



School Nursing: Guide to Practice

Rebecca Doran, MSN, RN, PEL SN, NCSN
Wellness Department
August 7, 2023

Equity • Quality • Collaboration • Community



What guides a school nurse's practice?

- Illinois [School Code](#)
- Related Rules, [Administrative Code](#)
- [Nurse Practice Act](#) (applicable to school nurses)
- District Policy



Links for School Code

- Illinois School Code
 - Administering medications
 - [105 ILCS 5/10-22.21b](#)
 - Anaphylactic policy for school districts
 - [105 ILCS 5/2-3.190](#)
 - [Model Anaphylaxis Response Policy for Illinois Schools](#)
 - Self-administration and self-carry of asthma medication and epinephrine injectors, administration of undesignated epinephrine injectors, administration of an opioid antagonist, administration of undesignated asthma medication
 - [105 ILCS 5/22-30](#)



Links for School Code

- Illinois School Code
 - Home hospital instruction
 - [105 ILCS 5/14-13.01](#)
 - [Medical Certification for Home/Hospital Instruction \(ISBE Form 34-58\)](#)
 - [Home-Hospital Instruction FAQ](#)
 - Endorsement on licenses
 - Professional Educator License School Support Personnel
 - PEL School Nurse
 - Job description and responsibilities
 - [105 ILCS 5/21B-25](#)
 - Psychotropic or psychostimulant medication, disciplinary action
 - [105 ILCS 5/34-18.25](#)



Links for School Code

- Illinois School Code
 - Required health exams
- Physical fitness and professional growth (employee physical exam, other tests)
 - [105 ILCS 5/24-5](#)
- Institutes or in-service day shall include instruction on prevalent student chronic health conditions
 - [105 ILCS 5/3-11](#)



Required health exams

- Illinois School Code [105 ILCS 5/27-8.1](#)
Health examinations and immunizations
 - Exclusion if not in compliance
 - *Illinois State Board of Education*
- Public Health Code [Section 665](#)
 - Requirements
 - Intervals
 - Components
 - *Illinois Department of Public Health*



Health Condition Links in School Code

- [Care of Students with Diabetes Act](#)
 - 105 ILCS 145/5
 - Delegated care aide
 - Diabetes Care Plan basis for 504 Plan
 - Accommodations
 - Training
 - Permits undesignated glucagon
- [Seizure Smart School Act](#)
 - 105 ILCS 150/1
 - Delegated care aide
 - Accommodations
 - Training



Health Exam Requirements

School Code

- Required health exams
 - Child Health Exam and Immunizations
 - Eye Exam
 - Dental Exam
- Dates to be submitted to school
- Consequences of non-compliance

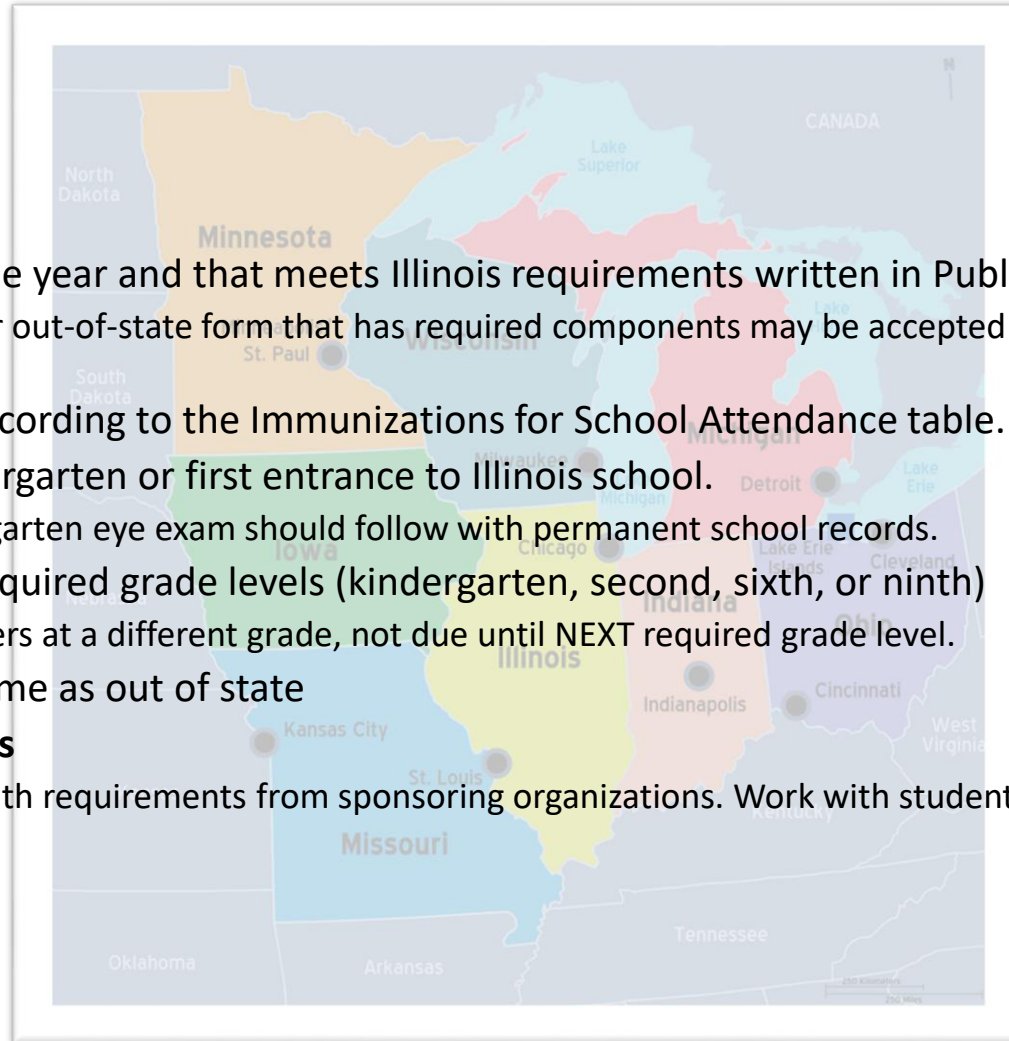
Public Health Code

- Components of exams
- Timetable
- Report forms
- Proof of examination
- Basic immunizations/proof of immunity/boosters
- Keeping list of non-immunized attendees
- Exemption or objection



What to do if a student is new to Illinois?

- **Physical** within one year and that meets Illinois requirements written in Public Health Code.
 - Illinois form or out-of-state form that has required components may be accepted for first entrance to Illinois school.
- **Immunizations** according to the Immunizations for School Attendance table.
- **Eye exam** at kindergarten or first entrance to Illinois school.
 - Illinois kindergarten eye exam should follow with permanent school records.
- **Dental exam** at required grade levels (kindergarten, second, sixth, or ninth)
 - If student enters at a different grade, not due until NEXT required grade level.
- **Out of country** same as out of state
- **Exchange students**
 - There are health requirements from sponsoring organizations. Work with student and host family to obtain copies.



This Photo by Unknown author is licensed under [CC BY-SA](#).



Health Exams

–Child Health Exam and Immunizations

- Pre-K
- Kindergarten
- Sixth Grade
- Ninth Grade

Age	Sex	Grade	Birth Date	Sex	School	Grade Level
HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER						
ALLERGIES		Yes	No	MEDICATION (Number of Yes/No)		
Food (list name)		Yes	No	None or specify below		
Drugs (or medicine)		Yes	No	List of names of one of parent's organs? (eye/kidney/urinary)		
Child wakes during night coughing?		Yes	No	Yes No		
Birth defects?		Yes	No	Hypertalasia? When? What far? Yes No		
Developmental delay?		Yes	No	Surgery? (List all) When? What far? Yes No		
Blood disorders? Hemophilia, Sickle Cell, Other? Explain		Yes	No	Hemorrhage or bleed? Yes No		
Diabetes?		Yes	No	TB skin test positive (past present)? Yes? No		
Head injury/Concussion/Pinned ear?		Yes	No	TB disease (past or present)? Yes? No		
Seizures? What are they like?		Yes	No	Tobacco use (type, frequency)? Yes No		
Heart problems/Shortness of breath?		Yes	No	Alcohol/Drug use? Yes No		
Heart murmur/High blood pressure?		Yes	No	Family history of sudden death before age 50? (Cause?) Yes No		
Dizziness or chest pain with exercise?		Yes	No	Family history of stroke? Yes No		
Eye/Vision problems? Glasses Contact Last exam by eye doctor		Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other				
Other conditions? (asthma/cystic fibrosis/sprain/bruise/other)		Interview may be stated with appropriate parental or health care professional				
Ear/hearing problems?		Yes	No	Parent/Guardian Signature Date		
Bone/joint problems/injury/accident?		Yes	No	Date		
PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/PA/NP/PA						
DIABETES SCREENING (not required for day care)		BMQ45% applies	Yes	No	Add any two of the following: Family History Yes No Ethnic Minority Yes No Signs of Insulin Resistance (hypernatremia, polyuria, stasis, confusion, acanthosis nigricans) Yes No At Risk Yes No	
LEAD BLOOD QUESTIONNAIRE Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and kindergarten. (Blood test required if resides in Chicago or high risk zip code.)						
Questionnaire Administered? Yes No		Blood Test Indicated? Yes No	Blood Test Date	Result		
TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other condition, frequent travel to or born in high prevalence countries or their respective adults in high-risk categories. See OIG guidelines. http://www.cdc.gov/dpdx/tb/diag/faq.htm						
No test needed		Test performed	Skin Test Date Read	Result: Positive Negative	mm	
LAB TESTS (hematocrit)		Date	Blood Test Date Reported	Result: Positive Negative	Value	Results
Hemoglobin or Hematocrit		Results				
Urinalysis		Results				
SYSTEM REVIEW Normal Comments/Follow-up/Needs						
Skin			Endocrine		Normal Comments/Follow-up/Needs	
Ears		Screening Result	Gastrointestinal			
Eyes		Screening Result	Genito-Urinary		LMP	

- [Immunization Data Entry Worksheet](#)



Health Exams

– Eye Exam

- Kindergarten
- First entrance into an Illinois School [105 ILCS 5/27-8.1 (1.10)]
- Waivers per Illinois Department of Public Health (IDPH)
- [Eye Examination Data Entry Worksheet](#)

State of Illinois
Illinois Department of Public Health

Eye Examination Waiver Form

Please print:

Student Name _____ Birth Date _____
(Last) (First) (Middle Initial) (Month/Day/Year)

School Name _____ Grade Level _____ Gender: Male Female

Address _____
(Number) (Street) (City) (ZIP Code)

Phone _____
(Area Code)

Parent or Guardian _____
(Last) (First)

Address of Parent or Guardian _____
(Number) (Street) (City) (ZIP Code)

– Dental Exam

- Kindergarten
- Second Grade
- Sixth Grade
- Ninth Grade
- Waivers per IDPH
- [Dental Information Data Entry Worksheet](#)

State of Illinois
Illinois Department of Public Health

DENTAL EXAMINATION WAIVER FORM

Please print

Student's Name:	Last	First	Middle	Birth Date: (Month/Day/Year)
Address:	Street		City	ZIP Code
Name of School:	ZIP Code		Grade Level:	
Parent or Guardian:	Last Name		First Name	

Select from the below general racial category which most clearly reflects the student's recognition of his or her community or with which the student most identifies.

White
 Black or African American
 Hispanic or Latino
 Asian
 American Indian or Alaska Native
 Native Hawaiian or Pacific Islander
 Two or More Races



Actions if Not Submitted

Child Health
Exam and
Immunizations

- Shall exclude from school attendance (School Code)

Eye Exam

- May hold report card

Dental Exam

- May hold report card



Reporting Dates to Remember

ISBE Student Health Data Important Dates	
Immunization/Health Examination	
Students submit to school by	October 15 annually or an earlier exclusion date set by the district
IWAS system becomes available for data entry	September 1 annually
Must be submitted in IWAS to be considered complete BY	November 15 as written in School Code
Eye Examination	
Students submit to school by	October 15
IWAS system becomes available for data entry	September 1
Must be submitted in IWAS to be considered complete by	June 30 at 11:59 p.m.
Dental Examination	
Students submit to school by	May 15 annually
IWAS system becomes available for data entry	May 16 at midnight
Must be submitted in IWAS to be considered complete by	June 30 at 11:59 p.m.

This table lists annual dates. Systems become available on that date and data must for completion must be submitted before the end date..



Knowledge of Agencies

IDPH

School Health Programs

Communicable Disease

Chronic Health Conditions

Vision and Hearing Programs

Illinois High School Association

Illinois Elementary School Association

Illinois Department of Human Services

Division of Mental Health

Illinois Department of Children and
Family Services





Additional Health Requirements

- Communicable Disease Code [Section 690](#)
 - Infectious disease
 - Notifications
 - Susceptibility
 - [School Health Listing of Communicable Disease Chart](#)
 - *Illinois Department of Public Health*



Vision and Hearing Screening

- [Vision and Hearing Test Act](#) (410 ILCS 205)
- Hearing screening: [77 Ill. Admin. Code 675](#)
- Vision screening: [77 Ill. Admin. Code 685](#)
– *Illinois Department of Public Health*

**Hearing and vision screening reports are due to IDPH by June 30th of each year



ISBE Rules Currently in Effect

- **Joint Committee on Administrative Rules**
- ISBE.net
 - Rules Currently in Effect [Webpage](#)
 - 1 [Public Schools Evaluation, Recognition and Supervision](#)
 - [1.520: Home and Hospital Instruction](#)
 - 1.530: Health Services (policy and procedures relative to injury or sudden illness of students and staff)
 - 1.540: Use of Undesignated Epinephrine, Asthma Medication, and Naloxone
 - 1.760: Standards for Student Support Personnel (Sections b-h, school nurse)
 - 23 [Standards for School Support Personnel Endorsements](#)
 - 25 [Educator Licensure](#)
 - 25.432 Short-term Approval School Support Personnel



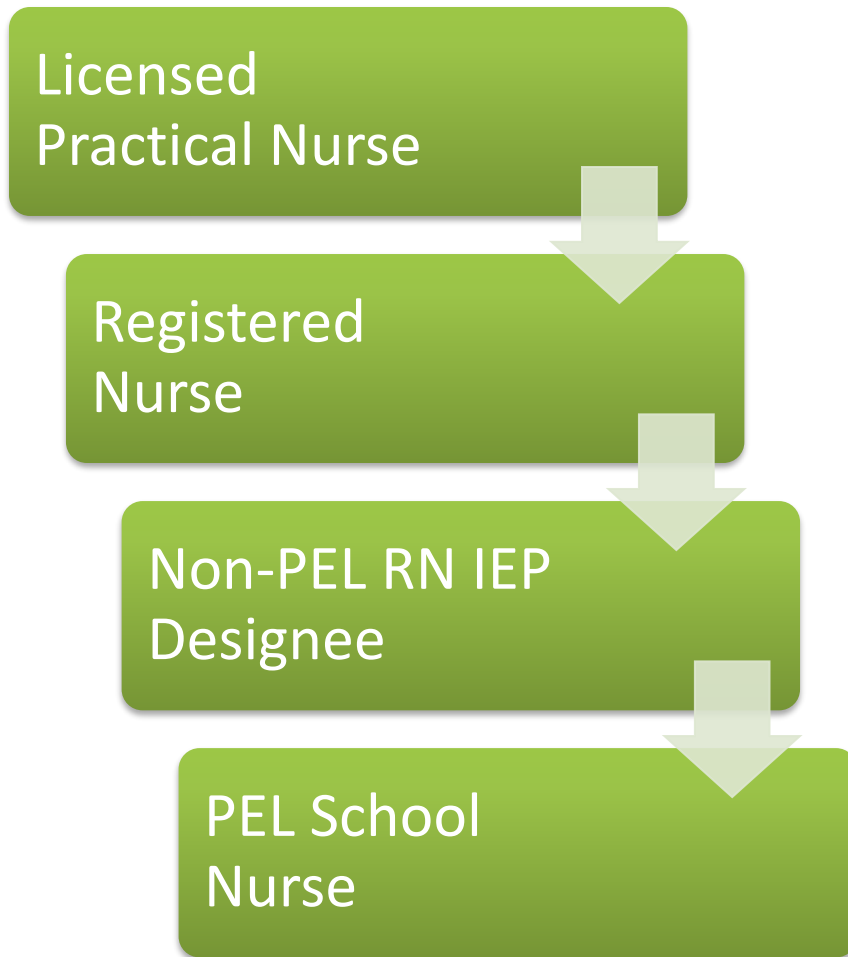
ISBE Rules Currently in Effect

Joint Committee on Administrative Rules

- 375 [Student Records](#)
 - Permanent record
 - Temporary record
- 226 [Special Education](#)
 - ISBE rule 226.800: Personnel required to be qualified (nursing interventions)
 - ISBE rule 226.860: Qualifications of evaluators
 - ISBE rule 226.160: Medical review: performance of health evaluation for student for Individualized Education Program (IEP)
 - » Non-PEL Registered Nurse IEP Designation
 - Job description and responsibilities



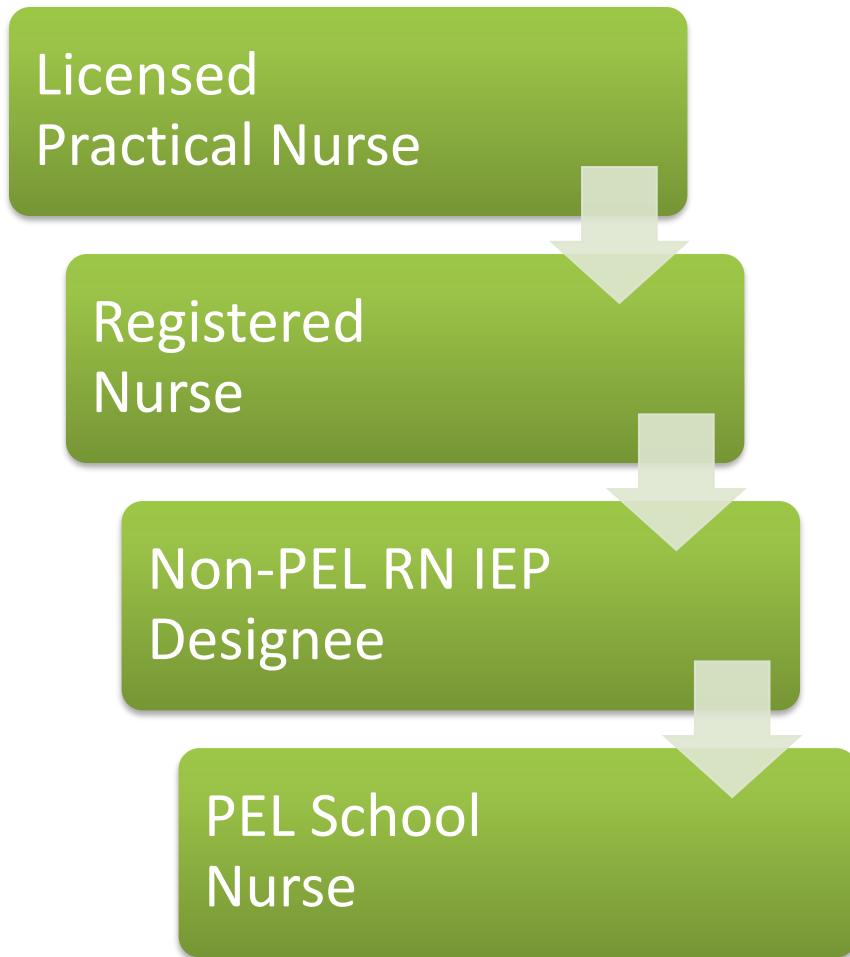
Nurses Working in Schools



- Licensed Practical Nurse
 - Able to report to the IEP team subjective and objective data about interactions with student
 - Job description and responsibilities
- Registered Nurse
 - Work in the school health office
 - Day-to-day encounters with students
 - Provide direction for LPN



Nurses Working in Schools



- Non-PEL RN IEP Designee
 - RN (2014; 2016 and after) minimum education requirements of bachelor's degree in nursing, education, or a related field
 - Has completed ISBE-sponsored medical review course
 - Able to participate in IEP team assessment through evaluation
- PEL SN
 - RN with graduate level education in specialty of school nursing
 - Able to participate in IEP team fully (assessment through evaluation)



Thank you!

- Wishing a healthy 2023-24 school year!
 - Questions may be directed to:
schoolnurse@isbe.net