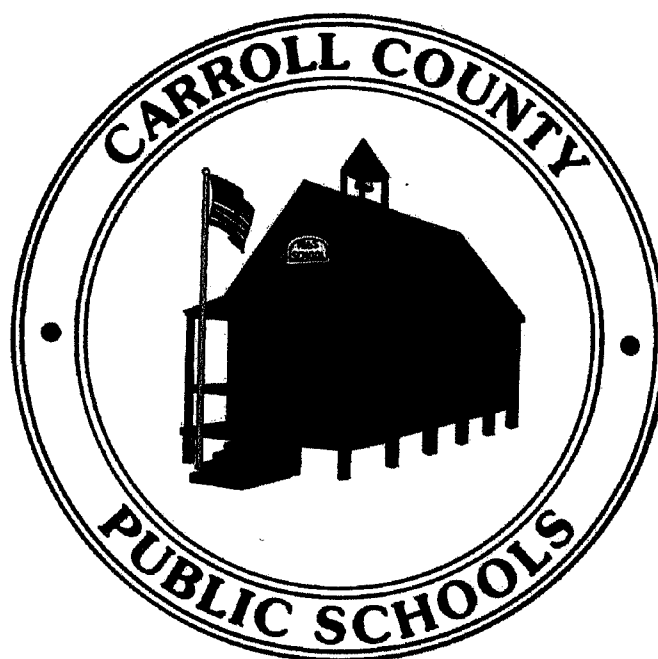


HEALTH SERVICES HANDBOOK



**Carroll County Public Schools
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Westminster, Maryland 21157
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Westminster, Maryland

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INTRODUCTION

Carroll County Public Schools Health Services Handbook is intended to be a resource manual. It formally replaces a majority of information in the Health Services portion of the Pupil Services Handbook. However, the Pupil Services Handbook will remain a resource for specific policies regarding health.

This handbook is meant to assist administrators and health room personnel with up-to-date information for the health care of students.

This handbook is divided into general sections. On some pages references are interrelated topics. In general the First Aid and Policy and Procedure sections will be the areas which are most often used.

This is a working document. You may find it helpful to note in the book where information needs to be changed or topics that need to be added. Periodically, forward your comments to the Health Services Supervisor who will then have your comments for use when the book is reviewed and updated.

A special thanks is given to the committee who spent many hours in research and collaborated to prepare this handbook.

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DEFINITION OF SCHOOL NURSING

School nursing is a specialized practice of professional nursing that advances the well-being, academic success and life-long achievement and health of student. To that end, school nurses facilitate positive student responses to normal development; promote health and safety, including a healthy environment; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self advocacy, and learning (NASN, 2010).

CARROLL COUNTY SCHOOLS HEALTH SERVICES PHILOSOPHY

Maryland law requires that the Carroll County Board of Education and the Carroll County Health Department cooperate to provide adequate health service, instruction in health education, and a healthy school environment.

Toward that end, the Carroll County School Health Services provides trained personnel to implement plans for the health and safety of the students.

Included in the responsibilities of these trained individuals are:

- Assessment of acute illnesses and injuries and the initial management of these conditions
- Utilization of nursing skills for students with special health concerns
- Promotion of healthy living practices
- Maintenance of student health records to assure minimum compliance with state regulations
- Assistance with vision and hearing screening

It is our belief that a child with outstanding health problems is unable to reach his/her full potential. It is the goal of the School Health Services to assist in maintaining an environment, which is most conducive to learning.

MISSION STATEMENT

The School Health Services mission in Carroll County is established in the premise of that all children can learn.

The mission of School Health Services is:

1. To assist students to reach their maximum health status so they are able to learn to their full potential.
2. To work with the Educational Team to help assure that the students' unique physical, mental and developmental needs which impact their ability to learn are met.
3. To develop nursing objectives according to students' individual needs.
4. To be an integral part of the educational support system for all students, grade Pre-K – 12.

HEALTH RELATED STUDENT OUTCOMES

1. **Students will demonstrate behaviors indicative of a healthy life-style.**
2. **Students will demonstrate age and developmentally appropriate skills for management of health needs.**
3. **Students will have the ability to learn in a safe and healthful environment.**
4. **Students will develop skills necessary to maintain optimum health throughout their lives.**
5. **All students will have the ability to achieve to their full potential in an environment adapted to meet their needs.**

School Health Overview

Healthy children learn better. If one accepts this premise, it follows, then, that physical, emotional, and social health problems compromise children's ability to learn and thereby contribute to educational failure. Conversely, educational failure may contribute to conditions favoring the development of health problems.

The school nurse is challenged to develop, implement, coordinate, and evaluate a comprehensive school health program, which promotes optimal health and facilitates the learning process. A comprehensive school health program consists of school health services, education, environment; school food services, physical education, counseling; work site health promotion; and integrated school and community health promotion efforts. The nurse's role is most basic and traditionally evidenced in the areas of school health services, school health education & health promotion, and school health environment & safety.

The nurse's role in the school health program will include: provider of client care, communicator, planner and coordinator of client care, client teacher, investigator, and role within the discipline of nursing.

Ref: *School Nursing Practice: Roles and Standards, NASN, 1993.*
Nader, P.R. The concept of "comprehensiveness" in the design and implementation of school health programs. Journal of School Health, 1990.

SCHOOL HEALTH SERVICES STANDARDS

Since 1991, Code of Maryland Regulations (COMAR) 13.05.05 through 13.05.15, School Health Services Standards, have mandated health coverage in schools by a school health services professional. The school health services professional is defined by COMAR as a physician, certified nurse practitioner, or registered nurse with experience and/or training in working with children or school health programs. Local school systems (LSSs), with the assistance of local health departments, are responsible for providing school health services to all public schools. Each jurisdiction determines the school health services model that it desires to use.

The School Health Standards state that, "With the assistance of the local health department, each County Board shall provide adequate school health services." Each jurisdiction has responded to this mandate differently. In some jurisdictions, the entire school health services program is administered by the LSS and the local health department is utilized for assistance with screenings, development of policies and procedures, and for medical consultation. In other jurisdictions, local health departments provide the entire school health services program and collaborate with the LSS to develop policies and procedures and to act as liaison with school administrators and staff.

Two primary models are used to deliver school health services. One model uses an RN in each school and the other assigns an RN to several schools. When the RN is responsible for several schools, she/he delegates selected treatments and medication administration to a certified paraprofessional assigned to the school.

The school health standards are the foundation for school health services programs across the state of Maryland.

.05 School Health Services Standards — Introductions.

In accordance with Education Article, §7-401, Annotated Code of Maryland, the Department of Education and the Department of Health and Mental Hygiene have developed jointly public standards and guidelines for school health programs. The law further provides that the Department of Education and the Department of Health and Mental Hygiene shall offer assistance to the local boards of education and local health departments in the implementation of these standards.

.06 School Health Services Standards — Definitions.

A. In Regulations .05—.15, the following terms have the meanings indicated.

B. Terms Defined.

(1) "Communicable disease control" means the prevention, investigation, limitation, and eradication of diseases caused by infectious agents and usually spread from person to person.

(2) "Designated school health services professional" means a physician, certified nurse practitioner, or registered nurse, or all of these, with experience or special training, or both, in working with children and families in community or school health programs and practices in accordance with the current medical and nursing standards of care.

(3) "Follow-up" means the process of ascertaining if the recommended services have been obtained and evaluating the outcomes to determine if additional referrals are necessary.

(4) "Health appraisal" means the process by which a designated school health services professional identifies health problems that may interfere with learning.

(5) "Health counseling" means a service which provides opportunities for students and parents/guardians to explore options, make decisions, and receive support for understanding and adjusting to or coping with their health problems.

(6) "Nursing care plan" means the course of action to be used by the nurse to meet the health needs of a student.

(7) "Physical education" means the component of the school program that seeks, basically through the medium of physical activities, to improve each individual's physical fitness, motor skills, knowledge and appreciation of physical activities, and social competencies.

(8) "Referral" means the process of helping a student or family obtain additional or comprehensive services, or both, and information.

(9) "School health services aide" means an unlicensed person who functions under the supervision of a designated school health services professional. The designated school health professional shall determine the required degree of supervision on an individual basis. A school health services aide, at a minimum, shall be certified in cardiopulmonary resuscitation annually and a basic first aid course every 3 years.

(10) "Screening" means a procedure to identify students who are at risk of having a health problem.

(11) "Special health needs" means temporary or long-term health problems arising from physical, emotional, or social factors or any combination of these. The student with special health needs may or may not be enrolled in a special education program.

(12) "Staff development" means the process of both formal and informal acquisition by staff of further knowledge, skills, and attitudes needed to perform assigned functions.

(13) "Supervision" means the process of critically watching, directing, and evaluating another's performance.

.07 School Health Services Standards — For All Students.

A. Physical Examination.

(1) A physical examination is required of each child entering the Maryland public school system for the first time. The examination shall be completed within the period of 9 months before entrance or 6 months after entrance. The physical examination form designated by the Department of Education and the Department of Health and Mental Hygiene shall be used to meet this requirement.

(2) The physical examination shall be completed by a physician or certified nurse practitioner.

(3) For each school year each public school shall report to the local board of education or local health department the number of children entering the public school system for the first time who have not had a physical examination because of the lack of access to health care, insufficient financial resources, or any other reason, including a religious reason, as the public school deems appropriate.

(4) An effort should be made to facilitate students and their families in obtaining a physical examination. However, if a student is unable to obtain a physical examination, the student may not be excluded from school.

(5) For each school year the local board of education or local health department shall report the number of children who have not had a physical examination and the reason or reasons for not obtaining the physical examination to the Department of Health and Mental Hygiene.

B. Review of Students' Health Records. The initial review of students' health records may be conducted by the designated school health professional or a school health services aide. The review of records shall include a review of the student's health history, health screening reports, physical examination form as designated by the Department of Education and the Department of Health and Mental Hygiene, dental examination records, and other health reports. During the record review, the designated school health services professional or school health services aide shall document whether the student has a primary care provider. Students with health problems or concerns identified during the initial review of records by the school health services aide shall be referred to the designated school health services professional for a health appraisal.

C. Health Appraisal. A health appraisal for students identified through the review of records as having health problems or concerns shall be conducted by the designated school health services professional. The health appraisal may include health observations, interviews, and conferences with parents/guardians, students, educators, and other health professionals. Health appraisals shall be conducted as follows:

(1) The health appraisal shall take place not later than 6 months after the date of entry to a school system and after that as indicated in §C(2), of this regulation.

(2) The health appraisal of students with identified health problems shall be repeated as frequently as deemed necessary by the designated school health services professional.

(3) Screening of students shall be carried out according to mandated or recommended screening programs established by the Department of Education and the Department of Health and Mental Hygiene. These shall include:

(a) **Hearing and Vision Screening Tests.** The local board of education or local health department shall provide and fund hearing and vision screenings for all students in the public schools. The local health department shall provide and fund hearing and vision screenings for all students in any private school that has received a certificate of approval under Education Article, §2-206, Annotated Code of Maryland, and students in any nonpublic educational facility in this State approved as a special education facility by the Department.

(b) Unless evidence is presented that a student has been tested within the past year, these hearing and vision screenings shall be given in the years that a student enters a school system, enters the first grade, and enters the eighth, or ninth grade. Additional screenings may be required under the policies adopted by the local board of education or local health department.

(c) The results of the hearing and vision screenings shall be made a part of the permanent record file of each student and given to the parents of any student who fails the screenings and reported to the local board of education or the local health department. If a student fails the screenings, the parent/guardian shall report on the recommended services received by the student to the local board of education or local health department on an approved form.

(d) The local board of education or local health department shall report to the Department of Health and Mental Hygiene the results of the hearing and vision screenings and, to the extent practicable, the number of students receiving the recommended services.

(e) Students may be exempt from these hearing and vision screenings if the parent/guardian objects in writing on the ground that it conflicts with the tenets and practice of a recognized church or religious denomination of which the parent/guardian is a member.

(4) When a health problem has been identified through the health appraisal process, the designated school health services professional or designee shall notify and assist students, or parents/guardians, or both, in selecting recommended services.

(5) For students without a usual source of care, the designated school health services professional or designee shall assist the student/family to identify a primary care provider.

(6) The designated school health services professional shall be responsible for follow-up.

(7) The designated school health services professional or the school health services aide shall inform appropriate school personnel of students who have health problems which may impede learning or require special care, or both.

D. Health Counseling.

(1) The designated school health services professional shall offer health counseling after the identification of a health need.

(2) If any additional counseling services are required, the designated school health services professional shall assist students and families in selecting the additional counseling services.

E. Communicable Diseases.

(1) A school shall comply with the Department of Health and Mental Hygiene's immunization requirements in accordance with COMAR 10.06.04.

(2) The principal or the principal's designee shall notify the local health department of all suspected or diagnosed cases of reportable communicable diseases in compliance with Health-General Article, Title 18, Annotated Code of Maryland. The local health department shall assist the local board of education in implementing a plan for preventing the spread of the reported disease.

(3) The local health department and the local board of education, following State guidelines, shall jointly develop written policies and procedures for dealing locally with outbreaks of nonreportable communicable diseases such as scabies, pediculosis, and athlete's foot.

F. Physical Education Program.

(1) The designated school health services professional shall be available for consultation in planning, implementing, and evaluating those aspects of the physical education program which specifically relate to the health and safety of the participants.

(2) Before participating in interscholastic sports, students shall have a physical examination in compliance with COMAR 13A.06.03.02I. A copy of the results of the physical examination shall be kept in the school health record.

(3) In compliance with COMAR 13A.06.03.04B(3), all coaches shall be required to enroll and complete a one-credit course in the prevention and care of athletic injuries.

.08 School Health Services Standards — For All Students with Special Health Needs.

A. A local board of education, in conjunction with the local health department, shall formulate written policies ensuring the provision of school health services to students with special health needs.

B. A student with special health needs that may require particular attention during the school day shall have a statement of those health needs and a nursing care plan for emergency and routine care prepared by the designated school health services professional.

C. The designated school health services professional shall make appropriate school personnel aware of the students in the school who have special health needs that may require intervention during the school day.

D. The principal, in consultation with the designated school health services professional, shall identify school personnel who shall receive in-service training in providing the recommended services for students with special health needs.

E. A designated school health services professional may serve on all levels of the pupil services team and the admissions, review, and dismissal committees and participate, when appropriate, in the health services component of the Individualized Education Plan (IEP), the Individualized Family Service Plan (IFSP), or the Transitional Plan or any combination of these (COMAR 13A.05.01).

F. A local board of education, in conjunction with the local health department, shall formulate written policies regarding storage and administration of medication during school hours and during school-sponsored activities.

.09 School Health Services Standards — Emergency Services.

A. **Personnel Qualifications.** At least one adult in each school, other than the designated school health services professional and the school health services aide, shall be currently certified both in the First Aid Program of the American National Red Cross or its equivalent, and in adult or pediatric cardiopulmonary resuscitation (CPR), or both. One certified person shall be available on site during the regular school day and at all school-sponsored athletic events.

B. **Emergency Care Procedures.**

(1) A guide for emergency care management shall be developed and distributed by the local health department and the local board of education to each school, and copies shall be placed in multiple locations.

(2) An emergency information card shall be maintained for each student, and shall be updated at least annually.

(3) Emergency evacuation plans shall be developed in consultation with the fire department, and shall include provisions for physically handicapped students and students with other special health needs.

.10 School Health Services Standards — Health Facilities.

A. **Health Suite.**

(1) School buildings constructed or renovated and occupied after January 1, 1993 shall provide a handicapped-accessible space that, at a minimum, includes space for waiting, examination and treatment, storage, and resting. There shall be a separate room for private consultation and for use as a designated school health services professional's office. Toilets, a lavatory, and a telephone shall be in the health suite. Locked file cabinets shall be available for storing health records and for medications.

(2) Schools occupied before January 1, 1993 shall provide space for use as the designated school health professional's office and shall meet the standards in §A(1), above, to the maximum extent possible. At a minimum, a lavatory and a telephone shall be easily accessible. Locked file cabinets shall be available for storing health records and for medications.

(3) A designated school health services professional shall be involved at the local level in the planning of health areas in new schools and in the modernization of old schools. A designated school health services professional at the State level shall be available as necessary for consultation.

B. **Screening Facilities.**

(1) A room shall be provided for hearing screening tests. This room shall meet the following criteria:

(a) The screening room shall be as quiet as possible;

(b) Areas near fans or air conditioners, hall traffic, playground or street traffic, group activities, bathrooms, lunchrooms, office equipment, refrigerators, or snack machines shall be avoided;

(c) Excess noise, such as talking, paper shuffling, and moving furniture, shall be avoided;

(d) The room shall be uncluttered and free of visual distractions.

(2) Space and lighting requirements for the specific vision test used shall be made available.

.11 School Health Services Standards — Staff Development.

The local board of education and local health department shall jointly develop and annually implement an in-service training plan that includes:

A. Orientation to the school health services program for all school personnel;

B. Training in the care and prevention of athletic injuries for all coaches;

C. Training in first aid and cardiopulmonary resuscitation (CPR) for school personnel; and

D. Specific health programs required by federal, State, and local law for designated school health professionals.

.12 School Health Services Standards — Dissemination of School Health Services Information.

At the beginning of each school year, all parents/guardians and students shall be informed of the school health services program. The information shall include but not be limited to staffing, emergency care, medications, and communicable diseases, and be specific to that school's health services program. The information shall be updated as necessary.

.13 School Health Services Standards — Implementation and Coordination.

A. The local school superintendent and the local health officer shall jointly require the development of a local school health council with assistance by the Maryland State School Health Council.

B. The local school superintendent and the local health officer shall be jointly responsible for the implementation of Regulations .05—.15 of this chapter.

C. When medical direction is necessary, the designated school health services professional shall work in collaboration with the local health officer or the health officer's designee.

D. The designated school health services professional, other than the physician, and the school health services aide shall receive nursing direction from a registered nurse employed by either the local health department or the local board of education.

E. Health services provided in school shall be coordinated with other health services within the community.

F. By September 1, 1992, the local school superintendent and local health officer shall submit to the State Superintendent of Schools a status report of the implementation of Regulations .05—.15 of this chapter.

G. By September 1, 1995, the local school superintendent and local health officer shall certify that Regulations .05—.15 of this chapter are being implemented. Annually after that, the local school superintendent and local health officer shall certify to the Department of Education and the Department of Health and Mental Hygiene that the school health services program which meets Regulations .05—.15 of this chapter is being implemented.

.14 School Health Services Standards — Monitoring and Evaluation.

The Department of Education and the Department of Health and Mental Hygiene shall jointly develop, in collaboration with local boards of education and local health departments, a monitoring and evaluation component for school health programs that may include on-site reviews.

.15 School Health Services Standards — Confidentiality and Consent.

Issues of parental consent and confidentiality shall be administered in accordance with Health-General Article, §20-102, Annotated Code of Maryland, and COMAR 13A.08.02.

Administrative History

Effective date: July 1, 1985 (12:13 Md. R. 1281)

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Regulations .03—.05 adopted effective February 23, 1987 (14:4 Md. R. 419)

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Regulation .07C amended effective June 28, 2010 (37:13 Md. R. 853)