Severity

• Is the result of RN assessment
• Reflects the student needs (NOT district staffing resources)
• Reflects Social/Emotional Factors and comorbidity that influence student needs
• Comorbid factors may include
  o Chronic illness/ stressors / homeless
  o Drug/alcohol / poverty/ low income
  o English-as-second language
  o High mobility/Special education
• [http://www.k12.wa.us/HealthServices/pubdocs/SchHealth.pdf](http://www.k12.wa.us/HealthServices/pubdocs/SchHealth.pdf)

Assessment Tools

• Annual District Assessment (DA) of District Student Health Services
  o Completed at district level & aggregated at ESD level
  o May require input from building nurse
  o Describes
    • Staffing
    • Student Needs
    • Supports risk management
• Parent Survey (English & Spanish)
• Staff Survey
Annual District Assessment

Practice Issues

Medications

- RCW 18.79.260 Registered Nurse
- Under the general direction of a licensed physician and surgeon, dentist, osteopathic physician and surgeon, naturopathic physician, optometrist, podiatric physician and surgeon, physician assistant, osteopathic physician assistant, or advanced registered nurse practitioner
- Administer medications, treatments, tests, and inoculations including:
  - Severing or penetrating of tissues
  - Independent judgment and skill
Medications

- RCW 28A.210.260 Administration of Oral Medications amended by HB 2247 to include eye, ear and topicals
- OSPI Bulletin 34-01 (update in process) http://www.k12.wa.us/HealthServices/pubdocs/B034-01.pdf

Requirements:
- Written, current, unexpired request from parent
- Written current, unexpired request from LHCP within their scope of practice
- Valid reason to administer during school hours
- If required more than 15 days, must have written instructions
- Original container; properly labeled
- RN or ARNP to train and supervise delegation

OSPI Bulletin 34-01 Medications

- Documentation
- Prescribed or OTC
- Includes inhaled medications
- Allows for self administration
- Describes procedures for receipt and counting
- Describes valid prescribers
- Describes security of controlled medications
- Describes reporting of errors
- Describes provisions for field trips
- Describes provision for disaster planning
- Valid for the current school year
- Provisions for immunity from liability
- Discontinue orally or in writing

Delegation

"3) A registered nurse may delegate tasks of nursing care to other individuals where the registered nurse determines that it is in the best interest of the patient. (a) The delegating nurse shall: (i) Determine the competency of the individual to perform the tasks; (ii) Evaluate the appropriateness of the delegation; (iii) Supervise the actions of the person performing the delegated task; and (iv) Delegate only those tasks that are within the registered nurse's scope of practice."
Delegation

- RCW 18.79.260
- The following may not be delegated
  - Acts requiring substantial skill
  - Piercing or severing of tissues
  - Acts that require nursing judgment

- Nurses cannot be coerced to delegate

Scope of Practice Decision Tree

- Describes RN Scope of Practice
  - Assessment, nursing diagnosis, setting goals, planning care strategies, implementing care, delegating care to qualified others, supervising, evaluating, teaching, managing care, maintaining client safety, collaborating with other health care members.
- Guides decision on interventions within scope – including delegation
  - [http://www.doh.wa.gov/Portals/1/Documents/Pubs/609305.pdf](http://www.doh.wa.gov/Portals/1/Documents/Pubs/609305.pdf)

Life Threatening Conditions

- WAC 392-380-045
- Attendance conditioned on presentation of
  - Medication or treatment order
  - Nursing plan to implement order
  - Medication provided by parent to carry out the order
- Exclusion by written notice; with provisions for hearing if a dispute
Anaphylaxis (Allergies)

  - Prevention
  - Care
    - Procedure to treat anaphylaxis
    - Content for training for school personnel
    - Communication plan
    - Strategies to reduce risk
- Life Threatening Health Conditions
  - RCW 28A.219.320; WAC 392-330-000-020; OSPI Bulletin B061-02
- Provisions to self carry
  - RCW 28A.210.380
- Special Dietary Needs USDA Regulations
  - multiple sections

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Anaphylaxis (Allergies)

- OSPI Anaphylaxis Guidelines
  - http://www.k12.wa.us/HealthServices/Publications/09-0009.aspx
- Plan developed by school nurse in cooperation with family; care provider; & school staff.
- Responsibility under federal law (Section 504; IDEA)
- Epinephrine as treatment of choice
- Adult supervision mandatory
  - by trained staff
- Annual medication or treatment orders
- Annual training and supervision
  - Student specific for those with direct supervision – annual practice
  - Awareness for all staff

Anaphylaxis (Allergies) con’t

- Emergency Care Plan
  - Completed prior to student attending school
  - Training and supervision by school nurse
  - Annual review
  - May be a 504 Plan
  - Current picture of student
- Communication plan
  - Consider Coordinated School Health – roles & responsibilities
  - EMS Response
  - Substitute teacher training
- Parents provide supplies and orders; notify re: changes
  - Consider McKinney-Vento Homeless Act
- Protection from bullying
Type I Diabetes
- RCW 28A.210.330 Students with Diabetes
- Requires individual health plans including
  - Parent requests
  - LHCP orders
  - Storage of medical equipment provided by parents
  - Provisions for testing & treating blood sugar
  - Accommodations for eating
  - Scheduling information
  - Care by Parent Designated Adults
  - Consultation with RN or ARNP for coordination, training & supervision

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Type I Diabetes
- Guidelines for Care of Students with Diabetes
  - [Link to guidelines](http://www.k12.wa.us/HealthServices/pubdocs/diabetes/GuidelinesStudentswithDiabetes.pdf)
  - Details of implementation of RCW 28A.210.330
  - Overview of Diabetes management (insulin; testing; recommended supplies; S/S of hypo/hyper-glycemia; meal planning; exercise)
  - Staff guidelines for school management (Table of permissible activities)
  - Suggested accommodations
  - Practical parental concerns
  - Many sample forms

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More Diabetes Resources
- OSPI Bulletin 61-02 Life Threatening Conditions & Diabetes
  - Sample Policy
- Curriculum Standards for PDAs
Asthma
- RCW 28A.210.370
- Uniform policy for training of school staff
- Policies for rescue
- Provisions for self – administration
  - HCP approval and orders
  - RN at school approval
  - Written treatment plan for care at school
  - Proper use demonstrated
- Provisions for all school activities
- Provisions for backup medication

Asthma
- Uniform Staff Training Policy – Students with Asthma
  - http://www.k12.wa.us/HealthServices/pubdocs/UniformStaffTrainingAsthmaPolicyDOH-FINAL08-27-08.pdf
- Licensed professional designated to provide inservice training on asthma
  - Elements
    - Symptoms; Treatment; Monitoring
  - Levels
    - General – all school staff
    - Intensive – staff directly involved with affected student
- Use of AMES Manual – Asthma Management in Educational Settings
- Annually
- Prior to first day of school

Vision & Hearing
(Auditory & Visual Standards)
- WAC 246-760
- Screening for vision and hearing deficits that retard students’ studies
- Required for
  - Grades K, 1, 2, 3, 5, 7
  - Referrals by teachers, parents, staff
  - Other students annually if resources available
- Screening standards defined
- Rescreening within 6 weeks if deficit noted
- Referral provisions defined
- Qualifications defined
Medical Marijuana

RCW 69.51A.060

• [1] It shall be a misdemeanor to use or display medical marijuana in a manner or place which is open to the view of the general public.

• [4] Nothing in this chapter requires any accommodation of any on-site medical use of marijuana...in any school bus or on any school grounds, in any youth center...or smoking medical marijuana in any public place...


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Medical Marijuana

• "... a district that allows marijuana on school grounds puts its Title I and any other federal funding at risk.
• Any school nurse or other staff person who administers medical marijuana, even to a "qualified patient" under Washington law, would risk criminal prosecution under federal law.
• The same would be true of staff members and students who possessed marijuana at school."

Heidi Maynard WSSDA Newsletter, October 2012

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Blood Borne Pathogens

• RCW 70.24.290 HIV Instruction for PS Employees
• WAC 296-803 Occupational exposure to bloodborne pathogens
• WAC 392-198
• WAC 296-802, 296-27 Records and reporting
  o OSHA Guidelines for training on HIV /AIDS & BBP
• Department of Labor and Industries
  o Employees with potential exposure
    + Identification
    + Training
    + Control of exposure
    + Personal Protection Equipment
    + Hepatitis B Vaccine provision at no cost to employee
  Examples of vulnerable employees at Dept of L&I
Infection Control
• Infectious Diseases – Limiting Contact
• Infectious Disease Control Guide
  http://www.k12.wa.us/HealthServices/jtub/docs/
  InfectiousDiseaseControlGuide3 11-04.pdf
• Pandemic Flu Resources
• MRSA Resources
  o http://www.tpchd.org/health-wellness/1-diseases-conditions/methicillin-resistant-staphylococcus-aureus-mrsa/mrsa-toolkit-middle-high-schools/

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Illness / Injury
• How to Respond: Injury and Illness at School

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Head Injury / TBI
• RCW 28A.400 amended by HB 1824 Youth Sports – Head Injury Policies(Lystedt law)
• OSPI Bulletin 043-09M Head Injury
• Requires statement of compliance with policies to manage concussion and head injury.
• Remove youth athlete from play with suspected concussion or head injury
  o Until evaluation by LHCP trained in management of concussion
• Written clearance required
• Collaborate with WIAA on forms
• Annual information fact sheet to parents/athletes

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CIC
Clean Intermittent Catheterization
RCW 28A.210.280; RCW 18.79.290; WAC 246-640-820
• Written, current and unexpired request
  o From patient
  o From physician
• Written, current and unexpired instructions from ARNP or RN
  o Designation of school employee
  o Description of nature of supervision
• Training must be documented
• Staff may refuse if not previously agreed per contract
• Immunity from liability provisions under RCW 28A.210.290

Home Hospital
• WAC 392-172A-02100
• OSPI Bulletin 069-10 – Home Hospital Procedures and Reporting
  • Temporary tutoring support for a physical or mental disability or illness
    o Not for student caring for infant or relative who is ill
    o Minimum of 4 weeks – maximum of 18 weeks – may be intermittent
• Need LHCP order
• District assigns tutor

Home Hospital
• $55/week for hospital; $60/week for home
• Consider eligibility for 504 and SpEd
• Districts have obligation to support FAPE
  o HH may not be adequate
  o Homebound services may be required
  o Alternative educational programs
    http://www.k12.wa.us/AlternativeEd/default.aspx