



School Nurse Bootcamp: The Suite Between Health and Education

Presented by ISBE's Wellness Team

August 2, 2021

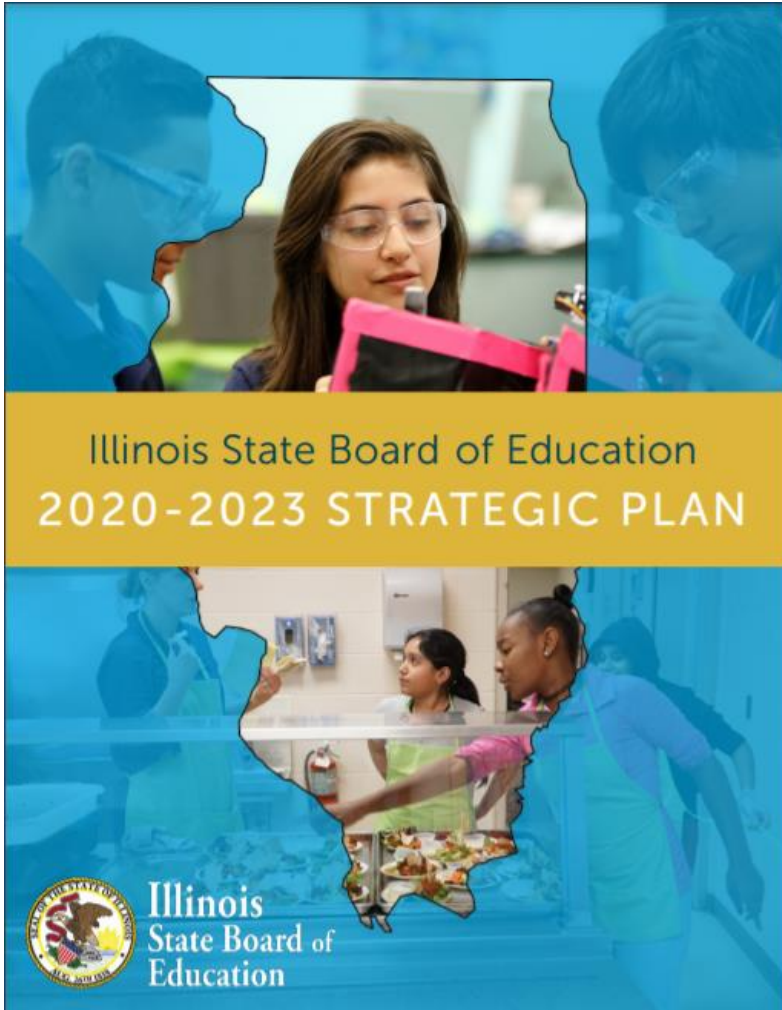
Equity • Quality • Collaboration • Community



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For more information, visit www.isbe.net/strategicplan

ISBE Goals

Equity Goal

- + **(Internal)** An equity impact analysis tool will guide all decisions and communications provided to the field.
- + **(External)** An Equity Journey Continuum will be used to publicly indicate where each Illinois school district is on its equity journey.

GOAL 1

Every child will make significant academic gains each year, increasing their knowledge, skills, and opportunities so they graduate equipped to pursue a successful future, with the state paying special attention to addressing historic inequities.

GOAL 2

All districts and schools will receive the resources necessary to create safe, healthy, and welcoming learning environments, and will be equipped to meet the unique academic and social and emotional needs of each and every student.

GOAL 3

Illinois' diverse student population will have educators who are prepared through multiple pathways and are supported in and celebrated for their efforts to provide each and every child an education that meets their needs.



ISBE Vision & Mission

Vision:

Each and every child is equipped to make meaningful contributions to society and live life to its fullest potential.

Mission:

Provide each and every child with safe and healthy learning conditions, great educators, and equitable opportunities by practicing data-informed stewardship of resources and policy development, all done in partnership with educators, families, and stakeholders.



Questions

- Questions welcomed during the live presentation, enter them into the question box.
- A compiled FAQ document, Power Point, and webinar recording will be made available on ISBE's School Health Webpage.



Purpose

This webinar explores school health office personnel's impact on the whole person's wellbeing and ability to access education. We will examine chronic disease management, asthma action plans, life threatening food allergy action plans, Care of Students with Diabetes Act, Seizure Smart School Act, Individualized Education Plan (IEP) and role of the school nurse.

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Chronic Disease Management

- Case management
- Chronic disease management
- Collaborative care
- Direct care
- Education
- Interdisciplinary teams
- Motivational Interviewing
- Nursing Delegation
- Student Care Plans
- Student-Centered Care
- Student Self-Empowerment
- Transition planning



Chronic Disease Management

- Common chronic diseases in the school setting include:
 - Diabetes
 - Asthma
 - Seizures
 - Life threatening food allergies



Chronic Disease Management

- Topics to consider when managing chronic disease in the school setting
 - Access to Care
 - Barriers to Care
 - Health Disparities
 - Resources
 - Privacy related to chronic conditions
- Other important things to consider
 - Learning differences
 - Accommodations
 - Helping to create a caring and safe school environment
 - Education for the student and family
 - Engaging personnel that will form part of the student's day to day experience while in the school setting.



Asthma

- What is asthma?
- Medication Administration in School
 - Self carry & self administration
- Asthma and IEPs, 504's, HCP, Asthma Action Plans
- Emergency Response Protocol
 - [asthma_response_protocol.pdf \(isbe.net\)](#)
- Undesignated asthma medication

Asthma Action Plan

For: _____ Doctor: _____ Date: _____
 Doctor's Phone Number _____ Hospital/Emergency Department Phone Number _____

GREEN ZONE

Doing Well

- No cough, wheeze, chest tightness, or shortness of breath during the day or night
- Can do usual activities

And, if a peak flow meter is used,

Peak flow: more than _____
 (80 percent or more of my best peak flow)

My best peak flow is: _____

Before exercise _____ 2 or 4 puffs _____ 5 minutes before exercise

Take these long-term control medicines each day (include an anti-inflammatory).

Medicine	How much to take	When to take it
_____	_____	_____
_____	_____	_____
_____	_____	_____

YELLOW ZONE

Asthma Is Getting Worse

- Cough, wheeze, chest tightness, or shortness of breath, or
- Waking at night due to asthma, or
- Can do some, but not all, usual activities

-Or-

Peak flow: _____ to _____
 (50 to 79 percent of my best peak flow)

First Add: quick-relief medicine—and keep taking your GREEN ZONE medicine.
 _____ 2 or 4 puffs, every 20 minutes for up to 1 hour
 (short-acting beta₂-agonist)

Second If your symptoms (and peak flow, if used) return
 Continue monitoring to be sure you stay in the Yellow Zone
 -Or- If your symptoms (and peak flow, if used) do not improve
 Take: _____ 2 or 4 puffs or Nebulizer
 (short-acting beta₂-agonist) **or** of above treatment:
 Add: _____ mg per day For _____ (3–10) days
 (oral steroid)
 Call the doctor before/ within _____ hours after taking the oral steroid.

For More Information, go to: www.nhlbi.nih.gov
 NIH Publication No. 07-5251 April 2007

RED ZONE

Medical Alert!

- Very short of breath, or
- Quick-relief medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in Yellow Zone

-Or-

Peak flow: less than _____
 (50 percent of my best peak flow)

Take this medicine:

_____ 4 or 6 puffs or Nebulizer
 (short-acting beta₂-agonist)

_____ mg
 (oral steroid)

Then call your doctor NOW. Go to the hospital or call an ambulance if:
 ■ You are still in the red zone after 15 minutes AND
 ■ You have not reached your doctor.

DANGER SIGNS ■ **Trouble walking and talking due to shortness of breath** Take 4 or 6 puffs of your quick-relief medicine AND
 ■ **Lips or fingernails are blue** Go to the hospital or call for an ambulance _____ NOW!
 (phone)

See the reverse side for things you can do to avoid your asthma triggers.

[Asthma Action Plan \(isbe.net\)](http://www.isbe.net)



For More Information, go to: www.nhlbi.nih.gov
 NIH Publication No. 07-5251
 April 2007



Life Threatening Food Allergy Action Plan

- What are life threatening food allergies?
- Medication Administration in School
 - Self carry & self administration
- IEPs, 504's, HCP, Asthma Action Plans
- *Guidelines for Managing Life-Threatening Food Allergies in Illinois Schools.*
https://www.isbe.net/Documents/food_allergy_guidelines.pdf
- Undesignated epinephrine medication

ILLINOIS FOOD ALLERGY EMERGENCY ACTION PLAN AND TREATMENT AUTHORIZATION

Child's
Photograph

NAME: _____ D.O.B: ____/____/____

TEACHER: _____ GRADE: _____

ALLERGY TO: _____

Asthma: Yes (higher risk for a severe reaction) No

Weight: _____ lbs

ANY SEVERE SYMPTOMS AFTER SUSPECTED INGESTION:

LUNG: Short of breath, wheeze, repetitive cough
HEART: Pale, blue, faint, weak pulse, dizzy, confused
THROAT: Tight, hoarse, trouble breathing/swallowing
MOUTH: Obstructive swelling (tongue)
SKIN: Many hives over body

Or Combination of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling
GUT: Vomiting, crampy pain

INJECT EPINEPHRINE IMMEDIATELY

- Call 911
- Begin monitoring (see below)
- Additional medications:
 - Antihistamine
 - Inhaler (bronchodilator) if asthma

Inhalers/bronchodilators and antihistamines are not to be depended upon to treat a severe reaction (anaphylaxis) → Use Epinephrine.

When in doubt, use epinephrine. Symptoms can rapidly become more severe.

MILD SYMPTOMS ONLY

Mouth: Itchy mouth
Skin: A few hives around mouth/face, mild itch
Gut: Mild nausea/discomfort

GIVE ANTIHISTAMINE

- Stay with child, alert health care professionals and parent.

IF SYMPTOMS PROGRESS (see above), INJECT EPINEPHRINE

- If checked, give epinephrine for ANY symptoms if the allergen was likely eaten.
 If checked, give epinephrine before symptoms if the allergen was definitely eaten.

MEDICATIONS/DOSES

EPINEPHRINE (BRAND AND DOSE): _____

ANTIHISTAMINE (BRAND AND DOSE): _____

Other (e.g., inhaler-bronchodilator if asthma): _____

MONITORING: Stay with the child. Tell rescue squad epinephrine was given. A second dose of epinephrine can be given a few minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping child lying on back with legs raised. Treat child even if parents cannot be reached.

- Student may self-carry epinephrine Student may self-administer epinephrine

CONTACTS: Call 911 Rescue squad: (____) _____

Parent/Guardian: _____ Ph: (____) _____

Name/Relationship: _____ Ph: (____) _____

Name/Relationship: _____ Ph: (____) _____

Licensed Healthcare Provider Signature: _____ (Required) Phone: _____ Date: _____

I hereby authorize the school district staff members to take whatever action in their judgment may be necessary in supplying emergency medical services consistent with this plan, including the administration of medication to my child. I understand that the Local Governmental and Governmental Employees Tort Immunity Act protects staff members from liability arising from actions consistent with this plan. I also hereby authorize the school district staff members to disclose my child's protected health information to chaperones and other non-employee volunteers at the school or at school events and field trips to the extent necessary for the protection, prevention of an allergic reaction, or emergency treatment of my child and for the implementation of this plan.

Parent/Guardian Signature: _____ Date: _____

DOCUMENTATION

- Gather accurate information about the reaction, including who assisted in the medical intervention and who witnessed the event.
- Save food eaten before the reaction, place in a plastic zipper bag (e.g., Ziploc bag) and freeze for analysis.
- If food was provided by school cafeteria, review food labels with head cook.
- Follow-up:
 - Review facts about the reaction with the student and parents and provide the facts to those who witnessed the reaction or are involved with the student, on a need-to-know basis. Explanations will be age-appropriate.
 - Amend the Emergency Action Plan (EAP), Individual Health Care Plan (IHCP) and/or 504 Plan as needed.
 - Specify any changes to prevent another reaction.

TRAINED STAFF MEMBERS

Name: _____ Room: _____

Name: _____ Room: _____

Name: _____ Room: _____

LOCATION OF MEDICATION

- Student to carry
 Health Office/Designated Area for Medication
 Other: _____

ADDITIONAL RESOURCES

American Academy of Allergy, Asthma and Immunology (AAAAI)
414-272-6071
<http://www.aaaai.org>
http://www.aaaai.org/patients/resources/fact_sheets/food_allergy.pdf
http://www.aaaai.org/members/allied_health/tool_kit/ppt/

Children's Memorial Hospital
773-KIDS-DOC
<http://www.childrensmemorial.org>

Food Allergy Initiative (FAI)
212-207-1974
<http://www.faiusa.org>

Food Allergy and Anaphylaxis Network (FAAN)
800-929-4040
<http://www.foodallergy.org>

This document is based on input from medical professionals including Physicians, APNs, RNs and certified school nurses. It is meant to be useful for anyone with any level of training in dealing with a food allergy reaction.



Care of Students with Diabetes Act P.A. 96-1485

- Schools enrolling a student with diabetes
- (Can be diagnosed at anytime)
- Staff training on general signs and symptoms & emergency care
- Allows student to self-manage and self-carry/-administer meds and treatments if needed
- Recognizes that a school nurse (RN) is best for care of student with diabetes
- Requires a 504 plan
- Authorizes a DCA (delegated care aide)
- Training for the specific student is to be individualized, according to the student's DMMP, with parent and student
- Initial instruction by CDE or MD
- School nurse oversight is inferred
- Staff must volunteer, not be required to accept assignment as DCA



Seizure Smart School Act

[105 ILCS 150/1\)](#)

[Sec. 1. Short title. This Act may be cited as the Seizure Smart School Act.](#)

- Over 200,000 people in the State of Illinois have epilepsy.
- Epilepsy is the fourth most common neurological disorder in the United States



Evaluation for Special Education - Health

- IDEA
- ISBE Rule 226.160 defines the medical review evaluation process
- Components of Medical Review
- Personnel qualified to perform Medical Review
 - Parts 1-4: APN, RN with PEL, with designation, or with baccalaureate; and MD
 - Part 5: RN with PEL endorsement or designation only
- ELIS
- What is an IEP?



A Team Approach to Individualize an Education Plan

- Assessment: Interdisciplinary Team that conducts a complete and individualized assessment
- Planning:
 - Students' needs in the Present Level of Academic Achievement & Functional Performance (PLAAFP) statement
 - Write student goals related to health and academics.
 - Assign specific services and minutes.
 - Review qualifications and level of credentials of persons to provide any identified services.
 - Write nursing goals in IHP or nursing care plan.
- Evaluate plan:
 - Monitor outcomes, student goal achievements, nursing goals.



Transition Plans

- Federal law requires transition plans by age 16 years
- Illinois requires that transition plans in effect on or before a student age 14 ½
- Goals and services in the area of independent living skills are required
 - Postsecondary goals and services in areas of training, education and employment
- IEPs and health needs include written transition plan with health goal
 - Encourage independence to the greatest extent possible



Thank you!

Questions? Contact

schoolnurse@isbe.net