

**WEST VIRGINIA**  
**SECRETARY OF STATE**  
KEN HECHLER  
**ADMINISTRATIVE LAW DIVISION**

Form #6

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FILED  
1992 APR 22 PM 12:50  
OFFICE OF WEST VIRGINIA  
SECRETARY OF STATE

**NOTICE OF FINAL FILING AND ADOPTION OF A LEGISLATIVE RULE AUTHORIZED  
BY THE WEST VIRGINIA LEGISLATURE.**

AGENCY: Department of Health and Human Resources TITLE NUMBER: 64

AMENDMENT TO AN EXISTING RULE: YES , NO

IF YES, SERIES NUMBER OF RULE BEING AMENDED: \_\_\_\_\_

TITLE OF RULE BEING AMENDED: \_\_\_\_\_

IF NO, SERIES NUMBER OF NEW RULE BEING PROPOSED: 66

TITLE OF RULE BEING PROPOSED: Specialized Health Procedures in  
Public Schools

THE ABOVE RULE HAS BEEN AUTHORIZED BY THE WEST VIRGINIA LEGISLATURE.

AUTHORIZATION IS CITED IN (house or senate bill number) S.B. 1

SECTION 64-5-2(vv), PASSED ON March 14, 1992

THIS RULE IS FILED WITH THE SECRETARY OF STATE. THIS RULE BECOMES EFFECTIVE ON  
THE FOLLOWING DATE: April 22, 1992

W. Donald Weston  
W. Donald Weston, M. D.  
Acting Secretary

2.50

[PROPOSED]

TITLE 64

WEST VIRGINIA LEGISLATIVE RULES  
DIVISION OF HEALTH

SPECIALIZED HEALTH PROCEDURES IN PUBLIC SCHOOLS

SERIES 66

1992

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Modifications Requested by the  
Legislative Rule-Making Review Committee

[PROPOSED]  
WEST VIRGINIA LEGISLATIVE RULES  
DIVISION OF HEALTH  
SPECIALIZED HEALTH PROCEDURES IN PUBLIC SCHOOLS

64 CSR 66

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[PROPOSED]  
TITLE 64  
WEST VIRGINIA LEGISLATIVE RULES  
DIVISION OF HEALTH

SERIES 66  
SPECIALIZED HEALTH PROCEDURES IN PUBLIC SCHOOLS

§64-66-1. General

1.1. Scope - This legislative rule establishes training requirements for and creates standards related to the performance of specialized health procedures in public schools.

1.2. Authority - W. Va. Code §18-5-22.

1.3. Filing Date -

1.4. Effective Date -

§64-66-2. Application

2.1. Application - This rule applies to public school employees who perform specialized health procedures.

§64-66-3. Definitions

3.1. School Employees - Teachers as defined in W. Va. Code §18-1-1 and aides as defined in W. Va. Code §18A-4-8.

3.2. School Nurse - A nurse certified as a school nurse by the West Virginia department of education.

3.3. Specialized Health Procedures - Procedures prescribed by a licensed physician which require health-related training for the individual who performs the procedures, including but not limited to, catheterization, suctioning of tracheostomy, nasogastric tube feeding or gastrostomy tube feeding.

§64-66-4. Training and Retraining

4.1. School employees, other than school nurses, who will provide specialized health procedures to students shall receive instruction acceptable to the department of education in basic first aid including the Heimlich maneuver, cardiopulmonary resuscitation, community emergency medical resources, and the procedures contained in "Section I - Basic Health Care Procedures" in the Basic and Specialized Health Care Procedure Manual for West Virginia Public Schools. Section I is incorporated in this rule by reference and is available from the West Virginia department of education.

4.2. School employees, other than school nurses, who will provide specialized health procedures to students shall receive training acceptable to the department of education in those specific specialized procedures they will perform. Such training

shall be individualized and shall be provided through simulation or use of training models.

**§64-66-5. Standards** - The standards to be used in performing specialized health procedures are those contained in "Section II - Procedures for Providing Specialized Health Care" of the Basic and Specialized Health Care Procedure Manual for West Virginia Public Schools. Section II is incorporated in this rule by reference and is available from the West Virginia department of education. The list of specialized health procedures for which standards are adopted in this section is not a determination of which health procedures for which a school nurse may legally delegate authority.

**§64-66-6. Revision of Training Courses and Standards** - Revisions of this rule shall take due consideration of the recommendations of the council of school nurses created by W. Va. Code §18-5-22 and of the department of education.

**§64-66-7. Severability** - The provisions of this rule are declared to be severable. If any provisions of this rule shall be held invalid, the remaining provisions shall remain in effect.

RECEIVED

WILLIAM H. HARRINGTON  
DEC 14 1992 Chief of Staff

JUDY COOPER  
REGULATORY DEVELOPMENT  
SECTION DONALD R. WILKES  
Director, Corporations

(Plus all the volunteer  
help we can get)



STATE OF WEST VIRGINIA  
SECRETARY OF STATE  
Building 1, Suite 157-K  
1900 Kanawha Blvd., East  
Charleston, WV 25305-0770

KEN HECHLER  
Secretary of State

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Executive Assistant

Telephone: (304) 558-6000  
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TO: Kay Howard

AGENCY: Department of Health

FROM: JUDY COOPER, DIRECTOR, ADMINISTRATIVE LAW DIVISION

DATE: December 11, 1992

THE ATTACHED RULE FILED BY YOUR AGENCY HAS BEEN ENTERED INTO OUR COMPUTER SYSTEM. PLEASE REVIEW, PROOF AND RETURN IT WITH ANY CORRECTIONS. IF THERE ARE NO CORRECTIONS, PLEASE SIGN THIS MEMO AND RETURN IT TO THIS OFFICE. YOU WILL BE SENT A FINAL VERSION OF THE RULE FOR YOUR RECORDS.

PLEASE RETURN EITHER THE CORRECTED RULE OR THIS FORM WITHIN TEN (10) WORKING DAYS OF THE DATE YOU RECEIVED THIS REQUEST. CALL IF YOU HAVE ANY QUESTIONS.

SERIES: 66 TITLE: 64 Department of Health

\* THE ATTACHED RULE HAS BEEN REVIEWED AND IS CORRECT.

SIGNED: Kay Howard

TITLE OF PERSON SIGNING: Director, Regulatory Development

DATE: December 29, 1992

\*\*\*\*\*

\* THE ATTACHED RULE HAS BEEN REVIEWED AND NEEDS CORRECTING. THE CORRECTIONS HAVE BEEN MARKED.

SIGNED: \_\_\_\_\_

TITLE OF PERSON SIGNING: \_\_\_\_\_

DATE: \_\_\_\_\_

NOTE: IF YOU ARE NOT THE PERSON WHO HANDLES THIS RULE, PLEASE FORWARD TO THE CORRECT PERSON.

Bill Health, Specialized procedures schools 64-66

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9

H. B. 4279

(By Delegate Grubb)

(Introduced January 27, 1992; referred to the  
Committee on Health & Human Resources then the Judiciary)

10 A BILL to amend and reenact section two, article five, chapter  
11 sixty-four of the code of West Virginia, one thousand nine  
12 hundred thirty-one, as amended, relating to authorizing the  
13 division of health to promulgate legislative rules relating  
14 to specialized health procedures in public schools.

15 Be it enacted by the Legislature of West Virginia:

16 That section two, article five, chapter sixty-four of the  
17 code of West Virginia, one thousand nine hundred thirty-one, as  
18 amended, be amended and reenacted, to read as follows:

19 ARTICLE 5. AUTHORIZATION FOR DEPARTMENT OF HEALTH AND HUMAN  
20 RESOURCES TO PROMULGATE LEGISLATIVE RULES.

21 §64-5-2. State board of health; division of health.

22 (a) The legislative rules filed in the state register on the  
23 second day of June, one thousand nine hundred eighty-two,

45 1

1 relating to the state board of health (waste water treatment  
2 works operations), are authorized.

3 (b) The legislative rules filed in the state register on the  
4 second day of June, one thousand nine hundred eighty-two,  
5 relating to the state board of health (laboratory reporting of  
6 syphilis and gonorrhoea), are authorized.

7 (c) The legislative rules filed in the state register on the  
8 second day of June, one thousand nine hundred eighty-two,  
9 relating to the state board of health (public water supply  
10 operators) with the modification of \$11.02 as presented to the  
11 legislative rule-making review committee on the ninth day of  
12 November, one thousand nine hundred eighty-two, are authorized.

13 (d) The legislative rules filed in the state register on the  
14 twenty-second day of October, one thousand nine hundred  
15 eighty-two, relating to the state board of health (sewage  
16 systems) with the modification presented to the legislative  
17 rule-making review committee on the sixth day of December, one  
18 thousand nine hundred eighty-two, are authorized except lines ten  
19 through seventeen, page eight of the rules shall be stricken in  
20 their entirety and the remaining paragraphs renumbered.

21 (e) The legislative rules filed in the state register on the  
22 second day of June, one thousand nine hundred eighty-two,  
23 relating to the state board of health (approval of laboratories),  
24 are authorized.

1 (f) The legislative rules filed in the state register on the  
2 twenty-fourth day of November, one thousand nine hundred  
3 eighty-two, relating to the state board of health (permit fees),  
4 are authorized.

5 (g) The legislative rules filed in the state register on the  
6 third day of June, one thousand nine hundred eighty-two, relating  
7 to the state board of health (certificate of need), are  
8 authorized.

9 (h) The legislative rules filed in the state register on the  
10 sixteenth day of August, one thousand nine hundred eighty-two,  
11 relating to the state board of health (eyes of newborn children),  
12 are authorized.

13 (i) The legislative rules filed in the state register on the  
14 thirteenth day of August, one thousand nine hundred eighty-two,  
15 and filed with amendments on the eleventh day of January, one  
16 thousand nine hundred eighty-three, relating to the state board  
17 of health (nursing home licensure), are authorized with the  
18 amendment of §5.15.02 of those rules as set forth below:

19 By striking the word "and" at the end of subdivision (f), by  
20 changing the period at the end of subdivision (g) to a semicolon,  
21 and by adding the following after subdivision (g): "(h) one (1)  
22 member who represents social work services."

23 (j) The legislative rules filed in the state register on the  
24 twenty-fourth day of November, one thousand nine hundred  
25 eighty-two, relating to the state board of health (guardianship

1 service), are authorized with the exception of section 9.3 of  
2 those rules which may not be promulgated.

3 (k) The legislative rules filed in the state register on the  
4 third day of June, one thousand nine hundred eighty-two, relating  
5 to the state board of health (controlled substances research  
6 program and certification), are authorized.

7 (l) The legislative rules filed in the state register on the  
8 fifth day of November, one thousand nine hundred eighty-two,  
9 relating to the state board of health (chemical test for  
10 intoxication), are authorized.

11 (m) The legislative rules filed in the state register on the  
12 nineteenth day of December, one thousand nine hundred  
13 eighty-three, relating to the state board of health (birthing  
14 center licensure), are authorized.

15 (n) The legislative rules filed in the state register on the  
16 fourteenth day of November, one thousand nine hundred  
17 eighty-three, relating to the state board of health (licensure of  
18 behavioral health centers), are authorized with the amendments  
19 set forth below:

20 Page 45, §12.8.2. In the first sentence delete the words  
21 "without delay" and insert in lieu thereof the words "within  
22 twenty-four hours after receiving a report of a complaint."

23 (o) The legislative rules filed in the state register on the  
24 nineteenth day of December, one thousand nine hundred

1 eighty-three, relating to the state board of health (procedures  
2 for recovery of corneal tissue for transplant), are authorized.

3 (p) The legislative rules filed in the state register on the  
4 seventh day of September, one thousand nine hundred eighty-three,  
5 relating to the state board of health (well water regulations),  
6 are authorized with the amendments set forth below:

7 §4.1. In the first sentence delete the word "obtaining" and  
8 insert in lieu thereof the words "applying for". In the second  
9 sentence after "4.3" add "and 4.5."

10 §4.2. At the end of the second sentence, strike the period  
11 and add the words "unless emergency conditions prevail as noted  
12 under §4.3."

13 With the balance of §4.2 and create a new §4.3 with the  
14 following changes: In the first sentence delete the word  
15 "deadline" and insert in lieu thereof the word "requirements."  
16 Add after the first sentence the sentence, "Emergency conditions  
17 and unavoidable circumstances are those conditions involving acts  
18 of God, water outages or disruption of water service,  
19 unsatisfactory water quality or quantity or public health  
20 threats." In the third sentence delete the word "exceed" and  
21 insert in lieu thereof the words "be made in excess of."

22 Renumber §4.3 as §4.4 and add the following two sentences at  
23 the end of the section: "Such standards shall constitute the  
24 minimum standards for the installation, the alteration or the  
25 deepening of water wells. Any plans approved by the director

1 pursuant to these regulations shall be in substantial compliance  
2 with the heretofore mentioned standards."

3       Renumber §4.4 as §4.5, §4.5 as §4.6, §4.6 as §4.7, §4.7 as  
4 §4.8 and §4.8 as §4.9.

5       §5.2. Delete the words "four (4)" and insert in lieu thereof  
6 the words "two (2)" and delete the words "active, continuous."

7       (q) The legislative rules filed in the state register on the  
8 third day of October, one thousand nine hundred eighty-four,  
9 relating to the state board of health (trauma center or facility  
10 designation), are authorized.

11       (r) The legislative rules filed in the state register on the  
12 twenty-first day of December, one thousand nine hundred  
13 eighty-four, relating to the state board of health (reportable  
14 diseases), are authorized.

15       (s) The legislative rules filed in the state register on the  
16 twenty-first day of December, one thousand nine hundred  
17 eighty-four, relating to the state board of health (licensure of  
18 medical adult day care centers), are authorized.

19       (t) The legislative rules filed in the state register on the  
20 third day of October, one thousand nine hundred eighty-four,  
21 relating to the state board of health (retail food store  
22 sanitation), are authorized.

23       (u) The legislative rules filed in the state register on the  
24 seventeenth day of December, one thousand nine hundred  
25 eighty-five, modified by the director of health to meet the

1 objections of the legislative rule-making review committee and  
2 refiled in the state register on the fifteenth day of January,  
3 one thousand nine hundred eighty-six, relating to the director of  
4 health (adult group home licensure), are authorized.

5 (v) The legislative rules filed in the state register on the  
6 twenty-ninth day of October, one thousand nine hundred  
7 eighty-five, modified by the state board of health to meet the  
8 objections of the legislative rule-making review committee and  
9 refiled in the state register on the twenty-seventh day of  
10 December, one thousand nine hundred eighty-five, relating to the  
11 state board of health (licensure of hospice care programs), are  
12 authorized.

13 (w) The legislative rules filed in the state register on the  
14 thirty-first day of October, one thousand nine hundred  
15 eighty-five, modified by the director of health to meet the  
16 objections of the legislative rule-making review committee and  
17 refiled in the state register on the twenty-seventh day of  
18 December, one thousand nine hundred eighty-five, relating to the  
19 director of health (rules governing emergency medical services),  
20 are authorized with the amendments set forth below:

21 On page 3, §3.9 shall read as follows:

22 "3.9 Quorum -- When applied to the EMSAC, a majority of the  
23 members thereof, except in the instance when at any meeting of  
24 the EMSAC, where a quorum is not present and the director causes  
25 to be deposited in the United States mail, postage prepaid,

1 return receipt requested, to each member of the EMSAC within  
2 three days, a notice calling a meeting of the EMSAC at some  
3 convenient place in the state of West Virginia two weeks after  
4 the meeting at which no quorum was present. Quorum means any  
5 number of members of the EMSAC who attend such subsequent  
6 meeting. Any member missing two consecutive meetings shall be  
7 removed from the EMSAC."

8 On page 6, §4.7.1 shall be deleted in its entirety;

9 And,

10 On page 7, §4.10.1 shall read as follows:

11 "4.10.1 every applicant for certification as an EMSP prior to  
12 such certification, shall demonstrate his or her knowledge and  
13 ability by undergoing a written examination and a demonstration  
14 of skills, and by attaining a passing score on the same. Passing  
15 score shall be the same for all testing programs."

16 (x) The legislative rules filed in the state register on the  
17 fifth day of September, one thousand nine hundred eighty-five,  
18 relating to the state department of health (revising the list of  
19 hazardous substances), are authorized.

20 (y) The legislative rules filed in the state register on the  
21 thirteenth day of August, one thousand nine hundred eighty-six,  
22 modified by the director of the department of health to meet the  
23 objections of the legislative rule-making review committee and  
24 refiled in the state register on the sixteenth day of October,  
25 one thousand nine hundred eighty-six, relating to the director of

1 the department of health (hazardous material treatment  
2 information repository), are authorized.

3 (z) The legislative rules filed in the state register on the  
4 seventeenth day of July, one thousand nine hundred eighty-six,  
5 modified by the state board of health to meet the objections of  
6 the legislative rule-making review committee and refiled in the  
7 state register on the sixteenth day of October, one thousand nine  
8 hundred eighty-six, relating to the state board of health  
9 (methods and standards for chemical tests for intoxication), are  
10 authorized.

11 (aa) The legislative rules filed in the state register on the  
12 twenty-first day of November, one thousand nine hundred  
13 eighty-six, modified by the state board of health to meet the  
14 objections of the legislative rule-making review committee and  
15 refiled in the state register on the twenty-third day of  
16 December, one thousand nine hundred eighty-six, relating to the  
17 state board of health (licensure of behavioral health centers),  
18 are authorized.

19 (bb) The legislative rules filed in the state register on the  
20 eighteenth day of April, one thousand nine hundred eighty-six,  
21 modified by the state board of health to meet the objections of  
22 the legislative rule-making review committee and refiled in the  
23 state register on the seventeenth day of October, one thousand  
24 nine hundred eighty-six, relating to the state board of health  
25 (hospital licensure), are authorized.

1       (cc) The legislative rules filed in the state register on the  
2 ninth day of December, one thousand nine hundred eighty-six,  
3 modified by the state board of health to meet the objections of  
4 the legislative rule-making review committee and refiled in the  
5 state register on the twenty-third day of December, one thousand  
6 nine hundred eighty-six, relating to the state board of health  
7 (hospital licensure and allowing hospitals to have licensed  
8 hospital professionals, other than licensed physicians, on their  
9 medical staff), are authorized.

10       (dd) The legislative rules filed in the state register on the  
11 ninth day of December, one thousand nine hundred eighty-six,  
12 modified by the state board of health to meet the objections of  
13 the legislative rule-making review committee and refiled in the  
14 state register on the twenty-third day of December, one thousand  
15 nine hundred eighty-six, relating to the state board of health  
16 (vital statistics), are authorized.

17       (ee) The legislative rules filed in the state register on the  
18 eleventh day of September, one thousand nine hundred  
19 eighty-seven, relating to the director of the department of  
20 health (immunization criteria for transfer students), are  
21 authorized.

22       (ff) The legislative rules filed in the state register on the  
23 sixteenth day of November, one thousand nine hundred  
24 eighty-seven, relating to the director of the department of

1 health (hazardous substances), are authorized with the amendment  
2 set forth below:

3 Page 33, section 8, line 8 (unnumbered), by adding at the end  
4 of section 8 the following proviso: "Provided, That the owner's  
5 or operator's submissions are based on the threshold reporting  
6 requirements contained in section 5, article 31, chapter 16."

7 (gg) The legislative rules filed in the state register on the  
8 eighteenth day of November, one thousand nine hundred  
9 eighty-seven, relating to the director of the department of  
10 health (trauma center or facility designation), are authorized.

11 (hh) The legislative rules filed in the state register on the  
12 twenty-second day of June, one thousand nine hundred  
13 eighty-eight, modified by the state board of health to meet the  
14 objections of the legislative rule-making review committee and  
15 refiled in the state register on the fifteenth day of September,  
16 one thousand nine hundred eighty-eight, relating to the state  
17 board of health (licensure of hospice care programs), are  
18 authorized.

19 (ii) The legislative rules filed in the state register on the  
20 fifteenth day of September, one thousand nine hundred  
21 eighty-eight, modified by the state board of health to meet the  
22 objections of the legislative rule-making review committee and  
23 refiled in the state register on the third day of November, one  
24 thousand nine hundred eighty-eight, relating to the state board

1 of health (water wells), are authorized with the amendment set  
2 forth below:

3 On page 2, §3.8, shall read as follows:

4 3.8 Water Well -- Any excavation or penetration in the  
5 ground, whether drilled, bored, cored, driven or jetted that  
6 enters or passes through an aquifer for purposes that may  
7 include, but are not limited to: A water supply, exploration for  
8 water, dewatering or heat pump wells, except that this definition  
9 shall not include ground water monitoring activities and all  
10 activities for the exploration, development, production, storage  
11 and recovery of coal, oil and gas and other mineral resources  
12 which are regulated under chapter 22, 22a or 22b of the code.

13 (jj) The legislative rules filed in the state register on the  
14 twenty-second day of June, one thousand nine hundred  
15 eighty-eight, modified by the state board of health to meet the  
16 objections of the legislative rule-making review committee and  
17 refiled in the state register on the fifteenth day of September,  
18 one thousand nine hundred eighty-eight, relating to the state  
19 board of health (plumbing requirements), are authorized.

20 (kk) The legislative rules filed in the state register on the  
21 twenty-second day of June, one thousand nine hundred  
22 eighty-eight, modified by the state board of health to meet the  
23 objections of the legislative rule-making review committee and  
24 refiled in the state register on the fifteenth day of September,

1 one thousand nine hundred eighty-eight, relating to the state  
2 board of health (public water supply operators), are authorized.

3 (ll) The legislative rules filed in the state register on the  
4 nineteenth day of October, one thousand nine hundred  
5 eighty-eight, modified by the state board of health to meet the  
6 objections of the legislative rule-making review committee and  
7 refiled in the state register on the twentieth day of December,  
8 one thousand nine hundred eighty-eight, relating to the state  
9 board of health (volatile synthetic organic chemicals), are  
10 authorized.

11 (mm) The legislative rules filed in the state register on the  
12 second day of January, one thousand nine hundred ninety, modified  
13 by the division of health to meet the objections of the  
14 legislative rule-making review committee and refiled in the state  
15 register on the seventeenth day of January, one thousand nine  
16 hundred ninety, relating to the division of health (asbestos  
17 abatement licensing), are authorized.

18 (nn) The legislative rules filed in the state register on the  
19 thirtieth day of August, one thousand nine hundred eighty-nine,  
20 modified by the division of health to meet the objections of the  
21 legislative rule-making review committee and refiled in the state  
22 register on the seventeenth day of November, one thousand nine  
23 hundred eighty-nine, relating to the division of public health  
24 (AIDS-related medical testing and confidentiality), are  
25 authorized.

1       (oo) The legislative rules filed in the state register on the  
2 nineteenth day of December, one thousand nine hundred  
3 eighty-nine, modified by the state board of health to meet the  
4 objections of the legislative rule-making review committee and  
5 refiled in the state register on the twenty-fourth day of  
6 January, one thousand nine hundred ninety, relating to the state  
7 board of health (nursing home licensure), are authorized.

8       (pp) The legislative rules filed in the state register on the  
9 nineteenth day of December, one thousand nine hundred  
10 eighty-nine, relating to the state board of health (licensure of  
11 behavioral health centers), are authorized.

12       (qq) The legislative rules filed in the state register on the  
13 twenty-eighth day of December, one thousand nine hundred  
14 eighty-nine, relating to the state board of health (methods and  
15 standards for chemical test for intoxication), are authorized.

16       (rr) The legislative rules filed in the state register on the  
17 twenty-third day of July, one thousand nine hundred ninety,  
18 modified by the board of health to meet the objections of the  
19 legislative rule-making review committee and refiled in the state  
20 register on the fifth day of September, one thousand nine hundred  
21 ninety, relating to the board of health (fees for permits), are  
22 authorized with the amendments set forth below:

23       On page two, subsection 3.6, by striking out all of the  
24 subsection and renumbering the subsequent subsections.

1 On page four, subsection 5.4, by striking out all of the  
2 subsection and renumbering the subsequent subsections.

3 And,

4 On page six, Table 64-30c, by striking out Table 64-30c and  
5 inserting in lieu thereof a new table, to read as follows:

6 TABLE 64-30C.

7 Individual On-Site and Innovative Alternative Type

8 Sewage System Permit Fees

9 Type of System	Fees for Permit
10 Class I (New or Modified)	\$100
11 Class II (New or Modified)	\$100
12 Home Aeration Unit	\$100

13 (ss) ~~The legislative rules filed in the state register on the~~  
14 seventh day of December, one thousand nine hundred ninety,  
15 modified by the board of health to meet the objections of the  
16 legislative rule-making review committee and refiled in the state  
17 register on the twenty-second day of January, one thousand nine  
18 hundred ninety-one, relating to the board of health (public water  
19 systems, bottled water and laboratory certification), are  
20 authorized.

21 (tt) The legislative rules filed in the state register on the  
22 thirteenth day of December, one thousand nine hundred ninety,  
23 modified by the board of health to meet the objections of the  
24 legislative rule-making review committee and refiled in the state  
25 register on the twenty-second day of January, one thousand nine

1 hundred ninety-one, relating to the board of health (vital  
2 statistics), are authorized.

3 (uu) The legislative rules filed in the state register on the  
4 seventh day of January, one thousand nine hundred ninety-one,  
5 modified by the division of health to meet the objections of the  
6 legislative rule-making review committee and refiled in the state  
7 register on the twenty-second day of January, one thousand nine  
8 hundred ninety-one, relating to the division of health (fees for  
9 services), are authorized.

10 (vv) The legislative rules filed in the state register on the  
11 twenty-eighth day of December, one thousand nine hundred ninety,  
12 modified by the division of health to meet the objections of the  
13 legislative rule-making review committee and refiled in the state  
14 register on the twenty-sixth day of July, one thousand nine  
15 hundred ninety-one, relating to the division of health  
16 (specialized health procedures) are authorized.

17

18 NOTE: The purpose of this bill is to authorize the Division  
19 of Health to promulgate legislative rules relating to specialized  
20 health procedures in public schools.

21

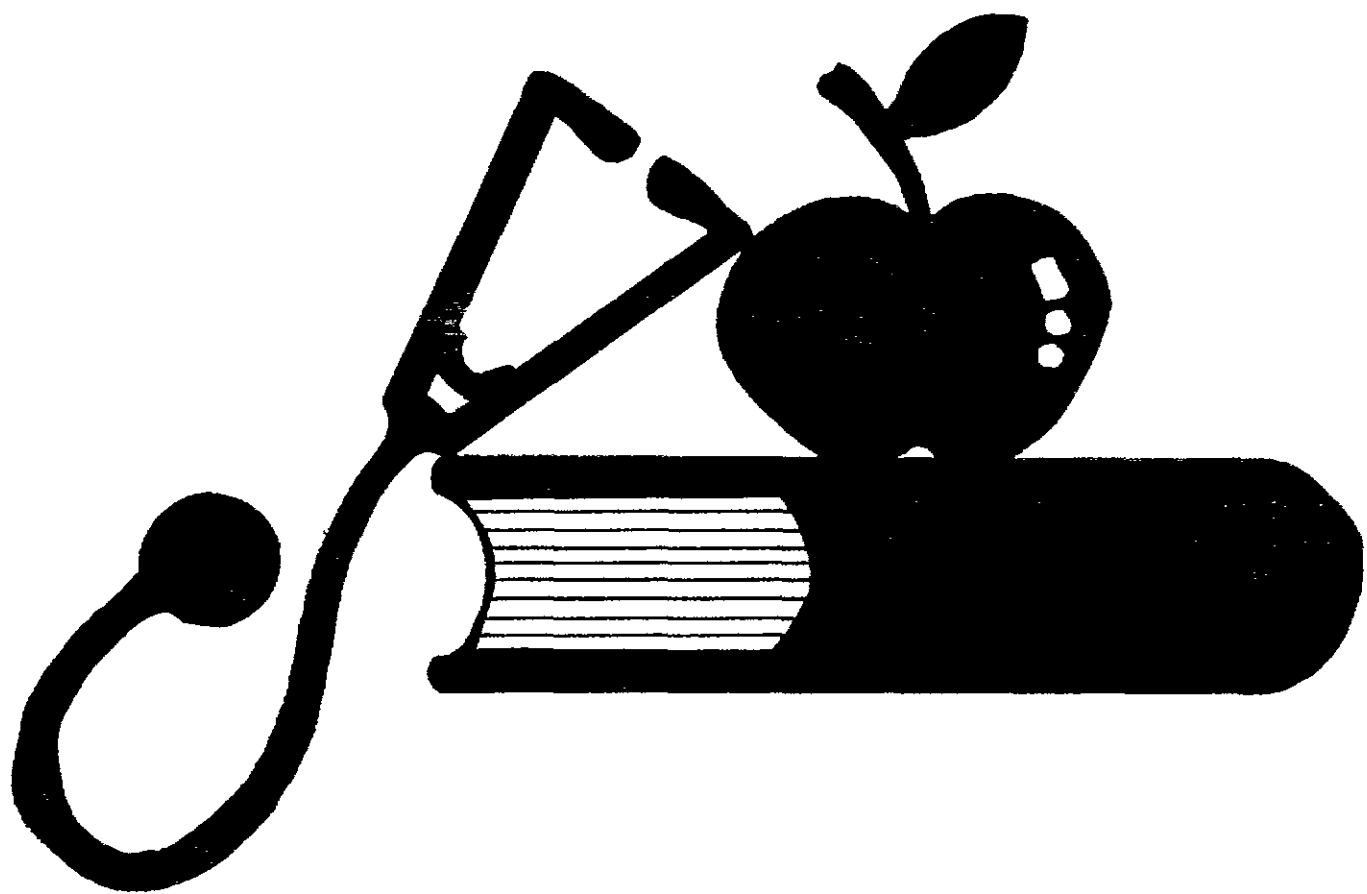
22 Strike-throughs indicate language that would be stricken from  
23 the present law, and underscoring indicates new language that  
24 would be added.

FILED

1990 AUG -9 PM 3:42

STATE OF WEST VIRGINIA  
DEPARTMENT OF EDUCATION

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



West Virginia Department of Education

WEST VIRGINIA DIVISION OF HEALTH  
RULE ABSTRACT  
1990

Rule Title: Specialized Health Procedures in Public Schools

CSR Title and Series: 64 CSR 66

Type: Legislative

Summary: This rule sets standards to be used for the provision of specialized health procedures to students and to implement the training of school employees, other than school nurses, who will provide such services. The rule incorporates by reference Basic and Specialized Health Care Procedure Manual for West Virginia Public Schools.\* The rule permits revisions of the manual through the filing of an Order with the Secretary of State by the Director of the Division of Health. The rule also sets training standards and requires that training be acceptable to the Department of Education.

This new rule is required by an amendment to W. Va. Code, §18-5-22 which was passed by the 1989 Legislature in (H.B. 2557). The new Code requires the Division of Health to promulgate rules and regulations to implement training and create standards for school employees, other than school nurses, who perform specialized health procedures for students.

For further information contact\*: Regulatory Development Section, Department of Health and Human Resources, telephone 348-3223 or Lenore Zedosky, West Virginia Department of Education, Student Support Services, Building 6, Room B-309, Capitol Complex, Charleston, West Virginia 25305, telephone 348-8830.

\* Copies of Basic and Specialized Health Care Procedure Manual for West Virginia Public Schools may be obtained from Ms. Zedosky or the Secretary of State.

Discussion of Public Comment Received  
Concerning the Proposed Rule  
Specialized Health Procedures in Public Schools, 64 CSR 66

A public comment period concerning the proposed rule ended September 10, 1990. One comment (attached) was received.

This new rule is required by an amendment to W. Va. Code, §18-5-22 which was passed by the 1989 Legislature in (H.B. 2557). The new Code requires the Division of Health to promulgate rules and regulations to implement training and create standards for school employees, other than school nurses, who perform specialized health procedures for students.

This rule adopts by reference a manual, Basic and Specialized Health Care Manual for West Virginia Public Schools, which was developed by the Council of School Nurses and reviewed and approved by the Division of Health. The Department of Education has adopted the manual for use as standards of practice in State schools.

1. Comment: The Monongalia County Health Department stated that: 1) insufficient time for comment was provided; 2) that there is no financial component for supplies and equipment for training and for nurses to perform procedures requiring a nurse; and 3) there is no penalty for failure to provide nurses to perform required procedures.

Response: Announcement of the public comment process was made in the State Register thirty days prior to the close of the comment period. Copies were mailed to local health departments as a matter of policy, although the mailing was accomplished somewhat later than the filing of the Notice of Public Comment.

The writer apparently refers to the fiscal estimate for training which was provided by the Department of Education, which will provide the training. The Department did not estimate a need to purchase new equipment. The provision of funds for nurses to perform certain procedures is not pertinent to the rule in question as it deals with the training of school employees other than school nurses to provide specialized health procedures. This local health department provides services to the schools under contract; a more appropriate action would be to try to renegotiate the contract. Similarly, the provision of nurses to provide particular services is not pertinent to the proposed rule.

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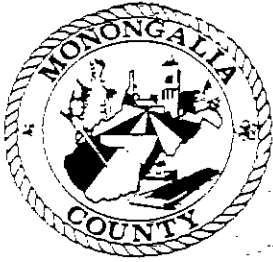
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## Monongalia County Health Department

453 Van Voorhis Road, Morgantown, WV 26505  
Phone 304/599-0670

September 7, 1990

Kay Howard  
Regulatory Development Section  
Department of Health and Human Resources  
Building 3, Capitol Complex  
Charleston, West Virginia 25305

Dear Ms. Howard:

We did not receive the Basic and Specialized Health Care Procedure Manual and current emergency rules until 9-4-90. It is difficult to make adequate public comment in less than one week. This should be taken into account for these and future rules.

There is no financial component for equipment and supplies necessary for training, yet there will be such expenses. There is no financial component for R.N.'s to perform the procedures that are indicated in the manual as procedures that can only be performed by a registered nurse. The only monetary component is for training staff to perform procedures.

The rules do not contain any specific penalty for failure to provide nurses to perform required procedures. This is already a problem in our county and will continue to be a problem unless specific guidelines are incorporated with the manual.

Sincerely,

*Sylvia L. McEwuen*  
Sylvia McEwuen, R.N.C.

SM: ak

**RECEIVED**

SEP . 0 1990

**REGULATORY DEVELOPMENT  
SECTION**

"COMMUNITY HEALTH IS COMMUNITY WEALTH"

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1990 DEC 28 PM 2:26

OFFICE OF WEST VIRGINIA  
SECRETARY OF STATE

[PROPOSED]

TITLE 64

WEST VIRGINIA LEGISLATIVE RULES  
DIVISION OF HEALTH

SPECIALIZED HEALTH PROCEDURES IN PUBLIC SCHOOLS

SERIES 66

1990

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For Filing With the  
Legislative Rule-Making Review Committee

[PROPOSED]  
WEST VIRGINIA LEGISLATIVE RULES  
DIVISION OF HEALTH  
SPECIALIZED HEALTH PROCEDURES IN PUBLIC SCHOOLS

64 CSR 66

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[PROPOSED]  
TITLE 64  
WEST VIRGINIA LEGISLATIVE RULES  
DIVISION OF HEALTH

FILED

1990 DEC 28 PM 2:25

SERIES 66  
SPECIALIZED HEALTH PROCEDURES IN PUBLIC SCHOOLS  
OFFICE OF WEST VIRGINIA  
SCHOOLS OF STATE

§64-66-1. General

1.1. Scope - This legislative rule establishes training requirements for and creates standards related to the performance of specialized health procedures in public schools.

1.2. Authority - W. Va. Code §18-5-22.

1.3. Filing Date -

1.4. Effective Date -

1.5. Public Comment Period - August 9, 1990 through September 10, 1990.

1.6. Approval - This rule was approved by the director of the division of health on December 20, 1990.

§64-66-2. Application

2.1. Application - This rule applies to public school employees who perform specialized health procedures.

§64-66-3. Definitions

3.1. School Employees - Teachers as defined in W. Va. Code §18-1-1 and aides as defined in W. Va. Code §18A-4-8.

3.2. School Nurse - A nurse certified as a school nurse by the West Virginia department of education.

3.3. Specialized Health Procedures - Procedures prescribed by a licensed physician which require health-related training for the individual who performs the procedures, including but not limited to, catheterization, suctioning of tracheostomy, nasogastric tube feeding or gastrostomy tube feeding.

§64-66-4. Training and Retraining

4.1. School employees, other than school nurses, who will provide specialized health procedures to students shall receive instruction acceptable to the department of education in basic first aid including the Heimlich maneuver, cardiopulmonary resuscitation, community emergency medical resources, and the procedures contained in "Section I - Basic Health Care Procedures" in the Basic and Specialized Health Care Procedure Manual for West Virginia Public Schools. Such section is incorporated herein by

reference and is available from the West Virginia department of education.

4.2. School employees, other than school nurses, who will provide specialized health procedures to students shall receive training acceptable to the department of education in those specific specialized procedures they will perform. Such training shall be individualized and shall be provided through simulation or use of training models.

§64-66-5. Standards - The standards to be used in performing specialized health procedures are those contained in "Section II - Procedures for Providing Specialized Health Care" of the Basic and Specialized Health Care Procedure Manual for West Virginia Public Schools. Such section is incorporated herein by reference and is available from the West Virginia department of education. The list of specialized health procedures for which standards are hereby adopted is not a determination of which health procedures a school nurse may legally delegate authority.

§64-66-6. Revision of Training Courses and Standards - The director of the division of health may by order filed with the secretary of state amend such specialized health procedure standards as deemed necessary. Such revision shall take due consideration of the recommendations of the council of school nurses created by W. Va. Code §18-5-22 and the department of education.

§64-66-7. Severability - The provisions of this rule are declared to be severable. If any provisions of this rule shall be held invalid, the remaining provisions shall remain in effect.

BASIC AND SPECIALIZED  
HEALTH CARE PROCEDURE MANUAL  
FOR WEST VIRGINIA  
PUBLIC SCHOOLS

JUNE 1990

Henry R. Marockie  
State Superintendent of Schools  
West Virginia Department of Education

## PROFESSIONAL CREDITS

### 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

Eva Shaffer - Typist

### 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.

## INTRODUCTION

Purpose: West Virginia Department of Education Policy 2422.7 - School Nurses and Specialized Health Procedures delineates standards for school nurses to assess children's 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 and specialized health procedures.

The West Virginia Legislature passed House Bill 2557, WV 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 - School Nurses and Specialized Health Procedures 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.

## PREFACE

This 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.

It is the consensus of the members of this 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, in cooperation and collaboration with regular and special educators and in consultation with parents.

The Council of School Nurses revised the draft document and in collaboration with the West Virginia Department of Health and Human Resources wrote the Rules and Regulations that specify how it is to be used.

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WEST VIRGINIA LEGISLATIVE RULE  
DEPARTMENT OF EDUCATION

Chapter 18  
Series 25

(Policy 2422.7)

Subject: School Nurses and Specialized Health Procedures

Section 1. GENERAL

- 1.1 Scope. Standards for school nurses to assess children's 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 and are related to Chapter 18, Article 5, Section 22 of the West Virginia Code of 1931.
- 1.3 Filing Date. June 18, 1990.
- 1.4 Effective Date. July 31, 1990.

Section 2. APPLICATION AND ENFORCEMENT

- 2.1 Application. These legislative rules apply to any public school in a county or municipal area.
- 2.2 Enforcement. The enforcement of these legislative rules is vested with the State Superintendent of Schools.

Section 3. DEFINITIONS

- 3.1 Basic Health Care Procedures. Procedures performed by school personnel to ensure that health and safety needs of students are met.
- 3.2 Cardiopulmonary Resuscitation (CPR). Possession of a current valid certificate from an approved program.
- 3.3 School Health Case Manager. 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. A 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 (WV Code 30-7-1, et. seq.). The 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. Process in which the school nurse obtains student data. This assessment is comprehensive, systematic, and continuous to allow the 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. Written document developed by the 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. A person who has met all the requirements for licensure as a practical nurse and who engages in practical nursing as defined in WV Code (30-7a-1, et. seq.).
- 3.8 Performance Check List. 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. 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 exceptional needs. Demonstrates current knowledge of community emergency medical resources.
- a. 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. 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. 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. School employee as defined by WV Code 18-5-22 means teachers as defined in WV Code 18-1-1 and aides as defined in WV Code 18a-4-8.
- 3.12 Specialized Health Care Procedures. Procedures prescribed by the child's licensed physician(s) requiring medical and/or health-related training for the individual who performs the procedures.
- 3.13 Standardized Procedures. 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 periodic on-site review by the school nurse. Supervision shall include review of the competence of that individual in performing the specialized health care procedure and maintaining appropriate records.
- a. Immediate supervision. A registered 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. Direct supervision. A registered nurse shall be present on the same school campus as the employee being supervised and available for consultation and/or assistance.
- c. Indirect supervision. A registered 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. Preparation for the performance of specialized health care procedures.

Section 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 \_\_\_\_.
- 4.2 Training Program. Beginning with July 1, 1989, any new employee in the field of special education and all teachers and aides, who provide basic health care procedures for students, shall be required to undergo Phase I training or demonstrate competency in performance of Phase I procedures. In addition, Phase II training will be required for all school employees performing specialized health care procedures.

a. Phase I:

Proper handwashing  
Assisting students with activities of daily living  
Toileting procedures  
Handling and disposal of body fluids including use of gloves  
Body mechanics  
Basic first aid including Heimlich Maneuver  
CPR

b. Phase II:

Individualized training in the performance of any one or more specialized health care procedures.

- 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 the procedure shall be completed by the school nurse. This assessment shall include the completion of a critical skills performance check sheet.
- 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 Evaluation. Personnel shall have an annual evaluation of performance for each specialized health care procedure. This annual evaluation shall be documented by the certified school nurse. Personnel policies approved by state or local boards of education will be followed.
- 4.8 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.

Section 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.

Phase I Certification must assure:

- a. Completion of the total program  
b. Demonstrated competency

Phase II Certification must assure:

- a. Completion of Phase I
- b. Completion of training in each individual specialized health care procedure to be performed
- c. Demonstrated competency based on a critical skills performance checksheet

5.2 Awarded Certificate. Certificates may only be awarded by:

- a. Schools of nursing
- b. Vocational schools
- c. Independent faculty approved by school nurse
- d. Certified school nurses

5.3 Changes. Updating of these Rules will be done by the Council of School Nurses.

Section 6 SYSTEM FOR SCHOOL ADMISSION AND CARE

6.1 Admission. For students needing specialized health 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 re-evaluation.

6.2 Physicians 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 of any aspect of specialized health care.

Section 7. HEALTH CARE PLAN

7.1 Health Care Plan. Prepared by the school nurse based on assessment of student and/or physician's written orders. (See definition)

7.2 Assignment. Review the health care plan with staff member(s) assigned by administrator to carry out the plan.

7.3 Contents. The plan should contain:

- a. Nursing assessment
- b. Nursing diagnosis
- c. Goals and expected outcomes
- d. Interventions
- e. Evaluation

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

Section 8. QUALITY ASSURANCE

- 8.1 An annual 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 and, every two years, review the certification and training program regarding school employees.
- 8.3 The certified school nurse shall receive continuing education programs which shall provide:
1. the training needed related to new specialized health care procedures.
  2. inservice applicable to effective school health practice.

Section 9. SCHOOL HEALTH RECORDS

- 9.1 Confidentiality. All records are confidential and shall not to be released except under existing 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 interactions and signature.

Section 10. STAFFING REQUIREMENTS

- 10.1 Staffing. 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 school nurse must have a current license as a registered professional nurse in the State of West Virginia (WV 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 school nurse must be employed by the county board of education or the county health department (WV 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 (WV 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 to practice in the State of West Virginia (WV 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 to provide approved specialized health care procedures and such procedures shall be delegated by the certified school nurse. 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.

Section 11. STUDENT RIGHTS

11.1 Assignment. The assignment of qualified personnel.

11.2 Rights. The right to privacy, dignity, respect and courtesy, in accordance with Student's Privacy Act.

Section 12. PENALTIES

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.

Section 13. ADMINISTRATIVE DUE PROCESS

Parents/Legal Guardians. Families dissatisfied with the health care plan and its handling by personnel should:

- a. Schedule a meeting with the school nurse and school principal or designee.
- b. Follow due process procedure as outlined by the Board of Education.
- c. Appeal unacceptable outcomes at the third step to the State Superintendent of Schools.

SECTION I - BASIC HEALTH CARE PROCEDURES

## 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 Recommendation: 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 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 hyperextends neck and spine and makes you less stable.

## BODY MECHANICS (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
5. Lift the object from the elevation.	Set muscles to distribute work load over many muscles; use good body alignment.
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.
<b>C. Pivoting</b>	
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.
<b>D. Lifting and carrying</b>	
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.

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
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 from side to side during period of support.
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.

## ASSISTING WITH CLOTHING

- I. General Guidelines: For the student who has not developmentally achieved the skill of clothing himself, or the student who is physically unable to clothe himself.
- A. Purpose: To assist and support the student in managing his clothing and to help him reach his potential for independence in activities of daily living.
- B. Equipment:
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 Recommendation: Physical therapist, occupational therapist, teacher, teacher's aide, or other trained person.

## II. Principles

- 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 he will use it.
- E. Position the student in front of a mirror to help him monitor his 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:

ASSISTING WITH CLOTHING (Continued)

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 his head.
5. Imitates another person's motions.
6. Grasps objects with hands.

## ORAL FEEDING OF STUDENT

### I. General Guidelines

- A. Purpose: To provide nutrients and fluids to those students who are unable to eat without assistance; to prevent dehydration and fluid retention; to provide practice in appropriate eating skills.
- B. Equipment: Adaptive eating and drinking devices, intake and output record, measuring containers, towel to protect clothing, disposable, moist wipes.
- C. Personnel Recommendation: Physical therapist, occupational therapist, teacher, teacher's aide, or other trained person.

### 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. Refer to suctioning procedure.	Routine postural drainage and suctioning may be scheduled, if necessary, prior to feeding to lessen the chance of vomiting.
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 Handwashing 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 hyperextend as this interferes with swallowing. Keep chin at midline.

ORAL FEEDING OF STUDENT (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
H. Wash the student's hands and face, if necessary.	This is especially important if the student will be assisting with feeding.
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 he can manage.
M. Check to see if the student needs assistance with opening his mouth, chewing, swallowing, or controlling tongue thrust.	Observe his feeding behaviors. Review the physician's orders and the student's health care needs.
N. Offer the student liquids throughout 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 he brings a cup to his 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 his clothing.	

ORAL FEEDING OF STUDENT (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
S. Remove your gloves, if used. Wash your hands.	Refer to Handling Body Fluids and Handwashing procedures.
T. Have the student resume his scheduled classroom activity.	
U. Document feeding the student on his health record or treatment log.	Record date and time, amount of food and fluids ingested (measured if required), the quality of the feeding activity, 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 his parents and physician on a periodic basis or as requested.

# ORAL HYGIENE

## I. General Guidelines

- A. Purpose: To maintain the teeth, mouth, and gums in a healthy condition; to lessen offensive mouth odor by decreasing the bacterial count; to prevent inflammation and infection of the oral structures; to stimulate the appetite; and to provide a sense of health and comfort.
- B. Equipment: Student's own soft bristled toothbrush or tooth sponge, towel, toothpaste, glass for tepid water, empty basin, drinking straw, mirror, plastic lined waste container, disposable gloves.
- C. Personnel Recommendation: Teacher, or teacher's aide.

## 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 he can help.	Teach and encourage the student to do his own care whenever possible. Use developmentally appropriate language. Student should have his own toothbrush or tooth sponge, with an adaptive handle if needed.
C. Arrange for privacy.	Use a portable screen if available.
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 his side.
F. Wash your hands; wash the student's hands. PUT ON DISPOSABLE GLOVES.	Refer to procedures on Hand Washing and Handling of Body Fluids.
G. Drape the towel across the student's chest.	To protect his 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 his mouth. Have him swish and spit.	Use a drinking straw, if needed. He must spit into sink or basin.
J. Moisten the toothbrush; apply a small amount of toothpaste.	Refer to the health care plan for any specific instructions.
K. Assist the student to systematically brush all surfaces of his 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.	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 procedure for Disposing of Body Fluids.
M. Wash hands.	Refer to Hand Washing procedure.
N. Document providing oral hygiene on the student's health record or treatment log.	Record date and time, condition of teeth and gums, condition of tongue and mucosa, why the procedure was done, what was done, student's reaction to procedure, how much he was able to do for himself, any problems.

# AMBULATION - ASSIST WITH CRUTCHES, WALKER, CANE, AND WHEELCHAIR

## CRUTCHES:

### I. General Guidelines

- A. Definition: A crutch is 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: Adjustable crutches, rubber crutch tips, axillary arm pads, safety waist belt, tape measure, or as ordered.
- D. Personnel Recommendation: Physical therapist occupational therapist, teacher, teacher's aide, or other designated person.
- E. 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 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  
Description: slow and labored while maintaining tripod position  
Sequence: Tripod alternate crutch gait - right crutch; left crutch; drag body and legs forward Tripod simultaneous crutch gait - both crutches; drag body and legs forward.

AMBULATION - ASSIST WITH CRUTCHES (Continued)

5. Gait: Swinging crutch gaits  
 Description: both legs are lifted off the ground simultaneously and swung forward while the student pushes up on the crutches.  
 Sequence: 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.  
 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 armpiece 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 his elbows in order to place his body weight on his palms, never on his axilla.
G. Use the axillary arm pad only if ordered by the physician.	Even though the axillary 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 his hands.

AMBULATION - ASSIST WITH CRUTCHES (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
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.
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 have a pass 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 him to be clear of the hall during regular passing period.

## AMBULATION - ASSIST WITH WALKER

### WALKER:

#### 1. General Guidelines

- A. Definition: A walker is a framework used to support a convalescent or handicapped individual while walking.
- B. Purpose: To provide more stability than either a cane or crutch; to enable the person to begin ambulation.
- C. Equipment: As prescribed.
- D. Personnel Recommendation: Certified school nurse, physical therapist, occupational therapist, teacher, teacher's aide, or other trained person.

#### 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 is to assist.	Use developmentally appropriate language and demonstration.
D. Verify the student is using the type of walker prescribed by the physician.	<u>Standard walker</u> is a rigid framework, but adjustable in height. <u>Mobile walker</u> has wheels on the legs to roll forward. <u>Rollator walker</u> has wheels in the front and rubber tipped legs in the back. <u>Swivel-type walker</u> 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; his elbows should be flexed about 30 degrees when his hands are on the grips.

AMBULATION - ASSIST WITH WALKER (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
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.
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.

## AMBULATION - ASSIST WITH CANE

### CANE:

#### I. General Guidelines

- A. Definition: A cane is 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 Recommendation: Physical therapist, occupational therapist, teacher, teacher's aide, or other trained person.

#### 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 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. <u>Canes</u> are straight, quad, 4-point, and folding. <u>Handles</u> are pistol grip, T-grip, knobbed, and shepherd's crook.
F. Check the fit of the cane for the student's height.	Have him stand with the elbow on his 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.

AMBULATION - ASSIST WITH CANE (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
1) Hold the cane on the stronger side.	If he cannot hold the cane with the hand opposite the weak leg, he can hold it on the same side as the weak leg and advance both cane and weak leg together.
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 <u>up</u> stairs:	As ordered by the physician.
1) Step up on the <u>stronger</u> leg,	
2) Then bring the cane and the <u>weaker</u> leg to that stair.	
I. Assist the student to go <u>down</u> stairs:	Note that the opposite leg is used first in going down stairs as going up stairs.
1) Place the cane and the <u>weaker</u> leg on the lower stair,	
2) Step down with the <u>stronger</u> 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.

AMBULATION - ASSIST WITH CANE (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
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.

# AMBULATION - ASSIST WITH WHEELCHAIR

## WHEELCHAIR:

### I. General Guidelines

- A. Definition: A wheelchair is 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: To transport a person who cannot or should not walk; to provide mobility and independence for a non-ambulatory individual.
- C. Equipment: As prescribed.
- D. Personnel Recommendation: Physical therapist, occupational therapist, teacher, teacher's aide, or other trained person.
- E. School nurse coordinating responsibilities

### 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 to the correct size to fit the student and his 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 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 his legs.	Have the student do as much of this maneuver as he safely can.

AMBULATION - ASSIST WITH WHEELCHAIR (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
(3) Tell him to reach back for the arms of the wheelchair.	
(4) Shift your weight to your forward leg and guide him as he bends his knees and sits on the chair.	Place his buttocks at the back of the chair seat.
(5) Make sure he 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 he will move toward his strongest side.
(2) <u>Move the student to the side of the bed/resting table</u> using the following steps.	<u>Caution: Cots are not recommended</u> (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 safely can.
(3) Bring his head and shoulders toward the edge of the bed/resting table.	
(4) Bring his feet and legs to the edge of the bed/resting table; he is now in a curved position.	Pay attention to your body mechanics to protect your back. (See Appendix - Principles of Good Body Mechanics.) <u>Caution: Personnel will have to adopt lifting mechanics according to the height of the bed/resting table.</u>
(5) Slide both your arms under his hips, then straighten your back while bringing him toward you.	
H. Sit the student on the edge of the bed/resting table. <u>Have the student do as much of this maneuver as he safely can.</u>	
(1) Roll the student on his side, facing you; bend his knees.	

AMBULATION - ASSIST WITH WHEELCHAIR (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
(2) Reach one arm over to hold him in back of his knees.	
(3) Place your other arm well under his neck and shoulder area.	
(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 his 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 him with both of your hands supporting him.	Allow him to sit for 2 minutes while you observe for orthostatic hypotension, dizziness, etc. Do not leave him until you are sure he is stable.
I. <u>Assist the student to stand.</u>	Make certain he can safely bear weight. Have the student do as much of the maneuver as he safely can.
(1) Lock wheelchair wheels.	
(2) Tell the student to move to the front of the wheelchair and put his hands on the wheelchair arms.	
(3) Place one of your knees between his knees; if he 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 him off the cot or chair are not strong enough to lift his body weight.

AMBULATION - ASSIST WITH WHEELCHAIR (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
(1) Place one side of the board under his buttocks; place the other side on the surface to which he 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.
(2) Tell him to push up with his hands, shift his buttocks, and slide or wiggle across the board and off the other end.	
K. <u>Wheelchair safety points:</u>	
(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.

AMBULATION -ASSIST WITH WHEELCHAIR (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
(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.	

## 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, quadraplegic, 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: Soap, water, pillow/s, and other positioning devices.

C. Personnel Recommendation: Teacher, physical therapist, occupational therapist, teacher's aide.

### 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. See Appendix for Safety Considerations and Principles of Good Body Alignment and Mechanics.
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 flotation pad, fleeces, or water-filled seats in wheelchair.
3) Keep clothing, linens, or cloth padding wrinkle free.	Wrinkles cause pressure on the skin.

SKIN CARE AND POSITIONING FOR PREVENTION OF PRESSURE AREAS  
(Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
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. <u>Moistened, disposable wipes</u> 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.
2) <u>Gently</u> massage intact pressure areas exposed with each position change. Areas most likely to breakdown include: buttocks, hips, tailbone, scapula, knees, ankles, heels, elbows, and ears.	This can be dry massage or with lotion. It stimulates circulation and reduces edema.
3) 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.
4) Use care not to drag the student when moving him and when providing and removing the bedpan.	Shearing forces are created by friction that pull and stretch tissue and injure blood vessels and tissue.
5) 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.
6) 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.
7) 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 potential of movement. Exercise improves muscular, skin, and vascular tone.

SKIN CARE AND POSITIONING FOR PREVENTION OF PRESSURE AREAS  
(Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
8) Document observations and interventions to prevent pressure sores on the student's health record or treatment log.	Record date, time, observations, actions, results, and student's reaction to and participation in the procedure.
9) If there is evidence of infection, such as an open ulcer with drainage or odor, the student may need to be excluded from school.	

HANDLING OF BODY FLUIDS

# HAND WASHING

## I. General Guidelines

- A. Purpose: To remove microorganisms that 1) spread disease and 2) cause infection.
- B. Equipment: Warm, running water and liquid soap.
- C. Personnel Recommendation: 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 hand-washings.
H. Turn water off with a dry paper towel.	

# GLOVES --USE AND REMOVAL

## I. General Guidelines

- A. Purpose: To prevent 1) blood and body fluids, that may contain disease producing microorganisms, from coming in contact with the care-giver's skin, and 2) the spread of microorganisms to others.
- B. Equipment: Latex or vinyl disposable gloves, trash container with heavy plastic liners.
- C. Personnel Recommendation: All personnel who come in contact with body fluids must follow this procedure.

## II. Procedure

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Apply gloves to both hands.	Individuals who have open skin lesions on hands should be especially careful.
B. Gloves must be worn during entire time when handling body fluids.	Wear gloves during administration of first aid and cleanup of body fluids.
C. 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.
D. Using liquid soap, wash hands vigorously for at least 15 seconds.	
E. Rinse under warm, running water.	

## 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: To decrease the risk of direct transmission of disease; to minimize the risk of indirect transmission of disease resulting from contamination of the physical environment and equipment by body fluids.
- C. Equipment: Liquid soap; warm, running water; paper towels; disposable gloves; disposable plastic bags; plastic-lined and covered waste containers; dust pans; buckets; mops; and approved germicidal solution.
- D. Personnel Recommendation: All personnel follow this procedure.

### II. Procedure

See WV Board of Education Policy 2423, Communicable Disease Control

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Wash your hands before using disposable gloves.	Handwashing is the single most effective procedure to prevent the spread of communicable diseases.
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." Incinerate sharps.
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	

CLEANING AND DISPOSING OF BODY FLUIDS (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
<p>down the 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.</p>	
<p>E. Body fluid spills should be cleaned up promptly, removing all visible debris first.</p>	<p>This prevents multiplying of microorganisms.</p>
<p>F. Use disposable items to handle and absorb body fluid cleanup whenever possible.</p>	<p>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 labeled bag for proper disposal.</p>
<p>G. Next, cleanse hard, washable surfaces using one bucket to wash and a second bucket to rinse.</p>	<p>Soap helps to remove debris and microorganisms, but left on the surface may hide the microorganisms.</p>
<p>H. Disinfect, using an approved germicide in proper dilution. Rinse only if directed by the germicide manufacturer's directions. Allow to air dry.</p>	<p>Soak mop, if used, in disinfectant after use.</p>
<p>I. For soft, non-washable surfaces, such as rugs and upholstery, apply sanitary absorbing agent, let dry, vacuum.</p>	<p>Use broom and dustpan to remove solid materials, if necessary. Rinse dustpan and broom in disinfectant solution.</p>
<p>J. Apply rug or upholstery shampoo as directed by the manufacturer. Revacuum.</p>	<p>When using a sanitizing carpet cleaner method (water extraction), follow directions on label.</p>
<p>K. Handle soiled, washable materials, i.e. clothing, towels, etc., as little as possible, double bagging as mentioned before.</p>	<p>Send soiled clothing home with the student. Rinse school owned towels under cold, running water then wash separate from other items. Add 1/2 cup bleach or non-chlorine bleach to wash cycle.</p>

CLEANING AND DISPOSING OF BODY FLUIDS (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
L. Remove and discard gloves, turn- inside out from cuffs, into covered, plastic-lined, waste container.	
M. Wash hands.	Refer to Handwashing Procedure.

## 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: External male catheter (with tape or velcro as provided by the parent), scissors, paper towels, urinary drainage bag or leg bag (without a flutter valve), disposable moistened wipes, plastic lined waste container.
- D. Personnel Recommendation: Teacher, teacher's aide.

### 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.
D. Wash your hands. Use disposable gloves.	Refer to Handwashing and Handling Body Fluids procedures.
E. Gather your equipment.	Arrange it on a clean work surface near the student.
F. Position the student and assist him to undress to the extent needed for this procedure.	Protect the area from urine. Anticipate his embarrassment. Use a drape or towel, if necessary.
H. 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 he is 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 of the penis, leaving a space between the drainage end of the device and the end of the penis.	A 1/2 to 1/4-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.	<u>If any swelling or discoloration is noted, loosen the adhesive liner or remove and begin procedure again</u>
Q. Assist the student to redress.	When ready, have the student resume his scheduled classroom activities.

EXTERNAL MALE CATHETER (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
R. Dispose of used catheter system. Wash scissors. Store supplies in convenient area.	Refer to Handling Body Fluids procedure.
S. Discard disposable gloves, if they were used. Wash your hands.	Refer to Handling Body Fluids and Handwashing procedures.
T. Document applying/changing an external catheter on the student's health record or treatment log.	Record date and time, reason for the procedure, skin condition, and student's reaction.
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 his parents and physician, as requested.

## EXTERNAL COLLECTION - OSTOMY CARE/CHANGING OF OSTOMY POUCH

I. General Guidelines: Emptying an open-ended ostomy pouch may need to be done at school.

1. Open pouch and empty contents into toilet.
2. Reclose the pouch.

Irrigation, a procedure used to stimulate evacuation of the bowel, shall be done at home.

An ostomy pouch remains secure from 1 to 7 days. Change of pouch is usually done at home.

Change of ostomy pouch at school is usually needed only because of leakage.

A. Purpose: To control leakage, to protect and inspect skin, to control odor, to provide comfort and security, and to encourage as much self-care as developmentally and physically possible.

B. Equipment (Parent responsibility):

1. Extra pouch - clean, reusable, or disposable - and belt, if needed
2. Double-faced adhesive (gasket, wafer, spray adhesive, 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, 1-1/2, or 2-inches (2.54, 3.8, or 5.08 cm) wide
8. Non-sterile, latex gloves
9. Container for rinse water

C. Personnel Recommendation: The following procedure for ostomy care may be performed by qualified, designated school personnel under indirect supervision.

## II. Procedure

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Assemble equipment in appropriate private location and wash hands.	Review the physician's orders and the student's individual health care plan.
B. Position student in either a sitting or lying position.	Encourage the student to do this for himself whenever possible. Use developmentally appropriate language and demonstration.

EXTERNAL COLLECTION - OSTOMY CARE/CHANGING OF OSTOMY POUCH  
(Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
C. Put on disposable gloves. Remove ostomy pouch.	Gently peel pouch away from skin, using skin-safe solvent as necessary.
D. 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.
E. Empty ostomy pouch into toilet.	
F. 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.
G. 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.
H. 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.
I. Prepare pouch for application. 1. Cut to fit, if necessary 2. Apply additional adhesive, if necessary	Inner flange of pouch should be 1/8-inch (3 mm) larger than the stoma. Cut to fit as needed.
J. Place pouch securely over skin barrier.	Press flange firmly to completely seal pouch against skin barrier.
K. If pouch is open-ended, secure open end according to directions (clip, rubber band, etc.).	

EXTERNAL COLLECTION - OSTOMY CARE/CHANGING OF OSTOMY POUCH  
(Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
L. "Window pane" outer flange of pouch with hypoallergenic tape.	Cut strips of tape 1-inch (2.54 cm) longer than flange of pouch. Apply half on skin and half on flange to completely seal flange to skin. Overlap ends of tape.
M. Attach belt if used.	
N. Wash hands.	Refer to Hand Washing procedure:
O. Record procedure on student's health care record or treatment log.	

## TOILETING - BEDPAN AND URINAL

### BEDPAN:

#### I. General Guidelines

- A. Definition: A metal, ceramic, or plastic receptacle for collecting the urine and/or bowel movements 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: Disposable gloves, warm bedpan, bedpan cover, toilet paper, equipment for handwashing, cot protector, newspaper to protect the furniture.
- D. Personnel Recommendation: Teacher, or teacher's aide.
- 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 his 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, if needed.	Refer to Handwashing and Handling Body Fluids procedures.
E. Have the student lie on his back with knees flexed. ** With a helpless student, turn him on his side facing you. Place a large pillow lengthwise against his back from the shoulders to the upper buttocks; place a second large pillow lengthwise from his thighs to his feet, building a platform on which he can be placed.	Allow the student to assist with as much of the procedure as possible. Steps for a helpless student are indicated **.

TOILETING - BEDPAN (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
F. If the student will be using the bedpan in his wheelchair, assist him to stand or lift him 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. ** With a helpless student, place the bedpan on edge against his buttocks, as close to the desired position as possible.	Hold the bed pan 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 he has a safety restraint on, if needed, and his feet are supported.
J. For the student on a cot, place one of your hands under the small of his back. On signal, help him lift his hips. With your other hand, slip the pan under his hips. ** With the helpless student, 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 his arms, he can help lift himself 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 his back. Drape him for privacy.	Sitting is a natural position for voiding or for having a bowel movement.
L. Put toilet paper where the student can reach it. Make sure a bell or calling device is within easy reach.	So that the student can let you know when he is finished.

TOILETING - BEDPAN (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
M. Leave the area to give the student privacy, <u>unless he should not be left alone.</u>	Do not leave the student on the bedpan any longer than is necessary.
N. If the student is unable to clean himself, use the toilet tissue or warm, moist washcloth to clean him. Place soiled tissue in the pan, unless you are 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 him off the bedpan or assist him to stand.	This may require an assistant or the use of a grab bar, trapeze, etc. for safety.
P. When the student is finished, place your hand under the lower part of his back to help him raise off the pan and lift his hips so that the pan does not pull against his skin. Remove the bedpan and set it on a protected surface. Cover it. ** With a helpless student, hold the bedpan flat on the cot to avoid spilling the contents, while the helper rolls the patient off the platform of pillows onto his 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 re-dress the student.	Make sure his clothes are neat and unsoiled.
R. Allow the student to wash his hands and help him to get into a comfortable position on a cot or in his 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 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: If not already wearing gloves, wash your hands and put gloves on now.	Refer to Appendix B. Handwashing, and Appendix C. Handling Body Fluids.

TOILETING - BEDPAN (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
U. <u>Rinse</u> the bedpan with cold water, loosening any remaining content from the sides. Use hot, soapy water, and a toilet brush to <u>cleanse</u> thoroughly. <u>Disinfect</u> . <u>Rinse</u> well and <u>dry</u> .	
V. Cover the bedpan and store it appropriately.	
W. Remove and discard your gloves. Wash your hands.	Refer to Handling Body Fluids and Handwashing procedures.
X. Document assisting the student to use a bedpan on his health record or treatment log.	Record date and time; description and amount of urine and stool, if needed; any problems; and student's reaction to this procedure.

## TOILETING - BEDPAN AND URINAL

### 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 his bladder.
- C. Equipment: Disposable gloves, urinal, bell or call system, cot protector, equipment for handwashing, newspaper to protect the furniture.
- D. Personnel Recommendation: Teacher, or teacher's aide.
- 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 his 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, if needed.	Refer to Handwashing and Handling Body Fluids procedures.
E. Have the student place a protector on the cot or chair under his penis and across his 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 he is not already sitting, raise the student to a sitting position, if allowed, with supports at his back. Drape him for privacy.	Sitting is a natural position for voiding.

TOILETING - URINAL (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
H. Make sure that a bell or calling device is within easy reach.	So the student can let you know when he is finished.
I. Leave the area to give the student privacy, <u>unless he should not be left alone.</u>	Do not leave the student with the urinal any longer than is necessary.
J. Remove the urinal and set it on a protected surface. Cover it.	Use newspaper or disposable drape to protect furniture from moisture and spills. Cover the urinal with a paper cup or paper towel.
K. Note condition of student's skin and genitalia. Cleanse and provide skin care, if needed.	
L. Remove the cot protector and re-dress the student.	Make sure his clothes are neat and dry.
M. Allow the student to wash his hands and help him to get into a comfortable position on a cot or in his wheelchair.	Use disposable, moist wipes, if the student cannot be brought to a sink.
N. Take the urinal to the bathroom. Note the appearance of the urine. Empty the contents into the toilet.	If the student in on recorded intake and output, measure the urine.
O. <u>Clean the urinal:</u> If you are not already wearing gloves, wash your hands and put gloves on now.	Refer to Handwashing and Handling Body Fluids procedures.
P. <u>Rinse</u> the urinal with cold water. Use hot, soapy water and a brush to <u>cleanse</u> thoroughly. <u>Disinfect.</u> <u>Rinse</u> well and <u>dry.</u>	Refer to Handling Body Fluids procedure.
Q. Cover urinal and store it appropriately.	
R. Remove and discard your gloves. Wash your hands.	Refer to Handwashing procedure.
S. Document assisting the student to use the urinal on the student's health record or flow sheet.	Record date and time; description and amount of urine, if needed; any problems; and student's ability to perform this procedure.

## FEMININE HYGIENE

I. General Guidelines: For cleaning of 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: Disposable, latex gloves; covered pail with double, plastic liner; disposable, moistened wipes and sanitary napkins (provided by parent); dry washcloth or small towel; pitcher of 300-500 cc warm, tap water; bed pan (if student is unable to sit on the commode).

C. Personnel Recommendation: Teacher, or teacher's aide.

### II. Procedure

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Assure privacy.	
B. 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.
C. Always proceed from the vulva toward the anal area (front to back).	To prevent the transfer of fecal contaminants to the urethra or vagina.
D. After each cleansing stroke, discard the used wipe in the double-lined, covered pail.	Again to prevent contamination of the urethra or vagina.
E. If the student is menstruating, use a pitcher of 300-500 cc warm, tap water to gently irrigate the perineal area, after defecation and/or urination. Then use disposable wipes as mentioned above. Dry, front to back, with dry cloth.	Always pouring the solution from the front to back. Drying decreases excoriation of skin.
F. Apply clean sanitary napkin to clean panties, front to back. Dispose of soiled sanitary napkin in covered pail with double lining.	Pad should be changed at least every 3-4 hours, or whenever there is a strong odor, or when the pad becomes saturated to prevent soiling of clothing.
G. If panties are soiled, change the panties and rinse out the soiled panties in cold water. Put wet panties in plastic bag to be sent home.	Soiled panties will have a foul odor as well as not allowing the clean pad to adhere.

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ESSENTIAL STEPS

KEYPOINTS-PRECAUTIONS

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H. Record approximate amount of saturation of soiled sanitary napkin, as well as number of pads changed.

School nurse and child's parent should be made aware of excessive bleeding or any strange tissue, color, or odor.

# DIAPERING

## I. General Guidelines

- A. Purpose: To 1) avoid cross-contamination when changing diapers on students with chronic health conditions or disabilities, and 2) to prevent spread of microorganisms during diaper changes.
- B. Equipment: Changing mat or table, approved germicidal solution, disposable diaper (provided by parent), covered pail with double plastic liner, disposable gloves.
- C. Personnel Recommendation: Teacher or teacher's aide.
- 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. Put on disposable gloves.	This prevents skin contact with body fluids.
C. Remove soiled diaper and place it in double plastic lined, covered pail.	Keep pail covered and away from other students. Remove liners with soiled diapers and replace liners twice a day.
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. Remove and dispose of gloves according to glove removal procedure.	
F. 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.

DIAPERING (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
G. Clean changing table or mat with freshly prepared germicidal solution.	This prevents cross-contamination to other children.
H. Using liquid soap, wash hands vigorously for at least 15 seconds.	
I. Rinse thoroughly under warm, running water.	

SECTION II

PROCEDURES FOR PROVIDING SPECIALIZED HEALTH CARE

## CLEAN CATHETERIZATION

- I. General Guidelines:
1. Intermittent catheterization may need to be done at school according to a time schedule ordered by the physician.
  2. Clean technique is used when prescribed by doctor.
  3. Students who need catheterization may:
    - a. Be on a bladder training regimen
    - 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's responsibility)
  2. Lubricant
  3. Collection tray
  4. Antiseptic wipes
  5. Catheters of appropriate size as ordered by physician
  6. Protective pads
- C. Personnel Recommendation: 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 thoroughly.	
D. Place protective pad under student's buttocks.	Have adequate staff assistance for this and all procedures.
E. Put on non-sterile gloves.	
F. Open antiseptic wipes.	

CLEAN CATHETERIZATION (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
G. Open packet of lubricating jelly and squeeze it onto surface of catheter package.	
<u>FOR FEMALES:</u>	
1. Hold labia open.	
2. Using a downward stroke, cleanse each labium with antiseptic wipe.	Stroke downward using a clean wipe for each stroke to prevent infection. Repeat.
3. Using a downward stroke, cleanse urinary meatus with third antiseptic wipe.	Continue holding labia open until catheter is inserted. Be sure to locate urethra, not vaginal orifice.
4. Lubricate tip of catheter, if necessary.	
5. Insert catheter into urethra until urine flows into appropriate collection tray.	DO NOT USE FORCE.
<u>FOR MALES:</u>	
1. When catheter is inserted, hold the penis upright and at 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 the 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.	

CLEAN CATHETERIZATION (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
5. Insert catheter into the urethra, and place the other end into the collection tray. 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.	The catheter will advance easily then you will meet some resistance at the sphincter. DO NOT FORCE. Instruct student to breathe deeply to relax the perineal muscles and overcome resistance to entry.
L. When flow of urine ceases, withdraw catheter gently and slowly.	Report any changes in urine color, appearance, or odor to supervising school nurse.
M. Make certain that the student is dry and comfortable.	
N. Discard disposable equipment and waste materials.	
O. Wash hands.	
P. Record procedure on log.	

## CREDE'S METHOD

- I. General Guidelines:
1. Crede's procedure shall be performed according to physician's special orders.
  2. Crede 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 Crede'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 the procedure
- C. Personnel Recommendation: Performed by certified school nurse; may be delegated to trained school personnel, under direct or indirect supervision of the nurse, after assessment of the student by the 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. Record procedure on log. Include amount of urine expressed.	

## INTRODUCTION TO THE NASOGASTRIC/GASTROSTOMY PROCEDURES

**PURPOSE:** To safely provide adequate fluids, nutrition, and/or medication for an individual who is unable to swallow required supplemental feedings.

**EQUIPMENT:** Suction machine must be available in building for students receiving nasogastric/gastrostomy feedings.

**PERSONNEL:**

1. The certified school nurse or registered professional nurse. Trained, designated school personnel under the immediate, direct or indirect supervision by the certified school nurse may perform certain nasogastric/gastrostomy procedures.
2. With all nasogastric/gastrostomy feedings, suctioning equipment must be available.

**PRECAUTIONS:**

1. Person doing feeding must remain with the individual throughout the feeding and for 20 minutes after completion of feeding.
2. Test for tube placement shall be done before each feeding by one of the following methods:
  - (a) Place stethoscope distal to the xiphoid process of sternum and listen while introducing 10-15 cc of air with syringe.

AND

Place tip of feeding tube in cup of water and observe for bubbles.

**NOTE:** Nasogastric/gastrostomy tube may be prescribed to be inserted with each feeding for some students and must be inserted by a registered nurse or physician.

- b. Aspirate through nasogastric or gastrostomy tube to check for presence of previous feeding in stomach.
  - (1) A bubbling or swooshing sound is heard when tube is in the stomach; if no sound is heard, tube may be in the lungs. Do not give feeding.
  - (2) Bubbles on expiration indicate tubing is in lung. REMOVE TUBE IMMEDIATELY. (Not applicable for gastrostomy tube.)
3. If the student is an infant, allow to take pacifier during feeding. This allows him to imitate eating, maintains sucking reflex.

INTRODUCTION TO NASOGASTRIC/GASTROSTOMY PROCEDURES (Continued)

4. Do not suction student (nasopharyngeal) for 20 minutes after feeding, unless he requires suction to relieve congestion. Nasopharyngeal suction stimulates the gag reflex and may cause vomiting and possibly aspiration of stomach contents.

# TUBE FEEDING: GASTROSTOMY FEEDING BUTTON

## I. General Guidelines

- A. Purpose: To provide adequate fluid, nutrition, and/or medication for the student who is unable to swallow.
- B. Equipment:
1. 60 cc syringe with catheter tip
  2. Syringe bulb or plunger
  3. Adapter
  4. Container with prescribed formula at room temperature
  5. Container with water
  6. Prescribed medications
  7. Catheter clamp or plug
  8. Suction machine
- C. Personnel Recommendation: Certified school nurse, registered professional nurse, or designated, trained personnel under immediate direct or indirect supervision of the certified school nurse.

## II. Procedure (See Introduction to the Nasogastric/Gastrostomy Procedures, page 7)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Preparation of student	
1. Explain procedure to student.	
2. Position in order of preference:	
a. Right side	Placement on right side facilitates emptying of stomach contents into small bowel.
b. Left side	Placement on left side creates a pooling of the stomach contents in the stomach.
c. Supine	Stomach empties by peristalsis rather than gravity. Greater danger of regurgitation.
3. Elevate student to a 30-45 degree angle for all positions, unless contraindicated.	The elevation helps prevent vomiting.
B. Preparation-Collect equipment and take to student.	Good organization saves time and energy.

TUBE FEEDING: GASTROSTOMY FEEDING BUTTON (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
C. Method:	
1. Wash hands.	
2. Observe for leakage around the button.	If leakage exists, notify the school nurse who will discuss this with the physician.
3. Attach adapter and catheter to syringe, keeping tube clamped.	
4. Open the safety plug and attach the adapter and feeding catheter to the button, keeping the tube clamped.	
5. Unclamp and aspirate immediately.	If it has been more than 4 hours since last feeding, stomach may be empty. If more than 15 cc for small child or 25 cc for large child are aspirated, hold feeding and turn student to right side to facilitate emptying. Physician may prefer this step be skipped.
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 catheter 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.

## TUBE FEEDING: GASTROSTOMY FEEDING BUTTON (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
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 school nurse, if this procedure is being performed by other than the school registered nurse.
7. Let feeding flow in by gravity slowly, over approximately 15-30 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 10 cc of tap water, unless otherwise indicated by physician.	This prevents occlusion of the tube with dried food particles.
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.
<b>E. Care of student</b>	
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.

TUBE FEEDING: GASTROSTOMY FEEDING BUTTON (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
<p>2. Daily care</p> <p>a. Give oral hygiene daily.</p> <p>b. Cleanse area around gastrostomy button with soap and water.</p> <p>c. Apply dry, sterile dressing, if indicated.</p>	<p>Oral hygiene is necessary to prevent accumulation of secretions and dryness.</p> <p>Unless otherwise ordered by physician. Half strength hydrogen peroxide may be used.</p> <p>The dressing absorbs any discharge of gastric juices and prevents skin breakdown. Check for physician preference regarding whether or not to use a dressing.</p>
<p>F. Care of equipment</p>	
<p>1. Wash and rinse all equipment after each feeding.</p> <p>2. Wash hands.</p>	<p>To prevent accumulation of feeding and growth of bacteria.</p>
<p>G. Documentation</p>	
<p>Record the following information on the log:</p>	<p>Accurate documentation protects the employee.</p>
<p>1. Time and date feeding was given.</p> <p>2. Type and amount of formula given.</p> <p>3. Amount of water given</p> <p>4. Untoward reactions.</p> <p>5. Signature of care-giver.</p>	<p>The individual care-giver is legally responsible for quality of care.</p>

# TUBE FEEDING: SLOW DRIP METHOD - NASOGASTRIC/GASTROSTOMY

## I. General Guidelines

- A. Purpose: To provide adequate fluids, nutrition, and/or medication for the student who is unable to swallow safely.
- B. Equipment:
1. 50 cc syringe with catheter tip
  2. Administration set
  3. Container with prescribed formula at room temperature
  4. Container with water
  5. Bottle hanger
  6. Stand or hooks for holding container feeding
  7. Stethoscope
  8. Twill tape
  9. Catheter plug
  10. Suction machine
- C. Personnel Recommendation: Certified school nurse or other registered professional nurse.

## II. Procedure

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Preparation of student	
1. Explain procedure to student.	
2. Position in order of preference:	
a. On right side	Placement on right side facilitates passage of stomach contents into the small bowel.
b. On left side	Placement on the left side creates a pooling of the stomach contents in the stomach. Stomach empties by peristalsis rather than gravity.
c. Supine	Placement in a supine position creates a greater danger of regurgitation.
3. Elevate student's head to a 30-45 degree angle for all positions unless it is contraindicated.	If nasogastric tube is displaced, there is less possibility of food entering the trachea if the head is elevated. The elevation of the head also helps prevent vomiting.
B. Preparation	
1. Collect equipment and take to student.	Good organization saves time and energy.

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ESSENTIAL STEPS

KEYPOINTS-PRECAUTIONS

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2. Wash hands.

C. Methods

Test for placement of nasogastric tube (before each feeding) by one of the following methods:

1. Place stethoscope distal to the xiphoid process of the sternum and listen while introducing 10-15 cc of air with syringe.

AND

Place tip of feeding tube in cup of water and observe for bubbles.

NOTE: Gastrostomy tube may be prescribed to be inserted with each feeding for some students.

2. Aspirate through nasogastric or gastrostomy tube to check for presence of previous feeding in stomach.
  - a. A bubbling or swooshing sound is heard when tube is in the stomach; if no sound is heard, tube may be in the lungs. Do not give feeding.
  - b. Bubbles on expiration indicate tube is in lung. REMOVE TUBE IMMEDIATELY. (Not applicable for gastrostomy tube.)
3. If contents of previous feeding are still in the stomach, in order to prevent overfeeding or electrolyte loss, do the following:
  - a. Return aspirated fluids to the stomach.

TUBE FEEDING: SLOW DRIP METHOD - NASOGASTRIC/GASTROSTOMY  
(Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
b. Delay feeding 1-2 hours and repeat steps C-1 and C-2.	
c. If contents of previous feedings are still present, notify physician for further instructions.	
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 indicated.	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. <u>If this occurs, stop feeding immediately.</u>

TUBE FEEDING: SLOW DRIP METHOD - NASOGASTRIC/GASTROSTOMY  
(Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
	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.)
8. When feeding is completed, instill prescribed amount of water to rinse tube.	Cleanse tubing.
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. Wash hands.	
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.
2. Clean and lubricate nostrils when nasogastric tube is present.	This prevents irritation of nasal mucosa.

TUBE FEEDING: SLOW DRIP METHOD - NASOGASTRIC/GASTROSTOMY  
(Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
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.	
G. Record of action taken	
Record the following information on log:	
1. Time feeding was given	
2. Type and amount of formula given	
3. Amount of water given	
4. Untoward reactions	

## INSERTING NASOGASTRIC TUBE

### I. General Guidelines

- A. Purpose: To administer feeding or medication directly into the gastrointestinal tract.
- B. Equipment:
1. Nasogastric tube - usually Levine tube (rubber or plastic, 12-24 inches) - that is disposable. (Plastic tubes are less irritating than rubber.)
  2. Water-soluble lubricant
  3. Clamp for tubing
  4. Towel and emesis basin
  5. Glass of water
  6. Suction machine
- C. Personnel: Performed only by a qualified, licensed physician, certified school nurse, or registered professional nurse.

- II. Procedure:
1. Explain procedure to student and tell him how mouth breathing and swallowing can help in passing the tube.
  2. Have student in a sitting, or high fowler's position, with neck slightly flexed; place a towel across his chest.
  3. Determine with the student what sign he might use, i.e. raising of index finger, to indicate "wait a few moments" because of gagging or discomfort.
  4. Insert tube through nose only.
  5. Mark distance tube is to be passed by measuring.

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Lubricate about 6-8-inches (15-20 cm) of tube with water-soluble jelly.	Lubrication reduces friction between mucous membrane and tube.
B. Lift head before inserting tube into a nostril and passing it gently into the posterior nasopharynx, aiming downward and backward.	Passage of tube is facilitated by following the natural contours of the body.
C. When tube reaches the pharynx, the student may gag; allow him to rest for a few moments.	Gag reflex is triggered by the presence of the tube.
D. Have student hold head in a normal position, and offer him several sips of water sucked through a straw. Advance tube as student swallows.	Normal head position makes swallowing easier.
E. Continue to advance tube gently each time student swallows.	Swallowing facilitates passage of tube.

# INSERTING NASOGASTRIC TUBE (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
F. If obstruction appears to prevent tube from passing, do not use force. Rotating tube gently may help. If unsuccessful, remove tube and try other nostril.	
G. 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.
H. To check whether the Levin's tube is in the stomach: 1. Aspirate contents of stomach with a 20 ml syringe.	If more than 15 cc from an infant or 25 cc from an older child are aspirated, this would indicate that the stomach is not empty. Do not feed. Wait 30 minutes to one hour, recheck before proceeding.
2. Place end of tube in a glass of water.	Air bubbles will indicate the Levin's tube is in bronchus rather than stomach.
3. Auscultate stomach.	
I. Secure tube with tape on cheek.	Do not tape with pressure on nares as infants are nose breathers.

# TUBE FEEDING: TUBE-SYRINGE METHOD - NASOGASTRIC

## I. General Guidelines

- A. Purpose: To provide adequate fluids, nutrition, and/or medication for an individual who is unable to swallow safely.
- B. Equipment:
1. 50 cc syringe with catheter tip
  2. Container with prescribed formula at room temperature
  3. Container with water
  4. Stethoscope
  5. Twill tape
  6. Catheter plug or clamp
  7. Suction machine
- C. Personnel: Certified school nurse, registered professional nurse, or designated trained personnel under immediate, direct or indirect supervision of the certified school nurse.

## II. Procedure

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
<p>A. Preparation of student</p> <ol style="list-style-type: none"><li>1. Explain procedure to student</li><li>2. Position in order of preference:<ol style="list-style-type: none"><li>a. Right side</li><li>b. Left side</li><li>c. Supine</li></ol></li><li>3. Elevate student to a 30-45-degree angle for all feedings, unless contraindicated.</li></ol>	<p>Placement on right side facilitates emptying of stomach contents into small bowel.</p> <p>Placement on left side creates a pooling of the stomach contents in the stomach.</p> <p>Stomach empties by peristalsis rather than gravity. Greater danger of regurgitation. If nasogastric tube is displaced, there is less possibility of food entering the trachea.</p> <p>The elevation helps prevent vomiting.</p>
<p>B. Preparation</p> <p>Collect equipment and take to student.</p>	<p>Good organization saves time and energy.</p>

TUBE FEEDING: TUBE-SYRINGE METHOD - NASOGASTRIC (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
C. Method	
Test for tube placement (nasogastric tube).	
1. Wash hands.  2. Methods to check for correct tube placement: a. Aspirate through the tube to obtain stomach contents.	If it has been more than 4 hours since last feeding, stomach may be empty; therefore, use another method of checking for placement of tube. If more than 15 cc from an infant or 25cc from an older child are aspirated, hold tube feeding and turn student to right side to facilitate emptying of contents into small bowel. Wait 30 minutes to one hour and recheck before proceeding.
OR	
b. Place stethoscope below xiphoid process of sternum and listen while introducing 10-15 cc of air with syringe (not applicable for gastrostomy tube).	A bubbling or swooshing sound is heard when tube is in the stomach; if no sound is heard, tube may be in lungs; inform parent and physician.
OR	
c. Place tip of feeding tube in cup of water and observe for bubbles (not applicable for gastrostomy tube).	Bubbles on expiration indicate tube may be in lung. Do not give feeding. Inform parent and physician.
D. Administration of Feeding	
1. Check formula expiration date.  2. Attach syringe barrel to feeding tube, keeping tube clamped. Pour fluid in syringe.  3. Hold syringe 3-6 inches (7.6-15.2 cm) above stomach level. Unclamp tube.	Collection of air in the tube will be kept to a minimum in this manner.  This helps regulate the rate of flow of the solution.

TUBE FEEDING: TUBE-SYRINGE METHOD - NASOGASTRIC (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
4. Continue to add feeding, and keep solution in syringe at all times, until feeding is complete.	This prevents air from entering stomach during feeding. Pinch tube off should student vomit or regurgitate during feeding. If 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, clamp tube and discontinue feeding.
5. Allow fluid to flow slowly into tube until feeding is completed.	This prevents regurgitation, vomiting, and/or diarrhea.
6. Rinse tube with at least 20-50 cc of water.	By cleaning tubing, you prevent dried particles from obstructing tube.
7. Allow some of the water to remain within the tube and plug nasogastric tube.	This prevents air from being introduced into stomach at next feeding.
E. 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.	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 distended abdomen.	Report to physician and parents. Take appropriate action.
2. Daily care	
a. Nasogastric tube	
1. Give oral hygiene daily.	Oral hygiene is necessary to prevent accumulation of secretions and dryness.

TUBE FEEDING: TUBE-SYRINGE METHOD - NASOGASTRIC (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
2. Clean and lubricate nostrils as needed, at least daily.	This prevents irritation of nasal mucosa.
3. Check skin along twill tape daily, especially over the ear.	This prevents pressure areas, especially over the ear.
F. Care of equipment	
1. Plug nasogastric tube.	Use of clamps on Levin's tube may cause pressure areas should student lie on them.
2. Wash and rinse all equipment after each feeding.	To prevent accumulation of formula and growth of bacteria, clean the equipment.
3. Clean syringe and container daily.	
4. Wash hands.	
G. Documentation	
Record the following information on the log:	
1. Time and date feeding was given	
2. Type and amount of formula given	
3. Amount of water given	
4. Untoward reactions	
5. Signature of care giver.	

## ORAL SUCTIONING

### I. General Guidelines

- A. Purpose: To provide an adequate airway by clearing it of excessive secretions.
- B. Equipment: 1. Suction equipment  
2. Suction catheter  
3. Sterile, distilled water  
4. Disposable gloves
- C. Personnel Recommendation: Certified school nurse or registered professional nurse.

### II. Procedure

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Gather equipment.	
B. Wash hands.	
C. Turn on suction.	Recommendations for negative pressure: Infants - 60-100 mm Hg Child - 100-120 mm Hg Adult - 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.	
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 a gag reflex and cause vomiting.

ORAL SUCTIONING (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
H. Apply intermittent suction as catheter is slowly withdrawn while rotating it between the thumb and finger.	Avoid "grabbing" mucous membrane as this will cause injury to tissues.
DO NOT SUCTION FOR LONGER THAN 10 SECONDS AT A TIME.	Areas to be suctioned include cheeks, beneath the tongue, and the back of the mouth.
I. Suction sterile water to clean catheter of secretions (50-100 cc).	PROLONGED SUCTIONING CAN PRODUCE LARYNGOSPASM, PROFOUND BRADYCARDIA, AND/OR CARDIAC ARRHYTHMIAS FROM VAGAL STIMULATION AND LOSS OF OXYGEN THAT COULD BE FATAL.
J. Repeat steps G-I as necessary. Allow 2-3 minutes between suctioning.	
K. Document procedure	
1. Record the following information on log: a. Amount, color, and consistency of secretions b. Coughing c. Dyspnea d. Cyanosis e. Any bleeding f. Response of student to suctioning	

## TRACHEOSTOMY SUCTIONING: STERILE TECHNIQUE

- I. General Guidelines: A qualified, licensed health professional trained in suctioning must be on site whenever a student requiring suctioning is at school.

The student's school program is arranged so that he is within easy access to the suctioning equipment.

Encourage student to cough to clear airway and possibly eliminate 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 special orders
2. Upon request of child
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:

1. Suction machine, including collecting bottle, connecting tube, and adapter, when needed (to be left at school)
2. Resuscitation bag, when ordered (such as Ambu bag)
3. Sterile disposable suction catheters
4. Nonwaxed clean paper cups (to be used only for this procedure)
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)

- C. Personnel Recommendation: Certified school nurse or registered professional 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.	The preferred procedure is to use a disposable sterile catheter and discard after use.

## TRACHEOSTOMY SUCTIONING: STERILE TECHNIQUE (Continued)

- B. Wash hands prior to suctioning unless it is an emergency and you do not have time to wash your hands.
- C. Assemble and prepare equipment in a clean area.
1. Fill paper cup with sterile water
  2. Open catheter package without touching catheter.
  3. Fill sterile syringe with saline.
- D. Position student and place tissue or gauze nearby.
- E. Put on sterile gloves, maintaining sterile technique.
- F. Holding suction connection tubing, attach catheter to suction tubing with gloved hand.
- Turn on machine with non-sterile hand.
- G. Place catheter tip in cup of sterile water to draw a small amount of water through it.
- H. Suction as follows:
1. Remove inner cannula, if present.
  2. Leave the vent of the catheter open and introduce the catheter into the trachea opening until meeting resistance.
  3. Withdraw catheter slightly.
  4. Place non-sterile thumb over vent. With sterile gloved hand, slowly withdraw catheter.
- Saline is indicated for use when secretions are thick and need to be liquified.
- Positioning is dependent upon student's condition and physician's recommendations.
- Gloves are used to keep catheter sterile.
- Hand holding connection tubing is no longer sterile. Maintain sterile technique with hand holding the suction catheter.
- This makes sure the catheter is open and lubricated.
- Suction loosens secretions and stimulates coughing.
- When introducing catheter, never cover vent.
- This prevents injury to tissues.
- If catheter remains in one place, the mucous membranes will be drawn against it. This occludes and injures tissue.

TRACHEOSTOMY SUCTIONING: STERILE TECHNIQUE (Continued)

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. <u>Allow 3-5 deep breaths between suctioning.</u>	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 needed.	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 into trachea opening. Then repeat steps 2-6.	Saline aids in dissolving mucus. This will cause hard coughing; therefore, hold tissue near trachea to catch spray and/or mucus.
9. Supply deep breaths with resuscitation bag between suctioning attempts, if ordered by physician.	Use of a resuscitation bag provides deep breathing and/or stabilizes disrupted breathing patterns.
I. Suction sufficient water through catheter to clean out tubing.	
J. Holding catheter in gloved hand, pull gloves off, encasing catheter in glove, and discard both.	
K. Discard paper cup and syringe.	
L. Recap sterile water and make sure equipment is ready for immediate reuse.	
M. Wash hands.	
N. Document as follows:	
1. Amount, color and consistency of secretions	
2. Coughing	
3. Dyspnea	

TRACHEOSTOMY SUCTIONING: STERILE TECHNIQUE (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
4. Cyanosis	
5. Any bleeding	
6. Response of student to suctioning	
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.	

## TRACHEOSTOMY: CARE AND CLEANING OF TUBE AND STOMA

**SPECIAL NOTE:** Some students needing tracheostomy care have the potential of presenting a life-threatening respiratory emergency. Therefore, a certified school nurse in consultation with the physician shall exercise judgment and recommend the level of supervision required to the individualized education program team. The individualized education program team shall honor the health professional's recommendation in these cases. The nurse, with the informed consent of the parent, is to advise the individual education program team, based on her professional judgment, regarding the provision of health care procedures for the individual child.

### I. General Guidelines

- A. Purpose:
1. To maintain an 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:
1. Small disposable tray
  2. Paper cups
  3. Cotton-tipped applicators
  4. Hydrogen peroxide solution, full strength
  5. Pipe cleaners and/or plastic drinking straws
  6. Gloves (clean, latex, disposable)
  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. Paper bag for disposal of wastes
  12. Paper towels
  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. Second inner cannula on hand at all times
- C. Personnel Recommendation: Certified school nurse or registered professional nurse.

### II. Procedure

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Preparation of student	
1. Explain procedure to student and how he can assist.	If student is spastic, restless, agitated, or confused, he may need to be restrained during procedure.

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
2. If student is on ventilator, determine breathing tolerance when he is off ventilator equipment.	If ventilation is needed during cleaning, the following may be done: a. Plug tracheostomy opening and student ventilates by glossopharyngeal breathing (GPB).  b. Fit outer cannula.  c. Two persons may be needed to complete procedure.
3. Position student with tracheostomy area exposed.	- Elevating head of bed provides drainage of cleansing solution on the chest rather than into tracheal opening.
B. Preparation of equipment	
Assemble supplies and talk to student.	
C. Method	
1. Wash hands	
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.	
6. Remove soiled gauze dressing, if used.	Removing soiled dressing reduces contamination at area to be cleaned.
7. Discard dressing in paper 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.
9. Discard used applicators into paper bag.	

TRACHEOSTOMY; CARE AND CLEANING OF TUBE AND STOMA (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
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).	Remove mucous by bubbling action.
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).	
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 cleaners or doubling end of pipe cleaner 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. Take off gloves and discard.	
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 and after suctioning with ventilator or Ambu Bag. Have older child 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 cleaning 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. Maintenance care of tracheostomy is routinely done in the home, but if an emergency situation arises, procedure must be done in the school setting.	
27. Apply antimicrobial ointments as ordered by physician.	Indiscriminate use of ointments may increase bacterial growth.
28. 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 or with untrained personnel.
2. Check that tracheostomy tube is positioned properly.	

TRACHEOSTOMY; CARE AND CLEANING OF TUBE AND STOMA (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
E. Care of equipment	
1. Dispose of all supplies after use.	
2. Wash hands.	A brisk, thorough handwashing with soap and water is the most effective means of preventing the spread of organisms.
F. Documentation	
1. Record procedure on log.	

## TRACHEOSTOMY: EMERGENCY CLEANING OF INNER CANNULA

- I. General Guidelines: This procedure is to be used only when a mucous plug is present, and there is not enough time to follow the procedure, "Tracheostomy: Care and Cleaning of Tube and Stoma."
- A. Purpose:
1. To maintain airway by keeping inner cannula open
  2. To clear airway when there is a mucus plug present
  3. To relieve labored or interrupted breathing
  4. To investigate signs of restlessness and/or apprehension
- B. Equipment:
1. Paper cups
  2. Cotton tipped applicators
  3. Hydrogen peroxide
  4. Pipe cleaners and/or plastic drinking straw
  5. Gloves (clean, latex, and disposable)
  6. Paper bag
  7. Suction supplies and equipment
  8. Extra inner cannula for particular student
- C. Personnel Recommendation: Certified school nurse or registered professional nurse.

## II. Procedure

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Preparation of student	
1. Explain procedure to student and how he can assist.	
2. If student is on a ventilator, determine breathing tolerance when he is 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.	
B. Care of student	
Check that student is being adequately ventilated.	Be sure to suction thoroughly; auscultate to determine adequate aeration in all lobes of the lungs. Postural drainage and percussion may be needed to dislodge mucous plugs.

TRACHEOSTOMY: EMERGENCY CLEANING OF INNER CANNULA (Continued)

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ESSENTIAL STEPS

KEYPOINTS-PRECAUTIONS

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C. Preparation of equipment

Assemble supplies on a small disposable tray and take to student.

D. Method

1. Wash hands.
2. Set out 3 paper cups.
3. Fill 1 cup with hydrogen peroxide and 1 with sterile saline.

4. Put on gloves.

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 saline 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 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.

TRACHEOSTOMY: EMERGENCY CLEANING OF INNER CANNULA (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
14. Replace inner cannula and secure in place.	
15. Attach ventilator. if removed prior to cleaning.	
16. Auscultate lungs bilaterally with stethoscope to assess bilateral lung fields.	Respirations should be quiet and with less effort.
E. Care of equipment	
1. Dispose of all supplies.	
2. Wash hands.	
F. Documentation	
1. Record procedure on log.	
a. Amount, color, and consistency of secretions	
b. Coughing	
c. Dyspnea	
d. Cyanosis	
e. Any bleeding	
f. Response of student to suctioning	

## REPLACEMENT OF TRACHEOSTOMY TUBE

I. General Guidelines: NOTE: The replacement of a tracheostomy tube can be done at school by a certified school nurse with current training in tracheostomy tube replacement. However, 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.

An extra tracheostomy tube with an obturator (appropriate size) should be kept at school.

If a problem develops in reinserting the tube, transport student immediately to physician or hospital emergency room.

A. Purpose: To maintain an open airway

B. Equipment:

1. Sterile tracheostomy tube (appropriate size)
2. Scissors
3. Twill tape for tying
4. Suction machine, including collecting bottle and connecting tube
5. Resuscitation bag, when ordered (such as Ambu bag)
6. Sterile disposable suction catheters
7. Nonwaxed clean paper cups (to be used for tracheostomy procedures)
8. Supply of sterile normal saline
9. Sterile normal saline bullets
10. Disposable clean latex gloves
11. Tissues
12. Plastic lined wastebasket (kept beside suction machine and used for contaminated materials)

C. Personnel Recommendation: The certified school nurse, registered professional nurse or physician who has current training in replacing a tube.

## II. Procedure

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Wash hands if student's condition permits you to do so.	
B. As you carry out this procedure, reassure student that he will be all right.	Calm and assured approach promotes student cooperation and ease of tube insertion.

## REPLACEMENT OF TRACHEOSTOMY TUBE (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
C. Position student with head tilted back as far as possible.	
D. Assemble equipment.	
E. Open tracheostomy tube package.	
F. Put on gloves if student's status permits.	
G. Insert tracheostomy tube with obturator. Be certain that the tube and obturator have been moistened in sterile normal saline.	
H. Holding tracheostomy tube, pull out obturator and insert cannula.	
I. 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, being careful to minimize movement during placement. Use 1/2-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.
J. 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 1/2-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 the knot.
K. Remove gloves and wash hands.	

REPLACEMENT OF TRACHEOSTOMY TUBE (Continued)

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ESSENTIAL STEPS

KEYPOINTS-PRECAUTIONS

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L. Record procedure on log:

1. Amount, color and consistency of secretions
2. Coughing
3. Dyspnea
4. Cyanosis
5. Any bleeding
6. Response of student to suctioning.

## LONG-TERM MEDICATION ADMINISTRATION

- I. General Guidelines: All qualified and trained personnel must be familiar with and adhere to the Superintendent's interpretation from the West Virginia State Code 18A-5-1 for administering medications. All students requiring medication during the school day are to be identified and a written list kept by the principal. 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: Prescribed medication, proper dispensing container (measuring cup/spoon, etc.), signed Administration of Medication forms and Student Medication Log.
- C. Personnel Recommendation: Certified school nurse or designated, trained personnel under the direct or indirect supervision of a school nurse.

### II. Procedure

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Obtain and review physician's written order and signed parental permission to administer medication/s on an Administration of Medication Form.	Written physician and parental permission must be obtained before any medication can be given at school.
B. Consult with certified school nurse regarding effective use of medication/s and the side effects; condition for which medication/s is prescribed; also possible adverse reactions.	All involved personnel should be informed of potential serious side effects and/or precautions as well as desired effect.
C. Notify principal and other essential personnel 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 maintain the rights of the student.
D. Follow step-by-step procedure to properly administer medication:	

LONG-TERM MEDICATION ADMINISTRATION (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
<p>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 bottle.</p>	<p>An approved safety check is to read the prescribed medication bottle 3 times. Parents must send medication in a properly labeled bottle from the pharmacy.</p>
<p>2. Insure positive identification of student.</p>	
<p>3. Whenever possible, a student shall self-administer medication and the teacher shall observe. If a student is unable to take his medication, a designated teacher will administer the prescribed medicine.</p>	<p>Observation by the teacher 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.</p>
<p>E. Document all required information on the student's medication log at the time the medication is administered.</p>	<p>Use one medication log for each medication being administered.</p>
<p>F. Store medication in a specified, locked place. Only designated personnel should have access to the medication.</p>	<p>Locked storage will prevent potential drug abuse and possibility of overdose by student.</p>
<p>G. Observe and evaluate the student's health status and reaction to medication given at school. Report any unusual reactions to the appropriate persons (i.e. parent, school nurse).</p>	<p>This information may be necessary for student's parents and/or physician to evaluate effectiveness.</p>
<p>H. IF vomiting should occur after medication is given, DO NOT ADMINISTER ANY MORE MEDICATION. Contact school nurse and/or parent.</p>	<p>Parent should always receive notification of a missed dose. The school nurse will need notification in order to observe adverse symptoms.</p>

## METERED DOSE INHALER (MDI) THERAPY

- I. General Guidelines: The metered dose inhaler is a self-contained pressurized cannister 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
- C. Personnel Recommendation: 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. Instruct student in step-by-step use of MDI as prescribed below or according to physician's written orders.	It is important that student fully understand instructions to receive the full benefit of the inhaled medication.
1. Make sure the cannister 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 your mouth, and hold the inhaler 1-2-inches from your open mouth.	
4. Inhale slowly and deeply through your mouth. After you start breathing in, press the top of the cannister firmly between your thumb and forefinger. Continue inhaling slowly and deeply through your mouth.	

METERED DOSE INHALER (MDI) THERAPY (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
5. After you have breathed in as much as you can, close your mouth and hold your breath for 5-seconds.	
6. Exhale slowly through pursed lips.	
7. If 2 puffs are to be taken, wait approximately 5-minutes between the first and second puff, and 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, and repeat steps 1-6.	
C. Monitor the student for administration technique, cough production, and breath sounds before and after the treatment.	Assess whether medication has had the desired or undesired effect. (Note: an asthmatic student may need further medical attention).

# IPPB PROCEDURE (INTERMITTENT POSITIVE PRESSURE BREATHING)

## I. General Guidelines

- A. Purpose: 1. To administer aerosol medication  
2. To mobilize secretions and aid in expectoration  
3. To improve alveolar ventilation  
4. To assist inspiration via positive pressure
- B. Equipment: 1. IPPB machine as prescribed by physician  
2. Medication as prescribed by physician
- C. Personnel Recommendation: 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. Wash hands.	Prevent infection.
B. The student, if possible, should be taught to perform procedure himself with school personnel observing.	To foster independence. Supervision is necessary to insure completion of treatment with complications.
C. Student should be in sitting position.	Better ventilation.
D. Place prescribed medication in nebulizer.	Be familiar with medication and dosage, side effects, precautions, etc.
E. Administer positive pressure according to physician's instructions.	Be familiar with instructions for the particular IPPB machine.
F. Instruct student to gently bite down on mouth piece and seal with the lips.	Seal is necessary for adequate treatment.
G. Tell student to breathe slowly, 8-10 breaths per minute, and normally holding breath 3-4 seconds at end of inspiration.	Let machine do the work.
H. Have student exhale completely and slowly in a relaxed manner.	If student becomes excited, stop treatment until he is calm.

IPPB PROCEDURE (INTERMITTENT POSITIVE PRESSURE BREATHING) (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
I. After several breaths, have student to push all the air out. Count 1, 2, 3, and rest for a few seconds.	
J. Student should continue this type of breathing until all medication is used.	
K. Record procedure on treatment log, including any untoward reaction of student. Record medication used on medication log.	
L. Disassemble and clean exhalation unit and nebulizer. Clean appropriate parts with soap and water, rinse thoroughly, soak in a 1:10 solution of household bleach for 10 minutes, then rinse thoroughly.	Clean immediately for ease of cleaning and sanitation purposes.

## POSTURAL DRAINAGE AND PERCUSSION

- I. General Guidelines: Students needing postural drainage have pulmonary dysfunction, 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: 1. Pillows  
2. Tissues  
3. Wastebasket (plastic lined)
- C. Personnel Recommendation: Certified school nurse or designated, trained school personnel under indirect supervision of the 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.)

POSTURAL DRAINAGE AND PERCUSSION (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
4. Wash hands at end of session.	
C. The 10 positions for percussing students weighing 40 pounds or more are as follows:	See step 4 in this procedure for percussing students under 40 pounds.
<u>No. 1.</u> Position student on stomach with right side of torso and right arm elevated on pillow.	This one-quarter turn of body is the correct position for percussing posterior segment of right upper lobe--over right upper scapular area.
	NOTE: In all positioning, additional pillows may be necessary to obtain desired elevation; it depends upon student's weight.
<u>No. 2.</u> Position student on stomach with left side of torso and left arm elevated on pillow.	This one-quarter 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.

POSTURAL DRAINAGE AND PERCUSSION (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
<p><u>No. 3.</u> Position student flat on back, with pillow placed under head and knees.</p>	<p>This position is correct for percussing anterior segments of right and left upper lobes--between clavicle and nipple areas.</p>
<p><u>No. 4.</u> Position student on back. Turn hips one-quarter turn to the right. Elevate hips 10-12 inches with pillows. Use additional pillows, as needed, to hold hips to the right.</p>	<p>This position is correct for percussing lingula process of left lung--from left armpit to nipple area.</p>
<p><u>No. 5.</u> Position student on back. Turn hips one-quarter turn to the left. Elevate hips 10-15 inches with pillows. Use additional pillows, as needed, to hold hips to the left.</p>	<p>This position is correct for percussing middle lobe of right lung--from right armpit to nipple area.</p>
<p><u>No. 6.</u> Position student flat on stomach with pillows under stomach and lower legs/feet.</p>	<p>This position is correct for percussing apical segments of right and left lower lobes--over lower scapular areas.</p>

POSTURAL DRAINAGE AND PERCUSSION (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
<p><u>No. 7.</u> Position student on back- elevate hips 16-18 inches with pillows.</p>	<p>This position is correct for percus- sing anterior basal segment of right and left lower lobes-over lower chest area below nipples.</p>
<p><u>No. 8.</u> Position student on sto- mach. Elevate hips 16-18 inches with pillows.</p>	<p>This position is correct for percus- sing posterior basal segments of right and left lower lobes--over low- er chest areas (avoid kidneys).</p>
<p><u>No. 9.</u> Position student on right side. Elevate hips 16-18 inches with pillows.</p>	<p>This position is correct for percus- sing lateral basal segment of left lower lobe--over left side from be- neath armpit to end of rib cage.</p>
<p><u>No. 10.</u> Position student on left side. Elevate hips 16-18 inches with pillows.</p>	<p>This position is correct for percus- sing lateral basal segment of right lower lobe--over right side from be- neath armpit to end of rib cage.</p>
<p>D. The techniques for percussing students under 40 pounds (18kg) and other students in a sitting position are as follows:</p>	

POSTURAL DRAINAGE AND PERCUSSION (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
<p>No. 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 his chin resting on the pillow.</p>	<p>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.</p>
<p>No. 2. Seated as before, hold student face up on your lap, with his head resting on pillow.</p>	<p>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.</p>
<p>E. After percussing/coughing in all 10 positions, assist student with 5 breathing techniques.</p>	<p>Percussion assists the student in raising sputum from the lung. This is the optimal time to accomplish maximum aeration of the lungs.</p>
<p>No. 1. Encourage diaphragmatic breathing (breathing with diaphragm instead of chest). Repeat about 15 times.</p>	<p>Check for correct breathing by holding hand at upper abdomen and feeling it rise and fall while chest is still. Encourage diaphragmatic breathing at all times.</p>
<p>No. 2. Have student raise arms over head while breathing in, and have student lower arms while breathing out. Repeat about 15 times.</p>	<p>Maintain breathing pattern while performing this exercise. Encourage this type of breathing in functional activities, such as combing hair, lifting, etc.</p>
<p>No. 3. Have student extend arms outward while breathing in, and have student put arms across chest while breathing out. Repeat about 15 times.</p>	<p>Maintain breathing pattern while performing this exercise. Encourage slow expiration.</p>
<p>No. 4. Encourage student to use prolonged expiration, i.e. pursed lip breathing. Repeat several times.</p>	<p>This assists student in emptying the lungs.</p>

POSTURAL DRAINAGE AND PERCUSSION (Continued)

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
No. 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. Record procedure on log.	

# ANAPHYLACTIC REACTION

## I. General Guidelines

- A. Purpose:
1. To be aware of dangers of anaphylactic reactions that can result in life-threatening situation.
  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 urge individuals with known allergies to wear identification tags.
  4. 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.
- C. Personnel: Designated trained personnel.

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 the 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.	When in doubt, treat the person for an anaphylactic reaction.
B. In case of known allergies, the designated person will give appropriate amount of medication prescribed by 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: <ol style="list-style-type: none"><li>1. Employ resuscitative measures</li><li>2. Insure adequate airway</li><li>3. Perform cardiopulmonary resuscitation (CPR).</li></ol>	
D. Call Emergency Medical Services	Call paramedics or transport student to nearest hospital emergency room Phone numbers posted.
E. Notify physician and parents.	Send all information with the student.
F. Document and report to school nurse.	

## USE OF EPI-PEN (Epinephrine Auto-Injector)

### I. General Guidelines

- A. Purpose: To administer a single dose of Epinephrine in the event of an allergic reaction to a bee sting.
- B. Equipment: Epi-Pen as prescribed by physician
- C. Personnel Recommendation: At least 3 persons in the student's school must be instructed as to proper use of Epi-Pen. Student shall administer his own medication, if able to do so.

### II. Procedure

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. One person notify parent and emergency medical system while another observes for signs of severe allergic reactions. Signs of severe allergic reaction to a bee sting are weakness, dizziness, difficulty breathing, hives or itching all over the body.	Epinephrine is needed only for severe reactions, not for just redness and swelling at site of bee sting. Review Anaphylactic Reaction.
B. Remove gray, safety cap of Epi-Pen.	All persons will be aware of location of Epi-Pen. The required Medication Administration Form should be signed by both parent and physician and on file in the school office.
C. Place black tip on thigh, at right angle to leg.	Apply to thigh regardless of what part of body has been stung.
D. 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 needle container. Massage injection area for 10 seconds after removal of Epi-Pen.	Epi-Pen must be injected into thigh only.
E. Document date and time on Medication Log and report to school nurse.	

## MEASUREMENT OF BLOOD SUGAR

### I. General Guidelines

- A. Purpose: To obtain an accurate measurement of the student's blood sugar.
- B. Equipment: Physician's order for procedure and intervention; blood sugar monitor; automatic lancet device; cotton balls; chem strip (parent provides); disposable, latex gloves.
- C. Personnel Recommendation: Certified school nurse or other qualified, designated school personnel. Student shall perform procedure if able to do so.

### II. Procedure

ESSENTIAL STEPS	KEYPOINTS-PRECAUTIONS
A. Wash hands.	Refer to Hand Washing 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 chem strip - place pad side up on table surface.
D. Prepare student.	Under supervision, have student wash hands with soap. Dry hands.
E. Put on disposable, latex gloves.	Protection of personnel from blood.
F. Perform finger puncture and place drop of blood on test strip.	Desirable site is lateral and next to nail. Place finger down on table, position automatic lancet device on desired, cleansed area and apply slight downward pressure until it clicks. Allow blood to freely drop on chemstrip - avoid touching finger to chemstrip pad and milking finger. Blood must cover entire end of padded strip.
G. Follow directions for specific glucose monitor for obtaining readings.	Refer to physician's orders for intervention.
H. Dispose of gloves, cotton balls, chemstrip, and used lancet in proper container.	Double bagged and puncture proof container must be used. Refer to Disposing of Body Fluid procedure.
I. Record blood sugar reading in student's procedure log.	

## APPENDICES

A. WV Code, 18-5-22

W.V. Code 30-7-1 (et.seq.) Registered Professional Nurse Practice Act

W.V. Code 30-7a-1 (et. seq.) Licensed Practical Nurse Practice Act,  
Subsection 1.1

B. Samples Performance Checklist

C. Evaluation of Specialized Health Procedure Performance

D. Sample Forms

Parents Request for Specialized Health Care Service  
Physician's Authorization for Specialized Services  
Administration of Medication  
Health Care Plan

APPENDIX A

**ENROLLED**  
COMMITTEE SUBSTITUTE  
FOR

**H. B. 2557**

(By DELEGATES BASHAM AND FLANIGAN)

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[Passed April 8, 1969; in effect ninety days from passage.]

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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.**

1 County boards of education shall provide proper

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

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

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

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

43 supervised by the school nurse: *Provided*, That nothing  
44 herein shall prohibit any school employee from provid-  
45 ing specialized health procedures or any other prudent  
46 action to aid any person who is in acute physical distress  
47 or requires emergency assistance. For the purposes of  
48 this section "specialized health procedures" means but  
49 is not limited to, catheterization, suctioning of tracheos-  
50 tomy, naso-gastric tube feeding or gastrostomy tube  
51 feeding; and "school employee" means teachers as  
52 defined in section one, article one of this chapter and  
53 aides as defined in section eight, article four-a, chapter  
54 eighteen-a of this code.

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

69 Each county school nurse, as designated and defined  
70 by this section, shall perform a needs assessment. These  
71 nurses shall meet on the basis of the area served by their  
72 regional educational service agency, prepare recommen-  
73 dations and elect a representative to serve on the council  
74 of school nurses.

75 There shall be established a council of school nurses  
76 which shall be convened by the state board of education.  
77 This council shall prepare a procedural manual and  
78 shall provide recommendations regarding a training  
79 course to the director of the state department of health  
80 who shall consult with the state department of educa-  
81 tion. The state department of health shall then have the  
82 authority to promulgate rules and regulations to  
83 implement the training and to create standards used by

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

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

§ 30-7-1

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Sec.  
30-7-15. Administration of anesthetics.  
30-7-16. General law applicable.

Sec.  
30-7-17. Severability.

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

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§ 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) Accredite 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

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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-

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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

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(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. 83, 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.

Sec.	Sec.
30-7A-1. Definitions.	30-7A-7. Renewal or reinstatement of license.
30-7A-2. Use of title "licensed practical nurse"; who may practice.	30-7A-8. Schools of practical nursing.
30-7A-3. Qualifications of applicants for license.	30-7A-9. Construction of article; acts not prohibited.
30-7A-4. Application for license or registration; examination fee.	30-7A-10. Disciplinary proceeding; grounds for discipline.
30-7A-5. Board of examiners; powers; duties.	30-7A-11. Prohibited acts; penalties.
30-7A-6. Examination and licensure of practical nurses; present practitioners.	30-7A-12. Severability.

### § 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.

§ 30-7A-2

PROFESSIONS AND OCCUPATIONS

(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 com-

port 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 li-

censes 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 provi-

sions 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

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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 <u>gently</u> into the urethra and bladder   |
| ___ | ___ | 3.4 Inserted the catheter <u>beyond</u> 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



APPENDIX D - SAMPLE FORMS

_____ COUNTY SCHOOLS	Student's Name _____
_____ OF HEALTH SERVICES	_____ Last
_____ Street _____	_____ First _____ Middle _____
City, W V Zip Code _____	Birthdate _____ Age _____
Telephone: 304- _____	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: \_\_\_\_\_

Student's Name \_\_\_\_\_  
Last \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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. 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.

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 \_\_\_\_\_ Please Print  
 \_\_\_\_\_ Health Services \_\_\_\_\_ Student's Name \_\_\_\_\_  
 \_\_\_\_\_ Street; City, WV Zip Code \_\_\_\_\_ Last  
 Telephone: 304- \_\_\_\_\_  
 \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
**ADMINISTRATION OF MEDICATION** Birthdate \_\_\_\_\_  
 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

CIRCULATORY

SKIN

MUSCULOSKELETAL/MOBILITY

FLUIDS AND ELECTROLYTES

ELIMINATION

NUTRITION

NEUROLOGICAL

SAFETY

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)

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