WEST VIRGINIA
SECRETARY OF STATE
KEN HECHLER
ADMINISTRATIVE LAW DIVISION

Form #2

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MAY 19 10 01 AM '95

OFFICE OF WEST VIRGINIA SECRETARY OF STATE

NOTICE OF A COMMENT PERIOD ON A PROPOSED RULE

AGENCY: West Virginia Board of Education TITLE NUMBER: 126

RULE TYPE: Legislative ; CITE AUTHORITY W.Va. Code §§18-2-5, 18-5-22, 30-7-1, 30-7a-1

AMENDMENT TO AN EXISTING RULE: YES X NO ___

IF YES, SERIES NUMBER OF RULE BEING AMENDED: 25A

TITLE OF RULE BEING AMENDED: School Nurses and Specialized Health Procedures (2422.7)

IF NO, SERIES NUMBER OF NEW RULE BEING PROPOSED: ___

TITLE OF RULE BEING PROPOSED: ___

IN LIEU OF A PUBLIC HEARING, A COMMENT PERIOD HAS BEEN ESTABLISHED DURING WHICH ANY INTERESTED PERSON MAY SEND COMMENTS CONCERNING THESE PROPOSED RULES. THIS COMMENT PERIOD WILL END ON June 30, 1995 AT 5:00 p.m.

ONLY WRITTEN COMMENTS WILL BE ACCEPTED AND ARE TO BE MAILED TO THE FOLLOWING ADDRESS.

Nancy Parr, Coordinator
West Virginia Department of Education
Capitol Complex, Building 6, Room B-309
1900 Kanawha Boulevard, East
Charleston, WV 25305-0330

THE ISSUES TO BE HEARD SHALL BE LIMITED TO THIS PROPOSED RULE.

Victor A. Barone
Director, Legal Services

ATTACH A **BRIEF** SUMMARY OF YOUR PROPOSAL

24-50

EXECUTIVE SUMMARY
West Virginia Board of Education
Policy 2422.7:
Standards for Basic and Specialized Health Care Procedures in West Virginia Public Schools

Background:

Certified school nurses throughout West Virginia have continually expressed concerns about the need to develop a consistent plan to provide high quality and safe health care for students with special health care needs in both regular and special education. In 1989, the West Virginia Department of Education convened a Task Force for Medically Fragile Students. The task force, composed of school nurses, a special educator and a clinical nurse specialist with expertise in child health care, developed a draft manual of standards for performing basic and specialized health procedures. During that same year, the West Virginia Legislature passed House Bill 2557, W.Va. Code 18-5-22, mandating that the certified school nurse, after assessing the health status of the individual student, may delegate certain health care procedures to a trained school employee who is deemed competent by the school nurse. This statute also mandates that a Council of School Nurses be established to prepare a procedure manual to be used in teaching, training, and supervising the delivery of basic and specialized health care procedures.

West Virginia Board of Education Policy 2422.7 - Standards for Basic and Specialized Health Care Procedures in West Virginia Public Schools delineates standards for school nurses to assess students' health needs and define nursing responsibility in the provision of care. These standards, contained in the Basic and Specialized Health Care Procedure Manual for West Virginia Public Schools, constitute the minimum safe standards of practice that are utilized in the provision of basic and specialized health care procedures.

Purpose:

The need for school health services has dramatically increased in recent years largely due to clearly identifiable changes in the health status of student populations. These changes, brought about by specific public laws and by rapid advances in medical technology, enable students with chronic and sometimes complex health needs to attend school. Because the protection and care of students during the hours of school attendance is the responsibility of the school system, policies and staffing should be a priority.

The Council of School Nurses has completed an extensive review of the original 1990 procedure manual. Revisions have been made to reflect current changes in student health needs, medical/health technology and physicians' orders, as well as consistency in language and format.

Impact:

- The certified school nurse is responsible for standards of school nurse practice in relation to health appraisal and health care planning. School employees, with the approval of the principal and the county board of education, may elect or in some cases be required to provide approved specialized health care procedures when delegated by the certified school nurse.

- Utilizing the Basic and Specialized Health Care Procedures Manual, the certified school nurse, will provide the necessary training, retraining, and supervision; and, upon completion, certify satisfactory level of competence before school employees perform certain health care procedures. This assures the provision of safe, consistent care to students with special health needs.

- The newly revised manual contains guidelines for the provision of health care in public schools as necessitated by changes in student health needs, advances in medical/health technology and current legislation, as well as greater consistency in manual text and format. As new procedures are prescribed for students in schools, additional guidelines will be written for addition into the manual.

TITLE 126
~~WEST VIRGINIA~~ LEGISLATIVE RULE
~~DEPARTMENT~~ BOARD OF EDUCATION

SERIES 25
~~Subject: School Nurses~~ STANDARDS FOR BASIC AND SPECIALIZED HEALTH CARE PROCEDURES (2422.7)

§126-25-1. General.

1.1. Scope.

This legislative rule establishes standards for certified school nurses to assess ~~children's~~ student health needs and to decide who is best skilled to respond to them.

1.2. Authority.

~~These legislative rules are issued under authority of Chapter 18, Article 2, Section 5~~ W. Va. Code §§18-2-5, ~~and are related to Chapter 18, Article 5, Section 22 of the West Virginia Code of 1931~~ 18-5-22, 30-7-1 and 30-7a-1.

1.3. Filing Date.

1.4. Effective Date.

1.5. Adoption by reference. -- Basic and Specialized Health Care Procedure Manual for West Virginia Public Schools.

§126-25-2. ~~APPLICATION AND ENFORCEMENT~~ Purpose.

2.1. ~~Application. These legislative rules apply to any public school in a county or municipal area.~~ Good health is essential to student learning. This policy establishes the standards that must be followed in providing for students with health care needs. The resulting Basic and Specialized Health Care Procedure Manual for West Virginia Public Schools was designed for use by certified school nurses in West Virginia to assure safe, consistent provision of health care.

~~2.2. Enforcement. The enforcement of these legislative rules is vested with the State Superintendent of Schools.~~

§126-25-3. Definitions.

3.1. Basic Health Care Procedures are defined as procedures performed by school personnel to ensure that health and safety needs of students are met.

3.2. Cardiopulmonary Resuscitation (CPR) is defined as possession of a current valid certificate from an approved training program for adult, child and infant CPR, e.g. American Heart Association/American Red Cross.

3.3. School Health ~~Case~~ Manager is defined as a certified school nurse who reviews and interprets medical data for health-related problems of the students and who coordinates all school health services.

3.4. Certified School Nurse is defined as a registered professional nurse who has demonstrated expertise in school health nursing practice. The school nurse must be certified by the West Virginia Department of Education Policy 5219.02-School Nurse Certification and licensed by the West Virginia Board of Examiners for Registered Professional Nurses (W.Va. Code §30-7-1, et seq.). The certified school nurse must be employed by the county board of education or the county health department as specified in Policy 5219.02.

3.5. Health Appraisal is defined as the process in which the certified school nurse obtains student data. This assessment is comprehensive, systematic and continuous to allow the certified school nurse to make a nursing diagnosis and plan for interventions with the student, family, school staff and physician when necessary.

3.6. Health Care Plan is defined as the written document developed by the certified school nurse which includes a nursing diagnosis, is individualized to the student's health needs and consists of specific goals and interventions delineating the school nursing actions and delegated procedures.

3.7. Licensed Practical Nurse is defined as a person who has met all the requirements for licensure as a practical nurse and who engages in practical nursing as defined in W.Va. Code §30-7a-1, et seq.

3.8. Performance Check List is defined as a tool used by the certified school nurse in determining that a school employee meets the minimum standards required to perform specialized health procedures safely.

3.9. Qualified is defined as the ability to demonstrate competence and skills in the use of equipment and performance of techniques and procedures necessary to provide specialized health care services for individuals with health needs and to demonstrate current knowledge of community emergency medical resources.

~~(a)~~ 3.9.1. Qualified, for the certified school nurse, or other registered nurse or licensed physician, shall mean trained in the procedures to a level of competence and safety which meets the objectives of the training and the standards of practice of the profession.

~~(b)~~ 3.9.2. Qualified, for the employed, designated school personnel, shall mean trained in the procedures to a level of competence and safety which meets the objectives of the training. The training shall be provided by the certified school nurse or an approved program that meets training criteria.

3.10. Related Services are defined as transportation and such developmental, corrective, and other supportive services as are required to assist an eligible exceptional student to benefit from education. The term includes, but is not limited to, audiology, speech and language pathology, psychological services, physical and/or occupational therapy, counseling/social services, school health services, early identification and assessment, medical services for diagnostic or evaluation purposes, and parent training.

3.11. School Employee as defined by W.Va. Code §18-5-22 means teachers, as defined in W.Va. Code §18-1-1, and aides, as defined in W.Va. Code §18a-4-8.

3.12. Specialized Health Care Procedures are defined as procedures prescribed by the ~~child's~~ student's licensed physician(s) requiring medical and/or health-related training for the individual who performs the procedures.

3.13. Standardized Procedures are defined as those protocols and procedures outlined in the Basic and Specialized Health Care Procedure Manual for West Virginia Public Schools. They constitute the minimum safe standards of practice that are utilized in the provision of basic and specialized health care procedures.

3.14. ~~Supervision.~~ Supervision of Designated School Employees ~~shall include~~ is defined as periodic on-site review by the certified school nurse. ~~Supervision~~ and shall include review of the competence of that individual in performing the specialized health care procedure and maintaining appropriate records.

~~(a)~~ 3.14.1. Immediate Supervision. A ~~registered~~ certified school nurse shall be physically present while a procedure is being administered to review, observe and/or instruct the designated school employee's performance of health care services.

~~(b)~~ 3.14.2. Direct Supervision. A ~~registered~~ certified school nurse shall be present on the same school campus as the employee being supervised and available for consultation, and/or referral for appropriate assistance.

~~(c)~~ 3.14.3. Indirect Supervision. A ~~registered~~ certified school nurse shall be available to the qualified, designated school employee, either in person or through electronic means to provide necessary instruction, consultation, and/or referral for appropriate assistance.

3.15. Training is defined as preparation for the performance of basic and specialized health care procedures.

§126-25-4. State Administrative Procedures.

4.1. Standards of Performance of Care.

The Basic and Specialized Health Care Procedure Manual for West Virginia Public Schools shall be utilized as the minimum standard for safe practice as adopted by the State Division of Health in the Specialized Health Procedures in Public Schools Rule, 64 W. Va. CSR 66, 1992.

4.2. Training Program.

Beginning with July 1, 1989, any new employee in the field of special education and all teachers and aides in special education or regular education who provide basic health care procedures for students with special health needs, shall be required to undergo Phase I training or demonstrate competency in performance of Phase I procedures that are applicable to their job assignment. In addition, Phase II training will be required for all school employees performing specialized health care procedures.

~~(a)~~4.2.1. Phase I.

All employees must be trained in : Proper handwashing; ~~Assisting Students with activities of daily living;Toileting procedures;~~Handling and disposal of body fluids including use and removal of gloves; Body mechanics; Basic first aid including Heimlich Maneuver; CPR; Other basic health care procedure training will be individualized as applicable to employee job assignment.

~~(b)~~4.2.2. Phase II.

Individualized training in the performance of any one or more specialized health care procedures as applicable to employee job assignment.

4.3. Trainer.

Training and retraining must be provided and/or coordinated by a certified school nurse.

4.4. Performance Assessment.

An assessment of the performance of each procedure shall be completed by the certified school nurse. This assessment shall include the completion of a critical skills performance check sheet and shall be conducted in relation to changes in student health care needs, physician's orders and medical/health technology.

4.5. Supervision.

The category of supervision required (immediate, direct, or indirect) in each situation shall be determined by the certified school nurse.

4.6. Training.

Training shall be provided through simulation or use of training models. Initial practice of the procedure shall be simulated or done on models rather than the student.

4.7. Retraining.

Personnel shall be retrained every two years on performance of each specialized health care procedure (beginning 1990-91) that is currently prescribed and being performed by said personnel.

§126-25-5. Organization and Management.

5.1. Personnel Certification.

School employees will be certified for completion of training in Phase I and Phase II as applicable.

5.1.1. Phase I certification must assure:

a. Completion of the ~~total~~ training program stipulated for all employees plus those additional procedures necessary for individual job assignment.

b. Demonstrated competency in basic procedure(s) to be performed.

5.1.2. Phase II certification must assure:

a. Completion of Phase I as required and applicable to individual job assignment.

b. Completion of training in each individual specialized health care procedure to be performed.

c. Demonstrated competency based on a critical skills performance check sheet.

5.2. Awarded Certificate.

The Basic and Specialized Health Care Procedure Manual for West Virginia Public Schools must be used for teaching and training basic and specialized health care procedures. Certificates may only be awarded by:

~~(a)~~ 5.2.1. Schools of nursing
~~(b)~~ 5.2.2. Vocational schools
~~(c)~~ 5.2.3. Independent faculty approved by school nurse
~~(d)~~ 5.2.4. Certified school nurses

5.3. Changes.

Updating of these Rules will be done by the Council of School Nurses, as outlined in §126-25-8.

§126-25-6. System for School Admission and Care.

6.1. Admission.

For students needing specialized heath care procedures, the certified school nurse shall assess the student, review the physician's orders, and assure implementation of needed health and safety procedures. This assessment shall be completed prior to initial school attendance, and following any absence in which a health condition may have changed, necessitating reevaluation.

6.2. Physician's Orders.

The physician's orders are kept on file in the student's permanent record. These orders are valid for a maximum of one year, unless changed by the physician.

6.3. Assignments.

Certified school nurses shall determine ~~assignment~~ delegation of any aspect of specialized health care.

§126-25-7. Health Care Plan.

7.1. Health Care Plan.

The health care plan must be prepared by the certified school nurse based on assessment of student and/or physician's written orders (see definition).

7.2. Assignment.

A review of the health care plan will be conducted with staff member(s) assigned by administrator to carry out the plan.

7.3. Contents.

The plan should contain:

~~(a)~~ 7.3.1. Nursing assessment
~~(b)~~ 7.3.2. Nursing diagnosis
~~(c)~~ 7.3.3. Goals and expected outcomes
~~(d)~~ 7.3.4. Interventions
~~(e)~~ 7.3.5. Evaluation

7.4. Review.

Health care plans are reviewed annually or more frequently as the ~~child's~~ student's condition warrants.

§126-25-8. Quality Assurance.

8.1. ~~An annual~~ A needs assessment developed, implemented and analyzed by the Council of School Nurses shall be the basis for revision of the Basic and Specialized Health Care Procedure Manual for West Virginia Public Schools.

8.2. The Council of School Nurses shall meet at least bi-annually, or more frequently as deemed necessary by the Chair of the Council in consultation with the West Virginia Department of Education ~~and, every two years,~~ for review of ~~the~~ certification and training program regarding school employees.

8.3. The certified school nurse shall ~~receive~~ participate in continuing education programs which ~~shall~~ provide:

~~(a)~~ 8.3.1. The training needed related to new specialized health care procedures.

~~(b)~~ 8.3.2. In-service applicable to effective school health practice.

§126-25-9. School Health Records.

9.1. Confidentiality.

All records are confidential and shall not be released except under existing West Virginia Board of Education policies.

9.2. Documentation.

A log will be maintained for each student needing a specialized health care procedure. It will include date and time procedure was performed, ~~and~~ any ~~anecdotal~~ notes on events and/or interactions and signature of person performing/supervising procedure.

§126-25-10. Staffing Requirements.

10.1. Staffing.

Certified school nurses must be employed in sufficient numbers to ensure adequate provision of services to severely handicapped pupils. Registered nurses have the authority and the ability to teach and to supervise other persons in rendering selected health services and/or procedures.

10.2. Certified School Nurse.

The certified school nurse must have a current license as a registered professional nurse in the State of West Virginia (W.Va. Code §30-7-1, et seq.). The school nurse must be certified as a school nurse by the West Virginia Department of Education (SDE Policy 5219.02). The certified school nurse must be employed by the county board of education or the county health department (W.Va. Code §18-5-22) which contracts to provide equivalent services to boards of education. Performance of professional nursing service means both independent nursing functions and health related services which require specialized knowledge, judgement, and skills as governed by the West Virginia Nurse Practice Act (W.Va. Code §30-7-1, et seq.) and American Nursing Association Standards of School Nurse Practice.

10.3. Licensed Practical Nurse.

The practical nurse must be currently licensed in the State of West Virginia (W.Va. Code §30-7a-1, et seq.) and must function under the supervision of the registered professional nurse or licensed physician. The practical nurse shall not function as a school nurse.

10.4. Other School Personnel Providing Health Related Services.

Medical contacts, referrals and interpretations of medical data shall be managed by the certified school nurse. The nurse serves as the ~~case~~ manager for health related problems and decisions. In the role of ~~case~~ manager, the nurse is responsible for standards of school nurse practice in relation to health appraisal and health care planning. School employees, with the approval of the principal and the county board of education, may elect or in some cases be required to provide approved specialized health care procedures and such procedures shall be delegated by the certified school nurse as deemed appropriate. The school nurse shall provide for training, retraining, and supervision, and, upon completion, certify satisfactory level of competence before school employees perform certain health care procedures.

10.5. Liability.

A physician and/or professional nurse may be held liable for delegating professional responsibilities to individuals not qualified to perform them.

§126-25-11. Student Rights.

11.1. Assignment.

Students are entitled to the assignment of qualified personnel.

11.2. Rights.

Students are afforded the right to privacy, dignity, respect and courtesy, in accordance with Student's Privacy Act.

§126-25-12. Penalties.

12.1. Compliance.

Failure of any school personnel to comply with the above rules will result in personnel disciplinary actions based on state and local Board of Education policy.

§126-25-13. Administrative Due Process.

13.1. Parents/Legal Guardians.

Families dissatisfied with the health care plan and its handling by personnel should:

~~(a)~~ 13.1.1. Schedule a meeting with the certified school nurse and school principal or designee.

~~(b)~~ 13.1.2. Follow due process procedure as outlined by the Board of Education.

~~(c)~~ 13.1.3. Appeal unacceptable outcomes at the third step to the State Superintendent of Schools.

RESPONSE FORM
POLICY 2422.7: Standards for Basic and Specialized Health Care Procedures in West Virginia Public Schools

Directions: Please use this form to comment on proposed revision of Policy 2422.7 - Standards for Basic and Specialized Health Care Procedures in West Virginia Public Schools

Individual/Organization: _____

Address: _____

_____

_____

General Policy Comments:

RETURN BY JUNE 30, 1995 to:

Nancy Parr, Coordinator
West Virginia Department of Education
Capitol Complex, Building 6, Room B-309
1900 Kanawha Boulevard, East
Charleston, WV 25305-0330

FORM NO 201
(10-66)

FISCAL NOTE WORKSHEET

(Submit 4 copies)

HO NO _____ DRAFT NO _____ BILL NO. _____ RESOLUTION NO. _____

SUBJECT Standards for Basic and Specialized Health Care Procedures in WV Public Schools NO _____

SOURCE OF REVENUE: ☐ GENERAL FUND ☐ SPECIAL ☐ OTHER (SPECIFY) _____

COST ESTIMATE BASED ON: ☐ AN ORIGINAL ESTIMATE ☐ BUDGET BILL ☐ OTHER (SPECIFY) _____

INCOME ESTIMATE BASED ON: ☐ AN ORIGINAL ESTIMATE ☐ BUDGET BILL ☐ OTHER (SPECIFY) _____

SHOW OVER-ALL EFFECT IN ITEMS 1 AND 2 AND IN ITEM 3 GIVE EXPLANATION OF BREAKDOWN BY FISCAL YEAR INCLUDING LONG-RANGE EFFECT

EFFECT OF PROPOSAL	ANNUAL		FISCAL YEAR		
	INCREASE	DECREASE	CURRENT	NEXT	THEREAFTER
1. ESTIMATED TOTAL COST	$ .00	$ .00	$ .00	$ .00	$ .00
PERSONAL SERVICES	$	$	$	$	$
CURRENT EXPENSES					
REPAIRS AND ALTERATIONS					
EQUIPMENT					
OTHER					
2. ESTIMATED TOTAL REVENUES	$	$	$	$	$

3. EXPLANATION OF ABOVE ESTIMATES (INCLUDING LONG-RANGE EFFECT):

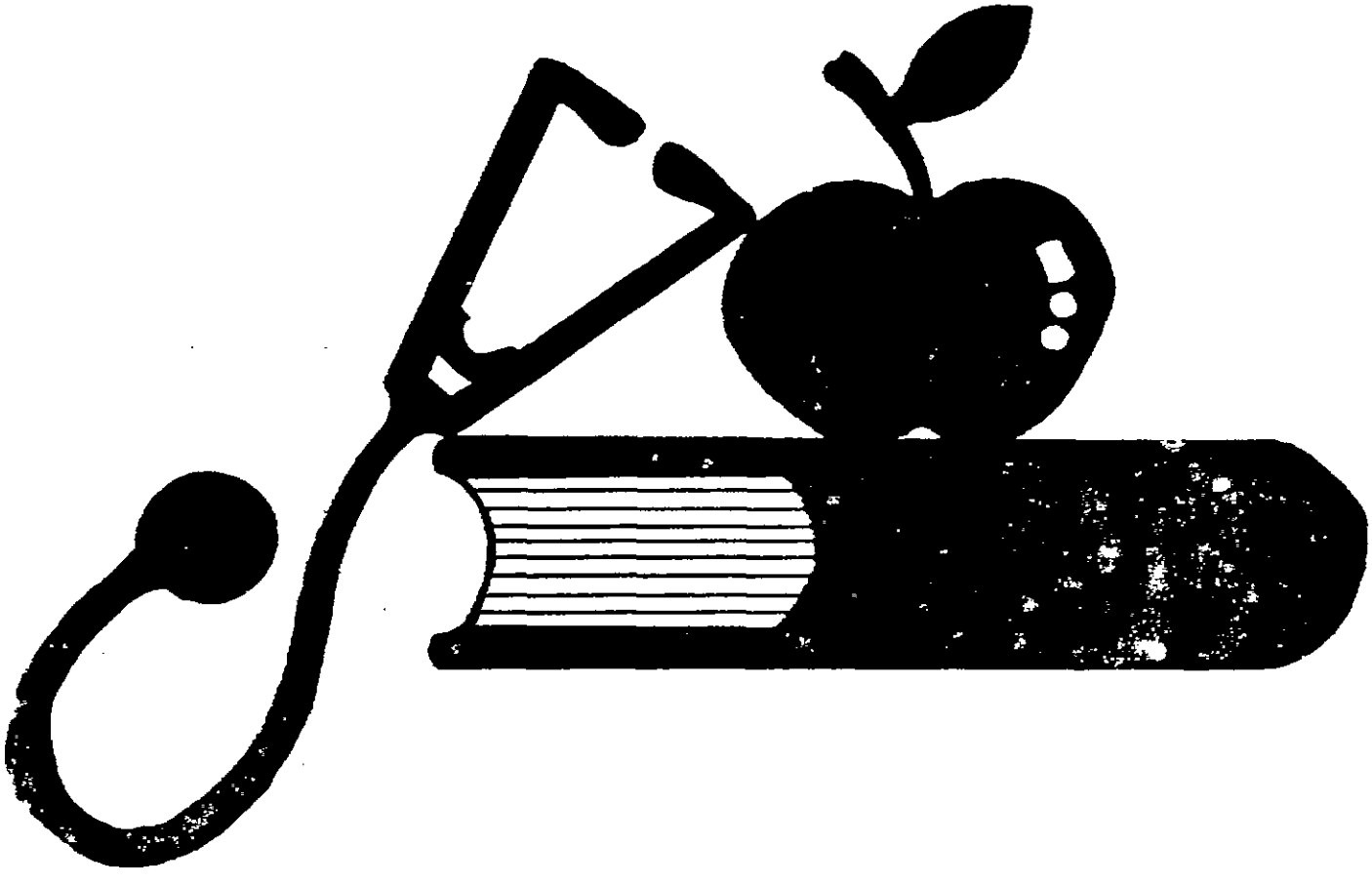
Assumptions:

1. Certified school nurses currently provide the necessary training, retraining, and supervision for school personnel who elect or are required by virtue of job assignment to perform basic and/or specialized health care procedures for regular or special education students.

2. Procedures related to the provision of basic or specialized health care to students by school personnel are outlined in West Virginia Board of Education Policy 2422.7 - Standards for Basic and Specialized Health Care Procedures in West Virginia Public Schools and the accompanying Basic and Specialized Health Care Procedure Manual for West Virginia Public Schools.

ATE _____ AGENCY _____ AUTHORIZED REPRESENTATIVE _____

Basic and Specialized Health Care Procedure Manual for West Virginia Public Schools



West Virginia Department of Education

BASIC AND SPECIALIZED

HEALTH CARE PROCEDURE MANUAL

FOR WEST VIRGINIA

PUBLIC SCHOOLS

MAY 1995

PROFESSIONAL CREDITS

1989 TASK FORCE FOR MEDICALLY FRAGILE STUDENTS

Chairperson: Jean G. Morris, MA, RN
Sherry Hickman, BSN, RN - Public Health School Nurse, Mason County
Brenda Isaac, BSN, RN - School Nurse, Kanawha County
Judy Kelly-Minor, MA, Special Educator, Monongalia County
Janis McGinnis, BSN, RN - School Nurse, Wood County
Robin McNeely, BSN, RN - School Nurse, Wyoming County
Deborah Parsons, BSN, RN - School Nurse, Roane County
Carolyn Rice, MSN, RN - School Nurse, Putnam County

Consultant: Linda Martel, MSN, RN
Clinical Nurse Specialist for Pediatrics
Women's and Children's Hospital
Charleston, WV

1989 Council of School Nurses:

RESA I - Lois McCutcheon
RESA II - Pam Dice
RESA III - Carolyn Rice
RESA IV - Ella Williams
RESA V - Janis McGinnis
RESA VI - Helen Diserio
RESA VII - Betty Maxwell
RESA VIII - Trina Melody

We are also grateful to the West Virginia School Health Association, American School Health Association, National Association of School Nurses, West Virginia Nurses Association, members of the West Virginia Medical Association, and the Health Services and Special Education Departments of the West Virginia Department of Education for information and support.

Revised April 1995 by Council of School Nurses:

RESA I - Jane Thompson
RESA II - Paula Kay Maynard
RESA III - Angela Cavendar
RESA IV - Sharon Casto
RESA V - Janis McGinnis
RESA VI - Edna Kettler
RESA VII - Frances Powviriya
RESA VIII - Mary Ellen Clark

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Section II - PROCEDURES FOR PROVIDING SPECIALIZED HEALTH CARE(Continued)

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Appendices

FOREWORD

The initial draft of this document was developed by the Task Force for Medically Fragile Students to assist county school personnel in the planning and provision of high quality care for students with special health needs. The Task Force was composed of school nurses and a special educator, as well as a clinical nurse specialist with expertise in child health care. All members of the Task Force are committed to providing high quality and safe health care to students in both regular and special education.

With the guidance and financial support of the West Virginia Department of Education, the Council of School Nurses revised the draft document. In collaboration with the West Virginia Department of Health and Human Resources the Rules and Regulations were written that specify how it is to be used. They were approved by the West Virginia Board of Education in June of 1990.

It is the consensus of the members of the Council of School Nurses and the Task Force that health care in the school setting shall be provided through assessment, planning, and monitoring by the certified school nurse and the student's physician. The health care plan should be developed in cooperation and collaboration with regular and special educators and in consultation with parents.

The West Virginia Department of Education requires the use of this manual as a guide to providing services to children with special health needs. All children deserve and can benefit from equal educational opportunities.

Henry Marockie
State Superintendent of Schools

INTRODUCTION

Purpose: West Virginia Department of Education Policy 2422.7 - Basic and Specialized Health Care Procedures in West Virginia Public Schools delineates standards for school nurses to assess students' health needs and define nursing responsibility in the provision of care. The accompanying document, Basic and Specialized Health Care Procedure Manual for West Virginia Public Schools, constitutes the minimum safe standards of practice that are utilized in the provision of basic and specialized health care procedures.

Background: School nurses throughout West Virginia have continually expressed concerns about the need to develop a consistent plan to provide high quality and safe health care for students with special health care needs in both regular and special education. In 1989, the West Virginia Department of Education convened a Task Force for Medically Fragile Students. The task force was composed of school nurses, a special educator and a clinical nurse specialist with expertise in child health care. This task force developed a draft of this manual of standards for performing basic an specialized health procedures.

The West Virginia Legislature passed House bill 2557, W.Va. Code 18-5-22, April 8, 1989. The law states that the school nurse, after assessing the health status of the individual student may delegate and supervise certain health care procedures to a trained school employee who is deemed competent by the school nurse. The statute also mandates that a Council of School Nurses be established. Meetings were held with the eight RESAs throughout the state where a representative and an alternative were elected from each RESA to serve on this council.

The Council of School Nurses wrote rules and regulations and revised the procedure manual.

Use of the Manual: This manual was designed for school nurses in West Virginia to assure consistent provision of care. The procedures are based on sound nursing practice. As new procedures are prescribed for students in schools, additional guidelines will be written for addition into the manual. Portions of the manual may be copied and left with school personnel for reference. Sample forms in the Appendix may be used as printed or redesigned to meet individual needs.

Summary: Policy 2422.7 - Basic and Specialized Health Care Procedures in West Virginia Public Schools and the Basic and Specialized Health Care Procedure Manual for West Virginia Public Schools are the standards that must be followed in providing for students with special health care needs. The Council of School Nurses is responsible for assessing the need for revision and periodically updating the manual.

REVISED POLICY 2422.7

TO BE INSERTED UPON APPROVAL

A. ACTIVITIES OF DAILY LIVING (ADL)

1. AMBULATING WITH ASSISTANCE

a. CANE

I. General Guidelines:

A. Definition: A stick used as an aid in walking, usually for a person with one-sided weakness.

B. Purpose: To lessen the force on weight-bearing joints; to give lateral balance while walking; to produce forward momentum or forward restraint during ambulation.

C. Equipment: As prescribed.

D. Personnel: All personnel.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Determine the need for assistance with a cane at school.	Review the physician's orders and the student's health care plan.
B. Obtain a consultation with the physical therapist, if you are unfamiliar with the procedures for using a cane.	The physical therapist can assist and facilitate implementing the physician's orders for ambulation.
C. Tell the student what you will be doing and how he/she can assist.	Use developmentally appropriate language and demonstration.
D. Verify whether the student will use one or two canes.	As ordered by the physician. Two canes are used when the student needs additional support but crutches are not necessary.
E. Confirm the type of cane and the type of handle the student should be using.	As ordered by the physician. Canes are straight, quad, 4-point, and folding. Handles are pistol grip, T-grip, knobbed, and shepherd's crook.
F. Check the fit of the cane for the student's height.	Have student stand with the elbow on stronger side flexed in a 30-degree angle; have the cane tip 6 inches to the side of the little toe; the handle should be approximately level with the greater trochanter (hip).
G. Assist the student to walk with a cane.	As ordered by the physician.
1. Hold the cane on the stronger side.	If student cannot hold the cane with the hand opposite the weak leg, he/she can hold it on the same side as the weak leg and advance both cane and weak leg together.

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
2. Keep the cane fairly close to the body to avoid leaning on it.	
3. Simultaneously advance the cane and the weaker leg.	
H. Assist the student to go up stairs:	As ordered by the physician.
1. Step up on the stronger leg.	
2. Then bring the cane and the weaker leg to that stair.	
I. Assist the student to go down stairs:	Note that the opposite leg is used first in going down stairs as going up stairs.
1. Place the cane and the weaker leg on the lower stair.	
2. Step down with the stronger leg.	
J. Arrange for the student to use the school elevator, if elevator is available.	Lessens possibility of injury to student or others on the stairs.
K. Safety points:	
1. Make sure rubber cane tips are in good repair.	They should be wide and provide good traction; replace promptly if worn.
2. Check screws and nuts frequently.	They loosen with usage.
3. Have a designated place in classroom for the cane.	It could be a safety hazard for other students and staff.
4. Keep hands free to maneuver the cane.	Use a backpack to carry personal belongings.
5. Arrange for the student to leave each class early, if necessary.	This allows student to be clear of the hall during regular passing period.

SECTION I

BASIC HEALTH CARE PROCEDURES

b. CRUTCHES

I. General Guidelines:

A. Definition: A support used as an aid in walking, most often used in pairs.

B. Purpose: To promote mobility and independence; to prevent injury to an affected limb.

C. Equipment: (Parent responsibility unless noted.)
1. Adjustable crutches.
2. Rubber crutch tips.
3. Axillary arm pads.
4. Safety waist belt.
5. Tape measure, or as ordered.

D. Personnel: All personnel.

E. Note: Type of crutch gaits that may be prescribed by the student's physician or physical therapist:

1. Gait: 4-point alternate crutch gait
   Description: a slow but stable gait; can only be used by the student who can move each leg separately and bear considerable weight on each foot.
   Sequence: right crutch, left foot; left crutch, right foot.

2. Gait: 2-point alternate crutch gait
   Description: slightly faster, but requires more balance than 4-point gait.
   Sequence: right crutch and left foot; left crutch and right foot.

3. Gait: 3-point crutch gait
   Description: fairly rapid, but requires more strength and balance since the arms must support the entire body weight.
   Sequence: both crutches and the weaker extremity are moved forward simultaneously; then the stronger extremity is moved forward while putting most of the body weight on the arms.

4. Gait: Tripod crutch gaits:
   a. tripod alternate crutch gait
   b. tripod simultaneous crutch gait
   Description: slow and labored while maintaining tripod position.
   Sequence:
   a tripod alternate crutch gait - right crutch, left crutch; drag body and legs forward
   b. tripod simultaneous crutch gait - both crutches; drag body and legs forward.

AMBULATING WITH ASSISTANCE - CRUTCHES (Continued)

5. Gait: Swinging crutch gaits:
   a. swinging-to gait
   b. swinging-through gait

   Description: both legs are lifted off the ground simultaneously and swung forward while the student pushes up on the crutches.

   Sequence:
   a. swinging-to gait - bear weight on good leg; advance both crutches forward simultaneously, while leaning forward, swing the body to a position even with the crutches.
   b. swinging-through gait - advance both crutches forward; lift both legs off the ground and swing forward landing in advance of the crutches; bring crutches forward rapidly to prevent being caught off balance.

II. Procedure:

	ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A.	Determine the need for assistance with crutches at school.	Review the physician's orders and the student's health care plan.
B.	Obtain a consultation with the physical therapist, if you are unfamiliar with procedures for using crutches.	The physical therapist can assist and facilitate implementing the physician's orders for ambulation.
C.	Assist the student with strengthening exercises.	As ordered by the physician.
D.	Check the crutches for appropriate length when student is standing erect.	When the crutch tip is 4-inches in front of and 6-inches to the side of toes, the arm piece should be 2-inches from the axilla.
E.	Assist the student with the tripod stance to stand with balance and stability.	Wearing well-fitted, low-heeled and rubber soled shoes, stand with feet slightly apart and crutches placed 6 to 10-inches in front of and to the side of toes.
F.	Check the hand piece so that the student's elbows have 20 to 30 degrees of flexion when the arm piece is 2 finger widths below the axilla.	Prevent brachial nerve paralysis by showing student how to extend and stiffen elbows in order to place body weight on palms, never on axilla.
G.	Use the axillary arm pad only if ordered by the physician.	Even though the auxiliary arm pads lessen pressure on the inside of the upper arm and the thoracic wall, their use may encourage the student to rest on them and not put pressure on hands.
H.	Check to see that the crutches are labeled with the student's name.	The wrong crutches may fit improperly and make the student prone to fall.

AMBULATING WITH ASSISTANCE - CRUTCHES (Continued)

	ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
I.	Verify that the student is using the crutch gait prescribed by the physician.	Gait varies with the type and severity of the disability, the student's general condition, strength of arms and trunk, extent of balance.
J.	Assist the student with stair climbing:	Remember that "the good go up and the bad go down."
	1. To go up stairs	Advance the good leg up to the next step, then the crutches and finally the weaker leg.
	2. To go down stairs	Place the crutches on the next lower step; then lower the weaker leg and finally step down with the good leg.
K.	Arrange for the student to use the school elevator, if elevator is available.	Lessens possibility of injury to student or others on the stairs.
L.	Safety points:	
	1. Make sure rubber crutch tips are in good repair.	They should be wide and provide good traction; replace promptly if worn.
	2. Check screws and nuts frequently.	They loosen with usage.
	3. Have a designated place in the classroom for the crutches.	They could be a safety hazard for other students and staff.
	4. Keep hands free to handle the crutches.	Use a backpack to carry personal belongings.
	5. Arrange for the student to leave each class 5 minutes early.	This allows student to be clear of the hall during regular passing period.

c. WALKER

I. General Guidelines:

A. Definition: A framework used to support a convalescent or handicapped individual while walking.

B. Purpose:
1. To provide more stability than either a cane or crutch.
2. To enable the student to begin ambulation.

C. Equipment: As prescribed.

D. Personnel: All personnel.

II. Procedure:

	ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A.	Determine the need for assistance with a walker at school.	Review the physician's orders and the student's health care plan.
B.	Arrange for a consultation with the physical therapist, if you are unfamiliar with the procedures for using a walker.	The physical therapist can assist and facilitate implementing the physician's orders for ambulation.
C.	Tell the student what you will be doing and how he/she is to assist.	Use developmentally appropriate language and demonstration.
D.	Verify that the student is using the type of walker prescribed by the physician.	Standard walker is a rigid framework, but adjustable in height. Mobile walker has wheels on the legs to roll forward. Rollator walker has wheels in the front and rubber tipped legs in the back. Swivel-type walker is hinged so that the right and left side move independently.
E.	Check the walker for appropriate height.	Have the student stand erect in line with the rear legs of the walker; elbows should be flexed about 30-degrees when hands are on the grips.
F.	Assist the student to walk using the walker.	Place the walker forward less than an arms length; take a step with each leg; the student's body should not be in contact with the front cross bar.
G.	Do not allow the student to use the walker on stairs.	The walker cannot safely be used on stairs and inclines.
H.	Arrange for the student to use the school elevator, if elevator is available.	Without an elevator, student may need to have all classes on the ground floor.

AMBULATING WITH ASSISTANCE - WALKER (Continued)

ESSENTIAL STEPS		KEYPOINTS-PRECAUTIONS
I.	Safety points:	
1.	Make sure rubber walker tips are in good repair.	They should be wide and provide good traction; replace promptly if worn.
2.	Check screws and nuts frequently.	They loosen with usage.
3.	Have a designated place in the classroom for the walker.	It could be a safety hazard for other students and staff.
4.	Keep hands free to maneuver the walker.	Use a backpack to carry personal belongings.

d. WHEELCHAIR

I. General Guidelines:

A. Definition: A chair mounted on a frame with 2 large wheels in back and 2 smaller wheels in front for use by an ill or handicapped individual.

B. Purpose:
1. To transport a person who cannot or should not walk.
2. To provide mobility and independence for a non-ambulatory individual.

C. Equipment: As prescribed.

D. Personnel: All personnel.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Determine the need for assistance with a wheelchair at school.	Review the physician's orders and the student's health care plan.
B. Verify that the school is fully wheelchair accessible.	If only the ground floor is wheelchair accessible, all the student's classes will have to be on that floor.
C. Obtain a consultation with the physical therapist and/or the wheelchair company.	The wheelchair must be ordered or made in the correct size to fit the student and disability.
D. Obtain a consultation with the physical therapist, if you are unfamiliar with the procedures for using a wheelchair.	The physical therapist can assist and facilitate implementing the physician's orders for a wheelchair.
E. Tell the student what you will be doing and how he/she can assist.	Use developmentally appropriate language and demonstration.
F. Assist the student to sit in a wheelchair.	
1. Lock the wheelchair wheels.	
2. Remind the student to feel the chair with the back of legs.	Have the student do as much of this maneuver as he/she safely can.
3. Tell him to reach back for the arms of the wheelchair.	
4. Shift your weight to your forward leg and guide student as he/she bends knees and sits on the chair.	Place buttocks at the back of the chair seat.

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
5. Make sure student is safe and secure.	Use a seatbelt/harness, if needed.
G. Ambulate the student from bed/resting table to wheelchair.	
1. Position the wheelchair next to the bed/resting table at a 45-degree angle; lock the wheels.	Place the wheelchair so that student will move toward strongest side.
2. Move the student to the side of the bed/resting table using the following steps:	Caution: Cots are not recommended (they tip easily). If a cot is used do not move the child to the edge of the cot. Bring to a sitting position in the middle of the cot. Have the student do as much of the maneuver as he/she safely can.
a. Bring student's head and shoulders toward the edge of the bed/resting table.	
b. Bring student's feet and legs to the edge of the bed/resting table; student is now in a curved position.	Pay attention to your body mechanics to protect your back. (*Refer to Body Mechanics procedure.*) Caution: Personnel will have to adapt lifting mechanics according to the height of the bed/resting table.
c. Slide both your arms under student's hips, then straighten your back while bringing student toward you.	
H. Sit the student on the edge of the bed/resting table.	Have the student do as much of this maneuver as he/she safely can.
1. Roll the student on side, facing you; bend his/her knees.	
2. Reach one arm over to hold student in back of his/her knees.	
3. Place your other arm well under the neck and shoulder area.	

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
4. Shift your weight to your leg nearer the foot of the bed/resting table while swinging the student's legs over the edge of the bed/resting table and pulling shoulders to a sitting position.	Position your feet with a wide base of support and lower your center of gravity by bending your knees.
5. Remain in front of student with both of your hands supporting .	Allow student to sit for 2 minutes while you observe for orthostatic hypotension, dizziness, etc. Do not leave until you are sure student is stable.
I. Assist the student to stand.	Make certain student can safely bear own weight. Have the student do as much of the maneuver as he/she safely can.
1. Lock wheelchair wheels.	
2. Tell the student to move to the front of the wheelchair and put hands on the wheelchair arms.	
3. Place one of your knees between student's knees; if student has a weak knee brace it with your knee.	You should be close to the wheelchair with your feet providing a broad base of support.
J. Assist the student to use a transfer (sliding) board.	
Definition: A transfer board is a polished, light-weight board used to bridge the gap between bed/resting table and chair or any transfer space.	Purpose: To allow the student to transfer when the muscles needed for lifting off the cot or chair are not strong enough to lift own body weight.
1. Place one side of the board under student's buttocks; place the other side on the surface to which student is going. When transferring by use of a sliding board from a wheelchair to a bed/ resting table, removal of the arm of the wheelchair should be implemented as a safety measure.	Caution: Do not use a transfer board if the child is on a cot. The cot will tip over.

ESSENTIAL STEPS		KEYPOINTS-PRECAUTIONS
2.	Tell student to push up with hands, shift buttocks, and slide or wiggle across the board and off the other end.	
K.	Wheelchair safety points:	
1.	Regularly check the rear wheels for movement with the brakes locked.	Brakes become ineffective when they are out of alignment; have brakes repaired.
2.	Make sure the seatbelt is fastened.	Ask for assistance, if needed.
3.	Both feet should be on the footrests.	Ask for assistance, if needed.
4.	Arms and legs must be within the width of the chair when going through a doorway.	
5.	Always lock the brakes when the wheelchair is stopped.	Even if it is empty.
6.	Always push at a walking speed. NEVER FASTER.	Take extra caution on gravel, grass, or uneven ground because the front wheels can get stuck, making the chair tip forward.
7.	Never tilt the wheelchair way back, turn sharply, or stop too rapidly.	
8.	Back a wheelchair down ramps and curbs.	Be sure both wheels go over the curb together so the chair doesn't tip.
9.	Push a wheelchair forward going up ramps and curbs.	Tip the chair back just enough for the front wheels to clear the curb.
10.	Always hold onto the wheelchair when pushing it.	

2. ASSISTING WITH CLOTHING

I. General Guidelines: For the student who has not developmentally achieved the skill of clothing self, or the student who is physically unable to clothe self.

A. Purpose: To assist and support the student in managing clothing and to help student reach potential for independence in activities of daily living.

B. Equipment: (Parent responsibility unless noted).

1. Clothing that is clean, dry, non-restrictive, comfortable, non-irritating to the skin, appropriate to the weather, safe, simple in design, easy to care for, practical for the student's condition.

2. Dressing tools - may include a reacher, long handled shoe horn, elastic shoelaces, button aid, dressing stick, Velcro closures, mirror.

C. Personnel: All personnel.

II. Procedure:

ESSENTIAL STEPS, KEYPOINTS AND PRECAUTIONS

A. Dress the weak or most involved extremity first.

B. Undress the weak or involved extremity last.

C. Specific techniques will depend on the extent to which the student can move, the type of garment used, and the student's overall condition.

D. Put clothing within the student's reach and in the order it will be used.

E. Position the student in front of a mirror to help monitor own progress.

F. Put suggested/prescribed dressing tools near the clothing.

G. Allow enough time.

H. Follow the same routine each time the student dresses and undresses, and follow the same procedure used at home as much as possible.

I. Determine and consider the student's developmental readiness to assist in dressing. The following factors indicate readiness:

1. Is able to sit up and maintain balance or perform specific functions while lying on side.
2. Follows directions.
3. Shows which articles of clothing are worn on which parts of the body.
4. Moves arms from side to side and over head.
5. Imitates another person's motions.
6. Grasps objects with hands.

3. BODY MECHANICS

I. General Guidelines: To be observed at all times by all personnel, but especially during lifting, transferring, and transporting students.

A. Definition: Principles of safe body maneuvers

B. Purpose: To protect personnel from injury and unnecessary fatigue resulting from improper use of muscular and skeletal systems.

C. Personnel: All personnel.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Stooping.	
1. Position body to provide stable base of support.	Feet apart, one foot slightly forward. Provides better lateral stability.
2. Lower body to a stooped position.	Back and trunk straight; knee and hip joints flexed.
3. Shift weight.	To advance foot and ball of rear foot.
4. Raise body to a standing position.	Keep back straight; initiate move by extending hip and knee joints (using stronger extensor muscles).
B. Reaching.	
1. Position body with a stable base of support.	Feet apart, one foot slightly advanced.
2. Start movement with body in good alignment and balance.	Back and trunk straight.
3. Check distance to be reached to obtain object.	Obtain a foot stool or a ladder, if necessary. Avoid reaching above shoulder level when possible to prevent strain.
4. Reach up from a position directly in front of the object.	Have line of gravity centered over center of foot stool; feet in a balanced position. Avoid looking or reaching overhead as this hyper extends neck and spine and makes you less stable.
5. Lift the object from the elevation.	Set muscles to distribute work load over many muscles; use good body alignment.

ESSENTIAL STEPS		KEYPOINTS-PRECAUTIONS
6.	Lower the object.	With smooth, coordinated movements to prevent jarring and jolting the body.
7.	Lower yourself from the ladder or foot stool.	Look down and step carefully, watch where you are going.
8.	Place the object on a shelf at working level or stoop and lower it to the floor.	Observe good principles of body alignment to prevent strain.
C.	Pivoting.	
1.	Start with stable base of support.	Feet apart, one foot slightly advanced; knees slightly flexed to allow you to use leg muscles and avoid "locking" or hyper-extending the knees.
2.	Set trunk and pelvic muscles, thigh and leg muscles.	"Setting" of the muscles makes it easier to turn the body as a single unit and prepares muscles for action.
3.	Shift your weight to the ball of each foot.	Shifting of weight allows the heel to lift very slightly, making the turn easier.
4.	Pivot or make 90-degree turn on feet in direction you wish to turn.	Move your feet and body as a single unit. Use smooth, coordinated movements to prevent twisting of the trunk.
5.	Distribute weight equally on each foot following turn.	To provide a stable base of support and balance for further movements.
D.	Lifting and carrying.	
1.	Start with stable base of support.	Feet apart, one foot slightly advanced.
2.	Reach for the object.	Back, hips, and knees flexed.
3.	Grasp object.	In its center of gravity.
4.	Set abdominal and arm muscles.	Prepares the muscles for action and stabilizes muscles.
5.	Lift object.	Bring object close to one's line of gravity; flex knees again for more thrust and begin to straighten back, not rigidly straight, in the final position.
6.	Carry object.	Carry object near midline of body, large muscles aid in support. Shift object form side to side during period of support.

ESSENTIAL STEPS		KEYPOINTS-PRECAUTIONS
7.	Position object as desired.	
E.	Pushing and Pulling.	
1.	Start with stable base of support and good body alignment.	Feet apart, one foot slightly advanced; keep body erect.
2.	Set trunk and leg muscles.	Stabilize the body; prepare muscles for action.
3.	Lean toward object to push.	Keeps work close to body; encourages good alignment by reducing distance of reach (back straight and erect). Body weight adds greater force and helps move an object.
4.	Lean away from object in order to pull.	Keep back straight and erect to apply as much force as possible in the direction of the movement by using the weight.
5.	Push or pull by letting your arms, hips, and thighs do most of the work.	The large muscles of the thigh and leg do the work; efficient use of these muscles conserves energy and prevents strain.

4. ORAL FEEDING OF STUDENT

I. General Guidelines:

A. Purpose:
1. To provide nutrients and fluids to those students who are unable to eat without assistance.
2. To prevent dehydration and fluid retention.
3. To provide practice in appropriate eating skills.

B. Equipment: (Parent responsibility unless noted).
1. Adaptive eating and drinking devices.
2. Intake and output record.
3. Measuring containers.
4. Towel to protect clothing.
5. Disposable, moist wipes.

C. Personnel: All personnel.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Determine the need to feed the student at school. Confer with parents to obtain adequate information.	Review the physician's orders, if applicable, and the student's health care plan.
B. Determine if suctioning and/or postural drainage are necessary before feeding.	Routine postural drainage and suctioning may be scheduled, if necessary, prior to feeding to lessen the chance of vomiting. *Refer to Postural Drainage and Percussion procedure.*
C. Arrange for consultation with the physical therapist or occupational therapist, if needed.	They can assist nurse in advising staff on appropriate feeding techniques and assistive devices.
D. Explain the procedure to the student.	Use developmentally appropriate language.
E. Wash your hands. Put on disposable gloves, if appropriate.	*Refer to Hand washing and Handling Body Fluids procedures.*
F. Choose an area of the classroom or lunchroom that has the most suitable atmosphere for this task.	Area should be calm and organized yet allow the student to observe other students also eating.
G. Place the student in a sitting position if this is allowed.	Observe safety measures. Provide foot, trunk, and head support for the student. Do not allow neck to hyper extend as this interferes with swallowing. Keep chin at midline.
H. Wash the student's hands and face, if necessary.	This is especially important if the student will be assisting with feeding.

ORAL FEEDING OF STUDENT (Continued)

	ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
I.	Place a towel on the student's chest.	To protect clothing.
J.	Provide oral hygiene as needed.	This may stimulate the student's appetite.
K.	Measure food, if required, and bring it to the student's table.	Have hot foods hot, cold foods cold, and cut into small bite-sized pieces, if needed.
L.	Feed the student slowly, with a small amount of food on the utensil, inserting it on alternate sides of the mouth.	Hurry and impatience create frustration. Wipe drops from the bottom of the spoon. Allow the student to perform as much self-feeding as can be managed.
M.	Check to see if the student needs assistance with opening mouth, chewing, swallowing, or controlling tongue thrust.	Observe feeding behaviors. Review the physician's orders and the student's health care needs.
N.	Offer the student liquids through-out the meal.	Use a lightweight, sturdy cup with lid, a drinking straw or tube, offered at the side of the mouth, or other adaptive device to assist drinking. If needed, guide the student's hand as the cup is brought to mouth.
O.	Praise and encourage the student's efforts.	Be lavish. Watch for positive behaviors that you can reinforce.
P.	Remove uneaten food from the student's table. Measure it if required. Return it to the kitchen for storage or discard it in an appropriate container.	*Refer to Handling Body Fluids procedure.*
Q.	Provide oral hygiene and brush the student's teeth.	*Refer to Oral Hygiene procedure.*
R.	Wash the student's face and hands. Remove the protective covering from clothing.	
S.	Remove your gloves, if used, wash your hands.	*Refer to Gloves - Use and Removal and Hand-washing procedures.*
T.	Have the student resume scheduled classroom activity.	

ORAL FEEDING OF STUDENT (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
U. Document feeding the student on health record or treatment log.	Record: 1. Date and time. 2. Amount of food and fluids ingested (measured if required). 3. Quality of the feeding activity. 4. Any problems or milestones.
V. Summarize the student's need for and apparent benefit (or lack of benefit) from being fed at school.	Give this information to parents and physician on a periodic basis or as requested.

5. ORAL HYGIENE

I. General Guidelines:

A. Purpose:
1. To maintain the teeth, mouth, and gums in a healthy condition.
2. To lessen offensive mouth odor by decreasing the bacterial count.
3. To prevent inflammation and infection of the oral structures.
4. To stimulate the appetite.
5. To provide a sense of health and comfort.

B. Equipment: (Parent responsibility unless noted).
1. Student's own soft bristled toothbrush or tooth sponge.
2. Towel.
3. Toothpaste.
4. Glass for tepid water.
5. Empty basin.
6. Drinking straw.
7. Mirror.
8. Plastic lined waste container (school responsibility).
9. Disposable gloves (school responsibility).

C. Personnel: All personnel.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Observe the student to determine the need for oral hygiene at school.	Review the student's health care plan.
B. Tell the student what you will be doing and how student can help.	Teach and encourage the student to do own care whenever possible. Use developmentally appropriate language. Student should have own toothbrush or tooth sponge, with an adaptive handle if needed.
C. Arrange for privacy.	Use a portable screen if possible.
D. Gather the equipment and supplies.	Arrange equipment on a clean work surface near the student.
E. Position the student appropriately.	An ambulatory or wheelchair student may go to the sink; a non-ambulatory student may sit in semi-Fowler's position (back and head raised to about a 70-degree angle to the cot's surface). A helpless student should be positioned on side.
F. Wash your hands; wash the students hands. PUT ON DISPOSABLE GLOVES.	*Refer to procedures on Handwashing, Gloves - Use and Removal, and Handling of Body Fluids.*
G. Drape the towel across the student's chest.	To protect clothing.

ORAL HYGIENE (Continued)

	ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
H.	Place a mirror in front of the student.	So you both can see into student's mouth.
I.	Offer the student water to rinse mouth. Have student swish and spit.	Use a drinking straw, if needed. Student must spit into sink or basin.
J.	Moisten the toothbrush; apply a small amount of toothpaste.	
K.	Assist the student to systematically brush all surfaces of teeth. Place the toothbrush at an angle against the gum line; gently scrub by wiggling the brush in short, circular strokes on the surface of each tooth; use the end of the brush in the same manner on the inside of the front teeth; scrub the chewing surfaces.	Refer to the health care plan for any specific instructions. A student with limited mobility benefits from an electric toothbrush with a small, soft brush and an adaptive handle.
L.	Discard used supplies in waste container. Clean and store reusable equipment. Remove and discard gloves.	Obtain a new toothbrush at least each 9 weeks. *Refer to Cleaning and Disposing of Body Fluids procedure and Gloves - Use and Removal procedure.*
M.	Wash hands.	*Refer to Handwashing procedure.*
N.	Document providing oral hygiene on the student's health record or treatment log.	Record: 1. Date and time. 2. Condition of teeth and gums. 3. Condition of tongue and mucosa. 4. Why the procedure was done. 5. What was done. 6. Student's reaction to procedure. 7. How much was student able to do for self. 8. Any problems.

6. SKIN CARE AND POSITIONING FOR PREVENTION OF PRESSURE AREAS

I. General Guidelines: Consistent, practical measures for good skin care should be carried out for paraplegic, quadriplegic or limited mobility student and/or student who wears braces or other body appliances.

A. Purpose: To prevent skin breakdown caused by pressure (which impairs circulation) and poor skin hygiene.

B. Equipment: (Parent responsibility unless noted).
1. Soap (school responsibility).
2. Water (school responsibility).
3. Pillow(s) and other positioning devices.

C. Personnel: All personnel.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Determine the need for special skin care on an individualized basis.	If skin breakdown is already present, review the physician's orders and the student's health care plan.
B. Inspect skin daily for signs of pressure (redness, swelling, heat, irritation).	Pressure areas most often occur in skin over a bony prominence, in areas of frequent moisture, and areas where braces and other body appliances rub. Report breaks in skin or continued discoloration to parent and school nurse for physician's followup.
C. Relieve pressure by:	
1. Changing student's position at least every 2 hours.	Change of position prevents prolonged pressure on skin. *Refer to Body Mechanics procedure.*
2. Assisting wheelchair student to shift weight every 15 minutes and being out of wheelchair 1 to 2 times daily.	Encourage use of gel-type floatation pad, fleeces, or water-filled seats in wheelchair.
3. Keep clothing, linens, or cloth padding wrinkle-free.	Wrinkles cause pressure on the skin.
D. Maintain good skin hygiene.	
1. Wash skin after toileting or when otherwise soiled, using mild soap and water, rinsing well, then blot dry with a soft towel. Moistened, disposable wipes can be used in place of soap and water.	Ascertain that the child has no allergy to the soap available. Parent must provide special soaps, lotions, and/or moistened, disposable wipes. Constant moisture, especially from toileting, causes excoriation of the skin.

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
2. Keep protective pads and clothing, including underwear, clean and dry. Moisture may be from toileting, perspiration, food and water spills, and the like.	Moisture irritates the skin making it more susceptible to damage. Avoid plastic covered seats and pads which do not allow evaporation of moisture from the skin.
3. Use care not to drag the student when moving and when providing and removing the bedpan.	Shearing forces are created by friction that pull and stretch tissue and injure blood vessels and tissue.
4. Encourage good nutrition and adequate fluid intake.	This is essential to skin health. The physician may order a high protein, high calorie diet with food supplements.
5. Check the folds of the body for signs of skin breakdown, i.e. under the breasts, between the folds of the buttocks, between the thighs.	Heavy skin folds may result in friction where body parts rub together, and where moisture is trapped.
6. Provide for exercise, both passive and active, as prescribed or allowed by the student's physician.	The physical therapist may need to be involved to direct a schedule or make suggestions to help the student reach his/her potential of movement. Exercise improves muscular, skin, and vascular tone.
7. Document observations and interventions to prevent pressure sores on the student's health record or treatment log.	Record: 1. Date and time. 2. Observations, actions, and results. 3. Student's reaction to and participation in the procedure.
8. If there is evidence of infection, such as open ulcer with drainage or odor, student may need to be excluded from school.	

7. TOILETING

a. BEDPAN

I. General Guidelines:

A. Definition: A metal, ceramic, or plastic receptacle for collecting the urine and/or bowel elimination of a person who is unable to use a toilet or commode.

B. Purpose: To assist the student with regular evacuation of bowel and bladder.

C. Equipment: (Parent responsibility unless noted).

1. Disposable gloves (school responsibility).
2. Warm bedpan.
3. Bedpan cover.
4. Toilet paper (school responsibility).
5. Equipment for handwashing (*refer to Handwashing procedure*).
6. Cot protector.
7. Newspaper to protect the furniture.

D. Personnel: All personnel.

E. Bowel and Bladder Training: The student may need an individualized program of elimination training.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Determine the need for the student to use a bedpan at school.	Review physician's orders and student's health care plan.
B. Provide privacy for the student.	Privacy aids relaxation and assists evacuation of bowel and bladder.
C. Assemble the necessary equipment. Have the student wash hands. Undress the student as needed.	Powder on the bedpan rim, or a pad between buttocks and bedpan will increase comfort and help prevent skin irritation (to be approved and provided by the parent).
D. Wash your hands. Put on disposable gloves.	*Refer to Handwashing procedure and Gloves - Use and Removal procedure.*
E. Have the student lie on back with knees flexed. Turn on side facing you. Place a large pillow lengthwise against back from the shoulders to the upper buttocks; place a second large pillow lengthwise from thighs to feet, building a platform on which student can be placed.	Allow the student to assist with as much of the procedure as possible.

TOILETING - BEDPAN (Continued)

ESSENTIAL STEPS		KEYPOINTS-PRECAUTIONS
F.	If the student will be using the bedpan in wheelchair, assist the student to stand or lift student from the chair.	This may require an assistant or the use of a grab bar, trapeze, etc., for safety.
G.	Place protector on the cot or chair under student's hips, protecting the ends of the pillows, if appropriate.	
H.	Place bedpan on the wheelchair seat or on the cot beside the student with the open end toward the foot of the cot. If needed, place the bedpan on edge against buttocks, as close to the desired position as possible.	Hold the bedpan at the side or back to avoid handling the open end and thus soiling your hands.
I.	Assist the wheelchair student to sit on the bedpan.	Be sure the student has on a safety restraint, if needed, and feet are supported.
J.	For the student on a cot, place one of your hands under the small of back. On signal, help student lift hips. With your other hand, slip the pan under hips. If needed, press downward with the bedpan on the cot and hold it in place as a helper turns the student onto the bedpan and the platform of pillows.	If the student has strength in arms, student can help lift self by using a trapeze bar above the cot. Check to see that the bedpan is properly adjusted.
K.	Raise the student to a sitting position, if allowed, with supports at back. Drape for privacy.	Sitting is a natural position for voiding and/or bowel elimination.
L.	Put toilet paper where it can be reached by the student.	
M.	Leave the area to provide privacy, unless the student should not be left alone.	Do not leave the student on the bedpan any longer than is necessary.
N.	If the student is unable to clean self, use the toilet tissue or warm, moist washcloth to clean. Place soiled tissue in the pan, unless collecting a specimen.	Wipe female students from front to back to avoid bringing soil from the rectum to the vaginal/urethral area.
O.	For the student in a wheelchair, lift off the bedpan or assist to stand.	This may require an assistant or the use of a grab bar, trapeze, etc., for safety.

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
P. When the student is finished, place your hand under the lower back to help lift hips so that the pan does not pull against skin. Remove the bedpan, cover and place on a protected surface. If needed, hold the bedpan flat on the cot to avoid spilling the contents while the helper rolls the student off the platform of pillows onto side.	Use newspaper to protect furniture from moisture and spills. Cover the bedpan with newspaper or a disposable bedpan cover.
Q. Remove the cot protector and redress the student.	Make sure clothes are neat and unsoiled.
R. Allow the student to wash hands. Assist into a comfortable position on a cot or in wheelchair.	Use a towelette or warm, soapy washcloth if student cannot be brought to a sink. Rinse and dry hands.
S. Take the bedpan to the bathroom. Note the appearance of the urine and/or stool. Empty the contents into the toilet.	If the student is on recorded intake and output, measure the urine.
T. Clean the bedpan.	
1. Rinse the bedpan with cold water, loosening any remaining content from the sides.	*Refer to Cleaning and Disposing of Body Fluids procedure.*
2. Cleanse thoroughly with hot, soapy water, and a toilet brush.	
3. Disinfect.	
4. Rinse well and dry.	
U. Cover the bedpan and store it appropriately.	
V. Remove and discard your gloves. Wash your hands.	*Refer to Gloves - Use and Removal procedure and Handwashing procedure.*
W. Document procedure on student's treatment log.	Record: 1. Date and time. 2. Description and amount of urine and/or stool, if needed. 3. Any problems and student's reaction to this procedure.

b. DIAPERING

I. General Guidelines:

A. Purpose:
1. Avoid cross-contamination when changing diapers on students with chronic health conditions or disabilities.
2. To prevent spread of microorganisms during diaper changes.

B. Equipment: (School responsibility unless noted).
1. Changing mat or table.
2. Approved germicidal solution.
3. Disposable diaper (parent responsibility).
4. Covered pail lined with plastic bag.
5. Disposable gloves.

C. Personnel: All personnel.

D. Bowel and Bladder Training: The student may need an individualized program of elimination training.

II. Procedure:

ESSENTIAL STEPS		KEYPOINTS-PRECAUTIONS
A.	Place student on clean changing table or mat. Privacy should be maintained.	Table or mat should have been cleaned with an approved germicidal solution.
B.	Wash hands and put on disposable gloves.	*Refer to Gloves - Use and Removal procedure and Handwashing procedure.*
C.	Remove soiled diaper and place in plastic bag before disposal.	*Refer to Cleaning and Disposal of Body Fluids procedure.*
D.	Cleanse perineum and buttocks thoroughly with moistened, disposable wipes. Use ointments and powders only when authorized and provided by parent. Apply clean diaper.	Always wash from front to back, especially with girls, to prevent vaginal and urinary infections.
E.	Clean changing table or mat with freshly prepared germicidal solution.	This prevents cross-contamination to other children.
F.	Remove gloves.	*Refer to Gloves - Use and Removal procedure.*
G.	Note and report any abnormal conditions.	Blood or streaks of blood on diaper; watery, liquid stool; mucous or pus in stool; skin rashes/bruises, or breaks in skin; unusually foul or strong odors.

c. FEMININE HYGIENE

I. General Guidelines: For cleaning of a female student with chronic health conditions or disability that prevents her from proper toileting and feminine hygiene.

A. Purpose: To prevent cross-contamination of body fluids and decrease odors and incidence of infection.

B. Equipment: (School responsibility unless noted).

1. Disposable, latex gloves.
2. Covered pail with double, plastic liner.
3. Disposable, moistened wipes (parent responsibility).
4. Sanitary napkins (parent responsibility).
5. Dry washcloth or small towel.
6. Pitcher of 300-500 cc warm, tap water.
7. Bed pan (if student is unable to sit on the commode).

C. Personnel: All personnel.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Assure privacy.	
B. Wash hands; put on disposable gloves.	*Refer to Handwashing and Gloves - Use and Removal procedures.*
C. Cleansing to be done after defecation and/or urination using disposable, moistened wipes.	Never use soap inside the labia. This causes irritation and may make the student more prone to infection.
D. Always proceed from the vulva toward the anal area (front to back).	To prevent the transfer of fecal contaminants to the urethra or vagina.
E. After each cleansing stroke, discard the used wipe in the double-lined, covered pail.	Again to prevent contamination of the urethra or vagina.
F. Apply clean sanitary napkin to clean panties, front to back. Dispose of sanitary napkin in covered pail with double lining.	Pad should be changed at least every 3-4 hours, or as often as necessary to prevent odor and soiling of clothing. School nurse and student's parent should be made aware of excessive bleeding or any strange tissue, color, or odor.
G. If panties are soiled, change the panties and rinse out the soiled panties in cold water. Put wet panties in bag to be sent home.	Soiled panties will have a foul odor and will prevent the clean pad from adhering.

d. URINAL

I. General Guidelines:

A. Definition: A metal, ceramic, or plastic receptacle for collecting the urine of a person who is unable to use a toilet or commode.

B. Purpose: To assist the student with regular evacuation of bladder.

C. Equipment: (School responsibility unless noted).
1. Disposable gloves.
2. Urinal.
3. Bell or call system.
4. Cot protector.
5. Equipment for handwashing (*refer to Handwashing procedure*).
6. Newspaper to protect the furniture.

D. Personnel: All personnel.

E. Bowel and Bladder Training: The student may need an individualized program of elimination training.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Determine the need for the student to use a urinal at school.	Review the physician's orders and the student's health care plan.
B. Provide privacy for the student.	Privacy aids relaxation and assists emptying of the bladder.
C. Assemble the necessary equipment. Have the student wash hands. Undress the student as needed.	Encourage the student to assist as much as he is able.
D. Wash your hands; put on disposable gloves.	*Refer to Handwashing and Gloves - Use and Removal procedures.*
E. Have the student place a protector on the cot or chair under penis and across thighs, if needed.	Assist the student or do it for him if he is unable to help himself.
F. Have the student place the urinal in position.	Assist the student or do it for him if he is unable to help himself.
G. If not already sitting, raise the student to a sitting position, if allowed, with supports at his back. Drape student for privacy.	Sitting is a natural position for voiding.

TOILETING - URINAL (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
H. Leave the area to give the student privacy, unless he should not be left alone.	Do not leave the student with the urinal any longer than necessary.
I. Remove the urinal, cover and place on a protected surface.	Use newspaper or disposable drape to protect furniture from moisture and spills. Cover the urinal with a paper cup or paper towel.
J. Note condition of student's skin and genitalia. Cleanse and provide skin care, if needed.	
K. Remove the cot protector and redress the student.	Make sure clothes are neat and dry.
L. Allow the student to wash hands and help him to get into a comfortable position on a cot or in wheelchair.	Use disposable, moist wipes, if the student cannot be brought to a sink.
M. Take the urinal to the bathroom. Note the appearance of the urine. Empty the contents into the toilet.	If the student is on recorded intake and output, measure the urine.
N. Clean the urinal:	*Refer to Cleaning and Disposing of Body Fluids procedure.*
1. Rinse the urinal with cold water.	
2. Cleanse thoroughly with hot, soapy water and a brush.	
3. Disinfect.	
4. Rinse well and dry.	
O. Cover urinal and store it appropriately.	
P. Remove and discard your gloves. Wash your hands.	*Refer to Gloves - Use and Removal procedure and Handwashing procedure.*
Q. Document procedure on the student's treatment log.	Record: 1. Date and time. 2. Description and amount of urine, if needed. 3. Any problems and student's ability to perform this procedure.

B. HANDLING OF BODY FLUIDS

1. CLEANING AND DISPOSING OF BODY FLUIDS

I. General Guidelines:

A. Definition: Body fluids include blood, wound drainage, urine, vomitus, stool, tears, saliva, semen, vaginal secretions, mucous, nasal discharge, and sputum.

B. Purpose:
1. To decrease the risk of direct transmission of disease.
2. To minimize the risk of indirect transmission of disease resulting from contamination of the physical environment and equipment by body fluids.

C. Equipment: (School responsibility unless noted).
1. Liquid soap.
2. Warm, running water.
3. Paper towels.
4. Disposable gloves.
5. Disposable plastic bags.
6. Plastic-lined and covered waste containers.
7. Brooms and dust pans.
8. Mops and buckets.
9. Approved germicidal solution.

D. Personnel: All personnel (refer to WV Board of Education Policy 2423, Communicable Disease Control).

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Wash hands; put on disposable gloves.	*Refer to Handwashing and Gloves - Use and Removal procedures.*
B. Apply gloves to both hands whenever handling or touching body fluids, mucous membranes or non-intact skin of others in the school setting, for handling items or surfaces soiled with body fluids.	Individuals with open skin lesions should cover lesions with a waterproof bandage prior to applying the gloves. Sharp items must be handled with extreme care to avoid puncturing the skin. Sharp items should be disposed of in a sharps container labeled "Contaminated Material." Follow county policy for disposal of contaminated material.
C. Blood and other body fluids can be flushed down the toilet or carefully poured down a drain connected to a sanitary sewer.	
D. Other items for disposal that are contaminated with blood or other body fluids that cannot be flushed down the	

	ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
	toilet should be wrapped securely in a plastic bag that is impervious and sturdy (not easily penetrated). It should be placed in a second, labeled bag before being discarded in a manner consistent with local regulations for solid waste disposal.	
E.	Body fluid spills should be cleaned up promptly, removing all visible debris first.	This prevents multiplying of microorganisms.
F.	Use disposable items to handle and absorb body fluid cleanup whenever possible.	All items that are contaminated and that cannot be flushed down the toilet should be disposed of in a sturdy plastic bag that is not easily penetrated, then placed in a second bag for disposal.
G.	Cleanse hard, washable surfaces using one bucket to wash and a second bucket to rinse.	Soap helps to remove debris and micro-organisms, but if left on the surface may hide microorganisms.
H.	Disinfect, using an approved germicide in proper dilution. Rinse only if directed by the germicide manufacturer's directions. Allow to air dry.	Soak mop, if used, in disinfectant after use.
I.	For soft, non-washable surfaces, such as rugs and upholstery, apply sanitary absorbing agent, let dry, vacuum.	Use broom and dustpan to remove solid materials, if necessary. Rinse dustpan and broom in disinfectant solution.
J.	Apply rug or upholstery shampoo as directed by the manufacturer. Revacuum.	When using a sanitizing carpet cleaner method (water extraction), follow directions on label.
K.	Handle soiled, washable materials, i.e. clothing and towels, as little as possible, double-bagging as mentioned before.	Send soiled clothing home with the student. Rinse school-owned towels under cold, running water then wash separate from other items. Add ½ cup bleach or non-chlorine bleach to wash cycle.
L.	Remove and discard gloves, turn inside-out from cuffs, into covered, plastic-lined waste container.	*Refer to Gloves - Use and Removal procedure.*
M.	Wash hands.	*Refer to Handwashing procedure.*

a. EXTERNAL COLLECTION - OSTOMY CARE: EMPTYING/ CHANGING OF OSTOMY POUCH

I. General Guidelines: Change of ostomy pouch at school is usually needed only because of leakage. An ostomy pouch remains secure from 1 to 7 days. Change of pouch is usually done at home. Irrigation, a procedure used to stimulate evacuation of the bowel, must be done at home.

A. Definition: An ostomy is an artificial opening for urine or feces to come out of the body. The opening is covered by a pouch which serves as a container for waste until it can be emptied.

B. Purpose:
1. To control leakage.
2. To protect and inspect skin.
3. To control odor.
4. To provide comfort and security.
5. To encourage as much self-care as developmentally and physically possible.

C. Equipment: (Parent responsibility unless noted).
1. Extra pouch (clean and reusable or disposable) and belt, if needed.
2. Double-faced adhesive (gasket, wafer, spray or paint-on paste) as prescribed by student's physician.
3. Adhesive remover or solvent, as needed.
4. Soap and washcloth.
5. Skin barrier - tincture of benzoin, karaya (wafers, powder or paste) or other as prescribed by physician.
6. Toilet paper, soft tissue, or other absorbent material.
7. Hypoallergenic tape (1, 1 ½ , or 2 inches or 2.54, 3.8, or 5.08 cm wide)
8. Non-sterile, latex gloves.
9. Container for rinse water.

D. Personnel: Certified school nurse or designated trained school personnel under direct or indirect supervision of a certified school nurse.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Assemble equipment in appropriate private location.	Review the physician's orders and the student's individual health care plan.
B. Wash hands.	*Refer to Handwashing procedure.*
C. Position student in either a sitting or lying position.	Encourage the student to do this for self when possible. Use developmentally appropriate language and demonstration.
D. Put on disposable gloves.	*Refer to Gloves - Use and Removal procedure.*

CLEANING AND DISPOSING OF BODY FLUIDS - EXTERNAL COLLECTION - OSTOMY CARE: EMPTYING/CHANGING OF OSTOMY POUCH (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
E. <u>To empty</u>:	
1. Open pouch and empty contents into toilet.	
2. Reclose pouch.	
3. Proceed to step "Q."	
F. <u>To change</u>:	
1. Remove ostomy pouch.	Gently peel pouch away from skin, using skin-safe solvent as necessary.
2. Proceed to step "G."	
G. Place absorbent material over stoma to absorb drainage.	It is important to protect the skin from irritating drainage. Absorbent material remains in place until you are ready to attach pouch.
H. Empty ostomy pouch into toilet.	
I. Save reusable pouch or discard disposable pouch.	Know whether pouch is reusable or disposable. Holding reusable pouch over the toilet, rinse with water. Send home in suitable container. Discard empty disposable pouch in waste receptacle.
J. Clean skin thoroughly but gently with washcloth, soap, and water; dry thoroughly. Report evidence of skin breakdown and/or infection to school nurse (or physician, if done by nurse) before proceeding.	Make sure all adhesive is removed from skin, using skin-safe solvent, as needed.
K. Apply skin barrier according to condition and type of pouch.	Cut or mold skin barrier to completely seal skin around stoma. Skin barrier should be at least as large as flange of pouch. Failure to cover all skin surrounding stoma will cause leakage and skin breakdown.
L. Prepare pouch for application.	
1. Cut to fit, if necessary.	Inner flange of pouch should be 1/8-inch (3mm) larger than the stoma. Cut to fit, as needed.
2. Apply additional adhesive, if necessary.	

CLEANING AND DISPOSING OF BODY FLUIDS - EXTERNAL COLLECTION - OSTOMY CARE: EMPTYING/ CHANGING OF OSTOMY POUCH (Continued)

	ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
M.	Place pouch securely over skin barrier.	Press flange firmly to completely seal pouch against skin barrier.
N.	If pouch is open-ended, secure open end according to directions (clip, rubber band, etc).	
O.	"Window pane" outer flange of pouch with hypoallergenic tape.	Cut strips of tape 1 inch (2.54 cm) longer than the flange of the pouch. Apply half on skin and half on flange to completely seal flange to skin. Overlap ends of tape.
P.	Attach belt if used.	
Q.	Remove gloves.	*Refer to Gloves - Use and Removal procedure.*
R.	Document procedure on treatment log.	Record: 1. Date and time. 2. Pertinent information. 3. Student's reaction to procedure.

2. GLOVES - USE AND REMOVAL

I. General Guidelines:

A. Purpose:
1. To prevent blood and body fluids, that may contain disease producing microorganisms, from coming in contact with the care-giver's skin.
2. To prevent the spread of microorganisms to others.

B. Equipment: (School responsibility unless noted).
1. Latex or vinyl disposable gloves.
2. Trash container with heavy plastic liners.

C. Personnel: All personnel.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Wash hands.	*Refer to Handwashing procedure.*
B. Apply gloves to both hands.	Individuals who have open skin lesions on hands should be especially careful.
C. Gloves must be worn during entire time when handling body fluids.	Wear gloves during administration of first aid and cleanup of body fluids.
D. After all cleaning is finished, pull one glove off "inside out," peeling from cuff end carefully. When removing second glove, slip fingers inside contaminated glove at wrist edge and peel off inside out. Drop into plastic trash bag labeled "Contaminated Material."	Do not touch your skin with contaminated gloves.
E. Using liquid soap, wash hands vigorously for at least 15 seconds.	
F. Rinse under warm, running water.	

3. HAND WASHING

I. General Guidelines:

A. Purpose: To remove microorganisms that spread disease and cause infection. NOTE: Handwashing is the single-most effective procedure to prevent the spread of communicable diseases).

B. Equipment: (School responsibility unless noted).
1. Warm, running water.
2. Liquid soap.

C. Personnel: All personnel.

II. Procedure:

	ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A.	Remove all jewelry from hands.	Microorganisms can become lodged in settings or stones or under rings.
B.	Wet hands using warm, running water.	Warm water, combined with soap, makes better suds than cold water. Running water is necessary to carry away dirt and debris that contain microorganisms.
C.	Apply liquid soap and lather well.	Bacteria can grow on bar soap and in soap dishes.
D.	Wash hands using a circular motion and friction for 15 to 30 seconds.	Include front and back surfaces of hands, between fingers and knuckles, around and under nails, and the entire wrist area.
E.	Rinse hands well under running water.	Let water drain from fingertips to wrists.
F.	Repeat steps C through E.	
G.	Dry hands thoroughly with paper towels and discard towels in waste container.	Dry skin may be cracked and, therefore, harbor microorganisms. Lotion is recommended after several handwashings.
H.	Turn water off with a dry paper towel.	

C. MECHANICAL LIFT

I. General Guidelines:

A. Purpose: To provide guidelines for safe use of equipment. The mechanical lift allows a person to be lifted and transferred safely with a minimum amount of physical effort.

B. Equipment: (Parent responsibility unless noted).
1. Mechanical lift with appropriate slings and straps.
2. Instruction Manual that comes with the lift.

C. Personnel: Certified school nurse, physical therapist, occupational therapist, or designated trained school personnel under the direct or indirect supervision of the certified school nurse.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Assemble all necessary lift equipment and any supplies needed to perform procedure.	The lift is for transport only. It <u>is not</u> a transporting device.
B. Inspect the mechanical lift before each use. 1. Check all bolts for tightness. 2. Make sure the boom and mast will not rotate. 3. Check that casters/wheels turn freely. 4. Check lift for braking mechanism.	
C. Follow Instruction Manual for transfer.	
D. Follow Instruction Manual for maintenance of equipment.	

D. ORTHOPEDIC DEVICE

I. General Guidelines: The orthopedic device may need to be removed and reapplied as part of the student's routine day. The device should be used as prescribed by the physician.

A. Purpose: The orthopedic device provides support or stability to a limb, joint, or body segment as well as maintaining body alignment.

B. Equipment: (Parent responsibility unless noted).
1. Orthopedic device prescribed for student.
2. Routine orthopedic furniture such as:
   a. Standing table.
   b. Wheelchair accessible table.
   c. Parallel bars.

C. Personnel: Certified school nurse, physical therapist, occupational therapist, designated trained school personnel under the direct or indirect supervision of the certified school nurse.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Putting on the device:	
1. Make sure skin is clean and dry.	
2. Use stockinette or thin material between skin and device.	This material will absorb perspiration and allow the skin to "breathe." Be sure the material is smooth without wrinkles or objects such as buttons.
3. Be sure device is put on properly.	Physician's order will specify proper application.
4. Fasten straps securely.	May fasten lightly and go back to tighten into place. Improper fit may cause pressure areas.
5. Observe for: a. Changes in skin color. b. Redness. c. Pain. d. Stiffness. e. Swelling. Report any changes to certified school nurse and parent.	

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
B. Removing the device:	
1. Loosen all the straps and attachments of the device.	
2. Carefully lift the limb out of the device.	Avoid scraping the skin with the device. If student can remove own device, supervise to ensure protection of the skin, especially in areas without sensation.
3. Check for pressure sores.	
C. Major concerns:	
1. Observe for proper fit.	Proper fit decreases the possibility of pressure sores.
2. Encourage good hygiene.	Good hygiene aids in preventing skin breakdown.
D. Document procedure on treatment log.	Record: 1. Date and time. 2. Condition of skin. 3. Fit of device.

E. PASSIVE RANGE OF MOTION EXERCISES

I. General Guidelines: Range of Motion (ROM) exercises may be done as part of the student's routine day. Range of Motion exercises should be done as prescribed by the physician and requested by the parent.

A. Purpose: To increase or maintain flexibility and movement.

B. Equipment: Some type of stable cot or table upon which the student can lie down or other suitable furniture for the specific exercises.

C. Personnel: Certified school nurse, physical therapist, occupational therapist, or designated trained school personnel under the direct or indirect supervision of the certified school nurse.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Review order of physician.	Range of Motion exercises are planned for the individual because there is wide variation in degrees of motion which students are capable of performing.
B. Explain procedure to student.	Use developmentally appropriate language and demonstration.
C. Position student in appropriate position.	Correct body alignment is important.
D. Hold extremity at joint and move smoothly, slowly and gently through its range.	If joint is painful, support the extremity in the muscular area.
E. Avoid moving joint beyond free range of motion. Do not force movement.	Motion should be stopped at the point of pain.
F. If painful muscle spasm is present, move joint slowly to point of resistance and exert steady, gentle pressure until muscle relaxes.	
G. Refer to current nursing text and/or manual (i.e. Lippincott Manual of Nursing Practice) for examples of range of motion exercises that might be appropriate for each individual student.	
H. Document procedure on treatment log.	Record: 1. Date and time. 2. Student's reaction to procedure.

SECTION II

PROCEDURES FOR PROVIDING SPECIALIZED HEALTH CARE

A. ANAPHYLACTIC REACTION

I. General Guidelines:

A. Purpose:
1. To be aware of dangers of anaphylactic reactions that can result in life-threatening situations.
2. To obtain history from student and/or parent about any asthmatic condition and any known allergies to medications, foods, pollens, bee stings, etc.
3. To consult with principal and school nurse on policy and procedures to be taken in case of a reaction.

B. Equipment: Medication and/or equipment as prescribed by physician (parent responsibility).

C. Personnel: Certified school nurse or designated trained personnel under the direct or indirect supervision of the certified school nurse.

II. Procedure: Although it is impossible to prepare for all emergencies of an anaphylactic nature, the following procedures are designed to provide for those emergencies likely to occur in school settings. As the reader will note, several of the steps require the person providing this help to make judgments based on his/her observations and knowledge.

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Determine that student has symptoms of an anaphylactic reaction. Symptoms of anaphylaxis include redness and wheals of the skin, respiratory distress, vascular collapse and occasionally vomiting and abdominal cramps.	When in doubt, treat the person for an anaphylactic reaction.
B. In case of known allergies, designated trained personnel will give appropriate amount of medication prescribed by the student's private physician. In case of unknown allergies, go to Step C.	In cases of known allergies, designated persons will have been instructed in proper procedures for individual student.
C. Establish vital functions: 1. Insure adequate airway. 2. Perform cardiopulmonary resuscitation (CPR) if necessary.	
D. Call Emergency Medical Services and notify parents.	Paramedics will transport student to nearest hospital emergency room. Send all available information with the student to the emergency room.
E. Document procedure on treatment log and report to school nurse.	Record: 1. Date and time. 2. Student's reaction to procedure.

1. EPINEPHRINE AUTO-INJECTOR (EPI-PEN)

I. General Guidelines:

A. Definition: The Epi-Pen Auto-Injector is a disposable drug delivery system with a spring-activated, concealed needle. It is designed for emergency self-administration of epinephrine, in the event of allergic and anaphylactic reactions.

B. Purpose: To administer a single dose of epinephrine in the event of an allergic reaction.

C. Equipment: EPI-PEN as prescribed by physician (parent responsibility).

D. Personnel: At least three designated trained school personnel under the direct or indirect supervision of the certified school nurse.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Determine student's history of an allergic reaction and physician instruction for use of EPI-PEN.	EPI-PEN Auto-Injectors come in two strengths: 0.3 mg (yellow label) for adolescents and adults and 0.15 mg (white label) for young children (EPI-PEN JR.).
B. Store EPI-PEN at room temperature.	All trained persons should know the location of the EPI-PENs.
C. Routinely check EPI-PEN to make sure solution in Auto-Injector is not discolored. Replace the Auto-Injector if the solution is discolored or contains a precipitate.	Epinephrine is light sensitive and should not be used if discolored.
D. Determine that student has symptoms of an allergic reaction. Signs of an allergic reaction include: dizziness, itching, hives, flushing of skin, wheezing, rapid pulse, thready or unattainable pulse associated with a drop in blood pressure and/or respiratory distress.	Epinephrine is needed only for severe reactions, not for just redness and swelling at site of bee sting. Review Anaphylactic Reaction information.
E. Remove gray, safety cap of EPI-PEN.	
F. Place black tip on thigh at right angle to leg. Do not attempt injection into a vein or into buttocks.	Apply to thigh regardless of what part of the body has been stung.

USE OF EPINEPHRINE AUTO-INJECTOR (EPI-PEN) (Continued)

	ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
G.	Press hard into thigh until Auto-Injector mechanism functions and hold in place for 10 seconds. The EPI-PEN unit should then be removed and discarded in an approved container.	EPI-PEN must be injected into thigh only.
H.	Call Emergency Medical Services and monitor student until ambulance arrives.	EMS can be called simultaneously by appropriate school personnel. Paramedics will transport student to nearest hospital emergency room. Send all available information with student.
I.	Contact parent or guardian.	
J.	Document procedure on treatment log and report to school nurse.	Record: 1. Date and time. 2. Student's reaction to procedure.

B. CATHETERIZATION

1. CLEAN CATHETERIZATION

I. General Guidelines:

1. Clean intermittent catheterization may need to be done at school as ordered by the physician.
2. Students who need catheterization may:
   a. be on a bladder training system.
   b. have no bladder control.
   c. have residual urine.

A. Purpose:

1. To empty the bladder at appropriate intervals.
2. To prevent bladder distension.
3. To reduce chances of a bladder infection.
4. To remove residual urine.

B. Equipment: (Parent responsibility unless noted).

1. Nonsterile gloves (school responsibility).
2. Lubricant.
3. Collection container.
4. Antiseptic wipes.
5. Catheters of appropriate size as ordered by physician.
6. Protective pads.

C. Personnel: Certified school nurse or designated, trained school personnel under direct or indirect supervision of the certified school nurse.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Assemble equipment in appropriate private location for administration of procedure.	
B. Have student lie on back with knees flexed and separated or position according to health care plan.	This will serve to prevent undesired moisture from soiling the surface beneath the student.
C. Wash hands.	*Refer to Handwashing procedure.*
D. Place protective pad under student's buttocks.	Have adequate staff assistance for this and all procedures.
E. Put on non-sterile gloves.	*Refer to Gloves - Use and Removal procedure.*
F. Open antiseptic wipes.	
G. Open packet of lubricating jelly and squeeze it onto surface of catheter package.	

CLEAN CATHETERIZATION (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
H. FOR FEMALES:	
1. Hold labia open.	
2. Using a downward stroke, cleanse each labium with an antiseptic wipe.	Stroke downward using a clean wipe for each stroke to prevent infection. Repeat as necessary to cleanse adequately.
3. Using downward stroke, cleanse urinary meatus with another antiseptic wipe.	Continue holding labia open until catheter is inserted. DO NOT USE FORCE.
4. Lubricate tip of catheter, if necessary.	
5. Insert catheter into urethra until urine flows into appropriate collection container.	Be sure to locate urethra, not vaginal orifice.
I. FOR MALES:	
1. Hold the penis upright and at a right angle to the student's body.	This position will straighten the anterior urethra.
2. Hold the end of the penis between the thumb and forefinger and cleanse meatus using a circular motion.	Using a clean wipe for each stroke.
3. Holding the penis upright, exert slight pressure to widen the opening.	
4. Lubricate tip of catheter.	
5. Insert catheter into the urethra and place the other end into the collection container. If slight resistance is felt the pull on the penis can be slightly increased as the catheter is withdrawn slightly and then pushed ahead until urine flows.	May have to apply gentle traction or lower penis towards toes. The catheter will advance easily until resistance is met at the sphincter. DO NOT FORCE. Instruct the student to breathe deeply to relax the perineal muscles and overcome resistance to entry. Discontinue the procedure if student has unusual discomfort.
J. When flow of urine has stopped, gently and slowly withdraw catheter.	Report any changes in urine color, appearance or odor to the certified school nurse.

CLEAN CATHETERIZATION (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
K. Remove all equipment and waste materials and discard appropriately.	
L. Make certain the student is dry and comfortable.	
M. Remove gloves.	*Refer to Gloves - Use and Removal procedure.*
S. Document procedure on treatment log.	Record: 1. Date and time. 2. Amount of urine, if required. 3. Color/odor. 4. Student's reaction to the procedure.

2. EXTERNAL MALE CATHETER

I. General Guidelines: It is not recommended to remove or apply an adhesive external catheter when skin or penis is irritated.

A. Definition: A condom-type urinary collection device worn by an incontinent, male student.

B. Purpose: To keep an incontinent, male student's clothing dry; to obtain a urine specimen (not for cultures).

C. Equipment: (Parent responsibility unless noted).
1. External male catheter with tape or Velcro.
2. Scissors.
3. Paper towels (school responsibility).
4. Urinary drainage bag or leg bag (without a flutter valve).
5. Disposable moistened wipes.
6. Plastic lined waste container (school rsponsibility).

D. Personnel: Certified school nurse or designated trained school personnel under direct or indirect supervision of the certified school nurse.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. The change of external catheters should routinely be done at home. However, this procedure is to be followed in the school setting if there is leaking from the one applied at home, or it unexpectedly detaches.	The external catheter should be changed every 48 hours and the penis exposed to air to lessen the damaging effects of moisture. Review the physician's order and the student's health plan.
B. Arrange for privacy.	Use a portable screen or other privacy devices.
C. Tell the student what you are going to do and how he can assist you.	Use developmentally appropriate language and demonstration.
D. Wash your hands. Use disposable gloves.	*Refer to Handwashing procedure and Gloves - Use and Removal procedure.*
E. Gather your equipment.	Arrange equipment on a clean work surface near the student.
F. Position the student and assist to undress to the extent needed for this procedure.	Protect the area from urine. Anticipate student's embarrassment. Use a drape or towel, if necessary.
G. Remove old catheter by clipping condom and tape near the base of the penis and gently pulling them off.	Student can assist with this, if able.

EXTERNAL MALE CATHETER (Continued)

	ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
H.	Examine the skin of the penis for signs of irritation.	If irritation exists, do not apply new collecting device. Student may have to wear disposable diaper until area heals. Inform parents and physician.
I.	Remove all old adhesive from the penis or the new condom will not adhere.	Use adhesive remover, if needed, but do not leave it on the skin.
J.	Wash the penis and perineal area with disposable, moist wipes. Allow to dry.	To lessen skin irritation, odor, and infection.
K.	Wash your hands.	*Refer to Handwashing procedure.*
L.	Prepare the drainage or leg bag.	A flutter valve is ill-advised because it does not allow the urine to enter the bag fast enough. This can cause back pressure in the system and the condom could rupture.
M.	Drape the pubic area with paper towels.	A drape can be made by cutting a small hole in a towel and sliding it over the penis.
N.	Place the new catheter device over the glans penis, leaving a space between the drainage end of the device and the end of the penis.	A ½ to ¼ inch space will diminish irritation and allow for expansion of the erect penis.
O.	Follow procedure on package of the specific type of external male catheter provided for adhering the device.	
P.	Check the penis within 15 minutes after application, in 1 hour, and every 2 hours thereafter, for swelling and discoloration.	If any swelling or discoloration is noted, loosen the adhesive liner or remove and begin procedure again.
Q.	Assist the student to redress.	When ready, have the student resume scheduled classroom activities.
R.	Dispose of used catheter system. Wash scissors. Store supplies in convenient area.	*Refer to Handling Body Fluids procedure.*
S.	Discard disposable gloves. Wash your hands.	*Refer to Gloves - Use and Removal procedure.*

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
T. Document procedure on treatment log.	Record: 1. Date and time. 2. Reason for the procedure. 3. Skin condition. 4. Student's reaction to the procedure.
U. Inform appropriate school staff of the potential benefits and side effects of applying/replacing an external catheter.	This allows the staff to plan to optimize the student's performance and to report any reactions to this procedure that they observe.
V. Summarize the student's need for, and apparent benefit (or lack of benefit) from applying/replacing an external catheter at school.	Give this information to parents and physician, as requested.

3. SELF CATHETERIZATION

I. General Guidelines:

1. Self catheterization may need to be done at school a ordered by the physician.

2. Students who need self catheterization may:
   a. be on bladder training regime.
   b. have no bladder control.
   c. have residual urine.
   d. be learning responsibility for self care.

A. Purpose:

1. To empty the bladder at appropriate intervals.
2. To prevent bladder distension.
3. To reduce chances of bladder infection.
4. To remove residual urine.

B. Equipment: (Parent responsibility unless noted).

1. A catheter (size and type ordered by physician).
2. Antiseptic wipes.
3. Water soluble lubricant.
4. Plastic bag for used catheters.
5. Collecting/measuring container (if appropriate).
6. Nonsterile gloves (school responsibility).

C. Personnel: Certified school nurse or designated trained school personnel under direct or indirect supervision of the certified school nurse.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Assemble equipment in an appropriate private location.	Strict cleanliness is necessary to prevent bladder infections.
B. Have student wash hands thoroughly. (Note: Staff should also wash hands and should glove in case staff intervention is necessary.)	*Refer to Handwashing and Gloves - Use and Removal procedures.*
C. Position student appropriately for condition.	
D. Open antiseptic wipes for the student to self cleanse.	
E. Open packet of water soluble lubricating jelly.	

SELF CATHETERIZATION (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
F. FOR FEMALES - Instruct student to:	
1. Hold labia open using one hand.	
2. Using a downward stroke, cleanse each labium with antiseptic wipe.	Stroke downward using a clean wipe for each stroke to prevent infection. Repeat as necessary to cleanse area adequately.
3. Using a downward stroke, cleanse urinary meatus with third antiseptic wipe.	Continue holding the labia open until the catheter is inserted.
4. Lubricate the tip of the catheter.	
5. Hold the catheter as if it were a pencil or a dart and insert it into urethra until urine flows freely into appropriate collection container.	Be sure it is inserted into the urethra not the vaginal orifice. DO NOT FORCE.
G. FOR MALES - Instruct student to:	
1. Hold the penis up and at a right angle to his body.	This position will straighten the anterior urethra.
2. Hold the end of the penis between the thumb and the forefinger and cleanse the meatus using a circular motion.	Use a clean wipe for each stroke.
3. Apply lubricant to the tip of the catheter.	
4. Hold the penis upright and exert slight pressure to widen the urethral opening and insert the catheter until urine begins to flow.	The catheter will advance easily until resistance is met at the sphincter. DO NOT FORCE. Have student breathe deeply to relax perineal muscles.
5. Once the urine flows, insert the catheter approximately one more inch.	

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
H. <u>FOR FEMALES AND MALES -</u> <u>Instruct student to:</u> 1. Remove the catheter only after the flow of urine has ceased. 2. Cleanse, dry, and redress. 3. Discard disposable equipment and waste materials and then wash hands.	
I. Remove gloves.	*Refer to Gloves - Use and Removal procedure.*
J. Document procedure on treatment log.	Record: 1. Date and time. 2. Amount and characteristics of urine, as required. 3. Any other pertinent information. 4. Student's reaction to procedure.

4. STERILE CATHETERIZATION

I. General Guidelines:

1. Sterile catheterization may be done at school as ordered by the physician.

2. Students requiring catheterization are those who:
   a. have no bladder control.
   b. have residual urine.
   c. are on a bladder training program.

A. Purpose: To empty the bladder at designated intervals, using sterile technique.

B. Equipment: (Parent responsibility unless noted.)
1. Sterile catheter.
2. Sterile drape.
3. Sterile collection container.
4. Sterile antiseptic.
5. Sterile cotton balls.
6. Sterile lubricant.
7. Sterile gloves.

All of the above materials are usually supplied in a kit.

C. Personnel: Certified school nurse or licensed nurse under the direct or indirect supervision of the certified school nurse.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Assemble equipment in appropriate private location.	Close door and/or pull curtain.
B. Wash hands.	*Refer to Handwashing procedure.*
C. Position	
1. Males: Back (Supine).	
2. Females: On back with knees flexed and feet about two feet apart.	If female is unable to spread legs, place on side with knee of top leg flexed.
D. Place catheter set between female's thighs.	Placing it close helps to avoid contamination.
E. Open sterile catheter tray by folding top layer away from your body and bottom layer towards body.	Check expiration date. Touch only outside of wrapper. Do not turn back on sterile field. Avoid talking, coughing, or sneezing over sterile field. If in doubt, THROW IT OUT!

STERILE CATHETERIZATION (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
F. If catheter is separate, open and place on sterile field in sterile manner.	Do not contaminate by touching.
G. Put on sterile gloves.	Equipment in kit is sterile and must be handled using sterile technique.
H. Open antiseptic and pour over cotton balls.	All preparation of kit must be done before touching the student.
I. Open lubricant and lubricate catheter.	
1. Female: 1 ½ - 2 inches	
2. Male: 4 - 5 inches generously	
J. <u>FOR FEMALES:</u>	
1. Hold labia open.	Consider gloved hand that has touched the student CONTAMINATED. Maintain this position.
2. Using a downward motion, cleanse each labium with a saturated cotton ball held with forceps.	
3. Using downward motion, cleanse urinary meatus with another saturated cotton ball held with forceps.	
K. <u>FOR MALES:</u>	
1. Hold the penis upright and at a right angle to the student's body.	This position will straighten the anterior urethra.
2. Hold the end of the penis between the thumb and fore-finger and cleanse meatus using circular motion with a saturated cotton ball held with forceps.	Swab center first using a new sterile cotton ball each time.
L. Insert sterile lubricated catheter with sterile gloved hand.	In male, may have to apply gentle traction or lower penis towards toes. DO NOT FORCE.
M. Insert until there is urine flow.	If resistance is met, have student take a few deep breaths. Discontinue the procedure if student has unusual discomfort.

STERILE CATHETERIZATION (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
N. Allow urine to drain into collection container.	
O. When flow has stopped, slowly withdraw catheter.	
P. Remove all equipment and discard appropriately.	
Q. Make student dry and comfortable.	
R. Remove gloves.	*Refer to Gloves - Use and Removal procedure.*
S. Document procedure on treatment log.	Record: 1. Date and time. 2. Amount of urine, if required. 3. Color/odor. 4. Student's reaction to the procedure.

C. CREDÉ'S METHOD

I. General Guidelines:
1. Credé's procedure must be performed according to physician's special orders.
2. Credé technique may be part of routine daily bladder care.
3. The procedure is done by the student whenever possible.
4. Students who need to have Credé's method performed may:
   a. be diapered.
   b. wear an external collection device.
   c. use toilet or urinal (ambulatory or transfer from wheelchair).

A. Purpose:
1. To express residual urine from the bladder.
2. To reduce chances of bladder infection.
3. To control odors and prevent skin breakdown.

B. Equipment: None is required to carry out this procedure.

C. Personnel: Certified school nurse or designated trained school personnel under direct or indirect supervision of the certified school nurse.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Have student in appropriate location that provides privacy for procedure.	
B. Position student lying down or sitting, according to needs.	
C. Apply repeated inward and downward pressure with one or both hands over lower abdomen, just above os pubis, until flow of urine ceases.	Use heel of hand to obtain most effective result.
D. Document procedure on treatment log.	Record: 1. Date and time. 2. Amount of urine expressed. 3. Student's reaction to procedure.

D. ENTERAL FEEDING (TUBE FEEDING)

1. OVERVIEW

Enteral, or tube, feeding is the introduction of fluids, nutrients and/or medication directly into the stomach or duodenum or jejunum. These feedings are indicated for the student who cannot be fed orally but whose gastrointestinal tract is functional.

A. Definitions:

1. Nasogastric (NG): tube passed through the nose or mouth (orogastric) into the stomach and secured in place.

2. Nasoduodenal: tube passed through the nose into duodenum.

3. Nasojejunal: tube passed through the nose into jejunum.

4. Gastrostomy: insertion of a tube, either surgically or via a percutaneous endoscopic procedure, into the stomach.

5. Jejunostomy: insertion of a tube directly into jejunum, either surgically or as a percutaneous endoscopic procedure. Jejunostomy feedings are by continuous infusion. Pump control is favored.

B. Delivery Systems for Feeding Solution:

1. Intermittent or continuous infusion of feeding solution by gravity (accomplished by hanging container of feeding solution from an IV pole and adjusting delivery rate by flow regulator).

2. Continuous feeding by controller feeding pump (allows uniform flow, particularly of viscous solutions).

3. Bolus (feeding solution poured into barrel of 60 ml syringe attached to feeding tube and allowed to infuse by gravity).

C. Special Nursing Considerations:

1. Assess student for abdominal distention, belching, loose stools, flatus, pain and bowel sounds before an enteral feeding. Distended abdomen could indicate an intolerance to a previous feeding.

2. The physician's order for the enteral feeding should include type, amount and frequency of feedings.

3. Explain procedure and purpose to student. Understanding by the student will enhance cooperation.

4. Feedings are administered at room temperature unless otherwise ordered. Allow feedings to sit at room temperature approximately one hour before administering. Excessive heat coagulates feedings. Excessive cold can reduce the flow of digestive enzymes and cause abdominal cramping.

5. Sterile canned or bottled liquid products can be stored at room temperature until opened.. Cover and refrigerate open, unused product labeled with date and time opened. Discard unused product after 24 hours. Examine for thickening, lumps or separation, which may indicate contamination.

6. Nonsterile liquid products must be refrigerated from time of preparation to time of use. Do not store for more than 24 hours. Label with date and time.

7. Including hanging time, feeding solutions are not to be left at room temperature for more than 8 hours. Enteral formulas are excellent medium for microbial growth and may cause infection of the student or food poisoning due to bacterial enterotoxins.

8. Assist student into sitting or Fowler's position in bed. If sitting position is contraindicated, a slightly elevated right-side lying position may be used. These positions enhance the gravitational flow of the feeding and help prevent aspiration into the lungs.

9. Aspirate before manipulating feeding tube. Use caution while aspirating and flushing feeding tube to prevent potential splash injuries. Observe universal precautions.

10. Prior to each feeding, check to assure that tube is in the stomach by:

    a. Attach distal end of tube to syringe and withdraw plunger. Some gastric contents will fill tube.

    or

    b. Using a stethoscope, listen over the epigastric area of the abdomen while injecting 10 ml of air into tube. Air will make a rushing sound.

    or

    c. Listen to distal end of tube. There will be no sound.

    or

    d. Place end of tube in a glass of water while student exhales. Few, if any, bubbles will appear in water if tube is in stomach. Steady stream of bubbles will appear if tube is in lungs.

11. Aspirate all stomach contents and measure the amount prior to administration of the feeding unless ordered otherwise. This is done to evaluate absorption of the last feeding, i.e., whether undigested formula of a previous feeding remains. Consult with physician on exact amount of undigested formula that is obtained before feeding is to be withheld.

12. Reinstill the gastric contents into the stomach. Remove the syringe bulb or plunger and pour the gastric contents via the syringe into the tube. Discarding of contents could disturb the students electrolyte balance. Consult with physician on exact amount of gastric contents that need to be reinstilled. Reinstilling large amounts of gastric contents will predispose the student to aspiration and stomach distention.

OVERVIEW (Continued)

13. Rinse/flush administration sets/feeding tube with at least 10-15 cc of tap water, unless otherwise ordered by physician. This keeps tube patent.

14. If the student is an infant, allow to use pacifier during feeding. This allows infant to imitate eating, maintains sucking reflex.

15. Personnel doing the enteral feeding must remain with the student throughout the feeding and for 20-30 minutes after completion of feeding.

16. Allow student to remain elevated for 30 minutes after feeding, if possible. This helps prevent vomiting and/or aspiration should student regurgitate.

17. Student may require burping after feeding.

18. Decompression may be necessary if the stomach becomes distended and vomiting appears to be imminent. This can be accomplished by inserting a decompression tube into the gastrostomy feeding button allowing excess air and stomach contents to escape. Decompression with an NG tube in place can be done by aspirating with a bulb syringe.

19. If gastrostomy tube is accidentally pulled out, cover opening with sterile 4 X 4 immediately. Contact parent. Have student transported to emergency room for immediate treatment.

2. BOLUS FEEDINGS USING BULB SYRINGE - NASOGASTRIC/GASTROSTOMY

I. General Guidelines: *Refer to Enteral Feeding (Tube Feeding), Overview*, before proceeding.

A. Purpose: To provide adequate fluid, nutrition, and/or medication for the student who is unable to swallow.

B. Equipment: (Parent responsibility unless noted.)

1. 60 cc syringe with catheter tip.
2. Enteral feeding at room temperature.
3. Syringe bulb or plunger.
4. Container with water.
5. Catheter plug or clamp.
6. Suction machine, if ordered by physician.
7. Disposable gloves (school responsibility).

C. Personnel: Certified school nurse or designated trained school personnel under immediate, direct, or indirect supervision of the certified school nurse.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Explain procedure to student.	Use developmentally appropriate language and demonstration.
B. Put on disposable gloves.	*Refer to Gloves - Use and Removal procedure.*
C. Check placement of feeding tube prior to initiating each feeding.	*Refer to Enteral Feeding (Tube Feeding), Overview, Special Nursing Considerations, #10.*
D. Aspirate for residual feedings prior to initiating each feeding.	*Refer to Enteral Feeding (Tube Feeding), Overview, Special Nursing Considerations, #11.*
E. Remove bulb from syringe and connect to a pinched or clamped nasogastric or gastric tube.	Pinching or clamping the tube prevents excess air from entering the stomach, preventing distention.
F. Add feeding to syringe barrel, allowing feeding to flow slowly. Continue to add feeding and keep solution in syringe at all times until feeding is complete. Raise or lower syringe to adjust the flow as needed. Pinch off tubing to stop the flow if the student experiences dis-comfort. Should student vomit during feeding, pinch tube off and discontinue feeding.	Rapid administration can cause flatus, crampy pain, and/or reflex vomiting.
G. After feeding is administered, instill prescribed amount of water through the tube.	Water cleans the lumen of the tube and prevents occlusion.
H. Clamp tube and remove syringe.	Prevents instillation of air into stomach. Clamping prevents reflux of feeding.

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
I. Care of student.	
1. Post-Feeding care.	
a. Allow student to remain elevated for 30 minutes after feeding, if possible.	This helps prevent vomiting and/or aspiration should student regurgitate.
b. Student may be positioned on right side for 30 minutes to 1 hour after feeding.	This positioning facilitates emptying of stomach contents into small bowel.
c. Student may require burping after feeding.	
d. Observe for student reaction (i.e. restlessness, color change, or distention).	Report to certified school nurse.
2. Daily care.	
a. Give oral hygiene daily.	Oral hygiene is necessary to prevent accumulation of secretions and dryness. *Refer to Oral Hygiene procedure.*
3. Nasogastric tube.	
a. Clean and lubricate nostrils as needed (at least daily).	Prevents irritation of nasal mucosa.
b. Check skin along twill tape daily, especially over the ear.	This prevents pressure areas.
4. Gastrostomy tube.	
a. Cleanse area around gastrostomy with soap and water.	Unless otherwise ordered by physician.
b. Apply dry, sterile dressing, if indicated.	The dressing absorbs any discharge of gastric juices and prevents skin breakdown. Check for physician preference regarding whether or not to use a dressing.

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
J. Care of equipment.	
1. Wash and rinse all equipment after each feeding.	To prevent accumulation of feeding and growth of bacteria.
2. Remove gloves.	*Refer to Gloves - Use and Removal procedure.*
K. Document procedure on treatment log.	Record: 1. Date and time feeding was given. 2. Type and amount of formula given. 3. Amount of water given. 4. Untoward reactions. 5. Student's reaction to procedure. 6. Signature of caregiver.

3. GASTROSTOMY FEEDING BUTTON

I. General Guidelines: *Refer to Enteral Feeding (Tube Feeding), Overview*, before proceeding.

A. Purpose: To provide adequate fluid, nutrition, and/or medication for the student who is unable to swallow.

B. Equipment: (Parent responsibility unless noted.)

1. 60 cc syringe with catheter tip.
2. Syringe bulb or plunger.
3. Adapter with tubing and clamp.
4. Container with prescribed formula at room temperature.
5. Container with water.
6. Disposable gloves (school responsibility).

C. Personnel: Certified school nurse or designated trained school personnel under immediate, direct, or indirect supervision of the certified school nurse.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Preparation of student.	
1. Explain procedure to student.	Use developmentally appropriate language and demonstration.
2. Position student in a sitting or high Fowler's position in bed. If sitting position is contra-indicated, a slightly elevated, right-side lying position may be used.	These positions enhance the gravitational flow of the feeding and help prevent aspiration into the lungs.
B. Preparation.	
1. Collect equipment and take to student.	Good organization saves time and energy.
2. Put on disposable gloves.	*Refer to Gloves - Use and Removal procedure.*
C. Methods.	
1. Observe for leakage around button.	If leakage exists, notify the certified school nurse who will discuss this with the physician.
2. Attach adapter and catheter to syringe, keeping tube clamped.	
3. Open safety plug and attach adapter and feeding catheter to the button, keeping the tube clamped.	

ESSENTIAL STEPS		KEYPOINTS-PRECAUTIONS
4.	Unclamp and aspirate immediately.	*Refer to Enteral Feeding (Tube Feeding), Overview, Special Nursing Considerations, #11.*
D.	Administration of feeding.	
1.	Check formula expiration date.	
2.	Attach adapter and feeding catheter to syringe, keeping tube clamped.	If you have aspirated, this step is already completed. Be sure tube is clamped close to adapter.
3.	Open the safety plug and attach the adapter and feeding to the button.	
4.	Fill syringe and catheter with formula, keeping clamp closed.	This prevents large amounts of air from entering the stomach.
5.	Hold syringe 3-10 inches above the stomach level. Unclamp tube.	This helps regulate the rate of flow.
6.	Continue to add feeding, keeping solution in syringe at all times until feeding is completed.	This prevents air from entering stomach during feeding. Pinch tube off immediately if student vomits or regurgitates during feeding and discontinue feeding. Call the certified school nurse if this procedure is delegated.
7.	Let feeding flow in by gravity slowly, approximately 20-30 minutes.	This prevents regurgitation, vomiting, and/or diarrhea. Flow rate can be altered by changing the height of the syringe.
8.	When feeding is complete, flush the button with the prescribed amount of tap water.	This keeps tube patent.
9.	Lower syringe below the stomach level to facilitate burping.	This will reduce possibility of vomiting. Burping sounds like a release of air.
10.	Remove adapter and feeding catheter. Snap safety plug in place.	**If anti-reflux valve is functioning properly, formula or food should not return.**
11.	If feeding catheter pops out, clamp immediately, then restart, estimating amount of feeding lost.	If student coughs or is very active, adapter may pop out.

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
E. Care of student.	
1. Post-Feeding care.	
a. Allow student to remain elevated for 30 minutes after feeding.	This helps prevent vomiting and/or aspiration should student regurgitate.
b. Student may be positioned on right side for 30 minutes to 1 hour after feeding.	This position facilitates emptying of stomach contents into small bowel.
c. Observe for student's reaction (i.e. restlessness, color change, or distended abdomen).	Report to certified school nurse.
2. Daily care.	
a. Give oral hygiene daily.	Oral hygiene is necessary to prevent accumulation of secretions and dryness. *Refer to Oral Hygiene procedure.*
b. Cleanse area around gastrostomy button with soap and water.	Unless otherwise ordered by physician.
c. Apply dry, sterile dressing, if indicated.	The dressing absorbs any discharge of gastric juices and prevents skin breakdown. Check for physician preference regarding whether or not to use a dressing.
F. Care of equipment.	
1. Wash and rinse all equipment after each feeding.	To prevent accumulation of feeding and growth of bacteria.
2. Remove gloves.	*Refer to Gloves - Use and Removal procedure.*
G. Document procedure on treatment log.	Record: 1. Date and time feeding was given. 2. Type and amount of formula given. 3. Amount of water given. 4. Untoward reactions. 5. Student's reaction to procedure. 6. Signature of caregiver.

4. INSERTING NASOGASTRIC TUBE

I. General Guidelines: *Refer to Enteral Feeding (Tube Feeding), Overview*, before proceeding.

A. Purpose: To administer a feeding or medication directly into the gastrointestinal tract.

B. Equipment: (Parent responsibility unless noted).

1. Nasogastric tube (N/G).
2. Water-soluble lubricant.
3. Clamp for tubing.
4. Towel and emesis basin.
5. Disposable cup with water (school responsibility).
6. Suction machine (if ordered by physician).
7. Nonsterile gloves (school responsibility).
8. Adhesive tape.
9. 20 ml syringe.
10. Straw.

C. Personnel: Certified school nurse or other qualified licensed health professional under the supervision of the certified school nurse.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Explain procedure to student.	Use developmentally appropriate language and demonstration. Determine with the student what sign might be used (i.e. raising the finger) to indicate a need for a pause due to gagging or discomfort.
B. Position student in a sitting or high Fowler's position with neck slightly flexed. Place a towel across chest.	
C. Assess which nostril is most patent.	
D. Put on disposable gloves.	*Refer to Gloves - Use and Removal procedure.*
E. Mark the distance tube is to be passed by measuring from the earlobe to the bridge of the nose then add the distance from the bridge of the nose to the bottom of the xiphoid process and mark with tape.	Provides for correct position of tube.
F. Lubricate about 6-8 inches (15-20 cm) of tube with water-soluble jelly.	Lubrication reduces friction between mucous membrane and tube.
G. Lift head before inserting tube into a nostril. Pass tube gently into the posterior nasopharynx, aiming downward and backward.	Passage of the tube is facilitated by following the natural contours of the body.

INSERTING NASOGASTRIC TUBE (Continued)

	ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
H..	When tube reaches the pharynx, the student may gag; allow student to rest for a few moments.	Gag reflex is triggered by the presence of the tube.
I.	Have student hold head in a normal position and offer several sips of water sucked through a straw. Advance tube as student swallows.	Normal head position makes swallowing easier.
J.	Continue to advance tube gently each time student swallows.	Mouth breathing and swallowing facilitates passage of tube.
K.	If obstruction appears to prevent tube from passing, DO NOT USE FORCE. Rotate the tube gently. If unsuccessful, remove tube and try other nostril.	
L.	If there are signs of distress (i.e. gasping, coughing, or cyanosis) immediately remove the tube.	Paroxysms of coughing would indicate that the tube is in the trachea.
M.	Check placement of NG tube.	*Refer to Enteral Feeding (Tube Feeding), Overview, Special Nursing Considerations, #10.*
N.	Secure NG tube with tape on bridge of student's nose and side of face.	Do not tape with pressure on nares, as infants are nose breathers.
O.	Secure NG tube to clothing with rubber band or tape and safety pin.	
P.	Discard disposable equipment.	
Q.	Remove gloves.	*Refer to Gloves - Use and Removal procedure.*
R.	Document procedure on treatment log.	Record: 1. Date and time. 2. Method used for verification of NG tube placement. 3. Response of student to procedure. 4. Signature of caregiver.

5. SLOW DRIP METHOD - NASOGASTRIC/GASTROSTOMY

I. General Guidelines: *Refer to Enteral Feeding (Tube Feeding), Overview,* before proceeding.

A. Purpose: To provide adequate fluids, nutrition and/or medication for the student who is unable to swallow safely.

B. Equipment: (Parent responsibility unless noted.)

1. 60 cc syringe with catheter tip.
2. Administration set.
3. Container with prescribed formula at room temperature.
4. Container with water.
5. Bottle hanger.
6. Standard or hooks for holding container feeding.
7. Stethoscope.
8. Twill tape.
9. Catheter plug.
10. Suction machine, if ordered by physician.
11. Disposable gloves (school responsibility).

C. Personnel: Certified school nurse or other qualified licensed health care professional under the supervision of the certified school nurse.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Preparation of student.	
1. Explain procedure to student.	Use developmentally appropriate language and demonstration.
2.. Position student in a sitting or high Fowler's position in bed. If sitting position is contra-indicated, a right-side lying position may be used.	These positions enhance the gravitational flow of the feeding and help prevent aspiration into the lungs.
B. Preparation.	
1. Collect equipment and take to student.	Good organization saves time and energy.
2. Put on disposable gloves.	*Refer to Gloves - Use and Removal procedure.*
C. Methods.	
1. Test for placement of nasogastric of gastrostomy tube before each feeding.	*Refer to Enteral Feeding (Tube Feeding), Overview, Special Nursing Considerations, #10,* for proper placement methods.
2. Attach syringe and aspirate for stomach contents.	*Refer to Enteral Feeding (Tube Feeding), Overview, Special Nursing Considerations, #11.*

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
3. Measure any stomach contents.	
4. Return stomach contents to stomach.	*Refer to Enteral Feeding (Tube Feeding), Overview, Special Nursing Considerations, #12.*
5. If stomach contents exceed the amount individually ordered for student by physician, either subtract from feeding or hold feeding, according to doctor's order.	
D. Administration of feeding.	
1. Remove hanger from hook or standard.	
2. Place bottle/bag with prescribed formula in hanger and attach tubing for administering the formula. Check for expiration date of formula.	
3. Close clamp on feeding/ administration tubing.	
4. Hang bottle/bag on hook or standard.	
5. Open clamp on formula tube and allow fluid to fill tubing before attaching to nasogastric or gastrostomy tubing.	Collection of air in tubing should be kept to a minimum.
6. Attach tubing, open clamp, and regulate fluid drip to approximately 60 drops per minute, unless otherwise ordered.	This will help prevent regurgitation, vomiting, and/or diarrhea.
7. Check student frequently.	While monitoring student during feeding and for 20 minutes after completion of feeding, observe for color change, restlessness, and abdominal distention, which would indicate tube displacement and/or overfeeding. If this occurs, stop feeding immediately. NOTE: If the tube should slip out partially during feeding, STOP FEEDING IMMEDIATELY and check for tube placement before proceeding with feeding. If you are unsure of tube placement, remove tube and replace with a new one. (Not applicable to gastrostomy tube).

SLOW DRIP METHOD - NASOGASTRIC/GASTROSTOMY(Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
8. When feeding is completed, instill prescribed amount of water to rinse tube.	This keeps tube patent.
9. Allow some of the water to remain within tube and clamp tube.	This prevents air from being introduced into stomach at next feeding.
10. Clean and store feeding equipment and formula according to manufacturer's instructions.	
11. Remove gloves.	*Refer to Gloves - Use and Removal procedure.*
E. Post-Feeding care of student.	
1. If it is possible, allow student to remain elevated for 30 minutes after feeding.	The elevation will help prevent vomiting and/or aspiration, if student regurgitates.
2. Student may be positioned on right side for 30 minutes to 1 hour after feeding.	This positioning will facilitate emptying of the stomach contents into the small bowel.
3. Observe for student reactions (i.e. restlessness, color change, or distended abdomen).	Take appropriate action as prescribed by physician.
F. Daily care.	
1. Give oral hygiene.	Oral hygiene is necessary to prevent accumulation of secretions and dryness. *Refer to Oral Hygiene procedure.*
2. Clean and lubricate nostrils when nasogastric tube is present.	This prevents irritation of nasal mucosa.
3. Check skin along twill tape daily, especially over ear.	This is necessary to prevent pressure areas, especially over ear.
4. Gastrostomy tube:	
a. Do same as above.	To prevent irritation and excoriation from gastric juices.
b. Cleanse area around gastrostomy tube daily.	To absorb any discharge of gastric juices and prevent any skin breakdown or excoriation.
c. Apply dry, sterile dressing, if indicated.	

SLOW DRIP METHOD - NASOGASTRIC/GASTROSTOMY(Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
G. Document procedure on treatment log.	Record: 1. Date and time feeding was given. 2. Type and amount of formula given. 3. Amount of water given. 4. Untoward reactions. 5. Student's reaction to procedure. 6. Signature of caregiver.

E. GLUCAGON

I. General Guidelines:

A. Purpose: To raise blood glucose level in unresponsive diabetic student.

B. Equipment: Glucagon as prescribed by a physician (parent responsibility).

C. Personnel: Certified school nurse or designated trained school personnel under direct or indirect supervision of the certified school nurse. At least three persons in the student's school must be trained.

II. Procedure:

	ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A.	One staff person notify EMS and the parent while another staff person observes for signs of responsiveness.	Glucagon is needed only for unresponsiveness. If student is able to take food or liquid, treat hypoglycemia with sugar (liquid glucose, icing, candy, sugared beverage, etc.).
B.	Place student on his/her side.	To prevent aspiration.
C.	Obtain medication from designated location in the school.	All designated trained personnel will be aware of location of Glucagon. The required Medication Administration Form must be signed by both parent and physician and on file in the school office.
D.	Prepare injection according to package directions.	Diluting solution may be in a vial or pre-packaged in a syringe.
E.	Withdraw prepared Glucagon from vial.	If withdrawal is difficult, inject ½ to 1 ml air into vial.
F.	Cleanse small area of skin of arm or thigh with alcohol swab.	
G.	Insert the needle under cleansed skin of arm or thigh, applying gentle pressure to the skin.	Injection technique is the same as insulin (subcutaneous).
H.	Withdraw the needle and apply light pressure to the injection site.	To prevent leakage of solution.
I.	Feed the student a snack as soon as he/she awakens.	Student should awaken within 15 minutes of injection. It is vital to arouse the student as quickly as possible and to give additional carbohydrates orally to prevent secondary hypoglycemic reaction.

GLUCAGON (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
J. Have EMS (or parent) transport student to hospital for further medical treatment.	
K. Document procedure on treatment log.	Record: 1. Date and time. 2. Medication (on medication log). 3. Student's reaction to procedure.

F. INHALATION THERAPY BY MACHINE

I. General Guidelines:

A. Purpose:
1. To administer aerosol medication.
2. To mobilize secretions and aid in expectoration.
3. To improve alveolar ventilation.

B. Equipment: (Parent responsibility unless noted).
1. Machine pumping compressed air (example: Nebulizer). NOTE: Follow instructions for specific machine.
2. Medication as prescribed by physician.
3. Tissues.
4. Wastebasket with plastic lining (school responsibility).
5. Sharps container (school responsibility).
6. Nonsterile gloves (school responsibility).

C. Personnel: Certified school nurse or other designated trained school personnel under direct or indirect supervision of the certified school nurse.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Assemble equipment in an appropriate location for administration of treatment.	To insure privacy.
B. Wash hands and put on gloves.	*Refer to Handwashing and Gloves - Use and Removal procedures.*
C. Student should be in a sitting position.	Facilitates better ventilation.
D. Connect one end of tubing to machine, the other end to the nebulizer thumb-valve.	
E. Using a clean nebulizer, add prescribed medication as ordered by the physician.	Be familiar with medication, dosage, side effects, precautions, etc.
F. Delivery method:	
1. Face Mask: Insure mask is positioned properly without leakage.	A good seal is necessary for adequate treatment.
2. Mouth Piece: Instruct student to gently bite down on mouth piece, seal lips around it and breathe through mouth only.	Mouth breathing is necessary for adequate delivery of medication with mouth piece.
G. Instruct student to breathe in and out slowly in a relaxed manner until all medication is used.	If student coughs excessively or has respiratory difficulty, stop treatment until symptoms subside.

INHALATION THERAPY BY MACHINE (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
H. Disassemble and clean nebulizer. Clean appropriate parts with soap and water, rinse thoroughly with hot tap water and air dry.	
I. Properly dispose of contaminated tissues and materials.	*Refer to Cleaning and Disposing of Body Fluids procedure.*
J. Remove gloves.	*Refer to Gloves - Use and Removal procedure.*
K. Document procedure on treatment log.	Record: 1. Date and time. 2. Medication (on medication log). 3. Student's response to the procedure.

G. LONG-TERM MEDICATION ADMINISTRATION

I. General Guidelines: All qualified and trained personnel must be familiar with their county policy for administering medications. Certain medications must be administered by a certified professional school nurse (i.e. insulin, or new/experimental medications). The first dose of a medication should never be given at school.

A. Purpose: To enable students who require medication at specific times during the school day to attend school.

B. Equipment: (Parent responsibility unless noted).
1. Prescribed medication.
2. Proper dispensing container (measuring cup/spoon, etc).
3. Signed Administration of Medication forms and Student Medication Log.

C. Personnel: Certified school nurse or designated trained personnel under the direct or indirect supervision of a certified school nurse.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Only the principal and other essential personnel shall be notified of student's requirement for medication while at school.	Confidentiality is essential. Only those with a need to know should be informed in order to protect the rights of the student.
B. The certified school nurse will provide information regarding effective use of medication(s), condition for which medication(s) is prescribed; and possible adverse reactions.	All involved personnel should be informed of potential serious side effects and/or precautions as well as desired effect.
C. Follow step-by-step procedure to properly administer medication:	
1. Student's name, medication, dosage, time, and route of administration (i.e. by mouth) must be verified according to the written medication form and the labeled pharmacy container.	An approved safety check is to read the prescribed medication container 3 times. Parents must send medication in a properly labeled container from the pharmacy.
2. Insure positive identification of student.	An approved safety check is to ask student's name and other identifying information such as birthdate, parent's name.

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
3. Whenever possible, a student shall self-administer medication and designated trained personnel shall observe. If a student is unable to take his/her medication, a designated trained personnel will administer the prescribed medicine.	Observation by designated trained personnel is necessary to insure that the student has actually taken the prescribed medicine. This lessens the possibility of a lost pill or that one has not been completely swallowed, etc.
D. Document all required information on the student's medication log at the time the medication is administered.	Use one medication log for each medication being administered.
E. Store medication in a specified, locked place. **Controlled substances must be double locked.** Only designated personnel should have access to the medication.	Locked storage will prevent potential drug abuse and possibility of overdoes by student.
F. Observe for desired and/or undesired effects of medication given at school. Report any unusual reactions to the appropriate persons (i.e. parent, school nurse).	This information may be necessary for student's parents and/or physician to evaluate effectiveness.
G. If vomiting should occur after medication is given, DO NOT ADMINISTER ANY MORE MEDICATION. Contact parent and/or certified school nurse.	Parent should always receive notification of a missed dose. The school nurse will need notification in order to observe adverse symptoms.
H. Document procedure on treatment log.	Record: 1. Date and time. 2. Medication (on medication log). 3. Untoward reactions. 4. Student's reaction to procedure.

H. MANUAL RESUSCITATOR

I. General Guidelines:

A. Purpose: To deliver breaths manually when a student is unable to breathe on their own.

Situations where a manual resuscitator may be used include:
- student having difficulty breathing on own.
- ventilator malfunctions.
- student stops breathing and needs to be resuscitated.

NOTE: Children who have tracheostomies or who use ventilators should have a resuscitation bag with them at all times, if ordered by physician.

B. Equipment: (Parent responsibility unless noted.)
1. Manual resuscitator.
2. Appropriate-sized mask.
3. Adaptor for trach.
4. Oxygen source with appropriate tubing, if needed.
5. Non-sterile gloves (school responsibility).

C. Personnel: Certified school nurse or qualified licensed health care professional under the supervision of the certified school nurse.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Assemble equipment.	Never wait to begin mouth-to-mouth/stoma resuscitation if a manual resuscitator is not immediately available or cannot be used effectively.
B. Preparation:	
1. Wash hands, if possible.	*Refer to Handwashing procedure.*
2. Check that manual resuscitator is functioning properly.	Place adaptor that is connected to the bag against a gauze or tissue in your hand, squeeze bag to be sure it is functioning (you should feel slight resistance).
3. Put on gloves.	*Refer to Gloves - Use and Removal procedure.*
4. Explain procedure to student.	Use developmentally appropriate language and demonstration.
5. Student with tracheostomy:	
a. Position student with neck extended and trach opening exposed, maintaining head tilt with non-dominate hand.	

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
b. Attach resuscitator to trach tube, using dominate hand.	Hold trach with one hand to prevent accidental dislodgement while attaching adaptor to it.
c. If the student is able to breathe independently, coordinate the manual breaths with student's own breaths. If the student is unable to breath on own, squeeze the resuscitator bag at a regular rate to deliver prescribed breaths per minute. Allow ample time between respirations for passive exhalation and bag re-expansion. If the student has no breathing rate prescribed, a standard range of breaths per minute is 16-20 for children and 12-16 for adolescents and adults.	Give a breath by squeezing the resuscitator bag as the student begins to inhale (chest begins to rise). If you feel resistance and/or the student looks distressed, be sure you are giving breaths with the student's own effort and that the tube is patent.
D. Check effectiveness of ventilation.	Observe student's face, lip color, and level of consciousness. Make sure student's chest rises with each inflation and falls during passive exhalation.
E. Continue bagging until relieved by appropriately trained persons.	
F. Remove gloves.	*Refer to Gloves - Use and Removal procedure.*
G. Document procedure on treatment log.	Record: 1. Date and time. 2. All pertinent information. 3. Student's reaction to procedure.

I. MEASUREMENT OF BLOOD SUGAR

I. General Guidelines:

A. Purpose: To obtain an accurate measurement of the student's blood sugar.

B. Equipment: (Parent responsibility unless noted).
1. Physician's order for procedure and intervention.
2. Blood sugar monitor.
3. Automatic lancet device, if needed.
4. Disposable latex gloves (school responsibility).

C. Personnel: Certified school nurse or designated trained personnel under direct or indirect supervision of the certified school nurse.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Wash hands.	*Refer to Handwashing procedure.*
B. Prepare work area.	Drape work area with paper towels in a well-lighted, clean area.
C. Assemble equipment.	Insert lancet in automatic lancet device. Remove chemstrip, place pad-side up on table surface (if chemstrip is used).
D. Have student wash hands.	*Refer to Handwashing procedure.*
E. Put on disposable latex gloves.	*Refer to Gloves - Use and Removal procedure.*
F. Perform finger puncture and place drop of blood on test strip (if indicated) or into proper port for blood.	Follow directions for specific blood sugar monitor for obtaining readings.
G. Refer to physician's orders for intervention.	
H. Dispose of gloves, chemstrip and used lancet in proper container.	*Refer to Cleaning and Disposing of Body Fluids procedure.*
I. Document procedure on treatment log.	Record: 1. Date and time. 2. Pertinent information. 3. Student's reaction to procedure.

J. METERED DOSE INHALER (MDI) THERAPY

I. General Guidelines: The metered dose inhaler is a self-contained pressurized canister that contains medication which is suspended in an inert gas. A hand activated valve releases a measured volume of medication and aerosol.

A. Purpose: To deliver a measured dose of medication to a student for inhalation.

B. Equipment: Metered Dose Inhaler (parent responsibility).

C. Personnel: Certified school nurse or designated trained school personnel under direct or indirect supervision of the certified school nurse.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Obtain written physician's order form. Parental signature must also be present on form.	Policy requires written physician and parental permission to administer medication in the school setting.
B. Observe/Assist student in step-by-step use of MDI as prescribed below or according to physician's written orders. Instruct student to:	It is important that student fully understand procedure to receive the full benefit of the inhalated medication. Use developmentally appropriate language and demonstration.
1. Make sure the canister is firmly and fully inserted into the outer plastic container and shake the inhaler well.	
2. Hold the inhaler between the thumb and forefinger.	
3. Inhale deeply and then exhale slowly. Make an "O" shape with their mouth and hold the inhaler 1-2 inches from open mouth.	
4. Inhale slowly and deeply through mouth. After starting to breathe in, press the top of the canister firmly between thumb and fore-finger. Continue inhaling slowly and deeply through mouth.	
5. After breathing in as much as possible, close mouth and hold breath for 5 seconds.	

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
6. Exhale slowly through pursed lips.	
7. If 2 puffs are to be taken, wait approximately 5 minutes between the first and second puff, then repeat steps 1-6.	
8. If 3 puffs are to be taken, wait 1-2 minutes between the first and second puff, and then approximately 5 minutes between the second and third puff, then repeat steps 1-6.	
C. Monitor student for administration technique, cough production and breath sounds before and after the treatment.	Assess whether medication has had the desired or an undesired effect. (Note: an asthmatic student may need further medical attention.)
D. Document procedure on treatment log.	Record: 1. Date and time. 2. Medication (on medication log). 3. Student's reaction to the procedure.

K. ORAL/NASAL SUCTIONING

1. BY MACHINE

I. General Guidelines: A certified school nurse must assess the level of care needed for each individual student. Consideration should be given to the use of a manual suction device, i.e. rubber bulb syringe, whenever possible.

A. Purpose: To provide an adequate airway by clearing the oral cavity of excessive secretions.

B. Equipment: (Parent responsibility unless noted).
1. Suction equipment.
2. Suction catheter.
3. Sterile, distilled water.
4. Disposable gloves.

C. Personnel: Certified school nurse or other qualified licensed health care professional under the supervision of the certified school nurse..

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Assemble equipment.	
B. Wash hands.	*Refer to Handwashing procedure.*
C. Turn on suction.	Recommendations for negative pressure: 1. Infants - 60 - 100 mm Hg. 2. Children - 100 - 120 mm Hg. 3. Adults and adolescents - as prescribed by physician.
D. Position child.	Optimal position is on side with head slightly lowered to aid in pooling and draining secretions. Assistance is recommended when suctioning small children.
E. Put on gloves and attach catheter to suction.	*Refer to Gloves - Use and Removal procedure.*
F. Lubricate catheter by submersing end into sterile water and suctioning small amount of sterile water.	Lubrication helps to prevent damage to fragile mucous membranes. Suctioning checks patency of the system.
G. Introduce catheter into oral cavity.	Do not apply suction while introducing catheter. Do not advance further than the back of the mouth, as this may stimulate the gag reflex, cause vomiting, and/or produce laryngospasm.

BY MACHINE (Continued)

	ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
H.	Apply intermittent suction for no longer than 10 seconds at a time. Withdraw catheter slowly while rotating it between the thumb and finger.	Avoid "grabbing" mucous membrane as this will cause injury to tissues.
I.	Suction sterile water to clean catheter of secretions (50-100 cc).	Limit areas to be suctioned to nares, cheeks, beneath the tongue, and the back of the mouth.
J.	Repeat steps G - I as necessary. Allow 2-3 minutes between suctioning.	
K.	Discard disposable equipment. Make sure equipment is ready to reuse.	
L.	Remove gloves.	*Refer to Gloves - Use and Removal procedure.*
M.	Document procedure on treatment log.	Record: 1. Time and date. 2. Amount, color, and consistency of secretions. 3. Student's reaction to procedure.
N.	At the end of the school day, empty contents of suction bottle into toilet. Wash bottle with soap and water. Wear gloves during process.	*Refer to Cleaning and Disposing of Body Fluids procedure.*

2. MANUAL TECHNIQUE (BULB SYRINGE)

I. General Guidelines:

A. Purpose: To provide an adequate airway by clearing the oral cavity and/or nasal cavity of excessive secretions.

A bulb syringe or other manual suctioning device is usually adequate and the preferred technique for suctioning the oropharynx and nose.

B. Equipment: (Parent responsibility unless noted).

1. Bulb syringe.
2. Paper towel (school responsibility).
3. Non-waxed paper cups (school responsibility).
4. Water (school responsibility).
5. Disposable, latex gloves (school responsibility).

C. Personnel: Certified school nurse or designated, trained personnel under direct or indirect supervision of certified school nurse.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Assemble equipment.	
B. Wash hands.	*Refer to Handwashing procedure.*
C. Position child.	Optimal position is on side with head slightly lowered to aid in pooling and draining secretions. Assistance to hold student is recommended when suctioning small children.
D. Put on gloves.	*Refer to Gloves - Use and Removal procedure.*
E. With bulb compressed, insert tip of bulb syringe into cup of water and release pressure on bulb to suction small amount of water. Discard into cup.	Suctioning checks effectiveness of bulb syringe.
F. Insert tip of bulb syringe into dependent cheek of student.	Secretions will be more accessible on side student's head is positioned.
G. Release pressure on bulb to withdraw secretions.	Avoid grabbing mucous membranes as this may injure tissue.
H. Discard secretions into a cup or paper towel by squeezing bulb several times.	
I. Repeat steps F - H as necessary.	Areas to be suctioned include cheeks and beneath tongue.

MANUAL TECHNIQUE (BULB SYRINGE)(Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
J. For nasal suction, insert tip of bulb syringe into nares one side at a time. Suction. Discard secretions and then suction other side. Repeat as necessary.	
K. After each use, clean bulb syringe with warm water and soap by flushing several times using above suction technique.	Bulb syringe can be sterilized by placing in boiling water for 10 seconds.
L. Discard disposable equipment. Make sure bulb syringe is ready for reuse. Remove gloves.	*Refer to Gloves - Use and Removal procedure.*
M. Document procedure on treatment log.	Record: 1. Date and time. 2. Amount, color, and consistency of secretions. 3. Reaction of student to the procedure.

L. OXYGEN ADMINISTRATION

I. General Guidelines:

A. Purpose: To prevent and or treat hypoxia or hypoxemia while reducing labored breathing.

B. Equipment: (Parent responsibility unless noted).

1. Oxygen source: portable oxygen tank or cylinder.
2. Pressure gauge.
3. Flow meter for controlling liters of oxygen per minute.
4. Nasal cannula or other form of oxygen mask or adaptor for tracheostomy and disposable connecting tubing.
5. Readily available fire extinguisher. (school responsibility)
6. Precaution sign - NO SMOKING OR OPEN FLAMES ALLOWED. Other hazards should also be listed. (school responsibility)
7. Humidifier filled with distilled water if indicated. (optional)

C. Personnel: Certified school nurse or other designated trained school personnel under direct or indirect supervision of the certified school nurse.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Check oxygen supply daily to ensure proper amount in storage.	
B. Post any area where oxygen is in use: NO SMOKING OR OPEN FLAMES--FIRE HAZARD--OXYGEN IN USE.	Areas with increased oxygen levels support sudden combustion. Avoid use of oil, grease or petroleum based cleansers around oxygen connections or patient's face (including Chapstik and Vaseline products). Do not use antiseptic tinctures, alcohol, furniture sprays, acetone in the immediate area. Avoid the use of toys that might cause sparks that could ignite. Do not permit any electrical devices on or near oxygen source (within 8 feet is generally recommended.) Custodial staff should be informed of precautions.
C. Operate oxygen units in well ventilated area.	Oxygen will accumulate around immediate area of user. If used in transport, window of vehicle should always be lowered slightly. All units should be "off" when not in use.
D. Oxygen unit should always be in upright position on a smooth flat surface and according to safety standards, large tanks must be chained in one area. Portable units should be secured when being transported.	Oxygen transported on school bus must be secured in accordance with state and county transportation regulations.

OXYGEN ADMINISTRATION (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
E. Fire extinguisher should be in immediate area.	
F. To administer oxygen open nasal catheter or mask and connect tubing to nipple of storage tank.	Nasal catheters should be changed or cleaned every week or more often, depending upon the amount of use. Extra changes should be in storage at all times and changed more often during respiratory illnesses of patient to prevent reinfection.
G. If ordered, attach humidifier to oxygen tubing at storage unit. Humidifier will need water added with prolonged use.	Humidifier must be cleaned regularly. The jar should only be filled with distilled water. Bacteria will grow if not cleaned properly.
H. If appropriate, explain procedure to student. Flush line by turning oxygen on and adjust flow rate to ordered level. Feel for oxygen flow through tubing.	Oxygen is prescribed and administered like a drug with flow dosage measured in liters per minute.
I. Properly place nasal cannula or other delivery system to the patient's face, adjusting nasal catheter around ears or mask to the nasal bridge to ensure optimal oxygen benefit during administration.	Pressure of cannulas or mask can cause sores--observe and administer skin care as needed. Prolonged administration by mask will require periodic mask removal to dry face and massage skin. It will also cause eyes to dry excessively if mask fits improperly.
J. Student should be monitored and observed for any change of condition while receiving oxygen.	According to specific needs of the individual student, personnel caring for student daily should be trained regarding how to assess for hypoxia and the complications of oxygen therapy--such as in cystic fibrosis patients.
K. If equipment does not operate properly contact oxygen provider--DO NOT ATTEMPT TO SERVICE EQUIPMENT ON YOUR OWN.	
L. Document procedure on treatment log.	Record: 1. Date and time. 2. Reason for procedure. 3. Pertinent information. 4. Student's reaction to procedure.

M. PEAK FLOW METER

I. General Guidelines: The peak flow meter provides an objective measurement of peak expiratory flow, a valuable indicator of lung function.

A. Purpose:

1. The peak flow meter can be used over a period of time by an asthmatic child to measure and record lung function so that the physician can prescribe the proper treatment.

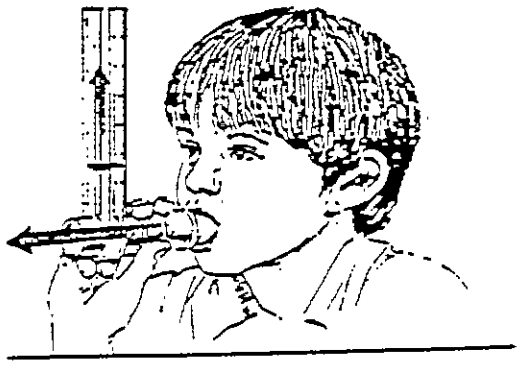
2. During an asthma attack, the peak flow meter can serve as a tool to objectively measure the severity of the child's respiratory distress.

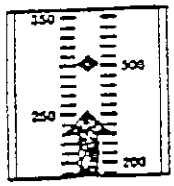
B. Equipment: A peak flow meter (parent responsibility).

C. Personnel: Certified school nurse or designated, trained personnel under immediate, direct, or indirect supervision of the certified school nurse.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Have the student place one of the white mouth pieces on the peak flow meter.	The adult (large) mouth piece fits onto the unit, the pediatric (small) mouth piece fits into the unit.
B. Make sure that the red indicator is at the bottom of the scale.	
C. Hold the peak flow meter vertically, being careful that the student's fingers do not block the opening.	
D. Have student inhale as deeply as possible and place mouth firmly around the mouth piece, making sure lips form a tight seal.	
E. Have student exhale as hard and as fast as possible. This will cause the red indicator to move up the scale.	
F. The final position of the red indicator is the student's peak flow. Record the value along with the date and time.	
G. To repeat the test, slide the red indicator back to the bottom of the scale.	
H. If the student is using this as a measurement tool for physician information, help record the results as ordered by the physician.	





PEAK FLOW METER (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
I. If the peak flow meter is to serve as a tool to measure respiratory distress, personnel should have previous documentation as to the normal reading for the student.	
J. Seek medical care for student and notify parent, according to care plan.	
K. Document procedure on treatment log.	Record: 1. Date and time. 2. Reason for procedure. 3. Pertinent information. 4. Student's reaction to procedure.

N. POSTURAL DRAINAGE AND PERCUSSION

I. General Guidelines: Students needing postural drainage have pulmonary disfunction, such as cystic fibrosis, chronic bronchitis, asthma, other pulmonary disorders, muscular dystrophy, cerebral palsy, etc.

Postural drainage may be performed 2-4 times daily depending upon student tolerance and physician's orders.

Additional postural drainage may be indicated when the student is congested or is having respiratory distress.

A. Purpose: To maintain maximum lung capacity by assisting student who is having difficulty raising sputum.

B. Equipment: (School responsibility unless noted).
1. Pillows.
2. Tissues.
3. Plastic lined wastebasket.

C. Personnel: Certified school nurse or designated, trained school personnel under direct or indirect supervision of the certified school nurse. May also be performed by the physical therapist.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Assemble equipment in appropriate location.	
B. Use the following sequence for percussing each lobe of the lungs:	
1. Place student in appropriate position.	Ten positions are necessary for percussing all lobes of the lungs. Use cupped hands with moderate pressure to create hollow sound during percussion. Avoid percussing over kidneys.
2. Percuss lobes for 3 minutes over appropriate area.	
3. Instruct student to cough into tissue following each percussion. Discard used tissues into lined wastebasket. Use vibration (applying pressure to appropriate lobe during coughing).	Initial coughing attempts may not produce sputum. as further positioning and percussion are provided, coughing will become more productive. (Use of vibration may break bones when students have abnormal bone conditions or are receiving medication such as steroids.)
4. Wash hands at end of session.	*Refer to Handwashing procedure.*

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
C. The 10 positions for percussing students weighing 40 pounds or more are as follows:	NOTE: In all positioning additional pillows may be necessary to obtain desired elevation, depending upon student's weight.
1. Position student on stomach with right side of torso and right arm on pillow.	This 1/4 turn of body is the correct position for percussing posterior segment of right upper lobe (over right upper scapular area).
2. Position student on stomach with left side of torso and left arm elevated on pillow.	This 1/4 turn with head and shoulder elevation is the correct position for percussing posterior segment of left upper lobe (over upper left scapular area). The left bronchus is more vertical, thus requiring a nearly 45-degree elevation.
3. Position student flat on back with pillow placed under head and knees.	This position is correct for percussing anterior segments of right and left upper lobes (between clavicle and nipple areas).
4. Position student on back. Turn hips 1/4 turn to the right. Elevate hips 10-12 inches with pillows. Use additional pillows, as needed, to hold hips to the right.	This position is correct for percussing lingula process of left lung (from left armpit to nipple area).
5. Position student on back. turn hips 1/4 turn to the left. Elevate hips 10-15 inches with pillows. Use additional pillows, as needed, to hold hips to the left.	This position is correct for percussing middle lobe of right lung (from right armpit to nipple area).
6. Position student flat on stomach with pillows under stomach and lower legs/feet.	This position is correct for percussing apical segments of right and left lower lobes (over lower scapular areas).
7. Position student on back. Elevate hips 16-18 inches with pillows.	This position is correct for percussing anterior basal segment of right and left lower lobes (over lower chest area below nipples).
8. Position student on stomach. Elevate hips 16-18 inches with pillows.	This position is correct for percussing posterior basal segments of right and left lower lobes (over lower chest areas - avoid kidneys).
9. Position student on right side. Elevate hips 16-18 inches with pillows.	This position is correct for percussing lateral basal segment of left lower lobe (over left side from beneath armpit to end of rib cage).
10. Position student on left side. Elevate hips 16-18 inches with pillows.	This position is correct for percussing lateral basal segment of right lower lobe (over right side from beneath armpit to end of rib cage).

POSTURAL DRAINAGE AND PERCUSSION (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
D. The techniques for percussing students under 40 pounds (18 kg) and other students in a sitting position are as follows:	
1. Person who does the percussing sits in chair with legs outstretched at 45-degree angle and with bottom of feet braced against solid, upright object. Place pillow in front of your knees. Place student face down on your lap with chin resting on the pillow.	This position is correct for percussing posterior basal segments of lower lobes (over area from lower scapulae to end of rib cage). NOTE: Young children and infants usually have no upper lobe involvement requiring percussion. Percuss with light pressure.
2. Seated as before, hold student face up on your lap, with head resting on pillow.	This position is correct for percussing anterior segments of lower lobes (over area from below nipple to end of rib cage). NOTE: For babies, be sure head is firmly supported in both positions and percuss with light pressure.
E. After percussing/coughing in all 10 positions, assist student with 5 breathing techniques.	Percussion assists the student in raising sputum from the lung. This is the optimal time to accomplish maximum aeration of the lungs.
1. Encourage diaphragmatic breathing (breathing with diaphragm instead of chest). Repeat about 15 times.	Check for correct breathing pattern by holding hand at upper abdomen and feeling it rise and fall while chest is still. Encourage diaphragmatic breathing at all times.
2. Have student raise arms over head while breathing in and have student lower arms while breathing out. Repeat about 15 times.	Maintain breathing pattern while performing this exercise. Encourage this type of breathing in functional activities, such as combing hair, lifting, etc.
3. Have student extend arms outward while breathing in and have student put arms across chest while breathing out. Repeat about 15 times.	Maintain breathing pattern while performing this exercise. Encourage slow expiration.
4. Encourage student to use prolonged expiration, i.e. pursed lip breathing. Repeat several times.	This assists student in emptying the lungs.

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
5. Assist student in progressive relaxation using several techniques:	This procedure assists student to minimize asthmatic attacks or other respiratory distress symptoms. Progressive relaxation is used along with appropriate physician's recommendations.
a. Imagery (think of pleasant thoughts, such as the beach, fresh air, etc.).	
b. Autogenic phrasing (feel hands getting warm and heavy to promote relaxation, etc.).	
c. Progressive muscular relaxation (contract right arm, relax right arm, repeat for left arm, etc.).	
F. At the end of each day, close liner from wastebasket and secure before disposal.	
G. Document procedure on treatment log.	Record: 1. Date and time. 2. Any pertinent information. 3. Student's reaction to procedure.

O. TRACHEOSTOMY CARE

1. EMERGENCY CARE AND CLEANING OF TUBE AND STOMA

I. General Guidelines: Maintenance care of tracheostomy is routinely done in the home, but if an emergency arises, this procedure will be performed in the school setting.

Before a student with a tracheostomy is permitted to attend school, the certified school nurse must assess the level of care including emergency care and cleaning of tube and stoma, needed for that individual student. Based on this assessment, a plan of care documenting the manner in which this procedure can be safely performed in the school setting will be developed.

Only a qualified, licensed health professional trained in emergency care and cleaning of tube and stoma can perform this procedure.

A. Purpose:

1. To maintain an open airway by keeping inner cannula open and free of secretion and exudate.
2. To prevent infection.
3. To prevent irritation of tissue around tracheostomy tube.
4. To maintain airway when there is:
   a. Labored or interrupted breathing.
   b. Excessive discharges or mucous plugs.
   c. Restlessness and/or apprehension.
   d. Dry, crusty secretions around tracheostomy tube.

B. Equipment: (Parent responsibility unless noted).

1. Small disposable tray.
2. Non-waxed disposable cups.
3. Cotton-tipped applicators.
4. Hydrogen peroxide solution, full strength.
5. Pipe cleaners and/or plastic drinking straws.
6. Nonsterile gloves (school responsibility).
7. Twill tape, tracheal ties.
8. Antimicrobial ointments, if ordered by physician.
9. Sterilized tracheostomy dressing, if indicated.
10. Adhesive tape, if needed, to secure dressing.
11. Plastic bag for disposal of wastes (school responsibility).
12. Paper towels (school responsibility).
13. Suctioning supplies and equipment.
14. Clean scissors, if tracheal ties are to be changed.
15. Dental floss for attaching tracheal plug.
16. Sterile saline or water.
17. Extra tracheostomy tube on hand at all times.
18. Disposable forceps.
19. Manual resuscitator, when ordered (i.e. Ambu bag).

C. Personnel: Certified school nurse, or other qualified licensed health care professional under the supervision of the certified school nurse.

EMERGENCY CARE AND CLEANING OF TUBE AND STOMA (Continued)

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Preparation of student:	
1. Explain procedure to student.	Use developmentally appropriate language and demonstration. If student is spastic, restless, agitated, or confused, assistance may be needed to ensure safety.
2. If student is on ventilator, determine breathing tolerance when off ventilator equipment.	If ventilation is needed during cleaning, the following may be done: a. Plug tracheostomy opening and student ventilates by glosso-pharyngeal breathing (GPD). b. Fit outer cannula. c. Two persons may be needed to complete procedure.
3. Position student with tracheostomy area exposed.	Elevation of head provides drainage of cleansing solution onto the chest rather than into tracheal opening.
B. Assemble equipment.	
C. Method:	
1. Wash hands.	*Refer to Handwashing procedure.*
2. Set out 3 cups.	
3. Fill 1 cup with hydrogen peroxide and 1 with sterile saline.	Normal saline may be used instead of hydrogen peroxide, if indicated.
4. Place 2-4 cotton tipped applicators in third cup.	
5. Put on gloves.	*Refer to Gloves - Use and Removal procedure.*
6. Remove soiled gauze dressing, if used.	Removing soiled dressing reduces contaminates in area to be cleaned.
7. Discard dressing in plastic bag.	
8. Using applicator moistened with hydrogen peroxide, cleanse stoma at least 1 inch (2.54 cm) beyond outer cannula.	Do not wipe over area more than once with the same applicator. Cleanse area next to tube first and proceed outward, using circular motion.

EMERGENCY CARE AND CLEANING OF TUBE AND STOMA (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
9. Discard used applicators into plastic bag.	
10. Using dry applicator, wipe cleansed area, drying thoroughly.	Rinsing off hydrogen peroxide is not necessary.
11. Unlock and remove inner cannula, holding outer cannula in place.	If smaller size inner cannula is difficult to remove, use disposable forceps.
12. Place inner cannula in paper cup filled with hydrogen peroxide.	Be sure cup is filled to completely cover inner cannula.
13. Soak inner cannula in peroxide (1-5 minutes). NOTE: Sequence of above steps may be altered if inner cannula requires longer time to soak to remove tenacious mucous. Begin with step 11 and continue through 14 and follow with cleaning stomal area (steps 7-11).	Removes mucous by bubbling action.
14. Remove paper towel from dispenser and lay on flat surface.	
15. Set paper cup and pipe cleaners on paper towel.	
16. Cleanse inner cannula with pipe cleaners and/or plastic drinking straw.	Using 2 pipe cleanser or doubling end of pipe cleaners provides more effective cleansing than using one.
17. Pour sterile saline or water into cup and allow inner cannula to soak a brief time.	
18. Remove cannula from cup and pour sterile saline or water over it until it is thoroughly clean.	
19. Shake out excess moisture; put in clean paper cup.	
20. Pour out any peroxide and saline and discard paper cup and pipe cleaners.	

ESSENTIAL STEPS		KEYPOINTS-PRECAUTIONS
21.	Remove gloves.	*Refer to Gloves - Use and Removal procedure.*
22.	Pick up paper cup with cannula and return to student.	
23.	Suction outer cannula and airway according to appropriate suctioning procedure, if necessary.	Need to hyperoxygenate before suctioning with ventilator or manual resuscitator, i.e. Ambu bag. Have older student take several deep breaths. Suction no longer than 10 seconds.
24.	Replace inner cannula and secure in place.	Replace inner cannula as soon as possible after cleansing to prevent mucous plugs from forming in outer cannula.
25.	Determine by bilateral auscultation that student is ventilating adequately. Attach ventilator if removed prior to cleaning.	
26.	Apply antimicrobial ointment as ordered by physician.	Indiscriminate use of ointments may increase bacterial growth.
27.	Apply gauze dressing, in accordance with physician's preference, to help hold tracheal tube in position or to decrease air leak (physician may prefer not to use dressing).	When secretions are copious the dressings must be changed frequently and the area must be kept dry.
D.	Care of student.	
1.	Check that student is being adequately ventilated (ongoing procedure).	Student on ventilator should not be left alone.
2.	Check that tracheostomy tube is positioned properly.	
E.	Care of equipment.	
1.	Dispose of all supplies after use.	
2.	Wash hands.	*Refer to Handwashing procedure.*
F.	Document procedure on treatment log.	Record: 1. Date and time. 2. Pertinent information. 3. Student's reaction to procedure.

2. EMERGENCY CLEANING OF INNER CANNULA

I. General Guidelines: This procedure is to be used only when a mucous plug is present.

Before a student with a tracheostomy is permitted to attend school, the certified school nurse must assess the level of care needed for that individual student. Based on this assessment, a plan of care documenting the manner in which this procedure can be safely performed in the school setting will be developed.

Only a qualified, licensed health professional trained in emergency cleaning of inner cannula can perform this procedure.

A. Purpose:
1. To maintain airway by keeping inner cannula open.
2. To clear airway when there is a mucous plug present.
3. To relieve labored or interrupted breathing.
4. To investigate signs of restlessness and/or apprehension.

B. Equipment: (Parent responsibility unless noted).
1. Non-waxed disposable cups.
2. Cotton-tipped applicators.
3. Hydrogen peroxide solution, full strength.
4. Pipe cleaners and/or plastic drinking straws.
5. Nonsterile gloves (school responsibility).
6. Plastic bag.
7. Suctioning supplies and equipment.
8. Clean scissors, if tracheal ties are to be changed.
9. Dental floss for attaching tracheal plug.
10. Sterile saline or water.
11. Extra tracheostomy cannula for particular student.
12. Resuscitation bag, when ordered (such as Ambu bag).

C. Personnel: Certified school nurse, or other qualified licensed health care professional under the supervision of the certified school nurse.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Preparation of student:	
1. Explain procedure to student.	Use developmentally appropriate language and demonstration.
2. If student is on a ventilator, determine breathing tolerance when off the ventilator.	If ventilation is needed during cleaning, the following may be done: Remove plugged inner cannula and replace with extra inner cannula. Two persons may be needed to complete the procedure.
3. Position student with tracheostomy area exposed.	

EMERGENCY CLEANING OF INNER CANNULA (Continued)

ESSENTIAL STEPS		KEYPOINTS-PRECAUTIONS
4.	Check that student is being adequately ventilated.	Be sure to suction thoroughly; auscultate to determine adequate aeration in all lobes of the lungs.
B.	Assemble equipment.	
C.	Method:	
1.	Wash hands.	*Refer to Handwashing procedure.*
2.	Set out 3 paper cups.	
3.	Fill 1 cup with hydrogen peroxide and 1 cup with sterile saline.	
4.	Put on gloves.	*Refer to Gloves - Use and Removal procedure.*
5.	Unlock and remove inner cannula.	If smaller size inner cannula is difficult to remove, use disposable forceps.
6.	Place inner cannula in paper cup filled with hydrogen peroxide.	Be sure cannula is completely covered with solution.
7.	Soak inner cannula in peroxide.	This removes mucous by bubbling action.
8.	Cleanse inner cannula, using pipe cleaners and/or plastic straw.	Using 2 or more pipe cleaners provides more effective cleansing.
9.	Place inner cannula in cup with sterile saline or water.	
10.	Allow cannula to soak a brief time.	
11.	Remove cannula from cup and pour sterile water over it until it is thoroughly clean.	
12.	Shake out excess moisture and place cannula in clean cup.	
13.	Suction outer airway according to appropriate suctioning procedure, if necessary.	Hyperoxygenate per manual resuscitator (i.e. Ambu bag) for 2 minutes before and after suctioning, if prescribed by physician. Suction no longer than 10 seconds at one time. Wait 2-3 minutes between suctionings. Repeat above procedure.

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
14. Replace inner cannula and secure in place.	
15. Attach ventilator, if removed prior to cleaning.	
16. Auscultate lung fields bilaterally with stethoscope to assess bilateral lung fields.	Respirations should be quiet and with less effort.
D. Care of equipment:	
1. Dispose of used supplies.	
2. Wash hands.	*Refer to Handwashing procedure.*
E. Document procedure on treatment log.	Record: 1. Date and time. 2. Amount, color and consistency of secretions. 3. Coughing. 4. Dyspnea. 5. Cyanosis. 6. Any bleeding. 7. Response of student to procedure.

3. EMERGENCY REPLACEMENT OF TRACHEOSTOMY TUBE

I. General Guidelines: Tracheostomy tubes should not be changed in the school setting except in an emergency. An example of such an emergency would be if the tube became dislodged and created an obstruction. If this occurred, the tube must be removed. If the entire tracheostomy tube comes out, it must be replaced immediately. Emergency medical services should be notified of this life-threatening situation.

Before a student with a tracheostomy is permitted to attend school, the certified school nurse must assess the level of care needed for that individual student. Based on this assessment, a plan of care documenting the manner in which this procedure can be safely performed in the school setting will be developed.

Only a qualified, licensed health professional trained in emergency replacement of tracheostomy tube can perform this procedure.

A. Purpose: To maintain an open airway.

B. Equipment: (Parent responsibility unless noted).

1. Sterile tracheostomy tube (with obturator).
2. Scissors.
3. Twill tape for tying.
4. Suction machine, including collecting bottle and connecting tube.
5. Manual resuscitation bag, when ordered (i.e. Ambu bag).
6. Sterile disposable suction catheters.
7. Nonwaxed disposable cups.
8. Supply of sterile normal saline.
9. Sterile normal saline bullets.
10. Disposable clean latex gloves (school responsibility).
11. Tissues.
12. Plastic lined wastebasket (school responsibility).

C. Personnel: Certified school nurse or other qualified licensed health care professional with current training in replacing a tracheostomy tube under the supervision of the certified school nurse.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Assemble equipment.	
B. Glove immediately.	*Refer to Gloves - Use and Removal procedure.*
C. Reassure student.	Calm and assured approach promotes student cooperation and ease of tube insertion.
D. Position student with head tilted back as far as possible.	

EMERGENCY REPLACEMENT OF TRACHEOSTOMY TUBE (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
E. Open tracheostomy tube package.	
F. Moisten tube and obturator with sterile normal saline, insert tracheostomy tube with obturator.	
G. Holding tracheostomy tube, pull out obturator and insert cannula.	
H. Two persons are necessary for changing tracheostomy tube ties to maintain proper placement of tracheostomy tube while tapes are being secured.	Two people are required to perform procedure, changing ties only if necessary and being careful to minimize movement during replacement. Use ½ inch tape, long enough to tie on the side of the student's neck, with room to insert your little finger between the tie and the student's neck.
I. Secure tracheostomy tube with twill tape (not too tight).	Knot one end of each tape to prevent fraying. Make folds about 1-inch below knot on each tape. Cut a ½ inch slit up the middle of each fold. Have an assistant hold the tracheostomy tube steady while soiled tapes are removed. Take one tape and slip the end that is not knotted through tracheostomy plate slot from the bottom. Feed this end through the slit at the other end and gently pull the tape taut. Repeat the procedure with the other piece of twill tape. Tie the pieces of tape together at side of neck, leaving enough room to insert your little finger between tie and student's neck. The knot may be covered with tape so as to secure.
J. Remove gloves.	*Refer to Gloves - Use and Removal procedure.*
K. Document procedure on treatment log.	Record: 1. Date and time. 2. Amount, color and consistency of secretions. 3. Coughing. 4. Dyspnea. 5. Cyanosis. 6. Any bleeding. 7. Response of student to this procedure.

4. TRACHEOSTOMY SUCTIONING

a. CLEAN TECHNIQUE

I. General Guidelines:

Before a student with a tracheostomy is permitted to attend school, the certified school nurse must assess the level of care including suctioning requirements, needed for that individual student. Based on this assessment, a plan of care documenting the manner in which the suctioning can be safely performed in the school setting will be developed.

Only a qualified, licensed health professional trained in suctioning can perform suctioning.

Encourage student to cough to clear airway and possibly eliminate the need for suctioning; however, some students may not be able to cough.

Clean technique is to be used for suctioning.

Suctioning shall be performed:

1. According to physician's orders.
2. Upon request of student.
3. When noisy, moist respirations occur.
4. When respiratory distress exists.
5. When mucous is visible at trachea opening.

A. Purpose:

To maintain an open airway by keeping it clear of excessive secretions.

B. Equipment:

(Parent responsibility unless noted).

1. Suction machine, including collecting bottle, connection tube, and adaptor, when needed (to be left at school).
2. Manual resuscitation bag, when ordered (i.e. Ambu bag).
3. Clean suction-catheters.
4. Nonwaxed disposable cups.
5. Supply of normal saline and normal saline bullets (or equivalent).
6. Disposable gloves (school responsibility).
7. Clean tissues or gauze pads.
8. Plastic lined wastebasket (close to equipment for contaminated materials) (school responsibility).
9. Extra set of clean tracheostomy tubes, suction catheters and supplies.

C. Personnel:

Certified school nurse, or other qualified licensed health care professional under the supervision of the certified school nurse.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Verify at the beginning of each school day that all equipment and supplies are ready for immediate use.	Use clean catheter each time suctioning is performed.
B. Wash hands prior to suctioning unless it is an emergency and you do not have time to wash your hands.	*Refer to Handwashing procedure.*
C. Assemble and prepare equipment in a clean area.	
1. Fill paper cup with clean/sterile water (as ordered by physician).	Saline is indicated for use when secretions are thick and need to be liquified.
2. Open catheter package by maintaining clean technique.	
3. Prepare saline as directed.	
D. Position student and place tissue or gauze nearby.	Positioning is dependent upon student's condition and physician's recommendations.
E. Put on disposable gloves.	*Refer to Gloves - Use and Removal procedure.*
F. Holding suction tubing, attach catheter to tubing with gloved hand.	Connection tubing is held in one hand. Suction catheter is held in other hand.
G. Place catheter tip in cup of water to draw a small amount of water through it.	This ensures the catheter is open and lubricated.
H. Suction as follows:	
1. Remove inner cannula, if present.	Suction loosens secretions and stimulates coughing.
2. Leave the vent of the catheter open and introduce the catheter into the trachea opening until meeting resistance.	When introducing catheter, **NEVER** cover vent.
3. Withdraw catheter slightly.	This prevents injury to tissues.
4. Place thumb of hand holding connection tubing over vent. Slowly withdraw catheter with hand holding suction catheter.	If catheter remains in one place, the mucous membranes will be drawn against it. This occludes and injures tissues.

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
5. Withdraw catheter immediately when student begins to cough.	Catheter obstructs outer cannula and may interfere with bringing up secretions.
6. Suction no longer than 10 seconds at a time. Allow 3-5 deep breaths between suctioning.	Allow 1-3 minutes between suctioning periods. Prolonged suctioning can cause throat spasm, loss of oxygen, and changes in heart beat.
7. Repeat steps 2-6, as necessary.	Respirations should be quiet and effortless at end of suctioning.
8. If secretions are thick, instill 3-5 cc of sterile saline by normal saline bullet (as ordered by physician) into trachea opening then repeat steps 2-6.	Saline aids in dissolving mucous. This will cause hard coughing; therefore, hold tissue near trachea to catch spray and/or mucous.
9. Supply deep breaths with resuscitation bag between suctioning attempts, if ordered by physician.	Use of resuscitation bag provides deep breathing and/or stabilizes disrupted breathing patterns.
I. Suction sufficient water through catheter to clean out tubing.	
J. Disconnect catheter and flush with tap water and wipe clean.	
K. Discard disposable equipment and remove gloves.	*Refer to Gloves -Use and Removal procedure.*
L. Make sure supplies are replaced and everything is ready for immediate use.	Used catheters are to be sent home for cleaning.
M. Wash hands.	*Refer to Handwashing procedure.*
N. Document procedure on treatment log.	Record: 1. Date and time. 2. Amount, color and consistency of secretions. 3. Coughing. 4. Dyspnea. 5. Cyanosis. 6. Any bleeding. 7. Student's reaction to procedure.
O. At the end of the school day, empty contents of suction bottle into toilet. Wash bottle with soap and water; wear gloves during process.	*Refer to Cleaning and Disposing of Body Fluids procedure.*

b. STERILE TECHNIQUE

I. General Guidelines: Before a student with a tracheostomy is permitted to attend school, the certified school nurse must assess the level of care including suctioning requirements, needed for that individual student. Based on this assessment, a plan of care documenting the manner in which the suctioning can be safely performed in the school setting will be developed.

Only a qualified, licensed health professional trained in suctioning can perform suctioning.

Encourage student to cough to clear airway and possibly eliminate the need for suctioning; however, some students may not be able to cough.

Avoid unnecessary suctioning to reduce chances of injury and infection.

Aseptic technique is to be used for suctioning.

Suctioning shall be performed:

1. According to physician's orders.
2. Upon request of student.
3. When noisy, moist respirations occur.
4. When respiratory distress exists.
5. When mucous is visible at trachea opening.

A. Purpose: To maintain an open airway by keeping it clear of excessive secretions.

B. Equipment: (Parent responsibility unless noted).

1. Suction machine, including collecting bottle, connection tube, and adaptor, when needed (to be left at school).
2. Resuscitation bag, when ordered (such as Ambu bag).
3. Sterile, disposable suction-catheters.
4. Nonwaxed disposable cups.
5. Supply of sterile normal saline.
6. Supply of sterile water (to clear catheter).
7. Normal saline bullets.
8. Disposable, sterile gloves.
9. Clean tissues or gauze pads.
10. Plastic lined wastebasket (kept beside machine and used for contaminated materials - school responsibility).
11. Extra set of sterile tracheostomy tube, suction catheters and supplies.

TRACHEOSTOMY SUCTIONING - STERILE TECHNIQUE (Continued)

C. Personnel: Certified school nurse, or other qualified licensed health care professional under the supervision of the certified school nurse.

II. Procedure:

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Verify at the beginning of each school day that all equipment and supplies are ready for immediate use.	Use a disposable sterile catheter and discard after use.
B. Wash hands prior to suctioning unless it is an emergency and you do not have time to wash your hands.	*Refer to Handwashing procedure.*
C. Assemble and prepare equipment in a clean area.	
1. Fill paper cup with sterile water.	Saline is indicated for use when secretions are thick and need to be liquified.
2. Open catheter package without touching catheter.	
3. Fill sterile syringe with saline.	
D. Position student and place tissue or gauze nearby.	Positioning is dependent upon student's condition and physician's recommendations.
E. Put on sterile gloves, maintaining sterile technique.	Gloves are used to keep catheter sterile.
F. Holding suction connection tubing, attach catheter to tubing with gloved hand.	Hand holding connection tubing is no longer sterile. Maintain sterile technique with hand holding the suction catheter.
G. Turn on machine with non-sterile hand.	
H. Place catheter tip in cup of sterile water to draw a small amount of water through.	This makes sure the catheter is open and lubricated.
I. Suction as follows:	
1. Remove inner cannula, if present.	Suction loosens secretions and stimulates coughing.
2. Leave the vent of the catheter open and introduce the catheter into the trachea opening until meeting resistance.	When introducing catheter, NEVER cover vent.

TRACHEOSTOMY SUCTIONING - STERILE TECHNIQUE (Continued)

ESSENTIAL STEPS		KEYPOINTS-PRECAUTIONS
3.	Withdraw catheter slightly.	This prevents injury to tissues.
4.	Place non-sterile thumb over vent. With sterile gloved hand, slowly withdraw catheter.	If catheter remains in one place, the mucous membranes will be drawn against it. This occludes and injures tissues.
5.	Withdraw catheter im-mediately when student begins to cough.	Catheter obstructs outer cannula and may interfere with bringing up secretions.
6.	Suction no longer than 10 seconds at a time. Allow 2-3 deep breaths between suctioning.	Allow 1-3 minutes between suctioning periods. Prolonged suctioning can cause throat spasm, loss of oxygen, and changes in heart beat.
7.	Repeat steps 2-6, as necessary.	Respirations should be quiet and effortless at end of suctioning.
8.	If secretions are thick, instill 3-5 cc of sterile saline by normal saline bullet (as ordered by physician) into trachea opening then repeat steps 2-6.	Saline aids in dissolving mucous. This will cause hard coughing; therefore, hold tissue near trachea to catch spray and/or mucous.
9.	Supply deep breaths with resuscitation bag between suctioning attempts, if ordered by physician.	Use of resuscitation bag provides deep breathing and/or stabilizes disrupted breathing patterns.
J.	Suction sufficient water through catheter to clean out tubing.	
K.	Holding catheter in gloved hand, pull gloves off, encasing catheter in glove, and discard them both.	
L.	Discard cup and syringe.	
M.	Recap sterile water and make sure equipment is ready for immediate reuse.	
N.	Wash hands.	*Refer to Handwashing procedure.*

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
O. Document procedure in treatment log.	Record: 1. Date and time. 2. Amount, color and consistency of secretions. 3. Coughing. 4. Dyspnea. 5. Cyanosis. 6. Any bleeding. 7. Response of student to suctioning.
P. At the end of the school day, empty contents of suction bottle into toilet. Wash bottle with soap and water; wear gloves during process.	*Refer to Cleaning and Disposing of Body Fluids and Gloves - Use and Removal procedures.*

APPENDIX A

ENROLLED

COMMITTEE SUBSTITUTE

FOR

H. B. 2557

(By Delegates Basham and Flanigan)

[Passed April 8, 1989; in effect ninety days from passage.]

AN ACT to amend and reenact section twenty-two, article five, chapter eighteen of the code of West Virginia, one thousand nine hundred thirty-one, as amended, relating to "specialized health procedures" in the public schools; defining "specialized health procedures"; providing for emergency assistance; specifying school employees who shall be authorized and trained to perform "specialized health procedures"; creating a council of school nurses; and granting authority to the department of health to establish standards relating to "specialized health procedures."

Be it enacted by the Legislature of West Virginia:

That section twenty-two, article five, chapter eighteen of the code of West Virginia, one thousand nine hundred thirty-one, as amended, be amended and reenacted to read as follows:

ARTICLE 5. COUNTY BOARD OF EDUCATION.

§18-5-22. Medical and dental inspection; school nurses; specialized health procedures; establishment of council of school nurses.

County boards of education shall provide proper

medical and dental inspections for all pupils attending the schools of their county and shall further have the authority to take any other action necessary to protect the pupils from infectious diseases, including the authority to require from all school personnel employed in their county, certificates of good health and of physical fitness.

Each county board of education shall employ full-time at least one school nurse for every one thousand five hundred kindergarten through seventh grade pupils in net enrollment or major fraction thereof: *Provided*, That each county shall employ full-time at least one school nurse: *Provided, however*, That a county board may contract with a public health department for services deemed equivalent to those required by this section in accordance with a plan to be approved by the state board: *Provided further*, That the state board shall promulgate rules and regulations requiring the employment of school nurses in excess of the number required by this section to ensure adequate provision of services to severely handicapped pupils.

Any person employed as a school nurse shall be a registered professional nurse properly licensed by the West Virginia board of examiners for registered professional nurses in accordance with article seven, chapter thirty of this code.

Beginning with the school year one thousand nine hundred ninety—ninety-one, specialized health procedures that require the skill, knowledge and judgement of a licensed health professional, shall be performed only by school nurses, other licensed school health care providers as provided for in this section, or school employees who have been trained and retrained every two years and subject to the supervision and approval by school nurses. After assessing the health status of the individual student, a school nurse, in collaboration with the student's physician, parents and in some instances an individualized education program team, may delegate certain health care procedures to a school employee who shall be trained pursuant to this section,deemed competent, have consultation with, and be monitored or

supervised by the school nurse: *Provided*, That nothing herein shall prohibit any school employee from providing specialized health procedures or any other prudent action to aid any person who is in acute physical distress or requires emergency assistance. For the purposes of this section "specialized health procedures" means but is not limited to, catheterization, suctioning of tracheostomy, naso-gastric tube feeding or gastrostomy tube feeding; and "school employee" means teachers as defined in section one, article one of this chapter and aides as defined in section eight, article four-a, chapter eighteen-a of this code.

Any school employee who elects to undergo training or retraining to provide, in the manner specified herein, such specialized health care procedures and for whom such selection has been approved by both the principal and the county board, may receive additional pay at the discretion of the county board: *Provided*, That any training may be considered in lieu of required in-service training of such school employee and a school employee cannot be required to elect to undergo the training or retraining: *Provided, however*, That commencing with the first day of July, one thousand nine hundred eighty-nine, any newly employed school employee in the field of special education shall be required to undergo the training and retraining as provided for in this section.

Each county school nurse, as designated and defined by this section, shall perform a needs assessment. These nurses shall meet on the basis of the area served by their regional educational service agency, prepare recommendations and elect a representative to serve on the council of school nurses.

There shall be established a council of school nurses which shall be convened by the state board of education. This council shall prepare a procedural manual and shall provide recommendations regarding a training course to the director of the state department of health who shall consult with the state department of education. The state department of health shall then have the authority to promulgate rules and regulations to implement the training and to create standards used by

those performing specialized health procedures. The council shall meet every two years to review the certification and training program regarding school employees.

The state board of education shall work in conjunction with county boards to provide training and retraining every two years as recommmended by the council of school nurses and implemented by the state department of health.

§ 18-5-22a. Policy for the administration of medications.

All county boards of education shall develop a specific medication administration policy which establishes the procedure to be followed for the administration of medication at each school.

No school employee shall be required to administer medications: Provided, That nothing herein shall prevent any school employee to elect to administer medication after receiving training as provided herein: Provided, however, That any school employee in the field of special education whose employment commenced on or after the first day of July, one thousand nine hundred eighty-nine, may be required to administer medications after receiving training as provided herein. (1994, 1st Ex. Sess., c. 24.)

Effective dates. — Acts 1994, 1st Ex. Sess., c. 24 provided that the act take effect from passage (March 20, 1994).

Textbooks. — Administrative Law in West Virginia (Neely), § 3.06.

§ 30-7-1. Definitions.

As used in this article the term:

(a) "Board" shall mean the West Virginia board of examiners for registered professional nurses;

(b) The practice of "registered professional nursing" shall mean the performance for compensation of any service requiring substantial specialized judgment and skill based on knowledge and application of principles of nursing derived from the biological, physical and social sciences, such as responsible supervision of a patient requiring skill in observation of symptoms and reactions and the accurate recording of the facts, or the supervision and teaching of other persons with respect to such principles of nursing, or in the administration of medications and treatments as prescribed by a licensed physician or a licensed dentist, or the application of such nursing procedures as involve understanding of cause and effect in order to safeguard life and health of a patient and others. (1945, c. 96, § 1; 1965, c. 120.)

A registered nurse may legally administer intravenous fluids and injections containing medications as prescribed by written or oral order of a physician. 47 Op. Att'y Gen. 101 (1956).

§ 30-7-2. License required to practice.

In order to safeguard life and health, any person practicing or offering to practice registered professional nursing in this state for compensation shall hereafter be required to submit evidence that he or she is qualified so to practice, and shall be licensed as hereinafter provided. After the thirtieth day of June, one thousand nine hundred sixty-five, it shall be unlawful for any person not licensed under the provisions of this article to practice or to offer to practice registered professional nursing in this state, or to use any title, sign, card or device to indicate that such person is a registered professional nurse. (1945, c. 96, § 2; 1965, c. 120.)

§ 30-7-3. Board of examiners for registered professional nurses.

The governor shall appoint, by and with the advice and consent of the Senate, a board consisting of five members who shall constitute and be known as the West Virginia board of examiners for registered professional nurses.

Appointments hereunder shall be made by the governor, by and with the advice and consent of the Senate, from lists submitted to the governor by the West Virginia nurses' association. Such lists shall contain the names of at least three persons eligible for membership for each membership or vacancy to be filled and shall be submitted to the governor on or before the first day of June of each year and at such other time or times as a vacancy on the board shall exist. Appointments under the provisions of this article shall be for a term of five years each or for the unexpired term, if any, of the present members. Any member may be eligible for reappointment, but no member shall serve longer than two successive terms. Vacancies shall be filled in the same manner as is provided for appointment in the first instance. The governor may remove any member for neglect of duty, for incompetence, or for unprofessional or dishonorable conduct.

Each member of the board hereafter appointed shall (a) be a citizen of the United States and a resident of this state, (b) be a graduate from an accredited educational program in this or any other state for the preparation of practitioners of registered professional nursing, or be a graduate from an accredited college or university with a major in the field of nursing, (c) be a graduate from an accredited college or university, (d) be a registered professional nurse licensed in this state or eligible for licensure as such, (e) have had at least five years of experience in teaching in an educational program for the preparation of practitioners of registered professional nursing, or in a combination of such teaching and either nursing service administration or nursing education administration, and (f) have been actually engaged in registered professional nursing for at least three within the past five years preceding his or her appointment or reappointment.

Each member of the board shall receive fifty dollars for each day actually spent in attending meetings of the board, or of its committees, and shall also be reimbursed for actual and necessary expenses: Provided, That the per diem increased by this amendment shall be effective upon passage of this article. (1945, c. 96, § 6; 1965, c. 120; 1972, c. 93; 1981, c. 180.)

§ 30-7-4. Organization and meetings of board; quorum; powers and duties generally; executive secretary; funds.

The board shall meet at least once each year and shall elect from its members a president and a secretary. The secretary shall also act as treasurer of the board. The board may hold such other meetings during the year as it may

deem necessary to transact its business. A majority, including one officer, of the board shall constitute a quorum at any meeting. The board is hereby authorized and empowered to:

(a) Adopt and, from time to time, amend such rules and regulations, not inconsistent with this article, as may be necessary to enable it to carry into effect the provisions of this article;

(b) Prescribe standards for educational programs preparing persons for licensure to practice registered professional nursing under this article;

(c) Provide for surveys of such educational programs at such times as it may deem necessary;

(d) Accredit such educational programs for the preparation of practitioners of registered professional nursing as shall meet the requirements of this article and of the board;

(e) Deny or withdraw accreditation of educational programs for failure to meet or maintain prescribed standards required by this article and by the board;

(f) Examine, license and renew the licenses of duly qualified applicants;

(g) Conduct hearings upon charges calling for discipline of a licensee or revocation or suspension of a license;

(h) Keep a record of all proceedings of the board;

(i) Make a biennial report to the governor;

(j) Appoint and employ a qualified person, who shall not be a member of the board, to serve as executive secretary to the board;

(k) Define the duties and fix the compensation for the executive secretary; and

(l) Employ such other persons as may be necessary to carry on the work of the board.

The executive secretary shall possess all of the qualifications prescribed in section three [§ 30-7-3] for members of the board, except that he or she shall (a) have had at least eight years of experience in the practice of registered professional nursing since graduation from a college or university, at least five of which shall have been devoted to the teaching in or to the administration of an educational program for the preparation of practitioners of registered professional nursing, or to a combination of such teaching and administration, and (b) shall have been actively engaged in the practice of registered professional nursing for at least five years preceding his or her appointment by the board.

All fees and other moneys collected by the board pursuant to the provisions of this article shall be kept in a separate fund and expended solely for the purpose of this article. No part of this special fund shall revert to the general funds of this state. The compensation provided by this article and all expenses incurred under this article shall be paid from this special fund. No compensation or expense incurred under this article shall be a charge against the general funds of this state. (1945, c. 96, § 6; 1965, c. 120.)

§ 30-7-5. Schools of nursing; accreditation; standards; surveys and reports; failure to maintain standards.

An institution desiring to be accredited by the board for the preparation of practitioners of registered professional nursing shall file an application therefor with the board, together with the information required and a fee of fifty dollars. It shall submit written evidence that: (a) It is prepared to give a program of nursing education which meets the standards prescribed by the board; and (b) it is prepared to meet all other standards prescribed in this article and by the board.

Instruction and practice may be secured in one or more institutions approved by the board. Such institution or institutions with which the school is to be affiliated shall be surveyed by the executive secretary of the board, who shall submit a written report of the survey to the board. If, in the opinion of the board, the requirements for an accredited school to prepare practitioners of registered professional nursing are met, it shall approve the school as an accredited school. From time to time as deemed necessary by the board, it shall be the duty of the board, through its executive secretary, to survey all such schools. Written reports of such surveys shall be submitted to the board. If the board determines that any such accredited school is not maintaining the standards required by this article and by the board, notice thereof in writing specifying the defect or defects shall be immediately given to the school. A school which fails to correct these conditions to the satisfaction of the board within a reasonable time shall be removed from the list of accredited schools. (1945, c. 96, § 8; 1965, c. 120.)

Nature of approval of school. — The approval which the statute authorizes the board to give to a school of nursing which complies with the requirements of the statute and of the board is a particular personal right or privilege or authority. Though technically not a license, in the sense in which that term is used in the statute with reference to nurses, it closely resembles, partakes of the nature of, and has many characteristics in common with, a license, which is generally regarded as a special privilege of personal trust and confidence which cannot be assigned or transferred without the consent of the licensing authority. State ex rel. Gordon Mem. Hosp. v. West Virginia State Bd. of Exmrs., 136 W. Va. 88, 66 S.E.2d 1 (1951).

Proceedings for revocation of approval. — See §§ 30-1-8, 30-1-9, and the notes thereto.

Right to operate school not assigned by transfer of school to corporation. — The right, the privilege, or the authority granted by the board to a doctor to operate a school of nursing owned and conducted by him in connection with his hospital as an accredited school, could not have been, and was not, assigned by the transfer of the hospital and the school to a corporation. Any assignment, by the conveyance to the corporation, of the right, the privilege or the authority granted to the doctor to operate or treat the school as an accredited school was of no effect and vested no such right, privilege, or authority in the corporation, but terminated such right, privilege, or authority and rendered it inoperative. State ex rel. Gordon Mem. Hosp. v. West Virginia State Bd. of Exmrs., 136 W. Va. 88, 66 S.E.2d 1 (1951).

Board may make rules governing accreditation in case of change of ownership. — The West Virginia state board of examiners for registered nurses has authority to promulgate regulations governing accreditation of schools of nursing when a change in ownership of the school is contemplated. 44 Op. Att'y Gen. 379 (1952).

Removal of school from accredited list controllable by prohibition. — The action of the board in undertaking to remove from its list of accredited schools the school of nursing

owned by the petitioner was quasi-judicial in character, which may be controlled in a proper proceeding in prohibition by a person entitled to maintain it, if the board, in so acting, usurps or abuses its power, is without jurisdiction to take such action, or having jurisdiction, exceeds its legitimate powers. State ex rel. Gordon Mem. Hosp. v. West Virginia State Bd. of Exmrs., 136 W. Va. 88, 66 S.E.2d 1 (1951).

§ 30-7-6. Qualifications; licensure; fees; temporary permits.

To obtain a license to practice registered professional nursing, an applicant for such license shall submit to the board written evidence, verified by oath, that he or she (a) is of good moral character; (b) has completed an approved four-year high school course of study or the equivalent thereof, as determined by the appropriate educational agency; and (c) has completed an accredited program of registered professional nursing education and holds a diploma of a school accredited by the board.

The applicant shall also be required to pass a written examination in such subjects as the board may determine. Each written examination may be supplemented by an oral examination. Upon successfully passing such examination or examinations, the board shall issue to the applicant a license to practice registered professional nursing. The board shall determine the times and places for examinations. In the event an applicant shall have failed to pass examinations on two occasions, the applicant shall, in addition to the other requirements of this section, present to the board such other evidence of his or her qualifications as the board may prescribe.

The board may, upon application, issue a license to practice registered professional nursing by endorsement to an applicant who has been duly licensed as a registered professional nurse under the laws of another state, territory or foreign country if in the opinion of the board the applicant meets the qualifications required of registered professional nurses at the time of graduation.

Any person holding a valid license designated as a "waiver license" may submit an application to the board for a license containing no reference to the fact that such person has theretofore been issued such "waiver license." The provisions of this section relating to examination and fees and the provisions of all other sections of this article shall apply to any application submitted to the board pursuant to the provisions of this paragraph.

Any person applying for a license to practice registered professional nursing under the provisions of this article shall, with his or her application, pay to the board a fee of forty dollars: Provided, That the fee to be paid for the year commencing the first day of July, one thousand nine hundred eighty-two shall be seventy dollars: Provided, however, That the board in its discretion may, by rule or regulation, decrease either or both said license fees. In the event it shall be necessary for the board to reexamine any applicant for a license, an additional fee shall be paid to the board by the applicant for reexamination: Provided further, That the total of such additional fees shall in no case exceed one hundred dollars for any one examination.

Any person holding a license heretofore issued by the West Virginia state board of examiners for registered nurses and which license is valid on the date

this article becomes effective [June 9, 1965] shall be deemed to be duly licensed under the provisions of this article for the remainder of the period of any such license heretofore issued. Any such license heretofore issued shall also, for all purposes, be deemed to be a license issued under this article and to be subject to the provisions hereof.

The board shall, upon receipt of a duly executed application for licensure and of the accompanying fee of seventy dollars, issue a temporary permit to practice registered professional nursing to any applicant who has received a diploma from a school of nursing approved by the board pursuant to this article after the date the board last scheduled a written examination for persons eligible for licensure: Provided, That no such temporary permit shall be renewable nor shall any such permit be valid for any purpose subsequent to the date the board has announced the results of the first written examination given by the board following the issuance of such permit. (1945, c. 96, § 4; 1965, c. 120; 1972, c. 93; 1981, c. 180.)

For opinion pertaining to licensing examinations for nurses, see 44 Op. Att'y Gen. 267 (1951).

§ 30-7-7. Qualifications and licensure of persons not citizens of United States.

The board may, upon application, issue a license to practice registered professional nursing by endorsement to any person who is not a citizen of the United States of America if such person (a) has been duly licensed as a registered professional nurse under the laws of another state, territory or foreign country, and (b) shall, in any such state, territory or foreign country, have passed a written examination in the English language which, in the opinion of the board, is comparable in content and scope to the type of written examination which is authorized in the second paragraph of section six [§ 30-7-6] of this article.

All other provisions of this article shall be applicable to any application for or license issued pursuant to this section. (1945, c. 96, § 3; 1965, c. 120; 1971, c. 123.)

§ 30-7-8. Renewal of licenses; reinstatement; fees; penalties; inactive list.

The license of every person licensed and registered under the provisions of this article shall be annually renewed except as hereinafter provided. At such time or times as the board in its discretion may determine, the board shall mail a renewal application to every person whose license was renewed during the previous year and every such person shall fill in such application blank and return it to the board with a renewal fee of five dollars within thirty days after receipt of said renewal application: Provided, That the board in its dis-

cretion may increase or decrease said renewal fee. In no event shall said fee exceed ten dollars. Upon receipt of the application and fee, the board shall verify the accuracy of the application and, if the same be accurate, issue to the applicant a certificate of renewal for the current year. Such certificate of renewal shall entitle the holder thereof to practice registered professional nursing for the period stated on the certificate of renewal. Any licensee who allows his or her license to lapse by failing to renew the license as provided above may be reinstated by the board on satisfactory explanation for such failure to renew his or her license and on payment to the board of the renewal fee hereinabove provided and reinstatement fee of five dollars. Any person practicing registered professional nursing during the time his or her license has lapsed shall be considered an illegal practitioner and shall be subject to the penalties provided for violation of this article. A person licensed under the provisions of this article desiring to retire from practice temporarily shall send a written notice of such desire to the board. Upon receipt of such notice the board shall place the name of such person upon the inactive list. While remaining on this list the person shall not be subject to the payment of any renewal fees and shall not practice registered professional nursing in this state. When the person desires to resume active practice, application for renewal of license and payment of the renewal fee for the current year shall be made to the board. (1945, c. 96, § 5; 1951, c. 150; 1957, c. 130; 1965, c. 120; 1972, c. 93.)

§ 30-7-9. Contents of license or certificate.

Each license or certificate issued by the board shall bear a serial number, the full name of the applicant, the date of expiration of any such license and the date of issuance of any such certificate, the seal of the board, and shall be signed by the executive secretary of the board. (1965, c. 120.)

§ 30-7-10. Use of title "registered nurse" and abbreviation thereof.

Any person who holds a license to practice registered professional nursing in this state shall have the right to use the title "registered nurse" and the abbreviation "R.N." No other person shall assume such title or use such abbreviation or any other words, letters, signs or devices to indicate that the person using the same is a registered professional nurse. (1945, c. 96, § 3; 1965, c. 120.)

§ 30-7-11. Denial, revocation or suspension of license; grounds for discipline.

The board shall have the power to deny, revoke or suspend any license to practice registered professional nursing issued or applied for in accordance with the provisions of this article, or to otherwise discipline a licensee or applicant upon proof that he or she:

(a) Is or was guilty of fraud or deceit in procuring or attempting to procure a license to practice registered professional nursing; or

(b) Has been convicted of a felony; or

(c) Is unfit or incompetent by reason of negligence, habits or other causes; or

(d) Is habitually intemperate or is addicted to the use of habit-forming drugs; or

(e) Is mentally incompetent; or

(f) Is guilty of conduct derogatory to the morals or standing of the profession of registered nursing; or

(g) Is practicing or attempting to practice registered professional nursing without a license or reregistration; or

(h) Has wilfully or repeatedly violated any of the provisions of this article. (1945, c. 96, § 11; 1965, c. 120.)

Board may revoke West Virginia license of nonresident nurse. — The board of examiners for registered nurses may proceed to revoke the West Virginia license of a nonresident registered nurse. 47 Op. Att'y Gen. 60 (1956).

But revocation in another state is not in itself grounds for revocation in West Virginia. — The revocation of a license of a nurse in another state is not grounds in itself for revocation of her West Virginia license. 47 Op. Att'y Gen. 60 (1956).

§ 30-7-12. Exceptions.

This article shall not be construed to prohibit:

(a) The furnishing of nursing assistance in an emergency; or

(b) The practice of nursing incidental to a program of study by students enrolled in a nursing education program accredited by the board; or

(c) The practice of any legally qualified nurse of another state who is employed by the United States or any bureau, division or agency thereof, while in the discharge of his or her official duties. (1945, c. 96, § 10; 1965, c. 120.)

§ 30-7-13. Prohibitions and penalties.

It shall be a misdemeanor for any person, including any corporation or association, to:

(a) Sell or fraudulently obtain or furnish any nursing diploma, license or record or aid or abet therein; or

(b) Practice registered professional nursing under cover of any diploma, license or record illegally or fraudulently obtained or signed or issued or under fraudulent representation; or

(c) Practice registered professional nursing unless duly licensed to do so under the provisions of this article; or

(d) Use in connection with his or her name any designation tending to imply that he or she is licensed to practice registered professional nursing unless duly licensed so to practice under the provisions of this article; or

(e) Practice registered professional nursing during the time his or her license issued under the provisions of this article shall be suspended or revoked; or

(f) Conduct a nursing education program for the preparation of registered professional nursing practitioners unless such program has been accredited by the board; or

(g) Otherwise violate any provisions of this article.

Upon conviction, each such misdemeanor shall be punishable by a fine of not less than twenty-five nor more than two hundred fifty dollars. (1945, c. 96, § 12; 1965, c. 120.)

§ 30-7-14. Injunction or other relief against unlawful acts.

The practice of registered professional nursing by any person who has not been licensed under the provisions of this article, or whose license has expired or has been suspended or revoked, is hereby declared to be inimical to the public health and welfare and to be a public nuisance. Whenever in the judgment of the board any person has engaged in, is engaging in or is about to engage in the practice of registered professional nursing without holding a valid license hereunder, or has engaged, is engaging or is about to engage in any act which constitutes, or will constitute, a violation of this article, the board may make application to the appropriate court having equity jurisdiction for an order enjoining such practices or acts, and upon a showing that such person has engaged, is engaging or is about to engage, in any such practices or acts, an injunction, restraining order, or such other order as the court may deem appropriate shall be entered by the court.

The remedy provided in this section shall be in addition to, and not in lieu of, all other penalties and remedies provided in this article. (1965, c. 120.)

§ 30-7-15. Administration of anesthetics.

In any case where it is lawful for a duly licensed physician or dentist practicing medicine or dentistry under the laws of this state to administer anesthetics, such anesthetics may lawfully be given and administered by any person (a) who has been licensed to practice registered professional nursing under this article, and (b) who holds a diploma or certificate evidencing his or her successful completion of the educational program of a school of anesthesia duly accredited by the American association of nurse anesthetists: Provided, That such anesthesia is administered by such person in the presence and under the supervision of such physician or dentist. (1945, c. 96, § 9; 1965, c. 120.)

Qualified nurses may administer anesthetics under the direction of and in the presence of a licensed dental surgeon, for the purpose of assisting in any of the operations which such surgeon is authorized to perform. 45 Op. Att'y Gen. 467 (1953).

Including endotracheal and spinal anesthesia. — The language of this section must necessarily include the authority for registered nurses to administer endotracheal and spinal anesthesia. 46 Op. Att'y Gen. 202 (1955).

§ 30-7-16. General law applicable.

Except to the extent that the provisions of this article may be inconsistent therewith, the board shall conform to the requirements prescribed in article one [§ 30-1-1 et seq.] of this chapter. (1965, c. 120.)

Article one of this chapter applies. — Article one of this chapter, § 30-1-1 et seq., which deals generally with state boards of examination or registration, applies to the state board of examiners for registered nurses. State ex rel. Gordon Mem. Hosp. v. West Virginia State Bd. of Exmrs., 136 W. Va. 88, 66 S.E.2d 1 (1951).

§ 30-7-17. Severability.

If any provision of this article or the application thereof to any person or circumstance shall be held invalid, the remainder of the article and the application of such provision to other persons or circumstances shall not be affected thereby. (1965, c. 120.)

ARTICLE 7A.

PRACTICAL NURSES.

§ 30-7A-1. Definitions.

(a) The term "practical nursing" means the performance for compensation of selected nursing acts in the care of the ill, injured or infirm under the direction of a registered professional nurse or a licensed physician or a licensed dentist, and not requiring the substantial specialized skill, judgment and knowledge required in professional nursing.

(b) The term "practical nurse" means a person who has met all the requirements for licensure as a practical nurse and who engages in practical nursing as hereinabove defined.

(c) The term "board" as used in this article, shall mean the board of examiners for licensed practical nurses as set forth in section five [§ 30-7A-5] of this article. (1957, c. 131; 1967, c. 152.)

"Practical nursing" not limited to skills acquired in formal training. — Practical nurses are not limited in the tasks they may perform to those skills acquired as part of their formal training prior to licensure, but may perform selected nursing acts "in the care of the ill, injured or infirm," as long as such acts comport with the requirement of this section that they be "under the direction of a registered professional nurse or a licensed physician or a licensed dentist, and not requiring the substantial specialized skill, judgment, or knowledge required in professional nursing." Op. Att'y Gen., Sept. 29, 1982, No. 5.

§ 30-7A-2. Use of title "licensed practical nurse"; who may practice.

Any person who is qualified to serve as a practical nurse under the provisions of this article shall be known as a licensed practical nurse or otherwise known as a L.P.N. After the thirtieth day of June, one thousand nine hundred sixty-eight, no other person shall engage in practical nursing nor assume such title nor use such abbreviation or any other words, letters, figures, signs, or devices to indicate that the person using the same is a licensed practical nurse or a practical nurse: Provided, however, That any person holding a valid license to practice practical nursing in this state as of the effective date of this article [July 1, 1967] shall be deemed to be a licensed practical nurse under the provisions of this article. (1957, c. 131; 1967, c. 152.)

§ 30-7A-3. Qualifications of applicants for license.

Except as otherwise provided in section six [§ 30-7A-6] of this article, any person desiring to obtain a license to practice practical nursing shall submit to the board satisfactory evidence that he or she: (a) Is of good moral character; (b) has acquired at least a tenth grade education or its equivalent; (c) has completed a course of study in an accredited school for practical nurses as defined by the board and holds a diploma therefrom; and (d) has completed such other general educational requirements as may be prescribed by the board. (1957, c. 131; 1967, c. 152.)

§ 30-7A-4. Application for license or registration; examination fee.

The provisions of section six [§ 30-1-6], article one, chapter thirty of the code shall apply to this article, except that an applicant for license as a practical nurse shall pay such fee as the board shall prescribe. (1957, c. 131; 1967, c. 152.)

§ 30-7A-5. Board of examiners; powers; duties.

The governor shall appoint, by and with the advice and consent of the senate, seven citizens of the state of West Virginia who shall constitute the "West Virginia state board of examiners for licensed practical nurses" and they shall be charged with the duty of administering the provisions of this article. Of the seven members so appointed two shall be licensed practical nurses, one of whom shall be a graduate of an approved school of practical nursing, and both of whom shall have had not less than five years' experience as licensed practical nurses, two shall be registered professional nurses, at least one of whom shall be experienced in practical nurse education; one shall be a doctor of medicine; one shall be a hospital administrator actively engaged as such in this state and one shall be a vocational educator. Such appointments shall be for terms of five years each, except that in the initial appointments, one licensed practical nurse and one registered professional nurse shall be appointed for a term of five years, one licensed practical nurse and one registered professional nurse shall be appointed for a term of four years, the doctor of medicine shall be appointed for a term of three years, the hospital administrator shall be appointed for a term of two years and the vocational educator shall be appointed for a term of one year. The practical nurses so to be appointed, initially and subsequently, shall be selected by the governor from a list to be submitted to him by the Licensed Practical Nurses' Association of West Virginia, Inc., which list shall contain the names of at least two licensed practical nurses for each board member so to be appointed, who shall have been licensed by examination and who shall have not less than five years' experience as a licensed practical nurse. The doctor of medicine so appointed shall be selected by the governor from two nominations submitted to him by the West Virginia state medical association; each registered professional nurse so appointed shall be selected by the governor from two nominations submitted to him by the West Virginia Nurses Association, Inc.; the hospital administrator shall be appointed by the governor from two nominations submitted to him by the West Virginia hospital association; and the vocational educator shall be appointed by the governor from two nominations submitted to him by the state board of education. Any member of the board may be eligible for reappointment, but no member shall serve more than two successive terms. The board is hereby authorized to appoint and employ a qualified person to perform the duties of executive secretary and to act as educational advisor to the board. Such secretary shall act under the direction of the board. The board shall furnish the secretary a headquarters and shall provide such office equipment and clerical assistance as the duties of the office may require. The board shall have power to appoint such nurses, deputies, clerks, assistants, inspectors and employees as shall be necessary for the proper exercise of the powers and duties of the board. The compensation and expenses of the members of the board and its appointees and employees shall be paid out of such funds as are allocated to the board in its annual budget. The secretary shall keep the records of proceedings of the board, and shall keep a registry of the names and addresses of all practical nurses registered

under this article, which registry shall be a public record. Said board shall hold not less than two regular meetings each year and such additional meetings at such times and places as the board may determine. The board is authorized to adopt and, from time to time, to revise such rules and regulations not inconsistent with this article, as may be necessary to enable it to carry into effect the provisions hereof. The board shall prescribe curricula and standards for schools and courses preparing persons for licensure under this article. It shall survey such schools and courses at such times as it may deem necessary. It shall survey and accredit such schools, clinical practice areas and courses as meet the requirements of this article and of the board. It shall examine, license and renew the license of duly qualified applicants. (1957, c. 131; 1967, c. 152.)

Regulation of administration of intravenous fluids. — Subject to certain restrictions, the board is empowered to regulate administration of intravenous fluids by licensed practical nurses, and may proceed by either policy statement or regulation to clarify the proper scope of practical nursing practice with respect to administration of intravenous fluids. Op. Att'y Gen., Sept. 29, 1982, No. 5.

§ 30-7A-6. Examination and licensure of practical nurses; present practitioners.

The applicant, except as hereinafter provided, shall be required to pass a written examination in such subjects as the board shall determine. Each written examination may be supplemented by such oral or practical examination as the board may deem necessary. The board shall determine the times and places for the examination. Notices of examination shall be sent by mail to each person known by the secretary to be an applicant for an examination or registration at least thirty days previous to any such scheduled examination. Upon the applicant's successful completion of an appropriate examination as prescribed by the board and satisfaction of the other requirements of this article, the board shall issue to the applicant a license to practice practical nursing. The board shall issue such license by endorsement to any applicant who has been duly licensed or registered as such, or to a person entitled to perform similar services under a different title, in another state, territory or foreign country if, in the opinion of the board, the applicant meets the other requirements for licensed practical nurses in this state. On or before the thirtieth day of June, one thousand nine hundred sixty-eight, any practical nurse who exhibits proof, satisfactory to the board, that he or she has been engaged in practical nursing in this state for a period of three years and who satisfactorily completes an appropriate examination as prescribed by the board shall be issued a license by waiver by said board, which shall be so designated on its face.

Any person obtaining a license by waiver who has completed extension courses equal in theory to those for the graduate practical nurses, as determined by the board, may at any time thereafter take the examination prescribed by the board for graduate practical nurses and obtain a license without the designation of "waiver" thereon. (1957, c. 131; 1967, c. 152.)

Application for license by waiver signed by doctors of osteopathy. — The board of examiners for practical nurses was required to honor properly submitted applications for licenses by waiver if such applications were duly verified by two doctors of osteopathy. 48 Op. Att'y Gen. 97 (1959) (opinion issued prior to 1967 amendment).

§ 30-7A-7. Renewal or reinstatement of license.

The license of every person licensed under the provisions of this article shall expire on the thirtieth day of June, next following the date of license. In order for such license to be renewed, the licensee shall comply with such rules and regulations of the board as are applicable to renewals. The renewal fee for all licenses shall be five dollars, subject to change by the board. Upon receipt of the renewal fee the board shall issue to the licensee a certificate of renewal for the current year, beginning July first and expiring June thirtieth of the following year. Such certificate shall render the holder thereof a legal practitioner for the period stated on the certificate of renewal. Any licensee who allows his or her license to lapse by failing to renew the license as provided above may be reinstated by the board on satisfactory explanation for such failure to renew his or her license and on payment of a reinstatement fee of five dollars, subject to change by the board, in addition to the renewal fee hereinbefore set out. Any person practicing practical nursing during the time his or her license has lapsed shall be considered an illegal practitioner and shall be subject to the penalties provided for violation of this article. A person licensed under the provisions of this article desiring to retire from practice temporarily shall give written notice of such desire to the board. Upon receipt of such notice the board shall place the name of such person upon the nonpracticing list. While remaining on this list the person shall not be subject to the payment of any renewal fees and shall not practice as a licensed practical nurse in the state. When such person desires to resume practice, application for renewal of license and payment of the renewal fee for the current year shall be made to the board. (1957, c. 131; 1967, c. 152.)

§ 30-7A-8. Schools of practical nursing.

The board shall prescribe curricula and standards for schools, clinical practice areas and courses preparing persons for licensure under this article; it shall provide for surveys of such schools, clinical practice areas and courses at such times as it may deem necessary. It shall accredit such schools, clinical practice areas and courses as meet the requirements of this article and of the board. An institution desiring to conduct a school of practical nursing to be accredited by the board as such shall file an application therefor with the board, together with the information required and such fee as may be prescribed by the board. It shall submit satisfactory evidence that: (1) It is prepared to give the course of instruction and practical experience in practical nursing as prescribed in the curricula adopted by the board; and (2) it is prepared to meet other standards established by this law and by the board.

A survey of the institution or institutions, with which the school is to be, or is, affiliated, shall be made by the executive secretary of the board. The executive secretary shall submit a written report of the survey to the board. If, in the opinion of the board, the requirements for an accredited school of practical nursing are met, it shall approve the school as an accredited school of practical nursing. From time to time as deemed necessary by the board, it shall be the duty of the board, through its executive secretary, to survey all schools of practical nursing in the state. Written reports of such surveys shall be submitted to the board. If the board determines that any accredited school of practical nursing is not maintaining the standards required by the statutes and by the board, notice thereof in writing specifying the defect or defects shall be immediately given to the school. A school which fails to correct these conditions to the satisfaction of the board within a reasonable time shall be removed from the list of accredited schools of practical nursing and shall be in violation of this article. Nothing contained in this article shall infringe upon the rights or power of the state board of education, or county boards of education to establish and conduct a program of practical nurse education or other health occupation so long as the prescribed curricula meets the requirements of the board. (1957, c. 131; 1967, c. 152.)

§ 30-7A-9. Construction of article; acts not prohibited.

The provisions of this article shall not be construed as prohibiting:

(1) The care of a sick, disabled, injured, crippled or infirm person by a member or members of such person's family, or by close relatives, or by domestic servants, housekeepers or household aides thereof, whether employed regularly or because of emergency circumstances due to illness or other disabilities.

(2) The work and services of auxiliary hospital personnel, such as nursing aides, maids, orderlies, technicians, volunteer workers and other like hospital employees.

(3) Practical nursing by students enrolled in accredited schools for practical nursing incidental to their course of study.

(4) Practice of nursing in this state by any legally qualified practical nurse of another state or country for a period not to exceed six months or whose engagement requires such practical nurse to accompany and care for a patient temporarily residing in this state during the period of such engagement.

(5) Nursing services rendered by a graduate of an approved school of practical nursing working under qualified supervision during the period between completion of his or her course of nursing education and notification of the results of the first licensing examination following graduation. In cases of hardship and upon petition to the board, the board may grant an extension of such period to such graduate. (1957, c. 131; 1967, c. 152.)

§ 30-7A-10. Disciplinary proceeding; grounds for discipline.

The board shall have the right, in accordance with rules and regulations promulgated under the provisions of article three [§ 29A-3-1 et seq.], chapter twenty-nine-a of this code, to refuse to admit an applicant for the licensure examination for the hereinafter stated reasons, and also the board shall have the power to revoke or suspend any license to practice practical nursing issued by the board in accordance with the provisions of this article, or to otherwise discipline a licensee upon satisfactory proof that the person: (1) Is guilty of fraud or deceit in procuring or attempting to procure a license to practice practical nursing; or (2) is convicted of a felony; or (3) is habitually intemperate or is addicted to the use of habit-forming drugs; or (4) is mentally incompetent; or (5) is guilty of professional misconduct as defined by the board; or (6) who practices or attempts to practice without a license or who willfully or repeatedly violates any of the provisions of this article. (1957, c. 131; 1967, c. 152; 1986, c. 135.)

Effect of amendment of 1986. — The amendment added ", in accordance with rules and regulations promulgated under the provisions of article three, chapter twenty-nine-a of this code," in the introductory language; added present (5), and redesignated former (5) as (6).

§ 30-7A-11. Prohibited acts; penalties.

It shall be a misdemeanor for any person, firm, corporation or association of persons to: (1) Sell or fraudulently obtain or furnish any nursing diploma, license or record or aid or abet therein; or (2) practice practical nursing unless duly licensed to do so under the provisions of this article; or (3) use in connection with his or her name any designation tending to imply that he or she is a licensed practical nurse unless duly licensed so to practice under the provisions of this article; or (4) practice practical nursing during the time his or her license issued under the provisions of this article shall be suspended or revoked; or (5) conduct a school of practical nursing or a course for training of practical nurses unless the school or course has been accredited by the board; or (6) otherwise violate any provision of this article.

Any person convicted of any such misdemeanor shall be punishable by a fine of not less than twenty-five nor more than one hundred dollars. (1957, c. 131; 1967, c. 152.)

§ 30-7A-12. Severability.

If any provision of this article or the application thereof to any person or circumstance shall be held invalid, such invalidity shall not affect the provisions or applications of this article which can be given effect without the invalid provision or application, and to this end the provisions of this article are declared to be severable. (1957, c. 131; 1967, c. 152.)

APPENDIX B

APPENDIX B - PERFORMANCE CHECKLIST (Sample)

TECHNIQUE: Clean Intermittent Catheterization

Yes	No	
		1. Demonstrated organizational skills
___	___	1.1 Obtained necessary preliminary information
___	___	1.2 Gathered all necessary equipment prior to performing the technique .catheter and/or catheterization kit .latex gloves .drape .antiseptic solution .cotton ball .lubricant .specimen container .flashlight/adequate light source
		2. Enhanced psychological comfort of the student
___	___	2.1 Provided an appropriate explanation for the student
___	___	2.2 Insured privacy for the student
___	___	2.3 Draped the student adequately to keep exposure to a minimum
___	___	2.4 For male, handled the penis firmly
		3. Maintained the physical comfort of the student
___	___	3.1 Acquired an assistant, if needed, to maintain the student's position
___	___	3.2 Asked the student to take slow, deep breaths while the catheter was inserted
___	___	3.3 Inserted the catheter gently into the urethra and bladder
___	___	3.4 Inserted the catheter beyond the point at which urine flowed
___	___	3.5 Emptied the bladder slowly and removed no more than 750 ml at one time
___	___	3.6 Removed catheter slowly and gently
___	___	3.7 Dried the student's genital area adequately following the catheterization
___	___	3.8 Assisted the student to a comfortable position following the catheterization
		4. Maintained clean technique
___	___	4.1 Put on disposable gloves
___	___	4.2 Cleaned the student's genital area adequately prior to catheterization
___	___	4.3 Cleaned the genitals and urinary meatus appropriately: a. Female - first cleaned the labia area from the pubic area to the anus. Discarded cotton ball after one downward motion. Then cleaned the meatus with a third cotton ball. b. Male - first cleaned the meatus and then the tissue surrounding the meatus in a circular fashion

APPENDIX B - PERFORMANCE CHECKLIST (Continued)

TECHNIQUE: Clean Intermittent Catheterization (Continued)

YES	No	
___	___	4.4 Discarded each swab after one stroke
___	___	4.5 Female - kept the urinary meatus exposed appropriately after cleaning
___	___	4.6 Discarded urine in an appropriate manner
___	___	4.7 Disinfected catheter and equipment appropriately
___	___	4.8 Removed and discarded gloves properly
___	___	4.9 Washed hands upon completion of procedure
		5. Implemented actions to enhance the effectiveness of the technique
___	___	5.1 Positioned the student appropriately prior to catheterization
___	___	5.2 Provided adequate lighting to perform the technique
___	___	5.3 Properly positioned and exposed the urethra for the procedure
___	___	5.4 Inserted the catheter in the direction of the urethra
		6. Assessed the student adequately
___	___	6.1 Noted status of the urinary meatus and surrounding tissue and any discharge
___	___	6.2 Assessed the student's tolerance
		7. Used assessment data purposefully and effectively
___	___	7.1 Reported unusual urinary problems promptly to school nurse or designee
___	___	7.2 Recorded procedure and pertinent assessment accurately on appropriate form

COMMENTS: Passed or Failed (please circle one) Date:_____

_____

_____

_____

Signature of Certified School Nurse_____

Signature of Trained Designee_____

CC: Personnel File Date_____

PERFORMANCE CHECKLIST (Sample)

TECHNIQUE: EPI-PEN (Epinephrine Auto-Injector) (Simulated Training Situation) - Emergency use only

Yes	No	
		1. Demonstrate organizational skills
___	___	1.1 Obtained necessary preliminary information
___	___	1.2 Gathered necessary equipment prior to administering the medication
___	___	1.3 Proceeded in an orderly manner throughout the technique
		2. Maintained the physical comfort and safety of the student
___	___	2.1 Knew location of medication
___	___	2.2 Checked label 3 times when preparing medication
___	___	2.3 Identified student correctly
___	___	2.4 Made required assessment prior to giving medication (i.e weakness, dizziness, difficulty in breathing, itching, hives all over the body
___	___	2.5 Assisted the student to an appropriate supported position
___	___	2.6 Administered auto-injection using proper technique
		3. Enhanced the student's psychological comfort
___	___	3.1 Provided an appropriate explanation to the student
___	___	3.2 Provided privacy as appropriate for situation with exposure of student kept to a minimum
		4. Implemented actions to enhance the effectiveness of the technique
___	___	4.1 Applied to thigh regardless of what part of body has been stung
___	___	4.2 Held the syringe correctly prior to insertion
___	___	4.3 Held the skin correctly
___	___	4.4 Inserted the auto-injector at the correct 90-degree angle
___	___	4.5 Held the auto-injector correctly after insertion
___	___	4.6 Massaged the site for 10 seconds after withdrawing the auto-injector
		5. Assessed the patient adequately
___	___	5.1 Remains with student until appropriate emergency system arrives on scene
___	___	5.2 Evaluated continually the effects of the medication, starting emergency procedures as appropriate
		6. Used assessment data purposefully and effectively
___	___	6.1 Used observations to initiate appropriate emergency plan
___	___	6.2 Recorded time of incident, the observed student's reaction, time of auto-injection, the observed student's response after medication

PERFORMANCE CHECKLIST (Continued)

COMMENTS: Passed or Failed (please circle one) Date:_____

_____

_____

_____

_____

Signature of Certified School Nurse_____

Signature of Trained Designee_____

CC: Personnel File

Date:_____

APPENDIX C

_____ COUNTY SCHOOLS HEALTH SERVICES
_____ Street; City, W V Zip Code
Telephone: 304-_____

EVALUATION OF SPECIALIZED HEALTH PROCEDURE PERFORMANCE

Person being evaluated_____Position_____

School Nurse Evaluator_____, RN

Procedure being evaluated_____

Instructed in Procedure (Name)_____

_____

_____

_____

_____

Dates Evaluated	.Successfully Completed	.Not Completed	Comments

Date designated individual approved to do procedure_____

Category of supervision (immediate/direct/indirect)_____

Signature of instructor/evaluator_____, RN

Signature of designated provider_____

APPENDIX D – SAMPLE FORMS

Please Print

_____ COUNTY SCHOOLS
_____ of HEALTH SERVICES
_____ Street
City, W V Zip Code
Telephone: 304-

Student's Name_____
Last
_____
First Middle
Birthdate_____Age_____
School_____Grade_____

PARENTS REQUEST FOR SPECIALIZED HEALTH CARE SERVICE

We request the following health procedure/s be administered to our child in accordance with the licensing and/or certification status of the State of West Virginia.

_____

_____

We understand that the school administration, in cooperation with the _____ of Health Services, will appoint a designated person/s who will receive appropriate training and will be performing the above designated health procedure/s.

It is our understanding that in performing this service, the designated individual/s will be using a standardized, written procedure.

The school will be notified immediately, if the health status of our child changes, we change physicians, or the procedure is changed or cancelled. We understand that, whenever possible, the specialized health procedure/s should be provided before or after school hours.

Signature_____
Parent/Guardian

Address_____

_____

Phone (home)_____(work)_____

Date_____

PHYSICIAN AUTHORIZATION FOR SPECIALIZED SERVICES

Please Print

ATTENTION:_____
Phone:_____

To:_____

_____

_____

Student's Name_____
Last

_____
First Middle
Birthdate_____Age_____
School_____Grade_____
Parent/Guardian_____

We are urgently in need of standing orders for the above named child. In implementing health services or physical and/or occupational therapy in our schools, it is imperative that we receive medical clearance and direct orders from the physician. <u>These orders will be carried out for a 1 year period unless the student has surgery, an acute illness that would affect his/her school program, or if a change is indicated.</u>

In order to plan for the best possible school program, please fill in the following instructions for individualized care of your patient.

Sincerely,

School Nurse
_____ County Schools Health Service
_____ Street: City, W V Zip Code - Telephone: 304-_____

1. DIAGNOSIS OF PHYSICAL DISABILITY OR HEALTH IMPAIRMENT_____

2. OCCUPATIONAL THERAPY: Yes___ No___ Times per week_____
   Precautions and/or Comments_____

3. PHYSICAL THERAPY: Yes___ No___ Times per week_____
   Precautions and/or Comments_____

4. HEALTH SERVICE: Special Diet_____
   Health Procedure_____
   Medications_____

Additional Instructions for School Nurse:_____

Date:_____ Physician's Name_____

Physician's Signature_____

_____ County Schools
_____ Health Services
_____ Street; City, WV Zip Code
Telephone: 304-

Please Print
Student's Name_____
Last
_____
First Middle
Birthdate_____

ADMINISTRATION OF MEDICATION
Age_____

School_____Grade____

This is to be completed at the beginning of each school year for students on medication. If any change in medication or dosage takes place, a new form must be completed. One copy is to be sent to the _____ of Exceptional Students ONLY IF the child is in a special program. A second copy is sent to the _____ of Health Services for ALL students. One copy is to be on file in the student's school folder.

USE ONE FORM FOR EACH MEDICATION

NAME OF MEDICATION:_____

DOSAGE:_____

TIME OF ADMINISTRATION:_____

METHOD OF ADMINISTRATION:_____

COMMENTS, Eg., Side-effects, reactions, and/or other instructions:

_____

_____

_____

Physician's Name (Please print):_____

Physician's Address:_____

Physician's Signature:_____

Date_____Telephone Number_____

Parental Signature Approving the Administration of Medication:

_____

Date_____Telephone Number_____

_____ COUNTY SCHOOLS

HEALTH SERVICES

HEALTH CARE PLAN

STUDENT_____ SCHOOL_____DOB_____

ADDRESS_____PHONE_____

PARENTS/GUARDIAN_____

MEDICAL DIAGNOSIS(ES)/PROBLEMS_____

_____

_____

DATE OF LAST PHYSICAL EXAMINATION_____PHYSICIAN_____

ADDRESS_____

_____

PHONE_____

ANNUAL NURSING CARE PLAN REVIEW DUE DATES_____

_____

_____

AREAS TO BE ASSESSED:

RESPIRATORY	ELIMINATION
CIRCULATORY	NUTRITION
SKIN	NEUROLOGICAL
MUSCULOSKELETAL/MOBILITY	SAFETY
FLUIDS AND ELECTROLYTES	PSYCHOSOCIAL

DATE	NURSING DIAGNOSIS	EXPECTED OUTCOMES GOALS	NURSING INTERVENTION	DATE/EVALUATION

MEDICAL THERAPIES	CLIENT TEACHING	DATE/AGENCY REFERRALS

SPECIALIZED HEALTH CARE PROCEDURES:

STAFF TRAINED: SUPERVISION:

NAME	DATE	PROCEDURE/TRAINED BY	IMMEDIATE/DIRECT/INDIRECT

STUDENT STRENGTHS (WELLNESS STATUS)	STUDENT WEAKNESSES (HEALTH PROBLEM STATUS)	RECOMMENDATIONS (SCHOOL HEALTH GOALS)

Henry R. Marockie
State Superintendent of Schools