



Alabama State Department of Education



Individualized Health Care Plan

Student Name: Type Here

School Year: Type Here

Asthma Individualized Healthcare Plan

SECTION II: Emergency Action Plan			
IF YOU SEE THIS...	Coughing, Wheezing Gaspings for Air	Prolonged Expiration Change in Color of Skin (Pale or Blue)	Tightness in Chest
DO THIS WHEN MEDICATION* AVAILABLE...		DO THIS WHEN MEDICATION NOT AVAILABLE...	
*Med/Dose: <u>Type Here</u> 1. Route: <input type="checkbox"/> Inhaler** <input type="checkbox"/> Nebulizer 2. Observe student for change in condition 3. Allow student to return to class if symptoms Relieved/Improved after medication.		Have student sit in calm, cool environment (if possible). Have student sit upright with hands on knees (arms straight).	
If no change in symptoms after 15 minutes of medication: *Med/Dose: <u>Type Here</u> 1. Route: <input type="checkbox"/> Inhaler** <input type="checkbox"/> Nebulizer 2. Call parent about student using medication x 2 3. Have student maintain sitting position 4. Limited physical activity.		Encourage purse-lip breathing (slowly inhale through nose and exhale through pursed-lips).	
If no improvement in symptoms after second dose of medication and unable to contact parent after second dose is administered... 1. Call 9-1-1 (Continue trying emergency contacts) 2. Encourage slow deep breathing, rest 3. Have student maintain sitting position			
Student complains, is hunched over, has difficulty breathing, is unable to speak, uses neck/shoulder muscles to assist in breathing effort, lips and/or nail beds are blue in color 1. Call 9-1-1 2. Call parent/guardian 3. Rest, reassurance, calm slow deep breathing			
If student becomes unconscious... 1. Call 9-1-1 2. Call parent/emergency contact		If no improvement... 1. Call parent/emergency contact 2. Call 9-1-1	

* ALL MEDICATIONS GIVEN AT SCHOOL REQUIRE A SCHOOL MEDICATION PRESCRIBER/PARENT AUTHORIZATION SIGNED BY THE PRESCRIBER - SEE PAGE # 5

**Proper technique for using inhaler: Have student sit upright. Remove cap; hold inhaler upright. Shake well. Tilt head slightly back, and have student breath out. Position inhaler in or near mouth or use spacer. Have student take a deep breath; press down on inhaler while student is taking a breath. Count to 10 while student holds breath.

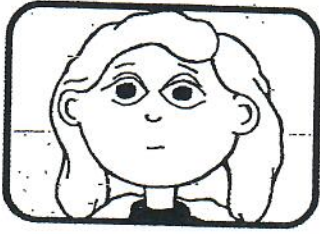
School Nurse Use Only

Medication	Expiration Date	Self-Carry?	Location of Medication

First Aid for Seizures

(Complex partial, psychomotor, temporal lobe)

1. Recognize common symptoms



Blank staring



Chewing



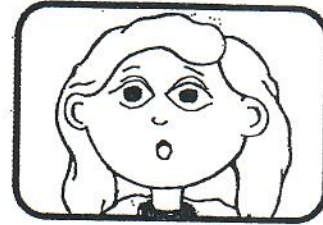
Fumbling



Wandering



Shaking



Confused speech

2. Follow first aid steps



Don't grab hold



Explain to others

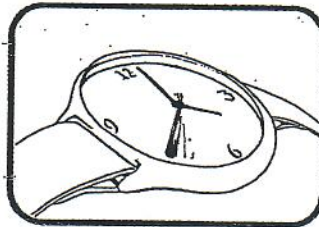


Block hazards

Loosen clothing, jewelry from neck.



Speak calmly



Track time, remain nearby...



...until seizure ends

People who've had this type of seizure should be fully conscious and aware before being left on their own. Make sure they know the date, where they are, where they're going next. Confusion may last longer than the seizure itself and may be hazardous. If full awareness does not return, call for medical assistance.



**EPILEPSY
FOUNDATION**
Eastern Pennsylvania

Contact Us for More Information
Epilepsy Foundation Eastern Pennsylvania
919 Walnut Street, Suite 700
Philadelphia, PA 19107
www.efepa.org 215-629-5003
Se Habla Español



ALABAMA STATE DEPARTMENT OF EDUCATION

Seizure Individualized Health Care Plan

Student Name: _____ **School Year:** _____

Nurse Check all that Apply: Avoid circumstances that may lower seizure threshold (please list):	
CLASSROOM:	PHYSICAL EDUCATION:
<input type="checkbox"/> Observe student for evidence of seizure activity as described on previous page if observed. <input type="checkbox"/> Follow emergency action steps on previous page and contact school nurse immediately. <input type="checkbox"/> Record duration and type of activity observed on <i>Seizure Observation Record</i> from nurse.	<input type="checkbox"/> Allow student to self-limit physical activity. <input type="checkbox"/> Notify parent and school nurse when more strenuous activities are scheduled. <input type="checkbox"/> Observe student for evidence of seizure activity as described on previous page. If observed: <input type="checkbox"/> Follow emergency action steps on previous page and contact school nurse immediately. <input type="checkbox"/> Record duration and type of activity observed on <i>Seizure Observation Record</i> from the nurse.
Considerations for outdoor activities: <input type="checkbox"/> Describe: _____ <input type="checkbox"/> None required <input type="checkbox"/> Other:	Considerations for outdoor activities: <input type="checkbox"/> Describe: <input type="checkbox"/> None required <input type="checkbox"/> Other:
FIELD TRIPS:	BUS TRANSPORTATION:
<input type="checkbox"/> Student with <u>Diastat</u> order: <u>Must be accompanied by a licensed nurse</u> (or parent, if parent requests to accompany the student) <input type="checkbox"/> Student with pre-dose auto injectors of nasal valium (diazepam) or nasal versed (Midazolam) must have nurse, parent, or trained unlicensed seizure medication assistant (USMA). <input type="checkbox"/> Student has emergency medication other than Diastat, must be accompanied by trained, unlicensed seizure medication assistant, nurse, or parent. <input type="checkbox"/> Student will have access to USMA, nurse, or parent/guardian for duration of trip. <input type="checkbox"/> Other:	<input type="checkbox"/> Driver and/or aide will observe student for evidence of seizure activity. <input type="checkbox"/> If noted a trained unlicensed seizure assistant may give doses of nasal auto injector, turn student on side, and call 911. <input type="checkbox"/> Student with pre-dose auto injectors of nasal valium (diazepam) or nasal versed (Midazolam) must have nurse, parent, or trained unlicensed seizure medication assistant (USMA). <input type="checkbox"/> Bus location is closer to student's home than to school, will radio dispatcher to contact parent regarding student's seizure activity, and dial 911. <input type="checkbox"/> If parent not available, dispatcher will activate the emergency procedure for EMS.
<input type="checkbox"/> School nurse will secure medication cart and orders in accordance with school safety plan. <input type="checkbox"/> In event of building evacuation, school nurse or MA will evacuate with medication cart and orders. <input type="checkbox"/> Student requires assistance during building evacuation.	<input type="checkbox"/> After School Care: Diastat must have a nurse or parent/guardian to administer. <input type="checkbox"/> Other medication: Must be accompanied by trained, unlicensed seizure medication assistant. Student with nasal pre-dose auto injectors (Valium or Versed) may have a trained USMA.



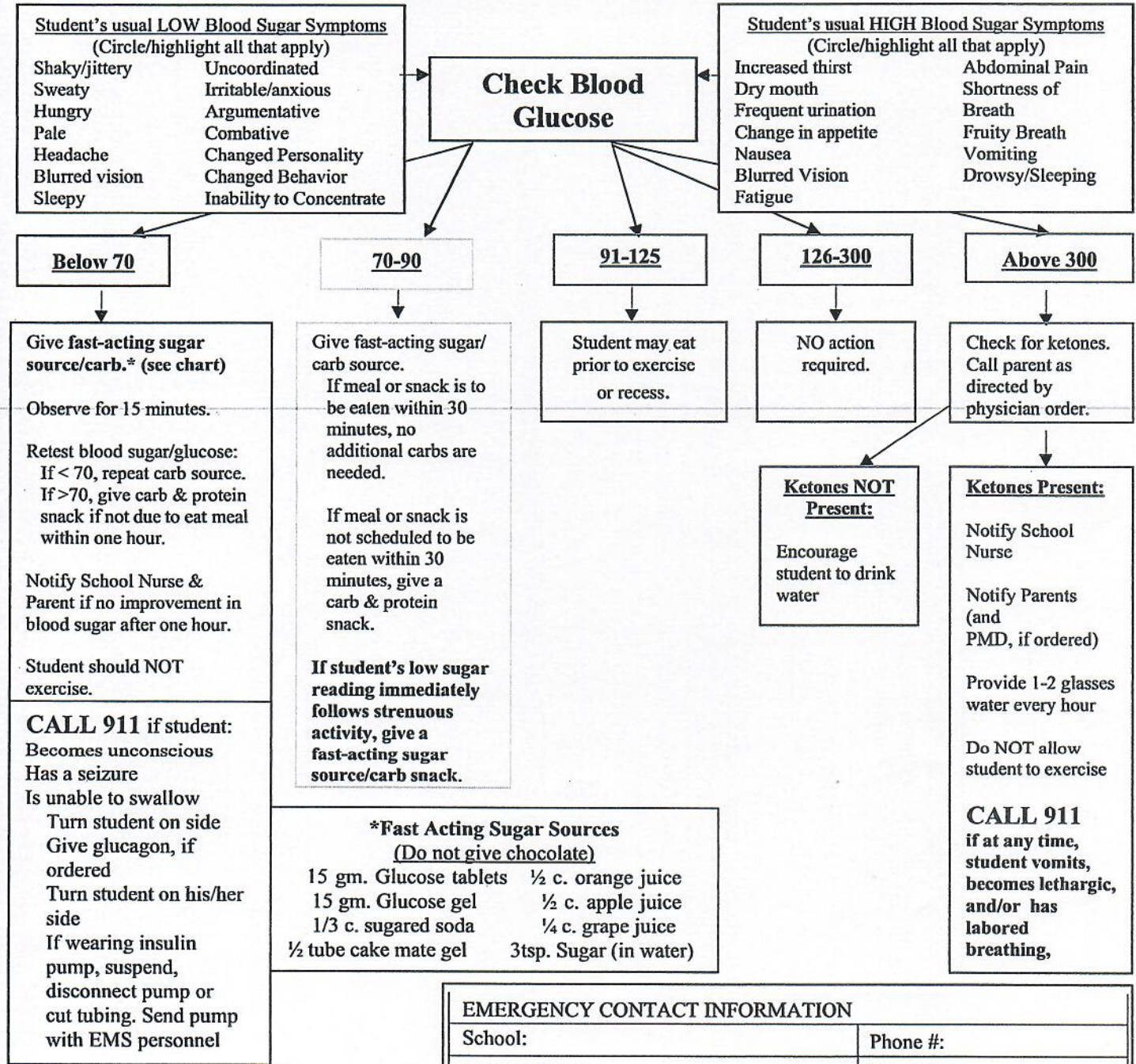
Individualized Health Care Plan

Student Name: Type Here

School Year: Type Here

EMERGENCY ACTION PLAN

SECTION III (Individualize to Student According to Physician's Orders)



Never send a child with suspected low blood glucose anywhere alone!

EMERGENCY CONTACT INFORMATION			
School:	Phone #:		
School Nurse:	Phone #:		
Parent:	H:	W:	C:
Parent:	H:	W:	C:
Emergency Contact:	H:	W:	C:
Physician:	Phone #:		



ALABAMA STATE DEPARTMENT OF EDUCATION

Seizure Individualized Health Care Plan

Student Name: _____ School Year: _____

Nurse Check all that Apply: Avoid circumstances that may lower seizure threshold (please list):	
CLASSROOM:	PHYSICAL EDUCATION:
<input type="checkbox"/> Observe student for evidence of seizure activity as described on previous page if observed. <input type="checkbox"/> Follow emergency action steps on previous page and contact school nurse immediately. <input type="checkbox"/> Record duration and type of activity observed on <i>Seizure Observation Record</i> from nurse.	<input type="checkbox"/> Allow student to self-limit physical activity. <input type="checkbox"/> Notify parent and school nurse when more strenuous activities are scheduled. <input type="checkbox"/> Observe student for evidence of seizure activity as described on previous page. If observed: <input type="checkbox"/> Follow emergency action steps on previous page and contact school nurse immediately. <input type="checkbox"/> Record duration and type of activity observed on <i>Seizure Observation Record</i> from the nurse.
Considerations for outdoor activities: <input type="checkbox"/> Describe: _____ <input type="checkbox"/> None required <input type="checkbox"/> Other:	Considerations for outdoor activities: <input type="checkbox"/> Describe: <input type="checkbox"/> None required <input type="checkbox"/> Other:
FIELD TRIPS:	BUS TRANSPORTATION:
<input type="checkbox"/> Student with <u>Diastat</u> order: <u>Must be accompanied by a licensed nurse</u> (or parent, if parent requests to accompany the student) <input type="checkbox"/> Student with pre-dose auto injectors of nasal valium (diazepam) or nasal versed (Midazolam) must have nurse, parent, or trained unlicensed seizure medication assistant (USMA). <input type="checkbox"/> Student has emergency medication other than Diastat, must be accompanied by trained, unlicensed seizure medication assistant, nurse, or parent. <input type="checkbox"/> Student will have access to USMA, nurse, or parent/guardian for duration of trip. <input type="checkbox"/> Other:	<input type="checkbox"/> Driver and/or aide will observe student for evidence of seizure activity. <input type="checkbox"/> If noted a trained unlicensed seizure assistant may give doses of nasal auto injector, turn student on side, and call 911. <input type="checkbox"/> Student with pre-dose auto injectors of nasal valium (diazepam) or nasal versed (Midazolam) must have nurse, parent, or trained unlicensed seizure medication assistant (USMA). <input type="checkbox"/> Bus location is closer to student's home than to school, will radio dispatcher to contact parent regarding student's seizure activity, and dial 911. <input type="checkbox"/> If parent not available, dispatcher will activate the emergency procedure for EMS.
<input type="checkbox"/> School nurse will secure medication cart and orders in accordance with school safety plan. <input type="checkbox"/> In event of building evacuation, school nurse or MA will evacuate with medication cart and orders. <input type="checkbox"/> Student requires assistance during building evacuation.	<input type="checkbox"/> After School Care: Diastat must have a nurse or parent/guardian to administer. <input type="checkbox"/> Other medication: Must be accompanied by trained, unlicensed seizure medication assistant. Student with nasal pre-dose auto injectors (Valium or Versed) may have a trained USMA.



ALABAMA STATE DEPARTMENT OF EDUCATION

Seizure Individual Health Care Plan



Student Name: _____ School Year: _____

Section II – Nurse (Please Check all that apply)

Has Parent/ Guardian presented seizure management plan to School Nurse NO YES?

Does student experience an aura before seizures? No Yes If "Yes," describe:

Behavior or activity student usually exhibits during seizures:

School Plan: *A completed & signed authorization form required for each medication administered in school setting.

IF YOU SEE THIS... SEIZURE ACTIVITY: Student has VNS? <input type="checkbox"/> Yes → Swipe Magnet* (Refer to Order Form) <input type="checkbox"/> No *Emergency Medication ordered for school? Yes No	DO THIS... 1. Remain with student, provide privacy, and clear area. 2. If tonic/clonic seizure, place student on side-lying position. 3. Do not put anything in mouth or restrict student. Protect head. 4. Time/duration of seizure. Document activity on Seizure Log. 5. Contact parent/emergency contact to inform him/her of seizure. 6. Contact parent and/or EMS if student is unable to return to normal activity following postictal period. Student will not remain at school. 7. NAME OF UNLICENSED SEIZURE MEDICAL ASSISTANT IF ONE _____
UNLICENSED SEIZURE MEDICATION ASSISTANT (USMA) Yes No *Administer Medication after _____ minutes and repeat as ordered.	UNLICENSED SEIZURE MEDICATION ASSISTANT (TRAINED) Name _____ Coverage Time _____
	1. Administer emergency medication as prescribed <u>Nurse or USMA</u> . 2. *MEDICATION DOSAGE: _____ 3. Contact parent/emergency contact. EMS will treat per protocol.

Bus Plan:

IF YOU SEE THIS... Seizure activity is noted. *Emergency Medication ordered for bus ride? Yes No	DO THIS... 1. Bus driver will pull over at first safe location and call 911. 2. Driver or aide will remain with student and provide privacy as possible. 3. Place student on his/her side and do not restrain. Protect head. 4. Administer emergency medication if trained. 5. Notify parent or emergency contact and dispatch. 6. Document time and specifics of seizure. Report same to EMS personnel. Parent or Emergency Contact Name and Number _____ _____ Phone _____
--	---

Parent Signature _____ Date _____

School Nurse Signature _____

USMA Signature _____

USMA Signature _____

Medication	Expiration Date	Self-Carry?	Location of Medication and/or Magnet

Tier 1 Seizure Training 11 minute video:

<https://www.youtube.com/watch?v=z6K8XQQf9ss>



Student: _____ School Year: _____
Individualized Healthcare Plan (IHP) for SEVERE Anaphylaxis/ ALLERGY (Secondary)

EMERGENCY ACTION PLAN

SIGNS AND SYMPTOMS	ACTION	EPI - PEN
Rapid Onset Sweating	Call 911	Remove safety cap Place tip on lateral thigh
Weakness		Press hard into thigh
Shallow Respirations		Hold for 10 seconds
Wheezing		Remove injector and massage site for 10 seconds
Itching/Hives		Call 911
Tingling of mouth, face, & throat		(Give Used EpiPen to EMS)
Feels throat is closing		
Loss of Consciousness		

Anaphylaxis is a rare, life-threatening allergy to certain substances such as foods, bee stings, chemicals and medications. It occurs rapidly and can close off the breathing passages. **Exposure to this substance should be avoided, including skin contact, at all times!**

Notes/Special

Instruction: _____



Student: _____ School Year: _____
Individualized Healthcare Plan (IHP) for SEVERE Anaphylaxis/ ALLERGY (Secondary)

_____ School

SCHOOL YEAR: _____

SCHOOL MANAGEMENT PLAN - SEVERE ALLERGY TO: _____

Student also has ASTHMA? YES NO

(optional)

(optional)

SECTION II -Nurse Check or Circle all that apply (Please Print)

IF YOU SEE THIS...

DO THIS...

Contact with or ingestion of allergen with no symptoms

- Administer medication? Yes No
Medication: _____
Medication dosage: _____
- Call parent or emergency contact
- Observe student for _____ minutes before return to class
- Recheck student in 1 hour.

Symptoms of mild or early allergic reaction:

- Itching
- Hives
- No Respiratory Distress**

- Administer medication? Yes No
Medication: _____
Medication Dosage: _____
- Other: _____
Medication _____
Dose _____

•

3.

Symptoms of severe allergic reaction:

- Mouth tingling
-
- Respiratory distress: cough, wheeze, stridor
- Weak pulse, low BP, pallor
- Abdominal cramps, nausea

- Administer Epinephrine? Yes No
 Epipen: 0.3 mg 0.15 mg
 Twinject: 0.3 mg 0.15 mg
 Other: _____

Follow instructions for administration as illustrated on box.

- Call 9-1-1
- Call parent/emergency contact
- Remain with student until EMS personnel arrive
- Give used autoinjector, to EMS personnel, if administered

* ALL MEDICATIONS GIVEN AT SCHOOL REQUIRE A SCHOOL MEDICATION PRESCRIBER/PARENT AUTHORIZATION SIGNED BY THE PRESCRIBER

If student "self-carries" and "self-administers" medication, may a "back up" dose be kept with school nurse? Yes No

I UNDERSTAND AND AGREE WITH THIS MANAGEMENT PLAN:

FOR SCHOOL NURSE USE ONLY

Medication	Self Carry?	Self Administer?	Expiration	Location of Medication

Notes /Special Instruction _____



Alabama State Department of Education



Student: _____ School Year: _____
Individualized Healthcare Plan (IHP) for SEVERE Anaphylaxis/ ALLERGY (Secondary)

Check all that apply:

Student is allergic to (please list):

MEDICATION(S) AT SCHOOL:

- Epinephrine Auto-injector: Carried On-Person? YES NO
- Oral Antihistamine (name):
Carried On-Person? YES NO

POTENTIAL SIDE EFFECTS: (Notify school nurse)

Rapid heart rate

Other meds at school :

MEDICATION(S) AT HOME:

POTENTIAL SIDE EFFECTS: (Notify school nurse)

CLASSROOM:

- Inform all parents classroom is "allergy aware" listing all known allergens (sign outside classroom door, newsletters, etc.)
- Instruct students to wash hands w/soap & running water before & after meals/snacks
- Adult to wipe down tables/desks after meals & snacks, using household cleaning wipe
- Avoid learning activities that include allergens
- Contact School Nurse immediately if student develops symptoms of severe allergy per Emergency Action Plan on previous page

PHYSICAL EDUCATION:

- Avoid contact with balls and other equipment that contain latex
- Remain alert for stinging insect nests/mounds & notify Plant Manager immediately if nests discovered. Keep students away from area.
- Contact School Nurse immediately if student develops symptoms of severe allergy per Emergency Action Plan on previous page
- Other:

Classroom Snacks: (STUDENTS ARE NOT TO SHARE FOOD DURING MEALS OR SNACKS)

- Student will bring own Student will select from allergen-free options in classroom supply

FIELD TRIPS:

- Hand wipes to be used before & after meals or snacks if no soap & water available on trip

BUS TRANSPORTATION:

- Driver will wipe down student's assigned bus seat before & after route

If student **IS** authorized to self-carry and self-administer allergy medications:

- Student will keep meds on person at all times
- Student will notify teacher immediately if is exposed to allergen &/or develops symptoms
 - Teacher to assist student as necessary, call 9-1-1 and then contact parent

If student **IS** authorized to self-carry and self-administer allergy medications:

- Student will keep meds on person at all times
- Student will notify driver if exposed to allergen &/or develops symptoms
 - Driver will assist student as necessary and procedure for activating EMS & parent

If student **IS NOT** authorized to self-carry & self-administer allergy medications:

- Nurse or Medication Assistant will accompany trip with medication & orders on person
- Student will have ready access to Nurse or Medication Assistant for duration of trip

If student **IS NOT** authorized to self-carry & self-administer allergy medications:

EMERGENCY DRILLS AND SCHOOL CRISIS EVENTS

- School Nurse will secure med cart & orders in accordance with school safety plan
- In event of building evacuation, School Nurse or Med Asst will evacuate w/med cart & orders
- If so authorized, student will keep meds on person for duration of drill or crisis event
- Student requires assistance during building evacuation? NO YES If "yes", describe:

OTHER:

After School Care:



Standard Precautions in the School Setting

Alabama State Department of Education
Prevention and Support Services
Alabama Health Services

Purpose of training

- To reduce the transmission of communicable disease and facilitate consistent use of STANDARD PRECAUTIONS
 - > Increase attendance, decrease the number of absences in schools.
 - > Decrease sick leave days taken by teachers, nurses and staff.

Content:

Standard Precautions: Blood Borne Pathogens

Employees responsibility:

Preventive exposure to infections agents

- Handwashing
- Protective barriers
- Cleaning contaminated surfaces
- Proper disposal of contaminated materials
- Immediately report an exposure incident

- Standard Precautions should be implemented to prevent exposure to blood borne pathogens such as Human Immunodeficiency Virus (HIV), Hepatitis B virus (HBV) and Hepatitis C virus (HCV).
- Along with other communicable pathogens which may cause illness:

The appearance of someone infected?

- Infected people may not look "sick"
- Infected people may not know they are infected
- Infected people may not disclose that they are infected (Confidentiality and Privacy)

CONSIDER THE BLOOD AND BODY FLUIDS OF EVERYONE TO BE POTENTIALLY INFECTIONS

- This approach is recommended because 30 to 80 percent of people with viral hepatitis and other infectious diseases have no symptoms and may be unaware they have a disease.
- This approach is helpful to everyone in every area of their life, to decrease their chances of infection
- When standard precautions are used in all aspects of daily life, it helps prevent the spread of infections within the community.

Prevention:

- Proper hand hygiene technique is the single most important procedure for helping to prevent the spread of infection
- Personal protective equipment (PPE), such as gloves, should be worn anytime the employee anticipates he/she may come in contact with blood or other body fluids.

Handwashing

- Wet hands with running water (warm or cold)
- Rub hands together producing friction, lather with soap. (Soap suspends easily removable soil and microorganisms.)
- Remember to scrub between fingers, knuckles, backs of hands, nails and around jewelry.
- Scrub your hands for at least 20 seconds (Hum the "Happy Birthday" song from beginning to end twice)
- Rinse hands well under clean running water, while holding finger down toward sink
- Dry hands using a disposable paper towel
- Use paper towel to turn off the faucet
- If in public area, after washing hands, we can use a paper towel to open the door and exit
- Throw paper towels and any other dirty items in the appropriate waste containers.

IS IT REALLY THAT SIMPLE? (An experiment using a black light may show surprising results!)

Prevent exposure to body fluids

- Wear gloves if you anticipate or potentially may contact blood and/or body fluids, including blood-containing tissue or injury discharges. Persons with an allergy to latex should not wear latex gloves. (Check with your school nurse, regarding other glove alternatives.)
- Pick up the spill using disposable towels and tools that can be disinfected. Be careful not to splash any of the contaminated materials. (If possible ask the person to hold the towel or item to collect the fluid, until you are able to put on gloves.)
- Utilize single-use disposable gloves and discard them into a hands-free, covered receptacle that is lined with a leak-proof plastic bag that can be securely tied or sealed when removed from the trash.
- Avoid handling the contaminated gloves. Wash your hands immediately, after removing contaminants and gloves.

Consistently Wear gloves:

- When in contact with blood or other body fluids is anticipated or may potentially occur
- When open sores and cuts are present
- When cleaning items that may be contaminated with body fluids such as blood, urine and vomit

Wear gloves

- When having contact with blood, other potentially infectious material, mucous membranes, and non-intact skin
- When handling contaminated substances or surfaces
- When anticipating contact with contaminated substances or surface
- Protect eyes, face and clothing from potential splashes or sprays of blood, body fluids, and secretions (i.e. nursing procedures such as suctioning, tracheostomy care)



Wear gloves:



- When open sores and cuts are present
- When cleaning items that may be contaminated with body fluids such as blood, urine and vomit



Wear Gloves:

Example of Specific Task:



- First aid, CPR and emergency care
- Nursing, health care procedures
- Before and after procedures (Including teachers/ staff that has received specialized training by the nurse for procedures such as EpiPen in an anaphylaxis emergency.
- Unlicensed Diabetic Assistance, staff that has received training and delegation for specific identified students using blood glucose testing with sharps and needles for diabetic care, emergency care with glucose gel or glucagon.)
- Before and after changing diapers and toileting
- Cleaning contaminated areas
- Disposing of trash
- Handling, preparing food

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Glove removal



- Grasp the cuff area of one glove using other gloved hand (Touch dirty to dirty glove/glove)
- Pull the glove off the hand, allowing it to turn inside out.
- Grasp and contain the glove, formed into a ball within the palm of the gloved hand.
- Place the thumb of the ungloved hand underneath the cuff (between skin and glove) of the gloved hand, and remove it by pulling inside out, over the first glove. (Touch clean to clean)
- Push glove inside out, down over fingers and around balled up glove. Both soiled glove surfaces are now contained inside the second glove.
- Grasp inside out gloves and discard into plastic sealable bag, in accordance with disposal procedures
- Wash hands

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How does Transmission Occur?

1. Direct contact: Infection occurs by contact from person to person
2. Indirect contact: Infection occurs by contact with inanimate objects in the environment



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Transmission: Direct contact

- **Direct contact**: Infection occurs by contact from person to person

1. Contamination through small breaks or cracks in the skin
2. Contact with mucous membranes (eyes, nose, mouth)

Examples:

- Puncture wounds such as needle sticks or sharps injury
- Abrasions & wounds
- Storage of gloves (torn gloves)

Ask an injured person to hold the towel or item to collect the fluid, until you are able to put on gloves. (i.e. nose bleed)



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Wear gloves

❖ It is sometimes helpful to explain to the person that you are assisting, that when putting on gloves you are also protecting their open wound or mucous membranes from potential exposure to germs, viruses and bacteria.

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Blood Borne pathogen: Hepatitis B

- **30% of those infected have no symptoms**
- Transmission of hepatitis B virus results from exposure to infectious blood or body fluids.
- Potentially life threatening disease
- An infectious illness caused by Hepatitis B virus (HBV) which infects the liver, causing inflammation (Hepatitis)
- Vaccine available

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Blood borne pathogen: Hepatitis c

- 80% of those infected have no symptoms
- Transmission of hepatitis C virus results from exposure to infectious blood or body fluids.
- May lead to long term liver damage or liver cancer
- No Vaccine Available

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Blood borne Pathogen: Human Immunodeficiency Virus (HIV)

- Transmitted through contaminated blood and body fluids
- Attacks immune system
- Can lead to AIDS
 - ❖ No cure
 - ❖ No vaccine

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Center for Disease Control and Prevention (CDC) recommendations:

- Gloves should be readily available. Latex gloves should not be used by persons with an allergy to latex. (Check with your school nurse, regarding other glove alternatives.)
- Pick up spills using disposable towels and tools that can be disinfected.

Ask the person to hold the towel or item to collect the fluid, until you are able to put on gloves. (i.e. nose bleed)

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Definition of sanitizing and/or disinfecting:

- "Sanitizer" is a product that reduces germs on inanimate surfaces to levels considered safe by public health codes or regulations. A sanitizer may be appropriate to use on food contact surfaces (dishes, utensils, cutting boards, trays) and shared daily items.
- "Disinfectant" is a product that destroys or inactivates germs on an inanimate object. A disinfectant may be appropriate to use on non-porous surfaces such as diaper changing tables, countertops, door and cabinet handles, and toilets and other bathroom surfaces."

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Consistently Follow protocol

- It is very important to clean up any blood or body fluids spills immediately.
- Hepatitis is a very durable virus and can survive outside of the body for a week or longer.
- Follow product manufacture directions on the approved disinfectant used in your school system.
- Consistently follow recommended protocol, double bag soiled or contaminated objects before disposing.

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Clean surface

- Note: the surface must be visibly clean before sanitizing or disinfecting it. If it is not visibly clean, wash the surface with detergent solution, and then rinse with water before applying the sanitizer or disinfectant.
- Some sanitizers/disinfectants require rinsing the surface after the chemical is applied for the require contact time. Be sure to read labels and follow the manufacturer's instructions for use.
- EPA registered products: Federal law requires that all EPA-registered products must be used according to the instructions on the manufacturer's label.

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Follow Procedure Policy for disposal of sharps

- Place used disposable syringes and needles and other sharp items in an appropriate puncture-resistant container, following protocol, when handling sharp instruments after a procedure
- Never recap used needles
- Do not bend, break or otherwise manipulate used needles by hand
- Do not remove used needles from disposable syringes

Report accidental exposure:

Immediately report all exposure incidents involving students and/or personnel to the principal and school nurse

In conclusion:

- Treat blood and body fluids as infectious
- Wash hands, routinely, and encourage students to do the same
- Use protective barriers, consistently, as needed
- Always clean contaminated areas
- Dispose of sharps and contaminated objects appropriately, follow policy

Additional Information:

- Center for Disease Control (CDC) website, <http://www.cdc.gov>
- Alabama Department of Public Health website, <http://www.adph.org/>

Acknowledgement: A special thank you is extended to the following

- APIC as the source of the materials, ©2017, Association for Professionals in Infection Control and Epidemiology, Inc. All rights reserved.

Alabama Department of Public Health Bureau of Communicable Disease

- Kelly Stevens, Infectious Diseases and Outbreaks Division Director
- Jennifer Owes, Infectious Diseases and Outbreaks Surveillance Manager

Alabama Department of Public Immunization Division

- Cindy Lesinger, Immunization Division Director

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- Diana Collins: Saraland
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- Margaret Guthrie: Walker County
- Sherry McWhorter: Lawrence County
- Jan Peterson: Henry County
- Barbara Robertson : Blount County

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References:

- APIC as the source of the materials, as follows:
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Pediatric Palliative End of Life Curriculum TIER 1

Alabama State Department of Education
ALABAMA HEALTH SERVICES

ACT #2018-460

Alex Hoover Palliative and End of Life Care Act

- Relating to terminally ill students participating in school activities
- An IHP shall be developed from the Order for PPEL Care
- To provide PPEL-Individual Health Plan to be created by school nurse in conjunction with parents/guardians of a minor with a terminal illness
- To provide immunity to individuals, physicians, and school employees who undertake to follow the directives of a PPEL-IHP

Competency Tiers I,II,III

- ❖ Tier I School Personnel will receive annual training that provides a basic understanding of PPEL-IHP including individual roles and responsibilities. A roster sign-in sheet will be kept on file to serve as documentation of training.
- ❖ Tier II Classroom teachers and all school personnel who "need to know" and have responsibility for student with a PPEL Order throughout the school day. Once the teacher and other school personnel have received and reviewed the PPEL-IHP and signed it, it will be kept on file.
- ❖ Tier III Pediatric Palliative End of Life Crisis Team

Alabama State Department of Education Chapter 290-4-5-.02 Student Health Services Definitions

290-4-5-.02 PALLIATIVE AND END OF LIFE INDIVIDUAL HEALTH PLAN:

- A document that outlines activities in which a qualified minor may participate in the school setting or in selected school situations as prescribed in the plan. A plan shall be developed by the school nurse in conjunction with the qualified representatives of the qualified minor, as provided under this chapter, and shall outline the health care to be provided, including an Order for Pediatric Palliative and End of Life Care, as defined in Ala. Code §22-8A-3 (1975), to a qualified minor in a school setting. The contents of the plan shall include the medical needs of the student. The execution of the plan shall be determined by the crisis team specified in the PPEL-IHP. Termination of the plan shall be when the student is no longer enrolled in the local education agency.

Alabama State Department of Education Chapter 290-4-5-.02 Student Health Services Definitions continued...

- SCHOOL:** A primary or secondary public school located in the state.
- SCHOOL SETTING:** Preschool through twelfth grade in a public school.
- SCHOOL EMPLOYEE:** An individual employed by a public school system located in the state.
- SCHOOL NURSE:** A nurse licensed by the Alabama Board of Nursing and employed as a school nurse by a public school system located in the state. Pursuant to Rule 610-X-7-.02(1), the school nurse is accountable and responsible for the nursing care delivered to students under the nurse's jurisdiction.
- LEAD NURSE:** A Registered Nurse designated by the local school superintendent whose responsibilities shall include annually providing a full and comprehensive assessment of all student health needs within the local education agency. Based on the assessment findings, the designated nurse shall make recommendations to the local school superintendent concerning the implementation and coordination of student health needs.

Responsibility of Personnel

Section 2: School Administrator (Principal or Assistant Principal)

- Coordinate planning and implementation of a comprehensive PPEL-IHP for the school in conjunction with school nurse and school crisis team.
- Ask staff members if they have personal beliefs or moral obligation that would prevent them from following any of the PPEL-IHP procedures.
- Communicate school district procedure for managing students with PPEL-IHP to all school staff, substitute teachers, classroom volunteers and families that have a need to know.
- Share information about students with PPEL-IHP who need to know, provided the exchange of information occurs in accordance with FERPA and any other federal and state laws that protect the confidentiality or privacy of student information.
- Support professional development for employees.
- Work with staff and school employees to provide access to support system for emotional support and resources.

Responsibility of Personnel

Section 3: Lead Nurse/School Nurse

- Will ask staff members if they have personal beliefs or a moral obligation that would prevent them from following any of the procedures.
- Support partnerships among school staff and the parents and doctors (e.g., Pediatrician and Palliative Care) of students with PPEL-IHP
- Make sure that students with PPEL-IHP are identified to other staff who need to know in accordance with FERPA and any other federal and state laws that protect the confidentiality or privacy of student information.
- Annually train staff as directed in the training modules of this curriculum.
- Work with other school staff and parents to create a safe environment for students with PPEL-IHP
- Know Alabama State Law for Pediatric Palliative End of Life Care and PPEL-Individual Health Plan.

Responsibility of Personnel

Section 3: Lead Nurse/School Nurse

continued...

- Training for care of student with PPEL-IHP must occur before the school nurse accepts a Pediatric End of Life Order.
- Lead Nurse or her designated supervising Registered Nurse, shall validate the competency of all the school nurses that render care to students with a PPEL-IHP Care.
- School Nurse shall be on site and available to all students with PPEL-IHP Care.
- Shall follow the training guidelines developed by ALSDE in consultation with The Alabama Board of Nursing (ABN).
 - a) The ALSDE of Education Curriculum for Training School Nurses of PPEL-IHP in the school setting
 - b) Annual Training for PPEL Care to all school nurses through the "Train the Trainer" course for PPEL Care.

Responsibility of Personnel

Section 3: Lead Nurse/School Nurse

continued...

- Lead Nurse shall provide an annual report of the number of PPHI Care Orders and PPEL-IHPs to the ALSDE Nurse Administrator.
- School Nurse and PPHI Crisis Team will review and update the PPEL-IHP at least quarterly.
- Will understand that the PPEL-IHP Orders may be revoked at any time verbally or written by parent/legal guardian.
- School nurse at the first signs of change in condition of student will immediately contact parent/guardian.
- Lead Nurse/School Nurse along with the PPEL Crisis Team will have discussed and developed a plan, at the event of death, who will pronounce the student's death. (This will be included in PPEL-IHP). Team should contact county offices for directions.
- Lead Nurse/School Nurse along with Crisis Team will coordinate a plan for emotional support for staff and students utilizing school district and community resources.

Responsibility of Personnel

Section 5: Teachers and Other Unlicensed Personnel

- Receive PPEL-IHP care plan from school nurse and understand the essential actions needed to help manage a PPHI student under your supervision.
- Work with parents, school nurse and other appropriate school personnel to determine if any classroom modifications needed.
- Share information and responsibilities with substitute teachers and other adults who regularly help in the classroom (para educators, aides, instructional specialists).
- Complete training to help you recognize and understand the following:
 - ✓ Signs and symptoms of a decline and how they are manifested in and communicated by students
 - ✓ How to reach the nurse on campus.
 - ✓ How to activate the PPEL Crisis Team
 - ✓ When and who should call parents and EMS as directed in the PPEL-IHP

Responsibility of Personnel

Section 5: Teachers and Other Unlicensed Personnel

continued...

- Receive the PPEL-IHP from school nurse and understand the actions needed to properly care for a student under your supervision.
- Work with parents, school nurse and other appropriate school personnel to determine if any classroom accommodations are needed.
- Share information and responsibilities with appropriate school personnel on a need to know basis as outlined in FERPA and any other federal or state laws that protect the confidentiality or privacy of student information.
- Complete training to help you recognize and understand the following:
 - Basic understanding of ethical, legal and liability issues surrounding the PPEL-IHP.

Responsibility of Personnel

Section 5: Teachers and Other Unlicensed Personnel

continued...

- Emergency procedures for the school, where to take the student in the event of a fire, bomb threat, and tornado drill etc...
- Proper techniques or use of equipment needed by student.
- Signs and symptoms of a change in condition and how they are manifested and communicated by the student.
- How to reach the school nurse on school campus.
- How and when to activate the crisis team.
- Procedures for how, when and who should call the parents and/or EMS as directed in the PPEL-IHP.
- Procedures for when the student has a change of condition or in the event of sudden death as directed by the PPEL-IHP.

Responsibility of Personnel Section 4: Transportation Staff continued...

Bus Driver:

- Safely drive the bus
- Attend annual training and other meetings or training as deemed necessary by the crisis team and/or Transportation Director
- Implement communications and reporting procedures
- Implement positioning of student and securing adaptive/assistive devices before operating the bus
- Protect confidentiality of student information such as PPEL orders and Emergency Action Plans
- Assist other students who are on the bus as instructed in the Bus Transportation Emergency Protocol

Responsibility of Personnel Section 4: Transportation Staff continued...

Bus Aide (as assigned):

- Attend annual training and other meetings or training as deemed necessary by the crisis team and/or Transportation Director
- Implement positioning of student and securing adaptive/assistive devices
- Protect confidentiality of student information such as PPEL orders and Emergency Action Plans
- Assist other students who are on the bus as assigned in the Bus Transportation Emergency Protocol

Pediatric Palliative End of Life Individual Health Plan

- A PPEL-IHP shall be developed by the school nurse, in conjunction with the qualified representative of the qualified minor.
- The only individual in a school setting subject to the requirements or restrictions of an Order For PPEL Care is the school nurse.
- A school nurse shall be on site and available to the student with a PPEL-IHP including riding bus if needed.
- The PPEL Order may be revoked at any time verbally or in writing by the parent/guardian.

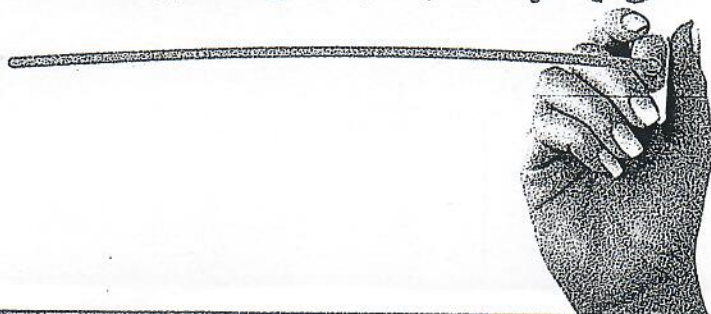
PPEL Pediatric Crisis Team (Required members)

- Parents/Legal Guardians
- Teacher(s)
- Nurse (School)
- Counselor
- Social Worker
- School Principal
- Bus driver
- EMS Represented
- School Administrator
- Student's Physician & or Palliative Care Physician
- (PPEL-IHP) must be reviewed by team and updated at least quarterly)

Coordination for Emotional Support

- Coordinate emotional support for staff utilizing school district and community resources, including bereavement services for the school community in collaboration with the palliative care team, PPEL Crisis team and community mental health resources.

QUESTIONS



ALABAMA STATE DEPARTMENT OF EDUCATION

UNUSUAL OCCURRENCE REPORT

Date of Occurrence: ___/___/___

Time of Occurrence: _____

School: _____

Principal: _____

STUDENT NAME: _____

DOB: ___/___/___ Grade: ___

Parent's Name: _____

Phone: _____

Address: _____

DESCRIPTION OF UNUSUAL OCCURRENCE

Site of Unusual Occurrence: _____

Description of Occurrence: _____

Action Taken: _____

Condition/Status of Student: _____

- Notifications: 911/Ambulance Time: _____ By: _____ Parent Time: _____ By: _____
- Designated School Nurse Time: _____ By: _____ Principal Time: _____ By: _____
- Lead Nurse Time: _____ By: _____ Poison Control Time: _____ By: _____
- Doctor _____ Phone Number: _____ Time: _____ By: _____

Signatures:

Person Completing this Form: _____ Date: ___/___/___

Principal: _____ Date: ___/___/___

Witness: _____ Date: ___/___/___

Witness: _____ Date: ___/___/___

Fax this report to the Health Services Department within 24 hours of occurrence. File Unusual Occurrences in school and school year specific file cabinet.