

Introduction to School Nursing

MODULE IV

Topics

- * Communicable
- * Infection Control
- * Vision and Hearing Screening
- * Mental Health
- * Sexual Health
- * DNR orders
- * Home Hospital
- * Communication Tools
- * Next Steps in Orientation

COMMUNICABLE DISEASE

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Communicable Disease

- * The school nurse works in partnership with the local health jurisdiction (LHJ) in the prevention, identification, and control of infectious disease within the school setting.
- * The local health officer is the primary resource in the identification and control of infectious disease in the community, including child care centers and schools.
- * Your contact will start with the Communicable Disease Nurse from your LHJ.

Infectious Disease Control Guide

The OSPI *Infectious Disease Control Guide* (2014) outlines the school's responsibility in the control and reporting of infectious diseases in schools and day care settings.

This is an indispensable reference manual for all school nurses.

Refer to: Infectious Disease Guide for School Staff 2014

Communicable Disease RCW and WAC Links

WAC 246-101-420 Notifiable Conditions-Responsibilities
of Schools

<http://app.leg.wa.gov/WAC/default.aspx?cite=246-101-420>

WAC 246-110 Contagious Disease-School Districts and
Child Care Centers

<http://app.leg.wa.gov/WAC/default.aspx?cite=246-110&full=true>

VISION AND AUDITORY SCREENING

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Screening Laws

[WAC 246-760](#) Auditory and Visual Standards – School Districts

[RCW 28A.210.020](#) Visual and auditory screening of pupils – Rules.

[RCW 28A201.030](#) Visual and auditory screening of pupils – Record of screening. Forwarding of records, recommendations and data.

[RCW 28A.210.040](#) Visual and auditory screening of pupils – Access to rules, records, and forms.

Screening Frequency

Hearing and vision screenings need to be performed annually. Schools must conduct screenings for students in kindergarten and grades one, two, three, five, and seven.

A school must also screen any student showing symptoms of any possible loss of auditory or visual acuity or any student referred for a school screening by a parent, guardian, school staff member, or via self-report.

Preschool Students = Within 60 days of enrollment.

Other Grades = Annual without specific timeline.

Who Conducts Screenings?

- * Trained individuals (volunteers, district staff, Lions Club) can conduct an initial screening.
- * Screening failure requires an RN to rescreen and refer if needed.



Vision Screening and Referrals

PURPOSE OF SCREENING	GRADE	SCREENING TOOLS	RESCREENING & REFERRAL CRITERIA
Distance Vision	Kindergarten	LEA vision test: Single LEA symbol (at 5 feet), or single HOTV letter	Visual acuity worse than 20/40 in either eye
Distance Vision	Grade 1	LEA vision test: Single LEA symbol (at 5 feet), or HOTV letter	Visual acuity worse than 20/32 in either eye
Distance Vision	Grades 2 and above	LEA vision tests: LEA symbols or numbers, or HOTV letters, or Sloan letter	Visual acuity worse than 20/32 in either eye
Near Vision Acuity	Kindergarten	LEA vision tests: LEA symbols near vision, HOTV, or Sloan letters	Visual acuity worse than 20/40 in either eye
Near Vision Acuity	Grade 1 and above	LEA vision tests: LEA symbols near vision, HOTV, or Sloan letters	Visual acuity worse than 20/32 in either eye

Refer to: School Nurse Corps “Required and Alternative Vision Screening Tools for WA State Schools” at <http://sboh.wa.gov/Portals/7/Doc/VisionScreening/VisionScreeningToolsforWashingtonStateSchools.pdf>

Vision Screening Guidelines

- * Visual Acuity Charts must be approved by WA DOH.
- * Screen students with corrective lenses on when available.
- * To “pass” a line, student must identify $> \frac{1}{2}$ of the symbols.
- * Document Pass or Fail in student record.
- * Document whether or not student wore corrective lenses.

Vision Screening Guidelines

- * Rescreen students with an acuity of $< 20/40$ within 2 weeks or as soon as possible.
- * If the student fails the repeat screening:
 - * Refer to their Primary Care Provider.
 - * Follow-up with Parent/Guardian.
 - * Document referral.
- * Notify teacher of possible need for accommodations as soon as problem is identified.

Vision Screening Tools



Vision Screening Resources

- * NASN Vision and Eye Health

<https://www.nasn.org/nasn-resources/practice-topics/vision-health>

- * WA State Board of Health

<http://sboh.wa.gov/Portals/7/Doc/VisionScreening/WSBOH-VisionScreeningFAQ-Final-1.pdf>

Hearing Screenings

Pure-Tone Testing:

- * Involves earphones.
- * Sounds to go to one ear at a time.
- * Test identifies the quietest sound the student can hear at different pitches, or frequencies.

Sound-Field Screening:

- * Unable to wear earphones.
- * Sounds to go to both ears simultaneously.
- * Sounds come through speakers in a sound booth.

Hearing Screening Tools



Hearing Screening Guidelines

If a student does not respond to one or more frequencies in either ear, they have failed the screening. Check for ear wax or other obstruction.

- * Rescreen the student within 6 weeks.
- * If the student fails the repeat screening:
 - * Refer to their Primary Care Provider.
 - * Follow-up with Parent/Guardian.
 - * Document second failure and referral.
- * Notify teacher of possible need for accommodations as soon as problem is identified.

MENTAL HEALTH

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Mental Health

- * Schools are obligated to respond to a broad range of behavioral and emotional needs that compromise students' and schools' success.
- * The school nurse plays a crucial role in the identification and referral process for students with mental health needs.
- * The school nurse may provide some care coordination for students with mental health issues and assist with any needed accommodations at school (504)

Adverse Childhood Experiences (ACES)

- * A significant body of research demonstrates that adversity during childhood can have a lasting impact on the development of the brain, learning, behavior and health.
- * School nurses can be aware and responsive to the impacts of complex trauma.

Suicide Training For Nurse License & ESA

RCW 43.70.442 Suicide assessment, treatment and management training-Requirement for certain professionals

RCW 28A.410.226 Washington Professional Educator's Standards Board-Training Program on Youth Suicide Screening—Certificates for School Nurses

School Nurse Self-Care

Any nurse or educator who works directly with traumatized children and adolescents is vulnerable to the effects of trauma referred to as compassion fatigue or vicarious trauma.

Compassion fatigue is being physically, mentally, or emotionally worn out, or feeling overwhelmed by students' traumas.

Mental Health Resources

[OSPI Website, Mental Health and Schools](#)

[CDC Division of Violence Prevention](#)

[American Academy of Pediatrics Adverse Childhood Experiences
and the Lifelong Consequences of Trauma](#)

[National Child Traumatic Stress Network](#)

Harassment / Intimidation / Bullying

Harassment, intimidation or bullying (HIB) is an intentional electronic, written, verbal or physical act that:

- * Physically harms a student or damages the student's property
- * Has the effect of substantially interfering with a student's education
- * Is so severe, persistent or pervasive that it creates an intimidating or threatening educational environment
- * Has the effect of substantially disrupting the orderly operation of the school

Refer to: RCW 28A.300.285

Harassment / Intimidation / Bullying

- * Schools are required to take action if students report they are being bullied.
- * Each school district is required to adopt the model WA anti-bullying policy and procedure.
- * Review and become familiar with district Harassment, Intimidation and Bullying (HIB) policy and procedure.
- * Know who the designated person is in the school responsible for taking reports.
- * Report incidents as you become aware of them.

Child Abuse and Neglect

Mandatory Reporting Laws

Mandated Reporters must report suspected child abuse or neglect (or cause a report to be made) to law enforcement or CPS (Child Protective Services) when they believe a child has suffered abuse or neglect or may be at risk of abuse or neglect.

Refer to: RCW 26.44.030

Types of Abuse

- * Physical Abuse
- * Sexual Abuse
- * Sexual Exploitation
- * Negligent Treatment or Maltreatment
- * Abandonment

Reporting Abuse

- * If the child is in imminent danger - Call 911
- * A report must be made at the first opportunity, but no later than 48 hours after there is belief that the child has suffered abuse or neglect. RCW 26.44.030 (1)(f)
- * Contact your local DSHS/CA office (link to list of offices)
<https://fortress.wa.gov/dshs/f2ws03apps/caofficespub/offices/general/OfficePick.asp>

What if I am not sure it's reportable?

Contact your local DSHS/Children's Administration office or the Child Abuse and Neglect Hotline to discuss the situation.

SEXUAL HEALTH EDUCATION

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Sexual Health Education

In 1988, WA State Legislature passed the AIDS Omnibus Act.

- * Mandates annual HIV/AIDS prevention education for grades 5 - 12.
- * Mandates that curricula must be medically accurate and meet specific criteria.

Refer to: RCW 28A.230.060 AIDS Education in Public Schools and OSPI HIV and Sexual Health Education Program.

Healthy Youth Act

Per WA State law, “the decision as to whether or not a program about sexual health education is to be introduced into the common schools is a matter for determination at the district level by the local school board.”

Any district that chooses to provide sexual health education must follow the requirements outlined in the Healthy Youth Act on the OSPI website (HIV and Sexual Health Education).

Refer to: RCW 28A.300.475 and WAC 392-410-140

Healthy Youth Act

All instruction and materials used must be:

- * Comprehensive vs “abstinence only”
- * Medically and scientifically accurate
- * Age appropriate
- * Appropriate for students regardless of gender, race, sexual orientation, and disability status

Refer to: OSPI and WA State DOH “Guidelines for Sexual Health Information and Disease Prevention” (2005)

HOME HOSPITAL

Home Hospital Requirement

Home/Hospital instruction shall be provided to students eligible for special education and other students who are unable to attend school for an estimated period of four weeks or more because of disability or illness

Refer to: WAC 392-172A-02100

Home Hospital Limitations

- * Services are intended to provide temporary intervention as a result of physical and/or mental disability or illness.
- * Services are limited to a maximum of 18 weeks.
- * If a student will exceed the 18-week limit, consultation with the OSPI Health Services Program Administrator is required.

DO NOT ATTEMPT RESUSCITATION
(DNAR)

Requirements for DNAR

A DNAR order for a student should be evaluated at the district level with input from the school district's legal counsel for consideration of state and local laws.

Each student with a DNAR order must have an Individualized Healthcare Plan (IHCP) and Emergency Care Plan (ECP) developed by the RN with input from parents or guardians, student's healthcare provider, school administrators, teachers, local emergency medical services and other appropriate personnel.

RESOURCES AND TOOLS

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School Nurse Activity Calendar

- * Use a calendar to establish priorities and track progress.
- * Communicate progress with Supervisor.
- * If SNC participant, communicate progress with SNCA Administrator.

District Site Visits

Site Visits are provided to each SNC RN at least annually to conduct an assessment of district health services, make recommendations, and collect feedback.


These visits help guide nurses in developing or enhancing the district's health services and identify needs and concerns.

Communication Tools

- * Develop an end-of-year summary letter to the district Superintendent.
- * Report safety concerns (student concerns, health services concerns, staffing concerns) to the district Superintendent (or School Nurse supervisor) in writing. Concerns should address health and safety of the students and any interference in meeting educational goals.
- * Maintain professional communication style and tone.

District Assessment

- * OSPI data collection tool to assess health services in WA State school districts
- * Snapshot in time of district status
- * Conducted annually and due each spring.

	OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION Health Services Old Capitol Building OLYMPIA, WA 98504-7200 (360) 725-6040 TTY (360) 664-3631	ESD 171	
	For Official Use Only		
	2017-2018		
ASSESSMENT OF DISTRICT STUDENT HEALTH SERVICES			
PERSON COMPLETING FORM		TITLE	CONTACT NUMBER

Please use 2017-2018 Assessment of District Student Health Services Instructions when completing document

SECTION 1 - SCHOOL DISTRICT

1. District Name: _____
2. District Class: Class I _____ or Class II _____
3. Number of students: _____
4. Number of schools: _____
5. How does your district fund nursing services? Check all that apply.
_____ Basic education _____ Grants _____ School Nurse Corps (SNC)
_____ Migrant _____ Special education _____ Levies
_____ Medicaid Administrative Claiming
_____ Other: Identify _____

SECTION 2 - HEALTH SERVICES

1. How many total licensed nursing hours (including any contract, agency, or SNC hours) per week did the district have this school year?
Indicate each category based upon job classification.

	hrs/wk	FTE Equivalent
a. Certificated Registered Nurse	_____	_____
b. Classified Registered Nurse	_____	_____
c. Other Registered Nurse	_____	_____
d. Licensed Practical Nurse	_____	_____

How many of the above hours per week of Registered Nurse (RN) service were given by the SNC program this year?
_____ hrs/wk _____ No SNC hours
2. Is your district purchasing or contracting any **additional hours** through the SNC?
How many hours per week? _____ hrs/wk _____ No additional hours
3. How many licensed nursing hours per week were 1:1 hours of care this school year?
Indicate each category based upon job classification.

a. Certificated Registered Nurse	_____ hrs/wk
b. Classified Registered Nurse	_____ hrs/wk
c. Other Registered Nurse	_____ hrs/wk

SNC Lending Library

- * Kits, models, manuals and equipment are available to loan to districts.

Next Steps

- * Zoom phone conference with all participants to collect feedback and identify needs.
- * SNC monthly Zoom meetings
- * Quarterly School Nurse Workshops
- * SNOW Conferences: October 2018 and March 2019
- * NASN Conference: July 2019