

Health Services Nursing

Office of School Health

Department of Education/Department of Health and Mental
Hygiene

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Health

Department of
Education

Office of School Health Nursing Services

- The OSH is a combined program of the Department of Education and the Department of Health and Mental Hygiene
- The goal of this office is to provide quality health services to students attending the New York City schools
- School Health Nurses provide preventive health teaching, health education, case management, and direct services

Office of School Health Nursing Services

- Engages in case identification, referral and case management activities in conjunction with the school health team and community providers.
- Assesses the identified child's function and physical health status, in collaboration with the child's parent and health care provider
- Develops individual health and emergency care plans

Office of School Health Nursing Services

- Nursing practice is governed by the NYS Nurse Practice Act and the State Education Department
- Medically-related School Health Services can only be provided by a professional Registered Nurse in a school setting and/or on the bus to and from school.
- MAF's are received from primary provider reviewed and approved for the nurse to administer in school setting.

Office of School Health Nursing Services

Nurses are assigned to:

- Elementary schools (without an SBHC)
- Intermediate schools (if skilled nursing need)
- Public High Schools (if skilled nursing need)
- D75 programs (Only DOE nurses)
- Non-Public Schools with registration of \geq 200 and a medical room.(Only DOHMH nurses)
- Public health advisor may be assigned to middle schools where there are no skilled nursing needs
- One nurse is assigned to a school building

Office of School Health Nursing Services

- The program works best when there is a strong and effective relationship between the nurse and the principal or designee
- Nurses are expected to contribute their time and expertise to the school community
- Principals are encouraged to participate in the selection of the nurse and the non-clinical aspects of the nurse's evaluation

Office of School Health Nursing Services

Documentation :

- Automated School Health Record(ASHR)
- 103s (paper record)
- Log Book
- Medication Administration records

Section 504 of the Rehabilitation Act of 1973

- Students determined to have a disability under Section 504 of the 1973 Rehabilitation Act, who do not qualify for special education may also receive health services by a nurse if requested and documented by the student's health care provider on the [MAF/Health Accommodations Forms.](#)

Section 504 Services

- DOE/OSH requires that a new MAF/Health and Accommodations Form be submitted yearly.
- Schools are responsible for informing parents of the availability of Section 504 accommodations.
- The forms are made available at the regions, in school medical rooms and on the DOE's web site:
- www.nycboe.net/offices/spss/cpsh.asp
- Lets look at the forms

NOTE: Parent signature required on reverse side of this form. Current photograph of student MUST be attached to upper left corner of this form.

MEDICATION ADMINISTRATION FORM
 Authorization for Administration of Medication to Students for School Year 2011-2012

Student's Name (Last, First, Middle)		Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	I.D. Number
DOE District	School (PS, IS, etc. and Name)		Grade	Class
School Address				Zip Code

1. Diagnosis **ASTHMA** Yes No
 Choose Severity:
 Intermittent Moderate Persistent*
 Mild Persistent* Severe Persistent*
 *National guidelines recommend inhaled corticosteroids for children with persistent asthma.
Stock supply only available for Ventolin HFA. (see back)
 Choose One:
 Ventolin HFA (may be provided by school for shared usage).
 ADD MEDICATION NAME HFA (to be provided by parent).
 May substitute stock ventolin
 May not substitute stock ventolin
INDICATE HOME MEDS IN BOTTOM LEFT BOX.

Choose all that apply

Standard order. 2 puffs q 4 hrs. via MDI and spacer prn cough, wheeze, tightness in chest, difficulty breathing or shortness of breath. May repeat in 15 mins x 2 if no improvement (3 total).

Pre exercise. 2 puffs via MDI with spacer 15-30 minutes before exercise.

URI or recent asthma flare (within 3 days). 2 puffs @ noon via MDI inhaler and spacer for 3-5 days.

Instructions for lack of improvement or adverse reaction

If improved, but not enough to return to class, call parent. If significant respiratory distress persists, call 911 and notify parent and PMD. May provide additional puffs as needed until EMS arrives.

Choose all that are appropriate

Student may carry medication and may self-administer. **(PARENT MUST INITIAL REVERSE SIDE).**

Store medication in medical room and student to self-administer under observation.

Store medication in medical room and nurse to administer.

Can this student self administer their personal MDI on school trips. Check one: Yes No

2. Diagnosis: Anaphylaxis
 Select One:
 EpiPen Auto-Injector: 0.3 mg/0.3 ml [1:1000]
 EpiPen Jr. Auto-Injector: 0.15 mg/0.3 ml [1:2000]
 Intramuscularly into anterolateral aspect of thigh
 911 will be called immediately

prn _____
specific signs, symptoms or situations

Any repeats if no improvement? Yes, in _____ mins, max _____ times

Conditions under which medication should not be given:

Student may carry medication (includes epi pen and MDI) and may self-administer. **(PARENT MUST INITIAL REVERSE SIDE).** NOT FOR CONTROLLED SUBSTANCES.

Store medication in medical room and student to self-administer under observation.

Store medication in medical room and nurse to administer.

3. Diagnosis _____

 Medication/Preparation/Concentration

 Dose/Route
 Diagnosis substantially controlled with medication.
 Diagnosis not substantially controlled with medication.

Standing daily dose. Specify time(s): _____
 ----- **AND/OR** -----
 prn _____
specific signs, symptoms or situations

Time interval: q _____ hours as needed

Any repeats if no improvement? Yes, in _____ hr/mins, max _____ times

Conditions under which medication should not be given:

Student may carry medication (includes epi pen and MDI) and may self-administer. **(PARENT MUST INITIAL REVERSE SIDE).** NOT FOR CONTROLLED SUBSTANCES.

Store medication in medical room and student to self-administer under observation.

Store medication in medical room and nurse to administer.

List medication(s) student takes at home and at what time:

Health Care Practitioner (HCP) Name (PLEASE PRINT)
 LAST NAME FIRST NAME HCP Signature

 HCP/Clinic Address

 HCP/Clinic Tel. No. HCP/Clinic Fax No. NYS Registration No. (Required) Date

FOR DOHMH USE: Revisions per DOHMH after consultation with prescribing provider

IEP

NYC OFFICE OF SCHOOL HEALTH - DIABETES MEDICATION ADMINISTRATION FORM SCHOOL YEAR 2011-2012

Student Name, Sex, Date of Birth, ID Number, DOE District, School, Grade, Occs, Borough, School Address, Next Recent A1C Date, Result

EMERGENCY SITUATIONS, Severe Hypoglycemia, Risk for Diabetic Ketoacidosis (DKA), Blood Glucose Monitoring and Insulin Orders

Hypoglycemia, Between Hypo- and Hypoglycemia, Hyperglycemia, Carb Coverage Insulin Instructions

INSULIN ORDERS (CHECK ONE BOX ONLY)

Syringe / Pen, Name of Insulin, Target (Single #), Sensitivity Factor (Correction), Insulin/Carb Ratio, For SNACK, For SNACK, Basal, In School, Temporal basal rate for, Disconnection Pump for gym, Carb Coverage, Carb Coverage plus Correction Dose

SLIDING SCALE, Name of Insulin, For lunch, BG Range, Insulin Units, Other times, BG Range, Insulin Units

SNACK, Time of day, Type & Amount, Student may carry and self administer snacks, HOME MEDICATIONS, Insulin (Name, frequency and dose), Oral Medications (Name, frequency and dose), OTHER DIABETES ORDERS

Health Care Practitioner Name (Name/Title), Health Care Practitioner Signature, Date, Address, Tel. No., Fax No., BTE (Lx. No. (if applicable)), For DOHMH USE: Revisions per consult with Prescriber

**REQUEST FOR ACCOMMODATIONS UNDER SECTION 504 of the REHABILITATION ACT of 1973
2011-2012 SCHOOL YEAR**

Student's Name: Last: _____ First: _____ Middle: _____
Male: _____ Female: _____ D.O.B.: _____ I.D. #: _____
Borough: _____ District: _____ School: _____ Grade: _____ Class: _____
School Address: _____ Zip Code: _____

Physician's Statement for Requested 504 Accommodations (if applicable):

1. Describe the nature of the concern: _____

2. Medical Diagnosis/Disability: _____

3. Describe how the disability affects the student's educational performance: _____

4. List/describe the educational service(s) that are being requested: _____

Physician's Name (Print) _____	Physician's Signature _____	
Physician/Clinic's Address _____	NYS Registration No. _____	Date Signed _____
Zip Code _____	Physician/Clinic's Telephone No. _____	Physician/Clinic's Fax No. _____

Parent's Statement for Requested 504 Accommodations:

1. Describe the nature of the concern: _____

2. Describe how the disability affects the student's educational performance: _____

3. List/describe the 504 accommodations that are being requested: _____

To determine whether 504 accommodations are necessary, a 504 team will convene to review your request. If a 504 Accommodation Plan is necessary it will be completed by the school with your input. This plan must be reviewed annually.

By submitting this Request for 504 Accommodations, I am requesting that my child be provided with specific educational accommodation(s) by the New York City Department of Education (the "Department"). I have provided the full and complete information regarding this request for educational accommodation(s) in this form. I understand that the Department, its agents, and its employees involved in the provision of the above-requested accommodation(s) are relying on the accuracy of the information that I have provided in this form to determine whether and to what extent my child will be provided with accommodations under Section 504.

Please Print Parent/Guardian's Name & Address Below:

Parent/Guardian's Signature _____	_____
Date Signed _____	_____
Daytime Telephone No. _____	_____

I hereby authorize the Department, DOHMH and their employees and agents, to contact, consult with and obtain any further information they may deem appropriate relating to my child's medical condition, medication and/or treatment, from any health care provider and/or pharmacist that has provided medical or health services to my child.

SELF-ADMINISTRATION OF MEDICATION: Initial this paragraph for use of an Epi-Pen, asthma inhaler and other approved self-administered medications):

 I hereby certify that my child has been fully instructed and is capable of self-administration of the prescribed medication. I further authorize my child's carrying, storage and self-administration of the above-prescribed medication in school. I acknowledge that I am responsible for providing my child with such medication in containers labeled as described above, for any and all monitoring of my child's use of such medication, as well as for any and all consequences of my child's use of such medication in school. I further hereby authorize the Department, DOHMH, their agents and employees; including the principal, his/her designee(s), school nurse and my child's teacher(s), to administer such medication in accordance with the instructions of my child's physician should my child be temporarily incapable of self-administering such medication. I understand that the school nurse will confirm my child's ability to self carry and self administer in a responsible manner with the school. In addition, I agree to provide "back up" medication in a clearly labeled bottle to be kept in the medical room in the event my child does not have sufficient medication to self administer.

 I also authorize the principal, his/her designee(s) and school nurse to store and/or administer to my child such medication in the event that my child is temporarily incapable of self-storage and self-administration of such medication.

 I hereby certify that I have consulted with my child's health care provider and that I authorize the Office of School Health to administer stock Ventolin in the event that my child's asthma prescription medication is unavailable. You must send your child's Personal Metered Dose Inhaler (MDI) with your child on a school trip day in order that he/she has it available. The stock Ventolin is only for use while your child is in the school building.

Please Print Parent/Guardian's Name & Address Below:



Parent/Guardian's Signature

Date Signed

Daytime Telephone No. Home Telephone No.

(DO NOT WRITE BELOW - FOR DOE AND DOHMH ONLY)

Student's Name: _____

OSIS No: _____

Parent Initial

Parent Initial

Parent Initial

Parent Signature

HEALTH SERVICES: MEDICATION & PROCEDURES

- Administer Oral Medication
- Administer medication through Inhaler or nebulizer
- Application of ear, eye or nose drops
- Application of topical creams or ointments for chronic conditions
- Injections (SC or IM)
- Blood Glucose Monitoring
- Dressing Changes
- Management of Insulin Pumps
- Rectal Medications
- Tracheostomy Care
- Nasogastric tube care and feedings
- Gastrostomy feeding
- Catherization (urinary)
- Oral/Pharyngeal suctioning
- Oxygen administration
- Ostomy care
- Chest clapping
- Percussion

HEALTH SERVICES: MEDICATION & PROCEDURES

Nurses can train unlicensed persons as per New York State Education Office of the Professions:

- Epi-pen administration for a student with an MAF for anaphylaxis
- Glucagon Administration for a student with D-MAF
- Blood glucose monitoring (Central Office approval)
- Magnet Use with Vagus Nerve Stimulator

Office of School Health Nursing Services

Public Health Initiatives

Asthma

- Managing Asthma in Schools (MAS). Open Airways Program (2 sessions of 6 week program

Obesity :

- Healthy Options & Physical Activity Program (HOP)

Mental Health:

- Screening the At Risk Student (STARS)

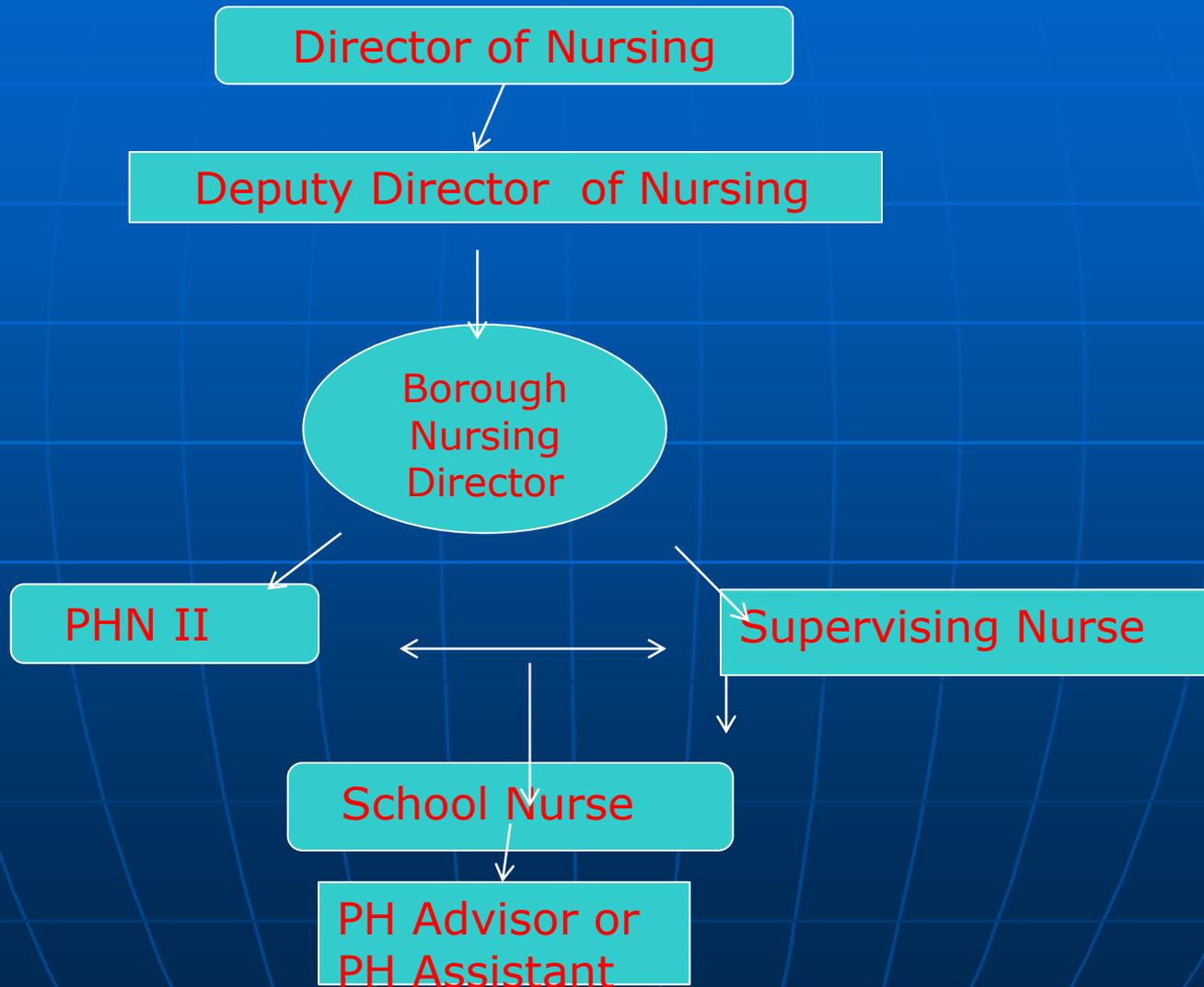
Reproductive Health:

- Connecting Adolescents to Comprehensive Health
CATCH

Communicable Diseases

- School Health will provide advice and meet with staff and parents
- Standard letters are available in multiple languages
- Most of the time it is better to wait until there is a definite diagnosis (e.g. type of meningitis)
- The school nurse needs to be informed and will then relate the concerns to the appropriate agency

OSH Nursing Organization



EMERGENCIES

- Nurses must work closely with principals when these arise
- In life threatening emergencies a nurse may have to call 911 prior to consulting the principal but will inform after.
- Nurse should not be asked to go to the hospital with a student. The principal must designate another staff member

MEDICAL ROOMS

To ensure student safety and privacy School Health has set minimum standards for these rooms

- Adequate size – generally 200 square feet
- Sink with hot and cold water
- Floor to ceiling walls
- No through traffic
- Computer hook-up (for ASHR electronic record)

MINOR TRAUMA

- In some schools every student with a minor injury (e.g. a paper cut) is sent to the medical room
- This is not medically (or legally) necessary
- Students lose instruction time
- The nurse cannot perform other important functions

SUMMARY

- It is vital for School Health staff to have effective working relationships with principals
- We need to balance the school support public health and the provision of skilled nursing services roles of the nurses
- Many of our responsibilities are determined by State law, NYC health code and Chancellor's regulations