OFFICE OF SCHOOL HEALTH
NURSE ROLE OVERVIEW PART I OF 3

CONTRACTED SCHOOL HEALTH NURSING
DAY-TO-DAY
EXTENDED COVERAGE
TRIPS
D75

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Office of School Health (OSH) is a joint office of the NYC Department of Education (DOE) and the New York City Department of Health and Mental Hygiene (DOHMH).

OSH manages this joint nursing workforce providing health services for all students.

Office of School Health Mission:

- Provides public health services for New York City’s 1.4 million school children.
- Promotes comprehensive health of every child in the City’s approximately 1,800 public and nonpublic schools.
- Provides preventive health teaching, health education, case management, and direct services.
<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Programs</th>
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<tbody>
<tr>
<td><strong>Asthma</strong></td>
<td>• Enhanced Asthma School Intervention: EASI Clinical Protocol Pathways to standardize asthma assessment, treatments and emergency management</td>
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<td>• Open Airways Program (2 sessions of 6 week program)</td>
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<td><strong>Obesity</strong></td>
<td>• Healthy Options &amp; Physical Activity Program (HOP)</td>
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<td><strong>Mental Health</strong></td>
<td>• Screening the At Risk Student (STARS)</td>
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<td><strong>Reproductive Health</strong></td>
<td>• Connecting Adolescents to Comprehensive Health (CATCH) is a High School reproductive program</td>
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Contracted Nurses supplement OSH nursing vacancies until permanent OSH staff are assigned.

Short term per-diem assignments may be for day-to-day coverage

Short term assignments may be extended through the school year as per OSH requests
The Contracted Nurse must:

- Have current certification in Cardio-Pulmonary Resuscitation (CPR) and Automated External Defibrillators (AEDs) for adults, infants and children and infants.

- Receive Office of School Health trainings from each registering contract agency. OSH will provide the core training material.

- Have two (2) years recent Registered Nursing experience.

- Complete the CDC “Heads Up” Concussion video for health professionals.

- Obtain a National Provider Identification (NPI) Number.
New York State Registered Nursing Certificate

In compliance with a recommendation from the Bureau of Human Resources, Office of School Health nurses should keep a photocopy of their current RN registration certificate on their person.

Part 59.8 (c) of the Regulations of the Commissioner of Education states:

...Where practice is carried on in other than individual offices, each licensee shall have a current registration certificate available for inspection at all times.

Contract Nurses in OSH should carry a copy of their current registration certificate while on duty.
Administrative and Clinical Management:

- **OSH Supervising Medical Physicians** (SMDs) supervise OSH Field Physicians

- **OSH Physicians** perform medical exams in school, consult with Community Providers, OSH nurses, parents

- **OSH Borough Nursing Directors** (BNDs) administrative functions, clinical services, regional staffing and supervise OSH Nursing Supervisors
• **OSH Nursing Supervisors (SN/PHN III/ PHN II)** supervise OSH School Nurses and direct nursing services

• **Contract Agency Nursing Supervisors**
  Provide training, ensure the skill set of the contracted nurse prior to OSH assignments, supervise nurses, monitor compliance with OSH policies and procedures, Conduct field visits

• **Registered Nurses (RNs)**
  Follow Office of School Health protocol to service NYC students
  Collaborate with OSH staff
  Provide direct care, case manage
• **Public Health Advisors (PHADV)**
  Screen students and can provide first aid
  Observe self-directed students with some oral medications
  Assist with referrals
  Administer some emergency medication if trained

• **Public Health Assistants (PHASST)**
  Provide First aid
  Assist with MD exam preparations
  Assist with clerical tasks and record maintenance

Note:
“School Aides” are assigned to some high schools
That title is not under the OSH jurisdiction.
OSH TARGET POPULATIONS AND SETTINGS

- Universal Pre-K (UPK) *Students are age 4; this is a fragile nursing setting
- Elementary schools
- Middle (Junior High) schools
- High Schools
- Charter Schools
- D75 programs-Students have IEPs
- Non-Public Schools
- School Sites with co-located School Based Health Centers (SBHC)
Co-located Schools are multiple schools housed in one building. Each school program operates independently.

Charter Schools: May be “stand-alone” or co-located within a building.

School Based Health Centers (SBHCs) are school clinics staffed by the operating hospital’s Physician Assistants or Nurse Practitioners. SBHC sites may request intermittent school nursing coverage.

*D75 programs may be stand-alone or co-located. D75 provides resources and accommodations for students with physical and/or emotional needs.*

*Universal Pre-K (UPK) programs service 4 year olds and may be stand-alone or co-located.*

» *Nursing Assessment is critical in these areas*
NYC Department of Education (DOE) personnel manage school services and building activities:

School Principals supervise school staff:
- Assistant Principals/ Deans
- Teachers
- General Office Secretaries
- School Aides
- Paraprofessionals
- Guidance Counselors
- Food Service Employees are supervised by Dieticians
- School Custodian Teams
• School Coverage nurses service the student population**

• 1:1 nursing service is provided when mandated on students’ Individualized Education Programs (IEPs)*

• Trip Nurses accompany students on school trips on OSH request

• Transportation nurses accompany students in DOE authorized vehicles

• *An IEP is an Individualized Educational Program governed by federal laws for students’ mandated services and accommodations

• **Staff in schools may be seen for emergencies
CUSTOMER SERVICE

- DOE/agency identification should be worn on duty

- Professional attire should be worn. Scrubs or jeans are inappropriate

- Be alert, aware and available for duty
School Identification Systems

- Public Schools (Elementary, Junior/Middle, High School) are identified by the geographical district, borough and school number (DBN)
- *(E.g., 28Q255= District 28, Queens, PS/IS/HS 255)*

Student Identification

- NYC DOE assigns individual “osis numbers” to students registered in NYC schools. Student lists contain osis#’s

- Non-Public Schools (NPS) are identified by name
  *(e.g. Our Lady of Lourdes)*
  NPS do not use osis #s and identify students by name
Work hours are generally 6 hours and 55 minutes per day. Some school hours may differ.

Contract Nurses are entitled to a ½ hour break/lunch on school premises.

Staff must remain in the school building during their break and must remain available for care if needed.

Inform the General Office Staff of your break time and location on the premises if a medical need arises.
Nurses on premises earlier or later than the scheduled hours of assignment respond to requests for assistance for suspected emergencies.

Notify the Supervising Nurse (SN) or Borough Nursing Director (BND) and the Contracting Agency of school emergencies or personal emergencies that may interrupt your tour of duty.

Do not leave the school without your SN’s or BND’s authorization.

Leaving the OSH assignment without authorization during duty may be considered abandonment.
Report to the School’s General Office on arrival to the assignment

Inform the Principal/School Administration and Office Staff of your assignment as the assigned school nurse, trip nurse or 1:1 nurse

Some General Office Staff may requests nurses’ signatures

Obtain Medical Room keys from the General Office
Locate the OSH COVERING NURSE FOLDER in the medical room for OSH and school contact information.

In D75 it is a binder labeled as “Substitute Nurse Binder”

Call the OSH liaison from the medical room within 20 minutes of arrival in the school.

Locate the medication cabinet keys secured in the Medical Room.

Keep keys nurse’s possession while in the school building.

Return keys to the secured location identified in the covering folder at the end of the day’s duty.
Covering Nurse Folder

A “Covering Nurse Folder” in each medical room should contain:

- OSH Supervising Nursing Team numbers
- OSH Contract Liaison's phone number
- Preparation Guide for Covering Nurse
- School Information Sheet
- Contact Numbers
- School Organizational Sheet
- School Biographical List- Student’s demographics
- HFA Asthma Inhaler Maintenance Form
COVERING NURSE FOLDER

DISTRICT _______________ SCHOOL ______________________

Important
Covering Nurse upon arrival at school please call

1) Contract Liaison _______________ Phone: _______________

2) Supervising Nurse/Supervising Public Health Nurse: _______________
   Phone _______________

If unable to reach Contract Liaison or Supervisor please call
Borough Nursing Director: _______________

Included in Covering Nurse Folder:
- School Information Sheet
- School Contact Numbers
- Organization Sheet
- Regional Contact Information
- Password for Computer Contact Supervising Nurse
OSH policies and protocols guide nurses to:

- Assess, plan, implement and evaluate the health needs of students
- Administer medications and treatments as prescribed on OSH medication and treatment forms
- Address anaphylaxis and other emergencies
- Refer students and families for follow up care
- Document care and communications on student records
Participate in team case management with Supervisors, Physicians, families, schools

Follow OSH communicable disease policies and procedures

Participate in OSH physician sessions in schools

Conference with teachers and OSH staff when necessary to discuss recommendations requested by students’ providers

Report suspected physical abuse, sexual abuse and neglect of children as mandated by law
General office staff update and maintain student contact list
blue emergency cards

The following lists are requested from the general office for medical room use periodically:

- Biographical List
- Cross Reference List
- Class List
- Admission List
- Transfer List
- Discharge List
# SCHOOL INFORMATION SHEET

<table>
<thead>
<tr>
<th>School _______</th>
<th>OSH Daily Presence Name (Title) ____________________________</th>
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**Covering Nurse:** If you are having any problems locating the items below, please notify the Supervising Nurse immediately.

- District 75 Nurse, Name ___________ Room # ___ Phone Ext ___________
- Trailers _____Y/N   Mini building ___ Y/N   Annex sites _____Y/N
- Medical Room Key ___________ Medicine Cabinet Key ____________
- Double Lock Medicine Cabinet Key ___ File Cabinet Key __________
- DOE Staff within school that have copy of Key ________________

- MAF Log Book Location (be specific) _____________________________
- Emergency Bag ___________ Fanny Bag ________________
- Yellow BRT Medication Carrying Kit _____________________________
- Daily Log Book ___________ Emergency Cards ________________

*Student Lunch Period on Bulletin Board* ___________________________________________________________________

*Time of OSH Nurse/Advisor lunch* ___________________________________________________________________

*DOE designee to cover while nurse is at lunch* ___________________________________________________________________

*Anything else unusual:* ___________________________________________________________________

*Copy to Supervising Nurse*

Revised July 2013
Have on hand:

Preparation Guide for Covering Nurses

Preparation Guide for Covering Nurses

When reporting to a new school assignment nurse will complete the following:

- Report to school’s administration office
- Introduction to principal and office staff
- Obtain keys for medical room, medication cabinet, narcotic cabinet, file cabinet and storage cabinet (if applicable)
- Call contract liaison within 20 minutes of arrival to medical room
- Locate red fanny pack (contains Epipen, Epipen Jr., CPR face mask and gloves)
- Locate emergency supply bag and Yellow BRT Medication Carrying Kit
- Locate and review covering nurse folder
- Locate and review medication binder (identify students receiving daily medication and treatment services)
- Locate referral forms, reporting forms and blank MAFs
- Open medication cabinet:
  1. check medications for concordance with MAF and expiration dates
  2. locate stock Ventolin Inhaler
  3. complete Control Substance Count Sheet (as appropriate)
  4. locate thermometer, sphygmomanometer and safety retractable lancets and insulin safety needles (if needed)

Walk ins:

- Document all visits in walk in log and ASHR or 103S
- Notify parent of medical room visit (telephone call and 12S or SH 10)
- Issue referrals as needed (E12S, O12S etc.)
- Initiate case management as needed
- Follow up for prior visits as needed (i.e. 911 calls)

MAF/s/Nursing Services:

- Contact OSH nursing supervisor upon receipt of new MAF and prior to administration of medication
- Review MAF with OSH nursing supervisor for approval
- Follow directions of OSH nursing supervisor regarding faxing and processing MAF
- Long-term conditions: Nurses may approve MAFs and notify nursing supervisor
- Always auscultate student’s lungs before and after administering rescue inhaler

Communication/Call OSH supervisor if:

- Unable to locate keys, supplies, discrepancy in medication count etc.
- An emergency occurs
- Work day must be extended due to emergency
- Communicable disease, food borne illness, blood and body fluid exposures occur
- Guidance/direction/clarification is needed regarding OSH policy and protocol
- If you need guidance with DMAX, diabetes management or unexpected diabetes events
- Call 911 and notify principal and OSH supervisor for emergencies including but not limited to:
  - A student with Diabetes with a blood glucose level elevating above target during the day and you are unable to contact PCP and/or parent
  - A blood glucose meter reading “Hi” or “High” for a student with diabetes who may or may not be symptomatic and you are unable to contact PCP and/or parent

*Contract agency work day is 7 hours in public schools and 6 hours in non public schools. Nurses must not leave school yard premises during assignment. An addition to the scheduled workday must have OSH supervisory approval.

March 2014

Revised April 2011/July 2013
The 1:1 Nurse is assigned to remain with the student during the school day and administers prescribed care.

The 1:1 Nurse should meet the School Coverage Nurse.

The 1:1 Nurse obtains a “portable chart” from the medical room with orders and OSH documentation forms to travel with during the school day. Student Documentation for 1:1 cases is the property of OSH.

The 1:1 nurse returns the “portable chart” to the medical room at the end of the school day.
• The D75 program is a city-wide program with sites in every borough.

• D75 principals may oversee one school organization with multiple sites for different populations.
  (E.g. - P9@005 and P9@255 means P9 is the main D75 program with locations at School 005 and at School 255).

• Site administrators supervise building activities for each site

• Some D75 programs are “stand alone,” indicating the building is dedicated to the D75 population
The D75 Coverage Folder Substitute Nurse Binder contains:

- Coverage Folder Information
- An alert list in D75 contains students’ names with:
  - Asthma
  - Allergies
  - Seizures
  - Diabetes

These are the only four (4) diagnosis to be shared with school staff. Staff may share emergency actions related to other diagnoses which remain confidential.
D75 SCHOOL COVERAGE MAY INCLUDE:

- Gastrostomy care and feeding
- Tracheostomy care and suctioning
- Seizure management
- Assessing services
- Oxygen therapy
SCHOOL: D75 SCHOOLS MAINTAIN A MEDICAL ROOM ALERT LIST
STUDENT’S ALERTS
CLASS:--------
TEACHER:-----

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<tr>
<th>STUDENTS</th>
<th>ALERTS</th>
<th>COMMENTS</th>
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Keep a copy in the D75 classroom and one in the medical room
OSH Medical Rooms should contain a Red Fanny Pack (bag) to carry:

» OSH Stock Epi pen 0.3 mg (adult dose)
» Epi pen 0.15 mg (junior dose)
» CPR mask and gloves

» Keep the Red Fanny Pack on or near your person while on duty

» Carry the Red Fanny Pack on school premises for suspected medical emergencies

*The Stock Epi pen is the only “standing order” medication used by OSH staff to treat anaphylaxis in a child without an order or an adult on the premises.

*Anaphylaxis is reviewed in Part II of this series
The nurse ensures the red fanny pack is within reach in the medical room and carries it if called outside the medical room. It contains Stock Epi pen, a CPR mask, gloves.
OSH EMERGENCY BAG

Stethoscope
Hand Sanitizer
Gloves
B/P kit
Carry Emergency Supplies to:

- Calls for nursing assistance on school premises (school buildings, school trailers, school yards)
- Fire Drills
- Evacuations
- AED/Code Drills
File Cabinet/Storage Cabinet: Extra Supplies, Forms

Items posted in the medical room:

» School/class organization lists
» Lunch schedule and/or bell schedule
» BEAT Diabetes Manual
» HFA Placard for asthma inhaler cleaning guidance
» Preparation Guide for Covering Nurses
» Disinfection and Cleaning Schedule for Office of School Health

Posters in the Medical Room: Cover your cough, Hand Hygiene
Diabetes Management will be reviewed in Part 3
Most OSH medical rooms are equipped with an examination table for the OSH Physician to conduct student physicals.

Students should not lay on the exam table unattended.
Medical Room Exam Table Use

» The examination table is primarily for use during OSH physician exams/Doctors’ sessions

» Students should not lay on examination tables unattended when in use during the OSH Doctors Sessions

» Students should not be alone in the medical room

» Lights in medical room remain on unless otherwise advised in a building emergency

» The medical room should be locked when not in use
Privacy Screens may be present

Scales are used for students in the HOP wellness program and for OSH MD sessions only.

Lamps may be present
Additional Medical Room Requirements:

Medication Binders:
» Secured in locked file cabinet or in top medication drawer at night (labeled)

A Log Book:
» To log student encounters
» Secure the log book in the locked file cabinet

Memo Folders (district/school specific):
» Contains all OSH memos and important papers and maintained in desk drawer or file cabinet
In September each school year, OSH delivers

- A medical kit

- An emergency kit with Stock Ventolin and Epi pen. (These are the only two (2) medications supplied by OSH)

- Contact OSH Supervisors for extra medical room supplies
Medication Cabinets store:

- Medications in pharmacy-labeled containers or labeled by parents if the OSH order is for an over-the-counter medication
- A digital Thermometer
- A non-contact thermometer in D75 sites
- Safety Retractable Lancets for blood glucose testing for OSH for students with diabetes orders
- Band-Aids,
- Stethoscope
- Sphygmomanometer

Some Non Public schools and D75 sites secure medications in locked cabinets or drawers the medical room
LOCKED MEDICATION CABINET

OFFICE OF SCHOOL HEALTH

MEDICAL ROOM CABINET

MEDICATION CABINET KEY ARE SECURED IN THE LOCATION LISTED IN THE COVERING FOLDER
103S is the Office of School Health (OSH) Individual Student Health Record

- 103S’ are stored in the locked file cabinet in the medical room usually by class order and alphabetized in Elementary Schools. Higher graded schools may store them alphabetically.

- Contract Nurses document in the log book and in the 103S.
- Use ASHR if trained.
- Non-public schools are not yet ASHR equipped.
Contracted nurses must document:

- All student encounters in the log book (those who walk-in and those seen on school premises)

- All Student complaints, assessments, treatments and relevant communications in the 103S, the student’s individual paper record

- All MAF medication/treatment administration and supervision on medication/treatment administration records in the medication binder

- All DMAF (diabetes care) on the Diabetes Documentation Form (DDF)
# MEDICAL ROOM STANDARDIZATION: LOG BOOK

The City of New York - Department of Health and Mental Hygiene
Office of School Health
Walk-In - Unplanned Visits to Medical Room

*Legend of (Disposition)*
1. Returned to Class
2. Parent Contact to Home or MD
3. Calls to EMS

<table>
<thead>
<tr>
<th>TIME</th>
<th>NAME</th>
<th>DOB</th>
<th>Class</th>
<th>Complaint</th>
<th>Action</th>
<th>FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>In</td>
<td>Out</td>
<td>Last</td>
<td>First</td>
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DOE Region:  
CSD:  
School:  
Signature/Title:  
Initials:  

SH 92 (Rev. 6/05)
Nurses follow the school’s emergency plans for student, staff and community safety

- Medical
- Behavioral Crises - Refer to Chancellor’s Regulations A-411
- Environmental
- Fire Drills and Medical Drills
- Lockdowns - see school posters
- Evacuations

Go to www.schools.nyc.gov for NYCDOE Chancellor’s Regulations
The Office of School Health (OSH) staff should activate Emergency Medical Services (EMS) when their professional judgment deems it necessary.

When the school physician and/or Office of School Health (OSH) nurses are in the school, and the seriousness of the emergency situation warrants it (e.g., hemorrhage, convulsion, breathing difficulty, anaphylaxis), they ensure that all necessary medical care is given and remain with the student until medical care is no longer needed or the patient is transported home or to a treatment facility.

A nurse calls 911 based on his/her clinical judgement and notifies the OSH supervisor or BND immediately and the agency supervisor. The nurse should make all efforts to inform school administrators of all school emergencies as soon as possible.

It is not necessary for the nurse to seek permission/approval before calling 911.

The principal is also responsible for the transportation of any student with an acute health problem from school to home or to a treatment facility.

Office of School Health (OSH) staff members may not leave the medical room unattended and therefore are not permitted to ride in the ambulance with the student.

Source: OSH Policy and Procedure Manual
NYS Education Law Section 917, enacted in May 2002, requires:

- At least one Automated External Defibrillator (AED) installed in each public school mounted at the main entrance

- Other AEDs may be placed strategically as needed i.e. outside the cafeteria or gym

- Each school must have school staff members certified in AED/CPR to respond to emergencies
When a medical emergency is identified a Code Blue is called and 911 is initiated. Nurses participate in “code drills”

The trained school staff will pick up the AED and respond. The school nurse will also respond if available

If the school nurse is the first to respond to a life threatening emergency, he/she will initiate the Code Blue and instruct someone to call 911 and get the AED

When, in the judgment of any Office of School Health staff member, a student or other individual requires immediate medical attention, it is the person’s responsibility to call 911 and then notify the principal.
AEDs in schools are usually wall-mounted near the security stations. A school staff member would grab the AED.

Example of AED placement.
Every school has a Building Response Team that follows the “General Response Protocol” in an emergency.

Each protocol has specific staff and student actions that are unique to the response.

Schools may implement “Lockdowns” categorized as:
- Soft – implies no identified imminent danger
- Hard – implies imminent danger

Evacuation- Fire alarm is initial alert to evacuate
Shelter-In - Remain in building and secure all doors
BUILDING RESPONSE TEAM CARDS

Cards are used during evacuations to request medical assistance or other help.
Safety matters

- Follow authorities’ instructions for school evacuations

- Carry the red fanny pack, emergency bag, yellow BRT bag, the medication binder and necessary medications for the evacuation

- Contact your Supervising Nurse (SN)/ Borough Nursing Director (BND) to notify them of the incident

- Communicate with the school administration for students with medication orders and those needing medical assistance.
OSH WALK-IN PREPARATION AND ASSESSMENT
Review the covering nurse folder and the medication binder

Check the Fanny pack and emergency bag contents

Review Medical Lists - computerized or handwritten

- Chronic Diagnosis List - Identifies diagnoses
- Medication Report - Students with medication administration forms (MAFs)
- Principal’s List - Shared with Principal, listing only the “shared” diagnoses and identifying the others as “Medical diagnosis” for confidentiality
- Asthma Report - For students diagnosed with asthma, this lists home medications, school medications and school absences.
Student Encounters are termed “Walk-ins” and may include:

• An unanticipated complaint for illness or injury

• Visits for Medications or treatments as per OSH order forms

• Emergencies on school premises

• A “same day” follow up after an earlier visit

• Follow up after an illness related absence
WALK-INS:
REFERRALS TO THE MEDICAL ROOM

- Teacher Referral Slips (passes) form 194S are used by school staff to refer students to the Medical Room.

- “Passes” may be waived in cases such as bleeding, respiratory, limited mobility

- The nurse responds and goes to any location on school premises if called and triages current students

- Staff may arrange escorts to the medical room for emergencies

- DOE paraprofessionals (paras) are assigned to escort and/or monitor students in D75.
What diagnoses are present in OSH settings?

What are my nursing responsibilities in Office of School Health?

Who supplies medications?

Do I document?

Other questions?
### POSSIBLE DIAGNOSES IN OSH SETTINGS

- Diagnoses present OSH settings:

<table>
<thead>
<tr>
<th>Asthma</th>
<th>Spina bifida</th>
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<tbody>
<tr>
<td>Diabetes</td>
<td>Tumors</td>
</tr>
<tr>
<td>Seizure Disorders</td>
<td>Respiratory Illnesses</td>
</tr>
<tr>
<td>Sickle cell disease</td>
<td>Food intolerance</td>
</tr>
<tr>
<td>Pulmonary hypertension</td>
<td>Allergies/anaphylaxis</td>
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</tbody>
</table>
STUDENTS MAY WEAR INSULIN PUMPS

Medtronic-Minimed.com

Animas.com

Omnipod.com
194s slip

Staff may refer or escort students to medical rooms

Students may self-report to the medical room

Nurses triage referred walk-ins and self-referrals
For suspected emergencies outside of the medical room on school premises:

- Respond to the emergency as available unless tending to another emergency

- Inform school staff when you will be able to be present

- Instruct staff to call EMS if it appears emergent, until you are able to arrive

- Triage any students in the medical room to prioritize care

- Seek the general office’s help to secure the students’ safety
Walk-Ins: Possible Outcomes and Parent/Guardian Notification

- Student returns to class
- Student needs a call home and parental pick-up
- Student will be instructed to return to medical room for further evaluation
- Student needs emergency care by calling 911
- Issue a referral (SH-10) to notify parent/guardian of care given
- Issue a referral (12S) for Primary Care Provider recommendations
- Issue a head injury form and contact parents/guardians by phone
- Issue a blank Medication Administration Form/Diabetes Medication Administration Form if it is suspected that medication or treatment may be needed at school for the future
OSH referral forms issued during walk-ins or follow ups

- **SH10** - Notification of a student encounter
- **12S** - A general referral for medical follow up
- **C12S** - A cardiac referral
- **E12S** - An eye referral
- **O12s** - An orthopedic referral
- **CH205** - A new physical exam if there is none on file
- **MAF** - Medication Administration Form
- **DMAF** - Diabetes Medication Administration Form
- **HEAD INJURY** Form is issued with a 12S for a head injury
First Aid Guidelines:

- Standard precautions and Infection Control Procedures must be adhered to
- Use appropriate Personnel Protective Equipment (gloves)
- Clean wounds with soap and water only
- All topical ointments or creams require a MAF
- Do not move the student from place of injury until fully assessed by RN
- Do not remove splinters or any embedded object
WALK-IN ASSESSMENTS

- Triage students
- Perform Vital Signs
- Assess complaints, signs and symptoms
- *Review the medication binder for OSH orders *
- Review the Chronic Diagnosis List or the 103S paper health record for any significant health history
- Assess need for urgent care or immediate care
- Call 911 when needed
- Implement medications and treatments if ordered
- Log Students in the medical room log book
- Call Parent/guardians and Issue referrals
- Determine the student’s ability to remain in school
OSH must have prescribed orders on OSH Medication Administration Forms (MAFs) for nurses to perform or supervise the prescribed medication or treatment.

Parents or guardians sign consents for medications and treatments.

Epi pen (Epinephrine auto injector) is the only medication nurses servicing can OSH administer without an OSH medication form to a student without an Epi pen order or to an adult while on OSH duty.
WALK-IN ASSESSMENTS

- Temperatures are taken orally, axillary or via thermoscan contact free thermometers.

- Auscultate lungs or bowels over a layer of clothing if necessary for the complaint

- Light abdominal palpation may be performed over clothes

- Students may point to signal areas of discomfort

- Students may self-inspect in a private area (bathroom) and report findings

- Paras may describe altered student behaviors or responses for students who are non-verbal (D75)
Students in D75 programs are escorted by paraprofessionals (Paras) or school staff for medical room visits.

The nurse may be called to another location on premises.

Paras may be assigned to classrooms

or

Paras may be assigned to students as “1:1 paras”
A 1:1 para remains with the student during the day.

The nurse may instruct the para to observe the student for signs and symptoms of illness or to observe meal intake.
Students in D75 may be diagnosed with:

- Cognitive impairments
- Physical impairments
- Verbal communication problems

- The contract nurse while assessing the student may need to speak with the school staff to ascertain if students’ behaviors vary from their norm
It is not appropriate within the practice of School Nursing for a nurse to:

- Undress a student
- Expose a student’s genitals
- Examine a student’s genitals
- Take a rectal temperature
- An MAF treatment/non-medication form must be present for the nurse to perform or supervise a catheterization
Foreign bodies in the eyes:

- Do not remove the foreign particles from the eye
- Flush eyes with large amounts of water
- Seek medical attention if foreign body remains in eye
- Contact Parent/guardian, issue 12S

Do not attempt to remove embedded/impaled objects from the eye and call 911

All eye injuries are high priority and require parent/guardian contact and an OSH referral
All OSH/Contract Registered Nurses are required to complete the CDC “Heads Up Concussion Video for Health Professional” every 2 years

http://www.cdc.gov/headsup/providers/index.html

- Assess and document vital signs and Level of consciousness
- Issue head injury form and a 12S for any head injury
- Call parent/guardian
- Notify the school administration
- Call 911 if needed

If the nurse determines after assessment that the child may stay in school:

- Notify Parent
- Request that school staff refer student to medical room before dismissal
- Reassess student for any s/s of head injury before dismissal
Issue this head injury form with a 12S

Call 911 if needed

Notify parents by phone as soon as possible when you assess a head injury
Would you call 911 for any of these injuries pictured?

- Abrasion – surface skin has been scraped off.

- Laceration – wound with open edges usually caused by a tear by an object or blunt trauma.

- Incision – sharp object cutting the skin.

- Puncture – a piercing in the skin made with a sharp pointed object.
WALK-IN ASSESSMENTS: WOUND

Actions:
- Apply pressure to control bleeding
- Call 911 if needed
- Cleanse area with soap and water then pat dry.
- Do not use alcohol, hydrogen peroxide, or any ointment without an OSH MAF for student for these items.
- Cover with a band aid or bandage.
- Issue 12S referral for further medical evaluation.
- Contact parent
- Inform school administration.
- Wound dressings from home or the student’s PCP may be reinforced and call parent or call 911 if bleeding to area is uncontrolled. Do not remove home dressings.
Amputation- “the removal of a limb by trauma, medical illness or surgery.”

- Apply pressure to the remaining attached body part to control bleeding. Place in ice if possible to stop bleeding.
- Call 911 or request that 911 be called for ALL amputations.
- Briefly rinse amputated part with water (to remove any dirt).
- Place the separated part (if found) in plastic bag (to protect and keep clean).
- Place plastic bag containing part in a cup of ice water (to keep cool and preserve tissue).
- Call parent or instruct school staff to call 911.
- Notify school administration.
- Notify Nursing supervisor.
- Issue 12S for school recommendations after medical evaluation.
Trauma may lead to swelling and bruising, not always immediately visible

- Assess area for skin breakage
- Cleanse with soap and water. Apply bandage as needed.
- Document mobility, ROM, weight bearing
- **911 SHOULD BE CALLED FOR ANY VISIBLE DISFIGURATION OR VISIBLE BONE AFTER REPORTED TRAUMA**
- Apply ice to injured part for 10-20 minutes
- Document the effect of treatments

  - **DO NOT GIVE STUDENTS ICE TO TRAVEL WITH IN SCHOOLS**
  - **NEVER APPLY ICE TO STUDENT WITH SICKLE CELL DISEASE** (can contribute to sickle cell crisis)

- Contact parent and issue SH10 /12S
- Call 911 as needed

**BRUISES MAY APPEAR DIFFERENTLY AS TIME ELAPSES**
**DOCUMENT ASSESSMENTS IN 103S**
INJURY TO BONES, MUSCLES, AND JOINTS

Nurse Assessments for injuries to bones, joints and muscles should include:

- Assessments of deformed or discolored body parts/limbs
- Swollen or painful body part
- Limited or no Range of Motion
- Student hears or feels broken limb
- Bone is protruding out of skin

- Call 911 for students unable to walk or use limbs after injury
- Do not attempt to force weight-bearing, ambulation or movement after injuries
- Notify parents/guardians by phone and issue an 012S referral
Assess the rash
Describe the rash appearance
Assess itching, swelling
Assess temperature

Follow Communicable Disease guidelines in later slides
Notify parent of need for further evaluation
Maintain confidentiality and discretion
Consult with OSH and Agency Supervisors
OSH Medical records are legal records
Enter student encounters in the log book
Document encounters in the 103S individual student record

Documentation must include:
- Date/time
- Student’s complaint – either self-described or from staff
- Nurse assessment-size of wound, active bleeding, mobility, ROM, weight bearing, vitals if needed, swelling,
- Nurse treatments/actions
- Student’s response to treatments/actions
- Communications to parent, school staff, (PCP if applicable)
- Parent’s responses to the communication/instruction
- Time 911 called and arrival of EMS staff
- Hospital student transported to if 911 was called
- Document if parent is present and declines 911 transport from school
OSH DOCUMENTATION

- **Sample 1-** Cut to Right foot, washed with soap and water, band aid applied.-N. Nurse

- **Sample 2-** 1” laceration to Right ankle, moderate bleeding, controlled with pressure after 3 minutes. Full ROM to Right ankle. No swelling. Able to bear full weight without difficulty. Called mother who stated will take child to M.D. N.Nurse
**LOG** **ALL STUDENTS WHO VISIT THE MEDICAL ROOM OR ARE CARED FOR ON THE PREMISES IN THE LOG BOOK.**

<table>
<thead>
<tr>
<th>Time</th>
<th>Name</th>
<th>DOB</th>
<th>Class</th>
<th>Complaint</th>
<th>Action</th>
<th>Issued</th>
<th>Disp.</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/29/14 1:00pm-1:40pm</td>
<td>Jonnie Joan 6/1/98 222</td>
<td>L ankle pain</td>
<td>cool compress x 15 min</td>
<td>12S 2 + swelling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/29/14 1:00pm-1:50pm</td>
<td>Climbing Carol 5/21/97 444</td>
<td>R 4th finger laceration</td>
<td>Pressure bandage</td>
<td>12S 3 prolonged partial separation of finger tip</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Signature/Title**
Nina Nurse, RN

**Initials**
NN
Document

- Student visits/encounters in the medical room log book
- The following in the student’s 103S, the individual health record:
  - Chief complaint,
  - Nursing actions/treatments
  - Response to care
  - Related communications
  - Students’ reports of self-care
- Student’s disposition on the Teacher Referral Slip (194S)
- 911 information on the 911 form
- Prescribed care rendered in the medication binder
OSH referral forms issued during walk-ins or follow ups

- SH10- Notification of a student encounter
- 12S- A general referral for medical follow up
- C12S- A cardiac referral
- E12S- An eye referral
- O12s- An orthopedic referral
- CH205-A new physical exam if there is none on file
- MAF- Medication Administration Form
- DMAF- Diabetes Medication Administration Form
- HEAD INJURY Form is issued with a 12S for a head injury
Writing an SH10 or 12S referral home includes:

- Child’s complaints, self-observations or reason referred
- Nurse’s actions
- Signature

- A phone call should be made
- Document in the 103S, the student’s individual paper record
The SH 10 is issued to students / parents for written notification of Nurse encounters in addition to a phone call.
**REFERRALS: SH 10 SAMPLE**

**SAMPLE SH 10**

**OFFICE OF SCHOOL HEALTH**

<table>
<thead>
<tr>
<th>School:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dear Parent/Guardian of:</td>
<td></td>
</tr>
<tr>
<td>Subject: Medical Room Visit</td>
<td></td>
</tr>
</tbody>
</table>

**Your child was seen in the medical room today for:**

- Abfraction
- Ache/Pain
- Allergy Symptoms
  - Eyes: itchy/red/teary
  - Nose: itchy/runny/stuffy/sneezing
  - Throat: scratchy/itchy
- Bite
- Cut
- Cough/Cold
- Earache: right/left
- Eye: right/left
- Other (specify)

**Treatment Given:**

- Ice Pack
- Band-Aid
- Cold Compress
- Meal/Snack

- Pressure to stop bleeding
- Area cleaned with soap & water
- Fluids: Water/Juice

**Recommendations:**

- Please see your doctor/dentist for an evaluation
- Keep at home until temperature is normal for 24 hours
- Keep at home until eyes are free of discharge
- Keep at home until vomiting has stopped for 24 hours
- Update your emergency card for parental contact (we were unable to reach you)
- Submit New Admission Physical Exam Form (211s)

**Please contact your Health Care Provider for evaluation:**

- If your child complains of headache, dizziness, nausea, and/or sleepiness
- If area of complaint becomes swollen and/or very painful
- If pain and/or condition continues

**Additional Comments:**

- Left forearm abrasion appx 1” no active bleeding.
- No swelling, L arm with full ROM

**PS 2222**

**Jan 2 2016**

**Hopping Harry**

**Jan 2 2016**

**2-777**

**555444999**
Document your observations, assessment, care and student’s response to treatment on top of form.

Issue to students after needing medical follow-up and recommendations.

Call Parents to notify them of the students’ visits.
Record the student in the log book and document the walk-in in the student’s 103S individual paper health record.

Student reports falling in gym twisting L foot. No visible break in skin, able to bear weight, Left foot ROM is full, Mild swelling. Cool compress applied x 10 minutes with fair relief.

Punctual Polly, RN
Student reports falling in gym twisting L foot. No visible break in skin, able to bear weight, Left foot ROM is full, Mild swelling. Cool compress applied x 10 minutes with fair relief.

Inform staff of the recommendation where applicable. (E.g., Principal, Assistant principal, Gym Teacher)

Transcribe the provider’s recommendation and information from the 12S to the student’s 103S paper record

Place the 12S or SH 10 referral received in in a visible place in the log book to alert the permanent nurse.

Left tibia sprain

No gym x 6 wks. and re-evaluate

Dr. C. Clinic

Jan 29 2016
Complete the 911 form for student 911 calls

Notify OSH supervisors and Agency Nurse Supervisors the same day

Leave the form in the log book for the nurse returning the following day

The 911 form is not part of the student’s individual record. Documentation is still needed in the 103S student individual paper record
MEDICAL ROOM DOCUMENTATION

Document on the student’s 103S paper record folded in the medical room file cabinet
WALK-INS: PARENT NOTIFICATIONS

- Notify parent or guardian with a phone call and

- Issue standard medical room referral forms for parents

- Notify Principal, School Administration, Nursing Supervisors of 911 calls and significant events

- Notify the Supervising Nurse of any new OSH medication forms, referral forms or medications received

- Notify Primary Care Providers (PCPs) and parents of students’ significant responses to medications or treatments

- Leave 911 forms in the log book for the returning nurse to review
The school’s general office is accountable for authorizing student release and discharge to parents/guardians during school hours.

**Student’s current contact information from the Pupil Accounting Secretary**

**Students should not be discharged directly from the medical Room**
If a student has a medical emergency:

• You or a Principal or his/her designee can call EMS (911)

• If a Principal disagrees with your clinical judgment, call 911 yourself and notify your Supervising Nurse, PHN II or Borough Nursing Director (BND) immediately.

• The principal designates school personnel to escort the student offsite.

• School coverage nurses do not travel in the ambulance with students, nor do they escort

• 1:1 nurses travel in ambulances with the assigned student.
Blue Emergency Cards are kept in students’ classrooms or general offices. Call the office for help with student contact information as needed.
If you provided treatment to a child, **do not leave school** without notifying the parent/guardian on the SH-10/12S form and by phone.

**Seek direction from your OSH Supervising Nurses, Contract Nurse Supervisors or Borough Nursing Director as needed**
Nurses with a consistent or “extended” assignment in one school should call parents to obtain follow-up information for 911 calls, medication changes, new activity recommendations.

- Review 911 forms that may be in the medical room from the previous day.
- Call the student via the general office or classroom to obtain information or possible recommendations for school activities.
- Notify the Supervising Nurse of any student who is hospitalized.
- Notify the Supervising Nurse of any new OSH medication forms, referral forms or medications received.
- Notify providers and parents of students’ significant responses to medications or treatments.
WALK-IN
LANGUAGE TRANSLATION SERVICES

- DOE Translation Services Translation Services are available for OSH nurses and physicians by calling 718-752-7373

- Staff may assist with some translation of non-confidential matters
104S DOE Cumulative Health Record for students

The 104S is not stored in the medical room except in some High Schools

The 104S is stored in classrooms in elementary schools

Staff, OSH staff and Vision staff retrieve these from students’ school folders to use for MD sessions and Vision Screening
Seizures can range from involvement of the entire body in rapid uncoordinated movements to “staring spells” that last a few seconds.

Often the student is unaware of what has occurred.

Students with diagnosed seizure disorders may have:
- OSH MAFs for Diastat emergency medication
- Other students diagnosed with seizure disorders may not have OSH MAFs for medications
The nurse will review with the teacher, paraprofessional and lunch room staff first aid procedures in the event the student has a seizure.

The school staff needs to be advised of first aid procedures to be followed when a student (and/or adult) has a seizure.

Observations by school staff of students with seizure conditions can be extremely valuable.

Nurses coordinate seizure action plans with school staff interacting with students.
Auras—symptoms that may occur before a seizure.

- Some students may report an aura such as a smell, sound, anxiety, nausea
- Staff with non-verbal students may report changes in affect or mood prior to seizure activity

Contributing factors to seizure activity
- Lights, sounds, prolonged computer use
- Blood sugars below or above target

Source: Webmd
Seizure disorders vary and may include:

- Involuntary movement of arms and legs
- Loss of consciousness or staring
- Temporary post-seizure sleep (post-ictal)

Seizure Management

- Clear objects away from student and ask school staff to assist with removing other students from classroom
- Give medication if ordered in current MAF
- Lay student flat on the ground on the left side
- Time the seizure and related behaviors
- Loosen any tight clothing
- Do not put anything in student’s mouth
- Maintain privacy whenever possible
SEIZURES AND 911

- **Call 911 for seizure:**
  - After administering Diastat if ordered on the MAF
  - Lasting more than 5 minutes or Follow MD orders
  - For no history of seizure
  - For unusual seizures / different from baseline seizure

- **Contact parent**
- **Issue (12S) form**
- **Notify school administration**
- **Notify Nursing supervisor**
If a student is actively seizing for more than 5 minutes, call 911 irrespective of whether the child is known to have a seizure disorder or not.

Administer emergency seizure medications or procedures prescribed on the MAF.

Follow MAF orders for post-medication actions (E.g. 911, or student observation),
Seizure Follow-up

- Seizure logs should be placed and maintained in the classroom for school staff to record seizure activity.
  - Nurses should review the seizure log for any changes to relay to the parent and the provider such as:
    - Has the seizure activity increased or decreased
    - Is the student receiving medication
  - Issue a 12s and MAF to the parent for new provider recommendations as needed
## SEIZURE LOG

**Seizure Observation Log**

**Name of student:**

**OSIS:**

**Date of Birth:**

**Diagnosis:**

**VNS Magnet Ordered:** Yes / No

<table>
<thead>
<tr>
<th>Date</th>
<th>Time Seizure Started</th>
<th>Length of seizure</th>
<th>Preceding events</th>
<th>Seizure observations</th>
<th>Recovery observations</th>
<th># of times magnet used</th>
<th>Comments</th>
<th>initials</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

### Possible observations during seizure includes:

1. Sudden fall
2. Labor breathing
3. Unresponsive to name
4. Sudden onset seizure
5. Sudden onsets
6. Seizure
7. Abnormal activity
8. Loss of consciousness
9. Partial seizure
10. Generalized seizure

### Possible observations after seizure includes:

- Sudden recovery
- Confused
- Confusion
- Difficult
- Irritability
- Fatigue
- Fatigue
- Irritability
- Fatigue

Use numbers 9-12, letters k and I for student specific symptoms.

Rev. 6/6/2011
VNS therapy is a procedure used to improve seizure control. It is used in conjunction with medication.

VNS therapy is delivered by a device (generator) resembling a pacemaker and a thin flexible wire (lead) which are surgically implanted under the skin to deliver mild stimulation to the left vagus nerve.

The vagus nerve delivers these periodic stimulations to the brain and helps prevent electrical irregularities that cause seizures.
Treatment is automatically delivered at regular intervals all day, initially set at 30 second stimulation every 5 minutes.

A magnet may be utilized during the day as a supplemental treatment to further enhance seizure control.

The magnet delivers additional stimulation to shorten the intensity and duration of a seizure or stops the seizure before it actually begins.
Staff members with pacemakers should not be assigned to or trained in VNS magnet use.

Prior to initiation of magnet use with the VNS, the school nurse will:
- Confirm the MAF was approved by OSH
- Consult with the OSH Supervisor
OFFICE OF SCHOOL HEALTH MEDICATION AND TREATMENT ADMINISTRATION FOR SCHOOL COVERAGE, TRIPS, STUDENT TRANSPORT AND 1:1 SERVICE
Health Services/Section 504 Accommodations: OSH manages the processes surrounding students needing

- Medication administration
- Medically-prescribed treatment
- Glucose monitoring
- Insulin pump maintenance and
- Other Section 504 and Individualized Education Program (IEP) services

- See source and link below for yearly updated forms for medication services (MAFs, DMAFs)
- [http://schools.nyc.gov/Offices/Health/default.htm](http://schools.nyc.gov/Offices/Health/default.htm)
Treatments and medication services are prescribed on OSH forms completed by Primary Care Providers (PCP)s and
- Signed by parents/guardians and
- Reviewed with OSH

Medication Administration Forms (MAF)s Packet Includes:
- Asthma MAF
- Allergies/anaphylaxis MAF
- Non-asthma, non-allergy medication MAF
- Diabetes Medication Administration Form (DMAF)
- Medically prescribed treatment
- Request for accommodations under Section 504
Effective school year 2008-2009, OSH accepts medical orders from New York, New Jersey and Connecticut providers as authorized under the NYS Nurse Practice Act. This act prohibits OSH nurses from accepting medical orders from medical providers outside the tri-state region.

OSH can accept orders from Certified Nurse Practitioners under the Nurse Practice Act.

As of October 2, 2009, OSH nurses can accept Medication Administration Forms (MAF)s completed by Physician Assistants that are not co-signed by a physician.
MAFS AND DMAFS PRESCRIBE MEDICATIONS AND TREATMENTS SUCH AS:

- Oral medications
- Inhaler or Nebulizer treatments
- Ear, eye or nose drops
- Topical creams or ointments
- Injections
- Oxygen Administration
- Blood Glucose Monitoring
- Insulin Pump management
- Ketone Monitoring
- Intermittent urinary catheterization
- Tracheostomy care/suctioning
- Nasogastric tube care and feedings
- Gastrostomy feedings
- Central Venous Line Assessment, limited to reinforcing dressing
- Percussion
- Postural Drainage
- Dressing Change
- Ostomy Care
- Rectal medications

All of the above require OSH Medication Administration /Treatment Forms (MAFs) for the nurse to perform or supervise.
Medication and Treatment Forms (MAF)s are renewed every school year Sept- June and August if the student attends summer school. *Nurses issue blank MAFs every June

- Each MAF is specific to the student’s condition
- The provider prescribes medications or treatments on the front of the applicable form
- Parents sign the back the form to authorize OSH service and contact to the PCP contact for the services prescribed
- **OSH reviews forms prior to implementation of services**
- Parents provide specific medications, equipment and feedings prescribed

*Seek guidance from OSH if a prior year’s MAF was received for the current Sept – June school year.*
MAF guidelines are updated and posted on the NYC Department Of Education (DOE) website every school year.

www.schools@nyc.gov
REVIEW THE ASTHMA EASI PROTOCOL IN THE ASTHMA/ANAPHYLAXIS LEARNING MODULE

Nurses in school must

FOLLOW THE OSH ASTHMA PROTOCOL known as “Enhanced Asthma School or EASI

Review the Asthma MAF for the students’ history and risk for severe asthma

Review:
• Asthma Severity
• History of mechanical ventilation
• PICU admission
• Steroid use
• ER visits for asthma

Students with a history of any of the above may be more at risk for severe episodes
All asthma related encounters are priority
The top section on the Asthma MAF details hx such as:
Hx Asthma/prior anaphylaxis

FOLLOW THE OSH ASTHMA PROTOCOL, “Enhanced Asthma School Intervention” (EASI Protocol)

THE EASI ASTHMA PROTOCOL MUST BE REVIEWED. IT IS LOCATED IN THE “ASTHMA and ANAPHYLAXIS MODULE”
Parents must sign the back of the MAF related to the student’s specific
The top section on the allergy/anaphylaxis MAF details students’ added risks such as: Asthma and prior anaphylaxis.
Parents sign the back of the MAF related to the student’s specific MAF.
**Non-Allergy/Non-asthma Medications**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Medication</th>
<th>Route</th>
<th>Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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</tbody>
</table>

**Medication Administration Form**

This form should be used for non-allergy/non-asthma medications only. Authorization for administration of medication to students for school year 2016-2017.

**Student Information**

- Last Name
- First Name
- Middle Name
- Date of birth

**Guardian Information**

- E-mail address

**School Information**

- Name
- Address

**Health Care Practitioner**

- Name
- Address
- E-mail address

**Medication Information**

- ICD-10 Code
- Medication:
- Precautions

**In School Instructions**

- Standing daily dose: AM/PM
- PRN

**Conditions under which medication should not be given:**

- Conditions

**Home Medications**

- Over-the-counter

**Confidential Information**

*Confidential information should not be sent by e-mail.*
Back of the Non-Allergy/Non-Asthma Medications for parent’s signature
Contract Nurses must call OSH Supervising Nurses for directions to comply with OSH Diabetes Protocols for DMAF Review.
### Back of the Diabetes Medication Administration Form (DMAF)

**Parent's/guardian's signature and contact information**

---

<table>
<thead>
<tr>
<th>Student: Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Date of Birth</th>
<th>School</th>
</tr>
</thead>
</table>

### MONITORING BLOOD SUGAR, MEDICATION AND DIETARY NEEDS:

**PARENT/GUARDIAN’S CONSENT 2014-2017**

I hereby consent to:

1. The monitoring of my child’s blood sugar;
2. The provision of medically prescribed treatment and;
3. The treatment of hypoglycemic episodes on school premises or school-sponsored activities, in accordance with the attached instructions of his/her health care practitioner.

I hereby consent to the storage and administration of medication, as well as the storage and use of necessary equipment to administer medication, in accordance with the instructions of my child’s health care practitioner. I understand that I must provide the school with the medication and equipment necessary to administer medication, including non-Ventolin inhalers. Medication must be provided in a properly labeled original container from the pharmacy. Another such container should be obtained by me for my child’s use outside of school; the label on the prescription medication must include the name of the student, name and telephone number of the pharmacy, licensed prescriber’s name, date and number of refills, name of medication, dosage, frequency of administration, route of administration and other directions; over the counter medications and drug supplies must be in the manufacturer’s original container, with the student’s name affixed to that container.

I understand that if I provide any medication, it must be supplied in its original and UNOPENED medication bottle. I understand that I must furnish all necessary equipment, supplies and that I must immediately advise the school nurse, of any change in the prescription or instructions stated above.

I understand that this consent is only valid until the end of a New York City Department of Education (DOE) sponsored summer instruction program session; or such time that I deliver to the school nurse a new prescription or instructions issued by my child’s health care practitioner regarding the administration of the above-prescribed medications (whichever is earlier).

I recognize that the New York City Department of Health and Mental Hygiene (DOHMH), DOE, and their agents have a responsibility to ensure a safe environment in the medical room and anywhere else where my child may test his or her blood sugar. I will make every effort to provide the school with safety lancets and other safer needle devices for the purpose of glucose monitoring and insulin administration.

By submitting this Diabetes Medication Administration Form, I am requesting that my child be provided with specific health services by DOHMH through the Office of School Health (OSH). I understand that part of these services may entail a clinical assessment and/or physical examination by an OSH health care practitioner. Full and complete instructions regarding the provision of the above-requested health service(s) are included in this form. I understand that OSH, their agents, and employees involved in the provision of the above-requested health service(s) are relying on the accuracy of the information provided in this form. I recognize that this form is not an agreement by OSH or DOE to provide the services or services, but rather, it is a consent for such services. If it is determined that these services are necessary, a Student Accommodation Plan may also be necessary and will be completed by the school.

I understand that OSH and DOE and their employees, and agents or those who consult with and obtain any further information they deem appropriate related to my child’s medical condition, medication and/or treatment, from any health care practitioner and pharmacist that has provided medical or health services to my child.

**SELF-ADMINISTRATION OF MEDICATION:** Initial this paragraph for use of an albuterol, 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 consent to 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, and for any and all consequences of my child’s use of such medication in school. I understand that the school nurse will confirm my child’s ability to self-carry and self-administer in a responsible manner. In addition, I agree to provide back-up medication in a clearly labeled container to be kept in the medical room in the event my child does not have sufficient medication to self-administer.

I consent to the school nurse to storing and/or administering to my child such medication in the event that my child is temporarily incapable of self-storage and self-administration of such medication.

### Parent/Guardian’s Signature

<table>
<thead>
<tr>
<th>Date Signed</th>
<th>Print Parent/Guardian’s Name</th>
</tr>
</thead>
</table>

### Telephone Numbers

<table>
<thead>
<tr>
<th>Daytime</th>
<th>Home</th>
<th>Cell Phone</th>
</tr>
</thead>
</table>

### Parent/Guardian’s e-mail address

<table>
<thead>
<tr>
<th>Alternate Emergency Contact’s Name</th>
<th>Contact Telephone Number</th>
</tr>
</thead>
</table>

### DO NOT WRITE BELOW—FOR OFFICE OF SCHOOL HEALTH (DOE) USE ONLY

<table>
<thead>
<tr>
<th>Received by Name</th>
<th>Date</th>
<th>Reviewed by Name</th>
<th>Date</th>
</tr>
</thead>
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### Monitoring without supervision

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

### Insulin administration without supervision

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

### Services provided

<table>
<thead>
<tr>
<th>Nurse</th>
<th>OSH Public Health Advisor</th>
<th>School Based Health Center</th>
</tr>
</thead>
</table>

### Signature and Title (RN OR MD/DOCNP)

| Revisions per OSH after consultation with prescribing health care practitioner |
REQUEST FOR SECTION 504 ACCOMMODATIONS
Medication Administration Forms (MAF)s must have:

- Student Identification (osis number, Date of Birth)
- Medication name
- Medication dose, frequency and time
- Type of treatment
- Name of supplement if this is GT tube feeding
- Frequency specifics ✨
  (e.g. TID must specify time for that student in school
   it is not automatically 10a, 2p, etc.)
- Primary Care Provider and parent’s signature
Families supply medications ordered on the MAFs

» All medications are secured in pharmacy–labeled containers in the medication cabinet

» Over-the-counter medications should be labeled with students’ name, date of birth and osis number

Over-the-counter medications must be listed on the MAF for the nurse to administer or supervise them.
Components of the Medication Binder

The following information is filed in the Medication Binder:

Section 1: Standing orders and Protocols Related to Medication/Treatment Services
- Standing Order for the Use of Epinephrine in a School Setting
- Stock Ventolin Policy and Procedure
- NYS Education Department Memo: Training Unlicensed Individuals in the Injection of Glucagon in Emergency Situations
- Verbal Order Protocol/Verbal Order Form
- Disposal of Medication in Office of School Health Setting

Section 2: Delegation for Public Health Advisors: Checklists for tasks delegated to PH Advisors

Section 3: Special Health Services – Daily
- For ASHR schools – ASHR Daily Medication Profile Report
- For Non-ASHR schools – Daily Medication/Treatment Summary

Section 4: Special Health Services – PRN
- For ASHR schools – ASHR Medication Report
- For Non-ASHR schools – PRN Medication/Treatment Summary

Section 5: Field Trip Record
- For Field Trip Medication Record for Unlicensed Professionals Assisting Self-Directed Students with Administration of Medication filed by class

For ASHR schools, treatments should be documented on Daily and /or PRN Medication/Treatment Summary Form

Section 3 and Section 4 contains appropriate forms for each student receiving services. The forms for each student should be placed behind a divider labeled with the student’s name.

Forms to be included for each student are:
- ASHR Medication Profile
- Original Medication Administration Form (MAF - Allergies/Anaphylaxis/Asthma/Generic) with student’s picture
- Original Treatment/Non Medication Form, if applicable
- Original Diabetes Medication Administration Form, if applicable
- Medication Administration Record (one for each medication/treatment)
- Receipt of Medication/Equipment Form
- HFA Maintenance Form (if applicable)
- Controlled Substance Count Sheet (if applicable)
- Diabetes Documentation Form (if applicable)
- Asthma Action Plan (if applicable)
- School Allergy Response Plan (if applicable)
- Emergency Severe Low Blood Sugar Care Plan (if applicable)

* Stock Ventolin HFA Maintenance Form is placed in front of Medication Binder
Chronic Diagnosis List is placed in front of Medication Binder

MAFs/DMAFs are secured in OSH Medication Binders in OSH medical rooms. Larger schools may maintain more than one binder.

Four sections of the medication binder are:

**Section I: Standing Orders and Medication/Treatment Services Protocols**

- **Standing Order for Use of Epi pen in a School Setting**
- **OSH Diabetes Protocol for Safety Sharps**
- **Stock Ventolin Policy and Procedure**
- **NYS Education Department Memo: Training Unlicensed Individuals in the Injection of Glucagon in Emergency Situations (NYSED Memo, March 2004)**
- **Verbal Order Protocol/Verbal Order Form**
- **Disposal of Medication in Office of School Health Setting (2-9-09)**
Medication Binder Sections (cont’d)

**Section II:** Special Health Services – Daily

**Section III:** Special Health Services -- PRN

**Section IV:** Trip Plan and Service Record

- The Trip Nurse returns the Trip Plan and Service Record to the school nurse to file in the medication binder
Each student’s order (MAF/DMAF) in the medication binder has the forms applicable to the specific student:

- Medication Administration Form (MAF) cover sheet computerized or hand written
- Medication Administration Form (MAF)
- Medication Administration Record (MAR)
- Diabetes Medication Administration Form (DMAF)
- Receipt of Medication/Equipment form for each student.
- Controlled Substance Count Sheet
- Diabetes Documentation Form (DDF)
- Treatment Administration Record
- Stock HFA Maintenance Form for the Stock Ventolin asthma inhaler
- HFA Maintenance Form for asthma inhaler maintenance
- Asthma Action Plan - this is not an OSH form; it may be on file for the student
- Emergency Low Blood Sugar Care Plan
- Allergy Response Plan
- Epinephrine Auto Injector Checklist
- Child Specific Checklist for Using Magnet and Emergency Care Plan for VNS, if applicable
<table>
<thead>
<tr>
<th>Time</th>
<th>Medication/Dose</th>
<th>Student ID</th>
<th>Student name</th>
<th>Gender</th>
<th>DOB</th>
<th>Grade</th>
<th>Rm/#</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00 pm</td>
<td>Insulin - 0 NONE</td>
<td></td>
<td></td>
<td>M</td>
<td>03/17/2001</td>
<td>0K</td>
<td>125</td>
</tr>
<tr>
<td>12:00 pm</td>
<td>Dextroamphetamine - 10</td>
<td></td>
<td></td>
<td>M</td>
<td>06/05/1997</td>
<td>04</td>
<td>414</td>
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<tr>
<td>01:00 pm</td>
<td>DDAVP - 0.1 mg</td>
<td></td>
<td></td>
<td>F</td>
<td>03/22/1997</td>
<td>04</td>
<td>103</td>
</tr>
<tr>
<td>Q 4</td>
<td>Xopenex - 0.63 mg</td>
<td></td>
<td></td>
<td>M</td>
<td>01/25/2000</td>
<td>01</td>
<td>208</td>
</tr>
<tr>
<td>Q 4</td>
<td>Artificial Tears - 1 gits</td>
<td></td>
<td></td>
<td>M</td>
<td>10/30/1996</td>
<td>05</td>
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**Total Students:** 5
### Student Medication Profile for School:

#### School Year 2006 - 2007

<table>
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<tr>
<th>Student ID</th>
<th>Student name (Last, First)</th>
<th>Gender</th>
<th>DOB</th>
<th>Grades</th>
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<tr>
<td>F</td>
<td></td>
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<td>02/26/1999</td>
<td>02</td>
<td>Albuterol (PRN : )</td>
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<td>04/09/2001</td>
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<td>Albuterol (PRN : Q 4)</td>
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<td>M</td>
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<td>M</td>
<td>09/04/1996</td>
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<td>EpiPen (PRN : )</td>
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<tr>
<td></td>
<td></td>
<td>M</td>
<td>09/04/1996</td>
<td>05</td>
<td>Benadryl (PRN : )</td>
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<tr>
<td>M</td>
<td></td>
<td>M</td>
<td>09/24/2001</td>
<td>0K</td>
<td>STD Albuterol (PRN : Q 4)</td>
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<tr>
<td>M</td>
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<td>M</td>
<td>10/14/1997</td>
<td>04</td>
<td>STD Albuterol (PRN : Q 4)</td>
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<td>M</td>
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<td>11/14/1996</td>
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<td>STD Albuterol (PRN : Q 4)</td>
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<td>STD Albuterol (PRN : Q 4)</td>
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<tr>
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<td>M</td>
<td>08/29/2001</td>
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<td>Benadryl (PRN : Q 4)</td>
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<td></td>
<td>Xopenex (PRN : )</td>
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<tr>
<td>F</td>
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<td>F</td>
<td>08/02/1996</td>
<td>05</td>
<td>Pre-Gym Albuterol (PRN : Before Exercise)</td>
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<td>Albuterol (PRN : Q 4)</td>
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<td>F</td>
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<td>F</td>
<td>12/16/1997</td>
<td>04</td>
<td>Albuterol (PRN : )</td>
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</tbody>
</table>

**Total Students: 15**
### Daily Medication List, Non-public school

**OFFICE OF SCHOOL HEALTH**

**Non – Public School Summary List for Daily Medications / Treatments**

- **SCHOOL:** __________________  
- **SCHOOL YEAR:** _____________  
- **NURSE/PHADVISOR:** __________________ 
- **NURSING SUPERVISOR:** _______________  
- **PHONE NUMBER:** ___________________  
- **MEDICATION KEY LOCATION:** ___________  
- **BB:** ____________________________

<table>
<thead>
<tr>
<th>TIME</th>
<th>STUDENT NAME</th>
<th>DOB</th>
<th>CLASS/ RM</th>
<th>MEDICATION/TREATMENT</th>
<th>COMMENTS/ ALERTS</th>
<th>SC/SA</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

*SH 100 (Rev. 4/2011)*
PRN Medication List, Non-public school

![PRN Medication List](image)

**OFFICE OF SCHOOL HEALTH**

**Non – Public School Summary List for PRN Medications / Treatments**

<table>
<thead>
<tr>
<th>SCHOOL:</th>
<th>SCHOOL YEAR:</th>
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</table>

<table>
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<th>NURSE/PH ADVISOR:</th>
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<th>NURSING SUPERVISOR:</th>
<th>PHONE NUMBER:</th>
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<th>MEDICATION KEY LOCATION:</th>
<th>BB:</th>
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</table>

<table>
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<th>TIME</th>
<th>STUDENT NAME</th>
<th>DOB</th>
<th>CLASS/RM</th>
<th>MEDICATION/TREATMENT</th>
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</tbody>
</table>

*SH 99 (Rev. 4/2011)*
Complete the Receipt of Medication/Equipment Form when receiving medications and equipment from parents. The parent/guardian signs.

<table>
<thead>
<tr>
<th>Date</th>
<th>Medication/Equipment</th>
<th>Number of Tablets</th>
<th>Nurse Signature</th>
<th>Parent / Guardian Signature</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

Revised April 2011
Count Controlled Substances daily on the Count Sheet. Report count discrepancies to OSH.

<table>
<thead>
<tr>
<th>Date &amp; Time</th>
<th>Amount on Hand</th>
<th>Amount Used</th>
<th>Amount Remaining</th>
<th>Staff Signature</th>
<th>Witness</th>
</tr>
</thead>
</table>

*Control Substance count should be completed daily April 2011*
## Medication Administration Record

**Office of School Health**

**Students Name:**

**Medication & Dosage:**

**DOB:**

**Gender:**

**Grade/Class:**

**OSIS#:**

**Expiration date:**

**Phone #:**

**School:**

**School Year:**

**Parent’s Name:**

<table>
<thead>
<tr>
<th>Int.</th>
<th>Name / Title</th>
<th>Int.</th>
<th>Name / Title</th>
<th>Int.</th>
<th>Name / Title</th>
</tr>
</thead>
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</table>

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<thead>
<tr>
<th>Int.</th>
<th>Name / Title</th>
<th>Int.</th>
<th>Name / Title</th>
<th>Int.</th>
<th>Name / Title</th>
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</thead>
<tbody>
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</tbody>
</table>

**Comment**

**SH 96 (8/09)**

**Codes:**
- X – Weekend
- N - Not Available
- W - Dose Withheld
- H – Holiday
- F - Field Trip
- O - No Show
- A - Absent
- D - Early Dismissal
- R - Refused

**September 2015**
Initial students’ individual treatment administration on this form in the medication binder
Record Diabetes Care on the Diabetes Documentation Form (DDF)
Glucagon Emergency Plan for a Student with Diabetes

Glucagon is supplied by parents for students with specific orders only

EMERGENCY SEVERE LOW BLOOD SUGAR CARE PLAN
FOR NON-MEDICAL SCHOOL STAFF TRAINED TO GIVE GLUCAGON
School Year: __________

If student is UNCONSCIOUS, UNRESPONSIVE, SEIZING, OR UNABLE TO SWALLOW, Assume student has SEVERE LOW BLOOD SUGAR.

FOLLOW THESE STEPS:
1. Tell someone to Call 911-alert operator that a student with diabetes is UNCONSCIOUS, UNRESPONSIVE, SEIZING, OR UNABLE TO SWALLOW.
2. Contact School Nurse IMMEDIATELY.
3. If school nurse is NOT AVAILABLE, Give glucagon IMMEDIATELY.
4. Remove needle and apply slight pressure to injection site.
5. Place used syringe and needle in the plastic Glucagon Emergency Kit case.
6. Ask someone to notify Parent/Guardian/ or EMERGENCY Contact.
7. Turn student on left side in case he/she vomits.
8. Stay with student until EMS arrives. Principal must assign a staff member other than the nurse to go to the emergency room with the student if the parent/guardian is not present.

Student ___________________________ Grade _______ DOB ________
Parent/Guardian 1 ___________________ Relationship ____________
Home # ___________________ Work # ___________ Cell # ___________
Parent/Guardian 2 ___________________ Relationship ____________
Home # ___________________ Work # ___________ Cell # ___________
Emergency Contact ___________________ Relationship ____________
Home # ___________________ Work # ___________ Cell # ___________
Doctor ___________________________ Work # __________
Preferred Hospital in an Emergency ______
Glucagon Dose _____________ (usually .5 mg for under 40 lbs and 1 mg for over 40 lbs)
Low Blood Sugar symptom identifier

Name of Student

Symptoms of Your Child’s Low Blood Sugar

Please circle the symptoms your child experiences when his/her blood sugar is low.

- Anxious
- Confusion
- Dizzy
- Drowsy
- Fast Heartbeat
- Headache
- Hungry
- Irritable
- Nausea
- Shaky
- Sweaty
- Weakness or Fatigue

Others:

____________________________
____________________________
____________________________

September 2015
School Allergy Response Plan

Student’s Name: ______________________
DOB: ______________________
Teacher/Class: ______________________ School ________

ALLERGY TO: ______________________

High risk for severe reaction (e.g., Hx asthma) ______ yes ______ no

***General Signs of Severe Allergic Reaction***

Systems: Symptoms
Mouth: Itching and swelling of lips, tongue or mouth
Throat: Itching and/or a sense of tightness in throat, hoarseness, and hacking cough
Skin: Hives, itchy rash, and/or swelling of face or extremities
Gut: Nausea, abdominal cramps, vomiting and/or diarrhea
Lung: Shortness of breath, repetitive coughing and/or wheezing
Heart: “Thready” pulse, “passing out”

Note: The severity of symptoms can change quickly.
These symptoms can potentially progress to a life-threatening situation.

If exposure to allergen is suspected and/or symptoms are:

1. Give __________________________ IMMEDIATELY!
   (Medication/does/route)
2. Then call 911/EMS (ask for advanced life support) following school procedures for 911.
3. Call parent/guardian __________________________ or emergency contacts.
4. Call Dr. __________________________ at ____________.

DO NOT HESITATE TO CALL 911!

Trained School Staff:
1. __________________________ Title __________________________ Room __________________________
2. __________________________ Title __________________________ Room __________________________
3. __________________________ Title __________________________ Room __________________________

Emergency Contacts (other than parent/guardian):
1. Phone: __________________________
   Relationship: __________________________
2. Phone: __________________________
   Relationship: __________________________
   Nurse signature __________________________ Date __________________________
   Parent/guardian signature __________________________ Date __________________________

School Allergy Response Plan

(Adapted from the Food Allergy and Anaphylaxis Network)
Specific training on the Allergy Response Plan (including administration of epi-pen in an emergency if nurse is unavailable) to be given by school nurse to these school staff:
Epi-Pen Auto – Injector
Skill Check List (Device with safety shield)

Name: ___________________________ Date: ___________________________

Yes/No Comments

1. Remove the Epi-Pen from the tube. ______ ______
2. Pull off the blue safety cap. ______ ______
3. Place orange tip about 2 inches from outer thigh. ______ ______
4. Hold at 90 degree angle. ______ ______
5. Jab into thigh. ______ ______
6. Hold for 10 seconds. ______ ______
7. Remove unit and massage thigh. ______ ______
8. Place discharged Epi-pen unit into the carrying container to give to EMS (Emergency Medical Services) personnel upon arrival. ______ ______

Pass ________ Needs Further Practice ________

Instructor’s Signature ___________________________
OSH COMPUTERIZED MEDICATION REVIEW COVER PAGE

OSH reviews medication forms for computer entry to generate a summarized “cover page”

Contract Nurses receiving new MAFs should call the OSH Supervising Nurse for a phone review and further directions for implementation
Medication orders for Non-Public Schools and some charter schools’ medication orders are reviewed Manually on this form.
OSH NON-COMPUTERIZED MEDICATION REVIEW FOR AMENDMENTS

Amendment sheets for Non-Public and some charter schools
The Contracted Nurse

- Reviews the MAF binder for students with
  - Daily Medications/treatments
  - Pre-Exercise medication and activity schedule
  - Prn medication

- Reviews medications on hand
- Counts and records medications on count sheets, before medications are administered
- Reviews orders and equipment
- Notifies OSH of count discrepancies or missing items
ENSURE THE SIX RIGHTS when administering or supervising medications and treatments:

- Right Person
- Right Medication
- Right Dosage
- Right Time
- Right Route
- Right Documentation
- Confirm the student’s identity prior to ordered services

- Review the photograph of the student on the Medication Administration Form (MAF) if present

- Ask student to state his or her full name and date of birth

- If the student is non-verbal, enlist the help of school staff to assist with student identification
Auscultate lungs before and after Metered Dose Inhalers (MDI)s use or respiratory treatments

Assess and confirm proper Gastrostomy tube placement by listening for air or by aspirating gastric contents (Remember to return what is withdrawn in the pistol syringe)

Provide privacy where possible
Consider:

- The **intended effects** of the medication or procedure.
- The possible **side effects** of the medication.
- Any specific **precautions** involved with the medication or procedure.
- **Interactions** with other medications.
- A *Nursing Drug Handbook* and a *Nursing Procedure book* are available in medical rooms.
# Document Medications on the Medication Administration Forms

- **Initial the applicable space**
- **Document relevant reactions in the 103S**

---

## Medication Administration Record

<table>
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<tr>
<th>Int.</th>
<th>Name / Title</th>
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<th>Name / Title</th>
<th>Int.</th>
<th>Name / Title</th>
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**SH 96 (09/95)**

**Codes:**
- **X** = Weekend
- **N** = Not Available
- **W** = Dose withheld
- **H** = Holiday
- **F** = Field Trip
- **O** = No Show
- **A** = Absent
- **D** = Early Dismissal
- **R** = Refused

Codes located at the base of the form are:

**X** = weekend   **W** = Dose withheld   **H** = Holiday   **A** = Absent   **NS** = No Show
Medication /Treatment time- Medication is administered within 1 hour of the designated time.

Notify PCPs, parents, OSH Supervising Nurse and Agency Nurse Supervisor if medications and/or treatments are not administered as prescribed.

E.g. Document the reason on the 103S:

- Student refusals
- Medications withheld for a therapeutic reason
- Medications withheld due a contraindication
- Omissions of medications
Call the office for assistance for students scheduled for medication if students do not attend for scheduled medications (discreetly)

Nurses may need to administer medications or treatments in other areas within the building:

Being called to a student’s location for a suspected emergency

Servicing a D75 program where feedings may be done out of the medical room

Performing or supervising a catheterization (If the medical room does not have a bathroom, the location should be as close to a bathroom as possible).
Medication Errors

- Call your SN/BND immediately if there is an error in administering medication to a child.
- Notify parent and secure student’s safety
- Monitor the student
- Notify the licensed prescriber
- Document the event on the Reportable Incident Form (RM-1).
- Notify your agency supervisor
Contract Nurses who receive new MAFs for implementation should:

- Review MAFs for identification, signatures and clarity
- Contact OSH supervisors for a collaborative verbal review for implementation—this may be done by phone
- The OSH Supervisor may verbally agree with the implementation and will provide MAF forwarding instructions
- Contract Nurses should call OSH supervisors to confirm approvals not found in the medication binder

September 2015
To: Office of School Health Staff
From: Catherine Travers, Director of Nursing Services
CC: Cheryl Lawrence, Medical Director
Date: 2-9-09

RE: Disposal of Medications in Office of School Health Setting

Medications brought to school for a current MAF belong to parents. OSH staff must strongly encourage parents to pick up expired medications and all medications at the end of school year.

If parents do not pick up unused medication and or expired medication, OSH staff should document that the medication has been abandoned in ASHR or MAF book. Medication disposal should be as follows:

- Medication involving Stamps should be disposed of in Red Container supplied by OSH or Office of Occupational Safety and Health (DOE).
- Oral Medication should be placed in a container and mixed with water or salt to enhance the destruction of the medication. The container should be sealed with tape. Care should be taken to ensure students do not have access to trash. OSH no longer encourages the flushing of medications.
- Disposal of multi dose inhalers (CFC) supplied by OSH. The CFC inhaler can be discarded when empty in the trash.
- If the CFC inhaler is expired and not empty the school nurse may use as a demo to teach students and families about the difference between CFC and HFA. CFC which is expired should be clearly marked as Demo and placed in an envelope marked for demo purposes only. This Demo should be kept with Open Airways material in a locked cabinet. It should not be kept with medications.
- HFA inhalers provided by a family can be discarded in the trash.

The New York State Department of Environmental Conservation (DEC) is advising New Yorkers to discontinue the practice of flushing medications as a method of disposal. For more information see DEC website: http://www.dec.ny.gov/environment/62485.html.
Medication Disposal:

- Medication involving sharps should be disposed of in Red Containers in the medical room.
- Inform your OSH Supervisor if sharps containers are $\frac{3}{4}$ full.
- Oral medication should be placed in a container and mixed with water or salt to enhance destruction of the medication. The container should be sealed with tape. Care should be taken to ensure students do not have access to trash.
Verbal Order Protocol

This is subject to updates.

Since the EASI asthma protocol allows Contract Nurses to initiate verbal orders for stat Albuterol for respiratory distress.
Verbal Order Protocol

3. Steps in accepting a verbal order:

- Ensure that an MAF/D-MAF already exists for the student from a licensed medical provider (MD, PA, NP). Validate the student’s name, diagnosis, allergies and other pertinent information.
- Initiate the “Verbal Order Addendum Form”.
- Review the recent signs and symptoms necessitating change in current order.
- Whenever possible it is suggested that a witness be present for verification of order while nurse is on the phone.
- Document the name, telephone number, fax number, or beeper number of the Licensed Medical Provider you speak with in the event you have follow up questions. If it is not the provider on the MAF/D-MAF, he/she must be within the same practice as the provider on the MAF/D-MAF.
- Spelling the name of the medication is ideal. If another check is necessary, try using “T” for “Tom” and “C” for “Charlie.”
- Use single digit read back/repeat back to verify dose. (The “Teen” numbers are often confused: “15” and “50” can sound alike, or “16” and “60” sound similar. For example: it is best that the provider says “fifteen” as in “one-five” or “fifty” as in “five-zero”)
- Read back/repeat order clearly and ensure validation of accuracy occurs from the prescriber.
- Fax/send the completed “Verbal Order Addendum Form” to the medical provider immediately. Upon receipt of the faxed order, the provider can telephone the school nurse immediately if orders are incorrect. Nurse will also fax the form to the nursing supervisor immediately.
- Ensure the provider is aware of policy that addendum form must be signed and faxed back to nurse within 48 hours to continue addendum implementation. Document receipt of subsequent faxed order required within 48 hours as per New York State Guidelines. If faxed order not received, contact parent and physician, discontinue verbal order.
- Send change of order of D-MAF for OSH MD review on the day it is received to Central Office. Per OSH policy, change will be implemented and documented in medication profile before faxing to Central Office.

Revised July 2014
4. Documentation:

- **ASHR ready schools:**
  i. Note within the walk-in and/or case management module that the dosage was adjusted based on a verbal order from provider.
  ii. Update the medication order in the ASHR medication profile when the verbal order is received. If written documentation is not received within 48 hours the verbal order is discontinued. Original order would resume.
  iii. Place a copy of the “Verbal Order Addendum Order Form” in front of the student’s present MAF/D-MAF cover page in your Medication Administration binder.

- **Non-ASHR schools:**
  i. Document your actions on the 103S.
  ii. Place a copy of the “Verbal Order Addendum Form” in front of the Student’s Existing MAF/D-MAF cover page in your Medication Administration binder.

**Please Note:**

- Contact parent and provider and discontinue verbal order addendum if written orders are not received within 48 hours
- Note of change should be made in Substitute Nurse coverage Binder
Verbal Order Addendum

The nurse initiating the verbal order completes this and faxes it to the Community Provider who gave the verbal order.

If the verbal order is from an OSH MD, the OSH MD will process the order.
A Nursing Drug Handbook and a Nursing Procedure book are available in medical rooms.

Contact your Supervising Nurse, PHN II or the Borough Nursing Director (BND) for guidance.

Contact your Contract Agency Nursing Supervisors who are your Clinical educators.
Trip nurses may be requested to accompany students with medications and/or treatments that may be required on trips.

- The assigned Trip Nurse plans should meet the school nurse at least 15 minutes before the scheduled time for the trip if the trip is scheduled to leave during the routine school hours.

- The Trip Nurse calls the OSH liaison from the medical room within 20 minutes of arrival.

- The assigned trip nurse should be seated on the same DOE authorized vehicle as the student for the assigned care.
The Trip Nurse receives the following from the School Nurse:

- “Trip plan and Service Record” form(s) for each student for the assigned care
- Student(s) orders (MAF, DMAF, Treatment Orders)
  - Review the trip plan and orders with the school nurse at least 15 minutes before the trip departs
- Medication and equipment for the trip
  - Contract Nurses should bring a stethoscope for prn assessments on trips
- Student’s contact information
  - Assigned “Trip Nurses” should be prepared to contact parents, providers and the school nurse on the trip as needed
Trip Plan and Service Record

- Review the trip plan with the School Nurse at least 15 minutes before the trip leaves

- Receive trip orders, student’s contact information, equipment and medications from the School Nurse

- Document and sign the “Trip Plan and Service Record” during the trip

- Return this to the School Nurse upon returning from the trip

- If returning after dismissal, leave this in a sealed envelope in the nurse’s mailbox
Planning for Trip Return

Document care on the “Trip Plan and Service Record” during the trip

Return the signed “Trip Plan and Service Record” to the School Nurse upon returning from the trip

If the trip returns after routine school hours, leave the “Trip Plan and Service Record in a sealed envelope in the nurse’s mailbox
NYS Education Department Office of Professions has ruled that Registered Nurses may train unlicensed school personnel to follow an emergency care plan for:

- Administration of Epinephrine in emergencies
- Administration of Glucagon in emergencies
- Magnet Use With Vagus Nerve Stimulator

Office of School Health educates Public Health Advisors to help manage the above emergencies.
OSH MEDICAL SESSIONS
All students entering New York City public or private schools or child care (including Universal Pre-K classes) for the first time must submit a report of a physical examination performed within one year of school entry.

Because children develop and grow so quickly at these early ages, if this initial examination is performed before the student is 5 years old, a second examination, performed between the child’s 5th and 6th birthday, is also required.

As per the NYC Health Code, only one (1) physical exam is required for these students.

*OSH does not request annual physical exams*
OSH referral forms are used for updated medical information

DOE schools issue blank CH 205s to parents upon students registration for school

Parents may return the forms to the school secretary or the school nurse

The school office collects immunization information from the CH205

The School Nurse reviews the CH205 for chronic illnesses, allergies and other medical recommendations

OSH staff issue blank CH205’s to students with pending medical exams
New Admission Exam (NAE) or CH205

The student’s provider completes this or

The OSH MD completes this in school after examining the student
OSH Physician sessions are planned to examine the new and prior years’ students listed as “pending” in the Office of School Health.

- **NAE Exam Prior Year Pending**: Medical exams pending for the previous school year and before.

- **NAE Exam Current Pending**: Medical exams pending for students registered the current school year.

- **Consultations**: Example: Asthmatics Students with Diabetes and other Chronic dx for yearly follow up.

- **Sports Exams**

- **Working Paper Exams**
NEW ADMISSION EXAM NOTICE

Name of Child ___________________ DOB ____________
School __________________________ Grade/Class __________
Date __________________________

Dear Parent/Guardian,

Good health is important for learning. New York City Public Health Code and Chancellor’s Regulations REQUIRE that all students entering New York City schools for the first time MUST submit a complete physical examination form.

There is no record of this examination your child’s file. Please have your child’s medical provider complete the enclosed “New Admission Exam” (CH205) form and return it to the school medical room as soon as possible.

If we do not receive the necessary information or hear from you within the next two weeks, your school nurse is required to place your child on our Office of School Health’s Doctor’s Schedule for a physical examination. You will receive a second letter notifying you of the date and time so that you can make every effort to attend.

Please feel free to call your school’s nurse ________________________, if you have questions or need assistance with finding a physician or obtaining health insurance.

The nurse can be reached at ________________________ during regular school hours.

Cheryl Lawrence, MD
Medical Director

NEW ADMISSION EXAM APPOINTMENT

Name of Child ___________________ DOB ____________
School __________________________ Grade/Class __________
Date __________________________

Dear Parent/Guardian,

Several weeks ago you were notified by The Office of School Health that your child was in violation of New York City Public Health Code and Chancellor’s Regulations because a “New Admission Exam” (CH205) had not been received. To date, we have not received a completed physical examination form or heard from you.

Please note that under authority of the New York City Public Health Code, your school nurse is required to place your child on our Office of School Health’s Doctor’s Schedule for a physical examination.

Your child has been scheduled for a physical examination appointment with Dr. ________________________, a Department of Health physician, in the school’s medical room on ________________________ (date) at ________ am/pm in room ________.

Please make every effort to attend this important appointment. While your presence is preferred, it is not required. If this time is not convenient for you, please contact the school nurse at the following number, _______________________. The nurse can reschedule the appointment for a better time. You can also give the nurse a number where the doctor can reach you during the exam if you are unable to be present.

Sincerely,

Cheryl Lawrence, MD
Medical Director

218SN- requests the parents provides the missing exam CH 205

218SN- informs the parent the exam is scheduled and invites the parent to the session
The OSH Physician may enlist the help of the School Nurse to locate medical room items on their checklist.

An OSH Staff Chaperone is needed for the MD exam to take place

Parents are informed prior to the session in writing, by phone or in person of medical session. (Forms 218SN and 218SA)

OSH Physician can have encounter or check records of any student with a MAF in place.

OSH Physician can review any medical records of students.
The OSH Medical Unit and regions determine school physician Schedules

OSH informs the school principal of the school’s physician’s schedule. The contract nurse would remind the principal

The Contract Nurse prepares the sessions by pulling 103S for students who are assigned to be seen by OSH Physician.

Nurse assists MD with vital signs, weight, height.
- **Nursing Supervisors** are responsible for notifying School Nurses re: upcoming scheduled MD sessions when the schedule is released.

- **Regional Administrative Assistants (RAA)** will contact School Nurses two weeks prior to a scheduled MD session.

- As part of the reminder call, RAAs will inquire about the presence of following:
  - Exam Table (or access to a portable table)
  - Paper for Exam Table
  - Private space for examination and confidential interviews
  - Step stool (for pre-K and Kindergarten students)
  - Gowns
Schools maintain a cumulative folder

Schools issue blank medical exam forms (CH205s) to families upon student registration

Office of School Health maintains confidential medical record documentation

The 103S individual medical record is the property of Office of School Health while the student is registered

Schools register, transfer and discharge students

If school transfer or discharge is confirmed, the 103S is given to the general office for storage or for forwarding to the next school site.
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| **Throughout the Year (all school types)** | - Public Health Assessments/Pattern Identification  
- Chronic Disease Management/Follow-Up  
- Open Case Management | | |
| **September - December** | - General Introduction of Field MD & SMD to school staff | - STARS Assessments  
- Sports Physicals  
- Working Papers  
- New admits that may have chronic illnesses or special needs | - CATCH Services (heavy focus at the beginning and the end of the year)  
- Sports Physicals (Sept/Oct)  
- Working Papers  
- High Risk Behavior Assessment/STARS |
| | - Prioritize all Medication Administration Forms, especially asthma and DMAFs  
- Focus on Prior Pendings, if possible  
- New admits that may have chronic illnesses or special needs  
- MAS-baseline SAQ  
- Identification of HOP cases  
- Evaluation of students with chronic issues | - STARS Assessments as indicated  
- Sports Physicals (Feb/March)  
- Working Papers | |
| **January - March** | - Pending and Current NAEs  
- Asthma F/U  
- HOP F/U | - STARS Assessments  
- Sports Physicals  
- Working Papers  
- High Risk Behavior Assessment/STARS | |
| **April-June** | - Follow up students diagnosed with allergies and/or asthma  
- Pending and Current NAEs | - STARS Assessments as indicated  
- Sports Physicals (May/June) | - CATCH Services (heavy focus at the beginning and the end of the year)  
- Sports Physicals (May/June)  
- Working Papers |
DOE and school staff maintain cumulative records (cum) in teacher’s classrooms (elementary) or offices (higher grade levels).

Office of School Health manual and electronic health records are the property of OSH while students are registered to the school.

Schools notify OSH staff of student discharges or transfers to other schools.

OSH staff notified of transfers or discharges give the 103S paper health records to the school secretary for filing and/or transport.
Students’ diagnoses are considered confidential
OSH documents in ASHR or the 103S

The four (4) diagnoses OSH may share with staff are:
- Anaphylaxis
- Asthma
- Diabetes
- Seizure Disorder/Epilepsy

DOE staff may need to perform emergency actions regarding these conditions prior to referring the student to the nurse
School Nurses must establish and maintain effective lines of communications with the principal to ensure the safety and well-being of students.

Nurses are obligated to share enough information as necessary to achieve this goal.

Nurses DO NOT provide OSH health records without consulting with OSH.

All student health records that are subpoenaed must be reviewed by OSH Central Office and OSH Legal prior to complying with a subpoena.

Contact the OSH SN for any requests for medical information.
A reportable event in OSH is an unusual or unexpected event that is not consistent with the routine operation of the medical room or the routine care of the patient/student.

Categories of Reportable Incidents:
- Staff injuries or accidents while on duty
- Student injuries in the medical room or those related to medical room treatment or supplies
- Medication errors/adverse reactions
- Security issues- missing medications
- Workplace Violence Events

Reportable events are recorded on an incident form (IR) also referred to as an RM1

Notify the OSH Supervising Nurse of reportable events
**Reportable Occurrence Form**

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## Reportable Occurrence Form

**Division of Administration - Office of Clinical Quality Management and Improvement**

**NYC Department of Health and Mental Hygiene**

**Incident Form**

### Person Type:
- Patient
- Employee
- Student
- Visitor

### Division/Bureau/Program:

### Name/Address of Facility:

#### Today's Date

**Wax this an actual event or near miss?**
- Actual Event
- Near Miss/Close Call

**What happened? (circle one of the following):**
- Facility Administrative/Compliance Event
- Field Events
- General Clinical Treatment
- Human Exposure Event
- Infection Control Event
- Informed Consent and Advance Directive Event
- Integity Event
- Laboratory Event
- Medical Emergency
- Medication Event
- Needle stick
- Other
- Privacy/Confidentiality/Medical Record Event
- Security/IT Event
- Radiology/Imaging Event
- Physical Plant & Facility Services Event
- Traffic Accident
- Trauma Event
- Workplace Injury

#### Provide a brief factual description of what happened (attach additional sheet(s) of paper if needed):

**Was any equipment involved?**
- Yes
- No

**When did this occur?**

**Where did this occur?** (Name/Address)

#### Name of person involved in the incident:

- First Name
- Last Name
- No person involved

**Address of person involved (street, apt., city, zip code):**

#### Race:
- African American
- Caucasian
- Native Hawaiian
- Asian
- Hispanic
- Other Race/Unknown

#### Date of Birth (DOB):

**Sex:**
- Male
- Female

#### Medical Record # (if known)

**Billing Account # (if known):**

**Was the patient transferred/admitted to the hospital?**
- Yes
- No

#### What immediate actions were taken?

**Follow Up Plan to Prevent/Minimize Recurrence:***

#### Was there anyone else or a witness involved? (who):

**How involved?**
- Direct
- Indirect
- No one involved

**What factors led to this event/occurrence? (circle one of the following):**
- Communication Related Factors
- Equipment/Device Related Factors
- Natural/Environment Factors
- Other Factor Not on List

#### Reporter Name

**Reporter Phone Number**

**Reporter Title**

---

RM-1 (Rev. 6/2011)

To obtain a copy of this form please contact your supervisor or visit the CQMI share-point site.
The New York City Public Health Code states:

“ALL STUDENTS ENTERING A NEW YORK CITY SCHOOL FOR THE FIRST TIME MUST HAVE A COMPLETE PHYSICAL EXAMINATION AND ALL REQUIRED IMMUNIZATIONS.”

Office of Health requires only one (1) physical exam (CH 205) New Admission Exam (NAE) from age 6 through high school. Updated health information is obtained on specific referral forms during the school year.

- The nurse coordinates activities to ensure that every student has a CH205/NAE on file.
- Schools issue blank CH205s/NAEs on registration.
- Some parents submit completed forms to the secretary or to the nurse.
- The secretary enters immunization information into the DOE system.
- The nurse reviews the CH205, transcribes necessary information and stores it in the 103S in the medical room.
- It is filed in the 103S paper health record in the medical room.
Schools issue immunization compliance requirements to parents

Parents provide immunization information to the general office including compliance and medical or religious exemptions.

If the School Nurse receives immunization documentation, the school nurse provides it to the school’s general office.

The School Nurse will consult with the OSH Nursing Supervisor and school administration for possible exclusion directions for communicable disease occurrences.
INFECTION CONTROL

- Follow Standard Precautions for hand hygiene and using Personal Protective Equipment (PPE)

- Soap is supplied by the school custodian

- Gloves are supplied by OSH

- Follow Communicable Disease Protocol by using appropriate personal protective equipment (PPE) as per OSH specific instructions
The OSH Communicable Liaison Nurse works with the DOHMH Bureau of Communicable Disease (BCD) to determine

- The possibility of a public health threat.
- Any standard letters to distribute to classes or to the school.

All communicable diseases and conditions must be reported to your Supervising Nurse (SN) or the Borough Nursing Director IMMEDIATELY.

Your SN/BND is responsible for notifying the Supervising Medical Doctor (SMD) and the School Health Central Office.
Contract Nurses should always consult with OSH Supervisors about communicable disease concerns.
Common reportable events are:

- Hepatitis
- Meningitis
- Vaccine Preventable Diseases
- Suspected Tuberculosis
- Food-related illness
- Blood Exposures: Incidents involving broken skin such as needle sticks or human bites.
MEASLES
RUBELLA – GERMAN MEASLES
SCABIES
FIFTH DISEASE
FIFTH DISEASE

"Slapped cheek" rash

4/26/2012
SCARLET FEVER
VARICELLA
REPORTING GASTRO-INTESTINAL ILLNESS

GI symptoms require the same procedures as all medical room walk-ins:

1. Assess the student
2. Notify the parent/guardian by phone
3. Issue 12S to all students with symptoms
4. Complete the foodborne tracking sheet (next slide)
5. Notify the OSH Nursing Supervisor
6. Notify the principal of the students’ complaints
REPORTING NOTIFICATION FORM FOR SUSPECTED FOODBORNE ILLNESSES

DATE OF OCCURRENCE:__________________________  SCHOOL:__________________________  ADDRESS:__________________________

NURSE/PH/DSN'S NAME AND TITLE:__________________________  TELEPHONE NUMBER:__________________________

NUMBER OF STUDENTS ILL:__________________________  TOTAL NUMBER OF STUDENTS IN SCHOOL:__________________________  NUMBER OF FACULTY ILL:__________________________  TOTAL NUMBER OF FACULTY:__________________________

NUMBER OF MEAL PERIODS AND TIMES OF EACH:__________________________  GRADES SERVED DURING EACH OF THE MEAL PERIODS:__________________________

IS BREAKFAST ALSO SERVED AT THIS SCHOOL?__________________________  IF SO, AT WHAT TIME?__________________________

DID THE SCHOOL CLASS PARTICIPATE IN ANY SPECIAL EVENTS WITHIN THE PAST 72 HOURS?__________________________  IF SO, DESCRIBE:__________________________

NUMBER OF CLASSES PER GRADE:__________________________

HAS THE PRINCIPAL BEEN REMINDED TO SAVE THE SUSPECT FOOD ITEMS?

<table>
<thead>
<tr>
<th>PATIENT'S NAMES</th>
<th>AGE/ GRADE</th>
<th>SEX</th>
<th>SYMPTOMS*</th>
<th>FOODS EATEN DURING SCHOOL DAY INCLUDE LUNCH AND BREAKFAST</th>
<th>TIME OF MEALS</th>
<th>ONSET TIME OF SYMPTOMS</th>
<th>DR OR ER VISIT?</th>
<th>NAME AND ADDRESS OF DOCTOR/HOSPITAL</th>
<th>DIAGNOSIS</th>
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N=NAUSEA  V=VOMIT  D=DIARRHEA  C=CRAMPS  F=FEVER  O=OTHER

BRIEF HISTORY OF OUTBREAK/ADDITIONAL INFORMATION:

INITIAL CALL TO NYCDOH AT 212-442-3372 BY:__________________________  DATE/TIME:__________________________

FAXED TO DOH (212-442-3378) BY:__________________________  DATE/TIME:__________________________

FORM COMPLETED BY:__________________________
The day after a suspected GI illness event occurred:

- Note the doctor’s findings and recommendations on ASHR or each child’s 103S.

- If any students involved are absent, contact the parent and note the reason and physician’s findings on ASHR or each absent child’s 103S.

- Maintain the Daily Log for tracking the trend of complaints
The Contract Nurse’s Role:

• Be familiar with the lice policy and protocol for OSH

• Consult the OSH Nursing Supervisor

• Treat the case with discretion in consideration of the student and families. This is a sensitive topic.

Contract Nurses may assist with the following:

• OSH training of school personnel designated by the principal to identify head lice.

• Provide health education to staff and parents as needed.
Students with head lice will be excluded by school.

Students with head lice will not be allowed to re-enter until they are lice free.

They will be re-examined by the principal’s designee (NOT the school nurse) upon returning to school.

Students who have been cleared of lice will be re-examined in 14 calendar days (or closest school day if the 14th day falls on a weekend or holiday) by principal’s designee.
Students found to have head lice on re-examination will once again be excluded until they are lice free.

Students with nits and no evidence of head lice will NOT be excluded from school.

OSH does not conduct school-wide surveillance for lice or nits (studies have shown them to be ineffective).

Schools may issue lice information
BEDBUG PROTOCOL

- Any specimen suspected as being a bedbug is processed by the school administration.

- The principal will distribute bedbug parent notification letters as needed.

- Contract/OSH Nurses do not confirm or identify bedbugs.

- The DOE has a Bedbug protocol for identification and notification.
BEDBUG PROTOCOL

- Assess signs and symptoms presented by student e.g. (raised red area, itchy skin, )

- Check Vital Signs- a baseline temperature can be a useful sign

- Inform parent of symptoms observed and issue 12S

- Record in ASHR or 103S

- Maintain discretion for protection of child’s privacy
For Students referred to the nurse for possible or actual exposure to blood-borne pathogens

- Assess the student
- Immediately inform parents of all students involved in Blood exposure
- Consider 911 after assessing risk of exposure and speaking to OSH Supervising Nurse
- Issue the 12S and record in ASHR or 103S
- Immediately contact your Supervising Nurse (SN)/Borough Nursing Director (BND) for guidance.
Immediate Wound Management

- Follow Standard Precautions
- Provide First Aid to student or staff

  - Thoroughly clean wound with soap and water
  - Flush wound under fast running water
  - Apply pressure to stop bleeding
  - Cover wound lightly with a clean, dry dressing

School Staff may be assessed for emergencies or calls to EMS if needed.
Refer the staff to the principal for administrative follow up.
Contact the OSH Nursing Supervisor for Guidance related to bites
Issue a 12 S to both students involved in the exposure and call parents

Data Collection Form for Human Bites and Blood Exposures

Report Date: __________ Report Time: __________ AM/PM
Reporter: ________________ Reporter Phone#: ________________
School: ________________ District: ________________
Exposure Date: __________ Exposure Time: __________ AM/PM
Exposure Type: Bite Sharp object Sexual Other

NAME: ________________ NAME: ________________
OSIS#: ________________ OSIS#: ________________
DOB: __________ SEX: M F DOB: __________ SEX: M F
Phone: ________________ Phone: ________________
Guardian: ________________
Grade: ___ Class: ________ Grade: ___ Class: ________
Status: Student BOE DOH Visitor

Site of injury: __ skin __ mouth (biter) mucous membrane N/A
Depth: __ Muc Memb Penetrating Superficial No Contact/barrier
Quantity of blood at site of injury: Active bleeding Visible blood
Unable to evaluate No Visible blood N/A

Body Site of injury (N/A to Biter/sticker):
   Head/face Head/scalp
   Trunk/front Trunk/back
   Neck UE LE

Hep B Complete? Y N U
Tetanus UTD? Y N U
In past 5 years? Y N U
Well Child Y N U
Medical History: __Asthma ADHD Seizures MR
Dev Delay Other:

HIV: __Definite, documented increased (Bid prod/STD/IVDA
   No risk/No Known risk possible (family positive)
   Probable (anti-retroviral Rx) Suspected (Oral prophylaxis)

HB: __Definite, documented pos increased (Bid prod/STD/IVDA
   No risk/No Known risk possible (family positive)
   Probable (anti-retroviral Rx) Suspected (Oral prophylaxis)

HC: __Definite, documented pos increased (Bid prod/STD/IVDA
   No risk/No Known risk possible (liver disease, family pos)
   Circumstances:

7/22/2009
The Contract Nurse reviews referrals received for provider recommendations and instructions AND

- Transcribes the recommendations on the 103S
- Notifies key “Point Personnel” in the building who assist with ensuring the recommendations are implemented
- Leaves documents for the permanent nurse to follow-up
- Case manages if the contract assignment is “short term extended”

This may be the Principal, the Physical Education Teacher, the Assistant principal, a Dean or another school designee
**CARDIAC CONSULTATION AND RECOMMENDATIONS**

<table>
<thead>
<tr>
<th>NAME: LAST</th>
<th>FIRST</th>
<th>DATE OF BIRTH</th>
<th>MALE</th>
<th>FEMALE</th>
<th>SSN NO.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PARENT/GUARDIAN</th>
<th>ADDRESS</th>
<th>BORO</th>
<th>APT.</th>
<th>ZIP</th>
<th>TELEPHONE NO.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SCHOOL NUMBER/NAME</th>
<th>ADDRESS</th>
<th>BORO</th>
<th>URGE</th>
<th>CLASS</th>
</tr>
</thead>
</table>

**REASON FOR REFERRAL**

**SIGNATURE/TITLE:**

**DATE:** / /  

**TO BE COMPLETED BY PHYSICIAN**

**CARDIAC DIAGNOSIS**

- ☐ No Heart Disease
- ☐ Congenital Heart Disease (specify)
- ☐ Innocent Murmur
- ☐ Acquired Heart Disease (specify)
- ☐ Other Existing Medical Conditions (specify)
- ☐ Cardiac Surgery ☐ Yes ☐ No Date and Procedure

1. 

2. 

Cardiac Examination:

- Functional Classification: ☐ I ☐ II ☐ III ☐ IV 
- Therapeutic Classification: ☐ A ☐ B ☐ C ☐ D ☐ E 
- Medications: 
- SSE Prophylaxis Recommended: ☐ Yes ☐ No 
- Medication:
- Cardiac Supervision Necessary: ☐ Yes ☐ No ☐ If Yes, Frequency of Appts.

**SCHOOL PLACEMENT RECOMMENDATION**

| ☐ Regular School | ☐ Bus Transportation |
| ☐ Barrier Free School | ☐ Elevator |
| ☐ Home Instruction | ☐ Extra Set of Books |
| ☐ Hospital School (specify) | ☐ Assistance with Ambulation |
| ☐ Other |

| ☐ Full Activity/Regular Gym/Contact Sports | ☐ No Competitive Games/Contact Sports |
| ☐ Adaptive Physical Education | ☐ No Physical Education/No Gym |
| ☐ Other (specify) |

**PHYSICAL EDUCATION/GYM PLACEMENT RECOMMENDATION**

**ACCOMMODATIONS REQUEST**

- ☐ Primary Care
- ☐ Cardiologist

**INSTRUCTIONS**

TO EXAMINING PHYSICIAN: Important – Please read carefully and complete all information requested on front of form.

An examination and a report are requested for all children with definite, potential or possible heart disease, whether or not any modification of physical activity in school is recommended. A new report on this form is requested twice a school year for those receiving home instruction, and at least once a year for all other children.

Your record of clinical findings, diagnosis, and recommendations will form the basis for planning the physical activities of the child in school. It is always to the advantage of the child to attend a regular class whenever he is able to do so. To facilitate the prompt transfer of a child back to school or to regular class in school, it will be helpful if a definite period of special placement is stipulated.

Changes in the physical activities of the school child in school are subject to the approval of the Department of Health which reserves the right to examine all children recommended for such changes.

**FUNCTIONAL AND THERAPEUTIC CLASSIFICATIONS**

( Check on reverse side appropriate number and letter )

**Functional Classification**

(Degree of Cardiac Disability)  
Class I. Ordinary physical activity does not cause discomfort.
Class II. Ordinary physical activity causes slight discomfort.
Class III. Ordinary physical activity causes marked discomfort.
Class IV. Unable to carry on any physical activity without discomfort.

**Therapeutic Classification**

(Recommendations for Physical Activity)  
Class A. Physical activity need not be restricted.
Class B. Ordinarily physical activity need not be restricted, but child should be advised against unusually severe or competitive efforts.
Class C. Ordinarily physical activity should be moderately restricted and more strenuous habitual efforts should be discontinued.
Class D. Ordinarily physical activity should be markedly restricted.
Class E. Should be at complete rest, confined to bed or chair.

**TYPES OF EDUCATIONAL PLACEMENT AND ACTIVITIES WHICH MAY BE RECOMMENDED**

The types of placement recognized by the Board of Education are listed by number below. Please indicate your recommendation by checking only one of the items on the reverse side under the heading "Examining Physician's Recommendations for Educational Placement and Activities."
C12S: Cardiac Report

Review the returned C12S for activity recommendations, restrictions or other instructions from the cardiologist/PCP.

Notify the principal, Assistant Principal, classroom teacher and the gym teacher of the recommendations.

Instruct the student (age appropriate) of the recommendations and instructions.

Document your notification in ASHR/103S.
PLEASE SEND ALL COMPLETED FORMS TO:
School Health Vision Program
42-69 29th Street, Box 25
Queens, NY 11101-4132

If you have questions about the form, please call one of the following numbers:
347-396-4747 (Espanol)
347-396-4759
347-396-4721

If your child has very low vision, he or she may be eligible for special services provided by the New York City Department of Education.

Educational Vision Services

The New York City Public Schools provide specialized educational services for students who are blind or visually impaired. Students are eligible if their best-corrected vision in the better eye is 20/70 or lower, or if they have specified visual impairments, such as macular degeneration, retinopathy of prematurity, optic atrophy, high myopia or astigmatism. Services are designed to give students access to the general curriculum, and to participate in general or special education classes at the highest possible level of independence. Available services include:

- Braille
- Large print reading materials
- Training with low vision devices
- Specialized adaptive computer technology
- Instruction in other skills to attain literacy in:
  - reading
  - writing
  - mathematics
  - sciences
  - computers
- Instruction in orientation and mobility for independence in travel
- Bus transportation, if needed.

For further information contact:

Educational Vision Services
400 First Avenue, 7th Floor
New York, NY 10010
**E12S: Eye Report**

Review the returned E12S for vision recommendations, favorable seating or other instructions.

**Notify** the Principal, Assistant principal, classroom teacher and gym teacher of the recommendations and document your notification in ASHR/103S.
THE CITY OF NEW YORK
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
ORTHOPEDIC REPORT AND RECOMMENDATIONS

I N S T R U C T I O N S

TO EXAMINING PHYSICIAN: Important – Please Read Carefully

An examination and a report are requested for all children with any orthopedic abnormality whether or not any modification of physical activity in school is recommended. A new report on this form is requested twice a school year for those receiving home instruction, and at least once a year for those in special classes.

Your diagnosis and recommendation will form the basis for planning the physical activities of the child in school. It is always to the advantage of the child to attend a regular class whether he is able to do so. To facilitate the prompt transfer of a child back to school or to regular class in school, it will be helpful if a definite period of special placement is stipulated.

Changes in the physical activities of the school child in school are subject to the approval of the Department of Health which reserves the right to examine all children recommended for such changes.

TYPES OF EDUCATIONAL PLACEMENT AND ACTIVITIES WHICH MAY BE RECOMMENDED (SUBJECT TO THE APPROVAL OF THE DEPARTMENT OF HEALTH)

The eight types of placement recognized by the Board of Education are listed by number below. Please indicate your recommendation by selecting only one of the numbers, and noting it in the section of the reverse side under the heading "Recommendation for Educational Placement and Activities." Attention is called to the subdivisions under "1" and "6" (regular class) where it is necessary to indicate the letter as well as the number.

ELEMENTARY AND JUNIOR HIGH SCHOOL (No Elevators Available)

1. REGULAR CLASS
   a. Normal Activity
   b. Competitive Games Adjusted to Physical Limitation
   c. No Physical Activity
   d. Bus Transportation – Duration ______
   e. Elevator Pass
   f. Extra Set of Books
      "Child will be allowed conditioning exercises, marching, dancing, group games (no relay races), shuffle-board, volleyball, net games, swimming.

2. HEALTH CONSERVATION CLASS
   (For Children with Orthopedic Handicaps who need bus transportation)

3. HEALTH CONSERVATION CLASS (SERIES 20)
   (For Children with severe orthopedic and neuromuscular handicaps)

4. HOME TEACHER
   (Restricted to children who should be at rest, bed, or chair)

5. WITHDRAW FROM SCHOOL
   (Refers to children who are acutely ill)

SENIOR HIGH SCHOOL

1. REGULAR CLASS
   a. Normal Activity
   b. Competitive Games Adjusted to Physical Limitation
   c. No Physical Activity
   d. Bus Transportation – Duration ______
   e. Elevator Pass
   f. Extra Set of Books
      "Child will be allowed conditioning exercises, marching, dancing, group games (no relay races), shuffle-board, volleyball, net games, swimming.

2. HEALTH CONSERVATION CLASS
   (For Children with Orthopedic Handicaps who need bus transportation)

3. HEALTH CLASS
   (Restricted to children who should be at rest, bed, or chair)

4. HOME TEACHER
   (Restricted to children who should be at rest, bed, or chair)

5. WITHDRAW FROM SCHOOL
   (Refers to children who are acutely ill)

After completing the information requested on this form, please mail the first two copies to the school listed on the reverse side, (attention of School Physician). If school of child is unknown, mail to Orthopedic Consultant, Bureau for Families with Special Needs.
O12S: Orthopedic Referral

Review the returned O12S for activity recommendations, restrictions for mobility or other instructions from the orthopedist/PCP.

**Notify** the principal, Assistant Principal, classroom teacher and the gym teacher of the recommendations.

Document your notification in ASHR/103S
Documentation in the 103S ensures this is in the student’s permanent OSH medical record

4/28/16
Received C12S from Dr. Jones, dated 4/21/16: S/P VSD repair 2/2/12. No contact sports. F/u 1 year. Spoke with Mr. Runner, Gym teacher and principal who agree to comply. Spoke with student and parent re: student to report to nurse for any cardiac complaints.
N Nurse, RN

5/12/16
Received E12S from Dr. Retina, dated 5/10/16: Glasses to be worn for school use and favorable seat recommended. Spoke with Mr. Blue, teacher and Mr. Golden, 6th gr Dean who verbalized understanding.
R Radiance, RN

5/14/16
Received O12S from Dr. Bones, dated 5/12/16: S/P Right tibia fracture cast ankle to calf. Bilateral crutches for school use. No stairs. Spoke with Principal and teacher regarding accommodating student in school. They stated they will assign student to a first floor classroom or can assist with elevator use by school personnel.
P. Perky, RN
CHILD ABUSE/NEGLECT REPORTS

• NYS Law (Social Services Law 413) requires that any health care professional who suspects that a child under eighteen (18) years of age is being endangered or maltreated by parent or other person legally responsible for care must report the suspicion to the NYS Central Registry.

• Registered Nurses are mandated reporters
• Select school personnel are mandated reporters
The Social Service Law requires only one report from an institution.

Registered Nurses are mandated reporters. In the event of possible conflict about calling, the nurse would make a professional decision about initiating the call to the State Central Registry (SCR).

Call the State Central Registry (SCR) mandated reporter’s line 1-800-635-1522 to report the case. Obtain the case number.

If another school personnel called that day, the nurse should obtain the case number before the end of the day and leave the information in the log book secured for the following day.
REPORTING

CHILD ABUSE/NEGLECT

- Only reasonable suspicion is needed to report any child to ACS for abuse or neglect. It is not necessary to establish proof of the abuse/neglect to report.

- Immediately discuss the case with your OSH and Contract Agency Nursing Supervisors

- Discuss the suspected abuse/neglect case with the principal or principal’s designee

- Schools may implement further actions if needed to ensure child’s safety
If student is in need of immediate medical care, call 911 and notify Administration for Children’s Services (ACS) of the action.

If a child verbalizes he/she does not feel safe to go home, call 911 and inform the school administration.

Parental notification is not mandatory for ACS calls or for 911 calls related to ACS.

The OSH team including the nurse, the Nursing Supervisors and the Supervising Medical Doctor (SMD) will need to be informed.
Administration for Children’s Services requires a written report be submitted within 48 hours of the oral report (Form 2221-A)

- If the nurse made the call, the nurse will complete 2221-A by the close of the workday

- The nurse should forward the completed 2221-A form to the OSH Nursing Supervisor/BND for review and follow up.

- The Supervisor will forward the report to the local ACS office and to OSH Central Office.

- A copy of the report is forwarded to OSH Central Office.
### SUBJECTS OF REPORT

<table>
<thead>
<tr>
<th>Line #</th>
<th>Full Name</th>
<th>Alias(es)</th>
<th>Sex</th>
<th>Birth/Death</th>
<th>Race</th>
<th>Ethnicity</th>
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List Addresses and Telephone Numbers (Using Line Numbers From Above) (Area Code) Telephone No.

### BASIS OF SUSPICIONS

- DOA/Fatality
- Fractures
- Internal Injuries (e.g., Subdural Hematoma)
- Lacerations/Bruses/Welts
- Burns/Scalding
- Excessive Corporal Punishment
- Inappropriate Isolation/Restraint (Institutional Abuse Only)
- Other (specify)

State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.

If known, give time/date of alleged incident:

<table>
<thead>
<tr>
<th>Time</th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
</table>

☐ Additional sheet attached with more explanation.

The Mandated Reporter Requests Finding of Investigation: YES  NO

### SOURCE(S) OF REPORT

<table>
<thead>
<tr>
<th>Confidential</th>
<th>Name</th>
<th>Area Code</th>
<th>Telephone</th>
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<table>
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<th>Address</th>
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<table>
<thead>
<tr>
<th>Confidential</th>
<th>Agency/Institution</th>
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### RELATIONSHIP

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<th>Med. Exam/Coroner</th>
<th>Physician</th>
<th>Hosp. Staff</th>
<th>Law Enforcement</th>
<th>Neighbor</th>
<th>Relative</th>
<th>Instl. Staff</th>
<th>Social Services</th>
<th>Public Health</th>
<th>Mental Health</th>
<th>School Staff</th>
<th>Other (specify)</th>
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For Use By Physicians Only

- Medical Diagnosis on Child
- Signature of Physician who examined/treated child
- Visits Code | Telephone No.

Hospitalization Required:
- None
- Under 1 week
- 1-2 weeks
- Over 2 weeks

Actions Taken Or
- Medical Exam
- X-Ray
- Removal/Keeper
- Not. Med. Exam/Coroner

About To Be Taken
- Photographs
- Hospitalization
- Returning Home
- Notified DA

Signature of Person Making This Report:

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<tr>
<th>Title</th>
<th>Date Submitted</th>
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ACS documentation:

- Information is confidential and should be confined to an objective description of the physical findings.
- Document the event on the student’s 103S by using the initials SCAN (suspected child abuse and neglect) indicating that a phone call was made to the central registry and form 2221A was submitted.
- Document the case number before you leave.
Administration for Children’s Services may follow-up cases by calling our visiting schools.

OSH representatives (permanent and contract) are not authorized to provide written or printed student medical record information to non-Office of School staff without the OSH review and approval process.

OSH has a subpoena process.

The nurse may share basic verbal information in person to the ACS representative after they show identification in person. The nurse may take a return phone number and follow up with the OSH Supervising Nurse.

Nurses should immediately notify OSH Supervisors of any requests to share verbal or written OSH medical record information.
Follow up:

- Contracted Nurses in “extended” assignments have more opportunities to collaborate with principals, school guidance counselors, social workers and ACS case workers to assist with follow up cases within the OSH nursing capacity.

- Communicate with OSH Supervising Nurses for further guidance, particularly co-morbidity cases.
What Happens When I Report a Suspected Case of Child Abuse or Neglect?

New York City Administration for Children’s Services
Child Protective Investigation

Call is placed to the State Central Register (SCR) for Abuse and Maltreatment
1-800-342-3720 for Public,
1-800-635-1522 for Mandated Reporter or 311

Report Accepted
SCR determines report meets the requirements for an investigation.

ACS assigns case to a child protective specialist.

Specialist contacts the reported child’s family within 24 hours.

ACS has 60 days to conduct an investigation and reach a finding.

*Investigative Activities:
- Review family’s history with ACS;
- Contact the reporter;
- Conduct home visits;
- Interview alleged victim, parents/caretakers, other household members and collateral contacts (e.g.,
school staff, health care providers, neighbors, etc.).

Indicated
Some credible evidence of abuse or neglect is found.

Immediate Danger
Safety measures could include foster care placement.

High-Risk
Voluntary or court-mandated services.

No- or Low-Risk
Voluntary preventive services.

Preventive Services
Voluntary enrollment.

Case Closed

Unfounded
No credible evidence of abuse or neglect is found.

If you are a Mandated Reporter and would like to follow up about a case you reported,
call ACS Office of Safety First at 1-718-KID-SAFE (543-7233)
How to Report Child Abuse and Neglect

Step 1: Oral Report
- As soon as you suspect child abuse or neglect, immediately call the State Central Register (SCR) Mandated Reporter Hotline at 1-800-635-1522, or 311. The SCR is open 24 hours-a-day, 7 days-a-week.
- If a child is in immediate danger, call 911.
- Provide as much information as possible to the protective specialist at the SCR. If available, give information to help identify and locate the child or parents in question.

Step 2: Written Report
- A signed written report must be filed with the local Child Protective Services (CPS) written 48 hours of an oral report.
- To obtain a copy of the mandated reporter form, contact your local CPS office or visit the New York State Office of Children and Family Services (OCFS) at www.ocfs.state.ny.us and go to the “Forms” and “LDSS-2221A” links.
- Submit the written mandated reporter form to the local Administration for Children's Services field office in the borough where the child resides. You may request the address from the child protective specialist at the time you make the oral report to the SCR.

If you are a mandated reporter and there is reasonable cause to suspect child abuse or neglect, report the case immediately.
Call 1-800-635-1522 or 311
1. Student encounters should be documented on the Walk-in Daily Log and on the 103S which is the student’s individual paper health record

True ______ False_____

2. The Registered Nurse servicing OSH is authorized to administer an Epi pen to any person in the building with signs/symptoms of anaphylaxis

True_____ False______
3. The Medication Binder contains MAFs for daily and prn meds and should be reviewed for pre-gym medications

True ______ False_____

4. The nurse can administer medication according to the label on the medication bottle without having a current MAF on file
True ______ False_____

7/26/2012
5. Nurses should follow The Enhanced Asthma School Intervention (EASI) protocol by first assessing if a student is in respiratory distress
   True ______ False______

6. The EASI Asthma protocol is a clinical pathway that includes actions for assessment and obtaining verbal orders for the OSH Stock Ventolin to be used for students in respiratory distress in the event of no MAF on file.
   True_______ False_______
6. All are true for diabetes managements except:

- Office of School Health approved safety lancets, insulin pen needles and insulin safety syringes for use with students with DMAFs
- Wear gloves when performing finger sticks, administering injections
- Students’ diabetes supplies may be shared among students
- Administer Glucagon to a student with a DMAF who has signs/symptoms of severe hypoglycemia before testing the blood glucose and call 911

7. After reviewing referral forms from primary care providers to restricts a child’s activities, nurses should notify the Principal or designee and gym teachers and log the findings on the 103S

True ______ False_____
9. Gloves should be worn in Office of School Health settings for all of the following except:
   a. Nosebleeds
   b. Auscultating the lungs
   c. Scratches/bruises
   d. Punctures for blood glucose testing

10. When leaving the medical room for a different location, the nurse should carry the red fanny pack with the OSH Stock Epi pens, gloves and the CPR face mask/shield.
    True_________    False_________