

## Frequently Asked Questions School Health Services/School Nursing

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Please note: The Michigan Department of Education provides answers to these questions in response to questions from school nurses and other personnel from Michigan schools. These statements are Michigan specific. This document attempts to succinctly answer the most frequently asked questions but cannot be substituted for legal advice. Many questions refer to the registered professional school nurse (hereinafter referred to as school nurse).

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### School Nurses in Michigan

#### Q. How many school nurses practice in Michigan?

- A. The Michigan Department of Education (MDE) and Michigan Department of Community Health (MDCH) School Health Services staff provide technical assistance and consultation to schools regarding school health staffing, programming and service delivery. MDE and MDCH do not collect statistical data regarding RN and/or LPN employment. A recent superintendent's survey (2011) with 33 percent of the school superintendents responding, indicated there are 248 FTE school nurses for 1,033,956 students (2,047 schools). That is a ratio of 1 school nurse to 4169 students. Approximately fifty-two percent of school districts do not have any nursing services. Six percent (6%) of those districts responding meet national standards for school nurse to student ratios (1:750).

The majority of school nurses work fulltime. The largest funder of nurses is school districts.

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#### Q. Are school nurses required in Michigan?

- A. There is no statutory requirement for Michigan schools to employ a nurse, but if the school DOES, it must comply with this section of the Michigan Education Code, Act 451 of 1976 – 380-1252. Federal law does require schools to provide related nursing services by guaranteeing access to education and related services to assist children with disabilities benefit from special education per [34 CFR Part 300 Individuals with Disabilities Act of 1997 \(IDEA\)](#). Additionally [Section 504, Rehabilitation Act of 1973](#) protects the rights of children with special health-care needs (CSHCN) by providing related services, including health services, to those not eligible for special education.

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#### Q. How many school districts in Michigan have nursing coverage?

- A. Data collected by the Michigan School Nurses Association through school a superintendent survey in 2011 indicate that approximately 27% of Michigan school districts have a school nurse available to students at least part of the time.

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#### Q. What is the ratio of school nurses to students in Michigan?

- A. Based on the 2011 MASN School Superintendent Survey **248 FTE school nurses for 1,033,956 students (2,047 schools). That is a ratio of 1 school nurse to 4169 students.** Michigan ranks last in the nation for nurse to student ratio.

The National Association of School Nurses (NASN) recommends minimum ratios of nurses to students depending on the needs of the student populations:

- 1:750 for students in the general population,
- 1:225 in the student populations that may require daily professional school nursing services or interventions,

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- 1:125 in student populations with complex health care needs, and
- 1:1 may be necessary for individual students who require daily and continuous professional nursing services.

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**Q. How do Michigan schools address health services delivery if nurses are not required?**

- A.** When nurses are not available to provide health services to students, this responsibility is assigned by the school principal to other staff, usually office staff or other paraprofessionals. Some districts include health services delivery as a responsibility of teachers. If a student requires a health related service because of an eligible health concern, the school will investigate the need for an Individualized Education Plan or a 504 Accommodation Plan to meet the child's needs and provide required nursing services.

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**Q. What do school nurses actually do?**

- A.** School nurses are registered nurses and licensed health care professionals who play a vital and challenging role in schools today. They have received a thorough education and rigorous training, and are "real nurses" just like those employed by hospitals, doctor's offices, home health agencies, etc. Although certification regulations vary by state, the National Association of School Nurses recommends that school nurses have a bachelor's degree and be a registered nurse. School nursing is a professional registered nursing specialty. Michigan School Nurse certification rules define "school nurse" as a registered nurse; however, school districts in Michigan are under no legal requirement to hire RNs, so the person in the nurse's office might not actually be a nurse. If that is the case, the unlicensed person should not use the title "nurse".

The job of the school nurse has grown and expanded considerably over the years. In addition to performing vision, hearing screening, school nurses provide care to students with chronic illnesses, such as asthma and diabetes, which require special care during the school day. The school nurse administers medication to students and provides extended first aid and care for those children with minor injuries or illness during the school day. In any given day, the school nurse may see as many as 50-100 or more students and must also have the professional judgment and skills necessary to:

- Develop individualized healthcare plans and emergency plans for children with special healthcare needs;
- Prepare plans for healthcare needs of the school community in the event of a disaster or lock down situation;
- assess lung sounds of an asthmatic student and provide a nebulizer treatment if indicated;
- communicate with parents/guardians, teachers, or physicians regarding the effectiveness of medication for a student with any health condition (i.e. Attention Deficit/Hyperactivity Disorder, diabetes, asthma);
- care for a child with a seizure;
- perform a complex treatment for a child with special health care needs, such as suctioning a tracheostomy or administering medication via a feeding tube or intravenous port;
- respond to a school related emergency, such as a playground accident, a school bus accident or some other critical incident that affects the health and safety of students or staff;
- attend a parent/guardian conference or Individual Education Plan or 504 meeting if student health concerns are affecting learning;
- provide supplemental classroom instruction and materials on various health related topics;
- provide one-on-one health counseling to individual students;
- serve as a resource for families in need of support through community or social agencies or programs;
- Be confident and prepared to handle every health related incident that may occur.

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In addition to performing a broad range of health functions, the school nurse communicates with parents/guardians, school staff, public health agencies and physicians' offices regarding communicable disease outbreaks and other health concerns. The school nurse is often called upon to advise school administrators in formulating health policies or protocols. He or she may also plan and implement school wide health education campaigns or activities such as health fairs or special health observance days. The school nurse may give presentations to parent/guardian or community groups.

The school nurse is also responsible for organizing and maintaining the health related documents, such as immunization records and health information forms for each student. It is vital that the school nurse know where parents/guardians or other caregivers can be reached during the day in case of an emergency. The nurse should also know the name of a child's pediatrician, which local hospital parents/guardians would prefer their child be taken to if they can't be reached, and, if school policy allows, whether or not a child can be given certain medications, such as acetaminophen for high fever.

Essentially the partnership of school nurse, parents/guardians and physicians is key to a successful school year, especially if a child has special health needs. Most importantly, the school nurse is a child advocate familiar with the complicated institutions of both education and healthcare. As a member of the educational team, he or she can help parents/guardians and the child navigate through these systems successfully.

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### Health Service Delivery

**Q. Can schools use credentialed medical assistive personnel in schools such as respiratory therapists, medical assistants, and EMTs?**

**A.** It is important that school districts are familiar with the practice laws for the specific practitioner. For most of these practitioners, there is a restriction to practice only under the direction of a "qualified medical director or other physician licensed by the Michigan State Board of Medical Examiners." In the school setting, a medical assistant should be considered a lay person, unless you have a physician to supervise and delegate tasks according to the Medical Practice Act. Medical assistants, respiratory therapists, and EMTs should be considered unlicensed assistive personnel (UAP) ... an unlicensed person in the school setting. They would need to follow the same protocols and procedures set forth for lay persons assisting with health services, which includes the registered nurse assessing the UAP's level of knowledge and skill. Supervision of the UAP who is providing delegated health services is required. Supervision is defined in the Occupational Regulation Sections of the Michigan Public Health Code, Act 368 of 1978, Article 15, Part 161, General Provisions as the licensed health professional overseeing the work of another individual and requires that the licensed health professional provide supervision. If you have additional questions, you can contact the Bureau of Health Professions.

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**Q. What is the role of the Licensed Practical Nurse (LPN) in school settings?**

**A.** Michigan Public Health Code 1978 PA 368, as amended (R 333.17201) defines a LPN as "*Practice of nursing as a licensed practical nurse*" or "*l.p.n.*" means the practice of nursing based on less comprehensive knowledge and skill than that required of a registered professional nurse and performed under the supervision of a registered professional nurse, physician, or dentist." When working in the school setting, a LPN works under the supervision of a licensed registered nurse or physician. The Registered Nurse supervises the LPN in the school setting. **(The LPN may not delegate LPN tasks or functions to unlicensed personnel.)**

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**Q. Could you please explain specifically what "supervision" of an LPN means?**

- A.** Supervision is defined in the Occupational Regulation Sections of the Michigan Public Health Code, Act 368 of 1978, Article 15, Part 161, General Provisions as the licensed health professional overseeing the work of another individual and requires that the licensed health professional provide supervision. Direct supervision requires a registered professional nurse to be immediately available to coordinate, direct, and observe firsthand another individual for whom the RN is responsible. The RN must provide adequate supervision for those whom the RN is administratively responsible. The supervising RN must use professional judgment and the nursing process when determining the level of supervision. The amount of supervision warranted will depend on the setting in which care is provided, the training, experience and capability of the individual being supervised, the needs of the clients being served, and the availability of the RN. All licensed practical nurses must be supervised by an RN or MD.

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**Q. What should a school/school nurse do if a student arrives at school with no doctor's orders and the parent/guardian requests services?**

- A.** Under Michigan law, medical treatments and/or medical procedures require a doctor's prescription or doctor's order. When the requested service involved requires one of these, the school/school nurse may NOT begin the services until the requirement for a prescription or doctor's order is met. Having the services of a school nurse is helpful since they are able under law to communicate with the doctor and take a verbal order for the medication or treatment (followed by a written order) which a school administrator or unlicensed person may not.

Communication and advance planning goes a long way in assuring that everyone's roles and responsibilities are understood. School staff doesn't want to be caught unaware, or experience an adverse event, in which they are not prepared with the information, equipment or staff needed to respond to a student's health condition. Hence, if you are a parent/guardian, begin communicating with the school nurse as soon as you know that your child may need health related services. If you are the parent/guardian of a student served by special education, ask if the nurse has been included in planning for your child. If you are a school employee, make sure that you have communicated with other staff as well as the parent/guardian.

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**Q. What should a school nurse do if the health needs of one child do not allow the school nurse to carry out all other job responsibilities?**

- A.** The first step is for the nurse to perform a nursing assessment that outlines the care required for the student to remain safely in school. This assessment should detail those services that require nursing services and those that could be delegated to someone else under the nurses' supervision. This assessment will require communication with parent/legal guardian and the licensed healthcare provider. If the assessment finds that the services required for this student requires more time than assigned, make his/her immediate supervisor aware of the problem by notifying the supervisor in writing and suggesting that a meeting be convened to remedy the situation. By informing the supervisor, the nurse goes on record as having informed someone in a position to address the problem.

Some schools have hired additional staff and some have worked with parents/guardians to make care arrangements such as a private duty nurse, or a home health nurse. Any such arrangement should be reviewed by the district's legal counsel and documented in the form of a memorandum of understanding or other type of agreement.

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### **Administration of Medication**

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**Q. Who can administer medications to students in schools?**

- A.** Michigan School Code Section 1178 REVISED (1995) states “a school administrator, teacher, or other school employee designated by the school administrator” or “licensed registered professional nurse “may administer medication. the Michigan Education Code allows for the school administrator to assign the task of medicine administration to unlicensed staff. School districts are accountable for policies and procedures for safe administration of medication. The Michigan Department of Education has developed a [model Medication Policy](#) for schools as required by law). School districts should adopt policies regarding the administering of medication that is in alignment with the state guidelines and this policy should be reviewed regularly. These policies shall be consistent with federal and state laws, nursing practice standards and established safe practices. The *Individuals with Disabilities Education Act, and Section 504*, mandate schools receiving federal funding to provide “required related service”, including medication administration. Every school district must have a clear and concise written policy for administration of medication including initial and annual training provided by a licensed professional registered nurse/healthcare provider for all unlicensed school personnel who are administering medication.

A school nurse is the professional that has the knowledge and skills required for delivery of medication, the clinical knowledge and understanding of the student’s health and the responsibility to protect the health and safety of students (AAP, 2009) and are a valuable resource in the development of school district policies/procedures.

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**Q. What should the school nurse do regarding preparing medications for field trips/school sponsored event?**

- A.** The Michigan Department of Education has developed a [model Medication Policy](#) for schools as required by law should have developed a medication policy that follows the state guidelines and this policy should be reviewed regularly. The school district policy should address field trip medication.

Follow the local policy. The employee should be trained by the nurse. If no RN is available to the school, the employee assigned the task of administration of medication to the student on the field trip/ school sponsored event should have been trained in medication administration and will carry the child’s medication in the original container on the field trip/school sponsored event. In either case (nurse or no nurse), a documentation mechanism should be developed as well, to include in the student's medication administration record.

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**Q. Must a school nurse accompany students on field trips that are known to experience anaphylactic reactions?**

- A.** A school nurse who is familiar with the students’ health condition and treatment may need to accompany a student if the school nurse determines that medical care cannot legally or safely be delegated, and an additional school nurse cover the school health office (NASN, 2012, position statement). Generally speaking, the administration of epi-pens is a procedure that can be carried out by adequately trained school personnel, or even self-administered by the student, as long as this has been agreed upon and planned for by the parents/guardians, physician, school administrator and nurse.

For this reason, school administrators, working with a school nurse, should create procedures for how emergent situations are handled when a school nurse is not present. The school nurse plays a key role here in facilitating communication between the administrator and the staff so that all personnel are adequately trained and aware of the expectations of them in cases of emergency.

If a school does not have the services of a school nurse, please see [“Delegation vs. Training”](#) below.

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**Q. What can a school do if the parent does not provide emergency medication?**

A. Every effort should be made to ensure that required emergency medication be available for the student. The guiding principle is the safety of the child. The school/school nurse can assist the parent with identifying resources to access medication. The child's physician may be able to provide a supply for the child at school. If resistance from the parent is still encountered after all efforts by the school to assist the parent have been exhausted, it may be necessary to involve child protective services. Follow school guidelines in this case.

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**Q. Can schools accept physician orders received via email?**

A. School nurses/schools should have a system in place to verify that the order originated from the physician. An emailed order can be considered valid only if it contains an electronic copy of the physician's signature and the email address can be confirmed. Without these criteria met, the email should be considered unacceptable due to authentication issues. Some options in this case are 1) the physician's office can fax the order to the school with the physician's signature, 2) the school nurse (if available) could contact the physician's office by phone to verify the order (registered nurses are allowed to accept verbal orders) and 3) the parent/guardian and/or physician's office can deliver/mail a hardcopy of the order with the physician's signature.

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**Q. Can a school accept out-of-state physician orders?**

(Awaiting response from the Michigan Board of Nursing)

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### Communicable Disease and Infection Control

**Q. What diseases do I need to report?**

A. The presence or suspected presence of all reportable diseases, infections, and conditions are required to be reported to the appropriate local health department. A list of reportable diseases and local health department contact information can be found at [http://www.michigan.gov/documents/Reportable\\_Disease\\_Chart\\_2005\\_122678\\_7.pdf](http://www.michigan.gov/documents/Reportable_Disease_Chart_2005_122678_7.pdf).

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**Q. How do I make a report?**

A. Please contact your local health department for further information on the mechanism of reporting for your agency.

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**Q. Does this violate FERPA?**

A. No, under the following provisions: if the MDCH has determined that a disease must be reported within 24 hours, this qualifies as a potential public health emergency. Therefore, FERPA allows you to disclose that information. Once MDCH has the information it is protected by HIPAA. HIPAA legislation states that reporting of Communicable Diseases to the local or state health department or immunizations to the Michigan Childhood Immunization Registry are exempt because they are mandated within the Michigan Public Health



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Code and are used for surveillance and prevention of communicable diseases. This is addressed in section §164.512(b) of the HIPAA regulations.

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**Q. I have seen several cases of an illness/symptom in the last week but it is not on the reportable disease list. Should I notify someone?**

**A.** Yes. Any suspect outbreak, cluster of illness, or unusual occurrence of disease that may pose a threat to the public's health must be reported. If you are uncertain, feel free to call your local health department for guidance and assistance with disease management.

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**Q. A student has been diagnosed with MRSA; do I need to take any special precautions?**

**A.** MRSA stands for methicillin-resistant Staphylococcus aureus. In other words, it is a Staph infection that is resistant to a certain class of antibiotics. Staph is a very common bacteria present on the skin of many healthy people. Though it can cause infections internally, school nurses will primarily deal with it as a skin infection. Any break in the skin provides an opportunity for bacteria to enter. Since Staph is frequently present on the skin, it is common for this bacteria to be introduced at an injury site. The proper treatment for any skin injury is thorough washing with soap and water to limit the likelihood of infection.

Evidence of infection can include redness, warmth, tenderness, and swelling at the injury site. Frequently the individual's normal immune response will clear the infection on its own. If it does not appear to be improving, medical intervention is necessary. If a student has sought medical treatment, they may provide you with specific instructions from the doctor who is treating them. In general, the following recommendations are appropriate for any skin infection.

1. Keep the infected site covered to limit the spread of the bacteria. If drainage from the infection cannot be contained, the child should not be in school. Staph can live on objects for up to 24 hours.
2. Explain to the student the importance of hand washing after touching the affected area.

General recommendations to all students and school staff.

1. Encourage all students to wash their hands frequently with soap and water or an antimicrobial hand wash with at least 60% alcohol.
2. Discourage sharing of personal items that contact the skin like towels or razors.
3. Establish a protocol for cleaning athletic equipment.

You may need to enlist the help of teachers caring for younger students who may need to be reminded to keep the infection covered, stop picking, wash hands, etc. It might be reasonable to remind PE teachers or coaches about proper equipment cleaning but it is not necessary to point out the infected student. A MRSA diagnosis might be a good motivator for you to re-introduce the importance of infection control to your school staff and student body.

Individual case reports of MRSA are not reportable in Michigan. Outbreaks are, however, reportable to the local health jurisdiction. An outbreak is defined as "three or more culture positive cases in a facility or in a community that are epidemiologically linked where transmission/spread is plausible".

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MDCH has an informational brochure available at  
[http://www.michigan.gov/documents/MRSA\\_brochure\\_FINAL\\_167898\\_7.pdf](http://www.michigan.gov/documents/MRSA_brochure_FINAL_167898_7.pdf).

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**Q. What can we do in my school to help prevent the spread of infectious disease?**

- A.** Stress the importance of good old-fashioned hand washing as a first step. Vigorously rub hands with warm soapy water for at least 20 seconds after wiping nose/ mouth, after using the rest room, after touching objects from the ground/trash, before eating, etc. If soap and water are not available, an antimicrobial hand wash with at least 60% alcohol is a good substitute.

Teach students to cough or sneeze in their elbows rather than in their hands or into the air.

Establish a procedure for cleaning classrooms, lunchrooms, restrooms, athletic facilities, school buses, etc.

Ensure that students are immunized appropriately.

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### Delegation of Nursing Care in Schools

**Q. What's the difference between delegation and training?**

- A.** Because not all schools elect to provide school nurse services, it is important to consider how children with health concerns needs are met in schools in Michigan. School administrators often seek the assistance of school nurses employed in other districts or from the community to provide training for medication administration, or other treatment for children (i.e. trach care, etc.). This sets up a predicament for the nurse asked to provide training when they know they will be unable to provide ongoing supervision. The nurse that receives a request to provide "training" must carefully consider whether it is prudent to do so and whether children will be safely cared for without a nurse to provide supervision of the staff trained.

In regards to medication administration, the Michigan Education Code allows for the school administrator to assign the task of medicine administration to unlicensed staff. This has been interpreted to include any medication, including injectables. Under these circumstances, it becomes the responsibility of the nurse asked to provide training, to work with the school administrator to develop a plan so that the staff designated to administer the medication are appropriately trained and prepared to handle the scenarios that may result. The nurse must verify staff competency in carrying out the procedure, assure patient safety and inform the school administrator if the task needs to be assigned to someone else. This in itself is not "delegation" by the nurse. The school administrator has assigned the task, and the nurse is ensuring that the people assigned the task are trained and prepared and that the student will receive the best possible care. The issue with this scenario is that medication orders should in best practice be reviewed by a school nurse for accuracy and to make sure they are safe and often school staff may have questions about an order or a medication. Consideration needs to be given to who will be available to the UAP in those cases.

**In regard to agreeing to train an unlicensed staff person to perform what would be considered a nursing task, if so determined by the nurse, the task must be delegated and the following applies.**

### Delegation and Supervision<sup>[1]</sup>

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Delegation is defined in the Occupational Regulation Sections of the Michigan Public Health Code, Act 368 of 1978, Article 15, Part 161, General Provisions as “*authorization granted by a licensee to a licensed or unlicensed individual to perform selected acts, tasks, or functions which fall within the scope of practice of the delegator and which are not within the scope of practice of the delegatee and which, in the absence of the authorization, would constitute illegal practice of a licensed profession.*” In their General Rules, Part 1 - General Provisions the Michigan Board of Nursing have promulgated specific administrative rules about delegation which are summarized below.

**NOTE**

- ONLY an RN may delegate nursing acts, functions or tasks. LPNs may not de legate.
- LPNs must be supervised by the RN, physician, or dentist.
- The RN delegates tasks - not responsibility/accountability for patient care.
- The RN delegates from her/his scope of practice. The RN cannot delegate acts/tasks/functions that are not within her/his scope of practice.
- The RN determines whether the delegatee has the knowledge/skill to do a specific task.
- The RN determines whether the task for a specific client can be performed safely and competently for the specific client.
- The RN supervises the performance.

Supervision of the UAP by the nurse who is delegating the task UAP is required. Supervision is defined in the Occupational Regulation Sections of the Michigan Public Health Code, Act 368 of 1978, Article 15, Part 161, General Provisions as the licensed health professional overseeing the work of another individual and requires that the licensed health professional provide supervision. The RN must fulfill the requirement for continuous availability. Occupational Regulation Sections of the Michigan Public Health Code, Act 368 of 1978, Article 15, Part 161, General Provisions, 333.16215 ties delegation to supervision. You cannot delegate without supervising.

**There may situations in which, upon assessment, the nurse determines the task involved cannot be delegated and must be performed by a licensed nurse. That determination must be reported to the school administrator in order that the school can provide the necessary services the child requires.**

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**Q. To whom can a school nurse delegate nursing related activities?**

- A.** Supervision of any school staff member selected and assigned to perform health related duties in school. Supervision is defined in the Occupational Regulation Sections of the Michigan Public Health Code, Act 368 of 1978, Article 15, Part 161, General Provisions as the licensed health professional overseeing the work of another individual and requires that the licensed health professional provide supervision.

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**Q. Can school nurses delegate the administration of epinephrine auto injectors to school staff or volunteers, when a student has a prescription of this medication, in the event that an RN or LPN is not available?**

- A.** Currently, delegation of epinephrine is only permitted when a student has a prescription for epinephrine. For the safety of the student, it would be best practice to identify several school staff members (considered unlicensed assistive personnel [UAPs]) who are capable (as determined by the school nurse) of learning how to administer epinephrine in an emergency. An emergency plan should also be developed by the school nurse that clearly outlines signs and symptoms of the individual child’s reaction to an allergen or food and what specific steps should be followed by the UAP. This emergency action plan should be reviewed with the parent and student and signed by the physician.

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### Diabetes

**Q. Does a school have to hire a registered nurse for a student with diabetes?**

- A.** Diabetes management in children and adolescents requires complex daily management skills (American Association of Diabetes Educators [AADE], 2008) and health services must be provided to students with diabetes to ensure their safety in the school setting and to meet requirements of federal laws. Managing diabetes at school is most effective when there is a partnership among students, parents, school nurse, health care providers, teachers, counselors, coaches, transportation, food service employees, and administrators. A school nurse provides the health expertise and coordination needed to ensure cooperation from all partners in assisting the student toward self-management of diabetes (NASN, 2012). Each student with diabetes is unique in his or her disease process

It is recommended that if a child with diabetes attends school, a school nurse should conduct a nursing assessment and develop an individualized plan for that child that outlines the care required for the student to remain safely in school. This assessment should detail those services that require nursing services and those that could be delegated to someone else under the nurses' supervision. This assessment will require communication with parent/legal guardian and the licensed healthcare provider. If the assessment finds the services required for this student can be adequately handled by unlicensed school staff, training would need to take place.

The [State Board of Education Approved Model Policy on the Management of Diabetes in the School Setting](#) states that all school personnel should receive training about diabetes and how to manage it. However, that training should be broken down into different levels depending on the responsibility of each staff member towards the student with diabetes. The training should be administered by a school nurse or certified diabetes educator (or a qualified person designated by the local school administrator if neither are available). The school nurse plays a key role here in facilitating communication between the administrator and the staff so that all personnel are adequately trained and aware of the expectations of them in cases of emergency. Training should take place at the beginning of each school year and should be repeated when a current student is newly diagnosed with diabetes or when a student with diabetes enrolls in the school. Refresher training is to be done as needed.

Section 504 states that students with disabilities must be given an equal opportunity to participate in academic, nonacademic, and extracurricular activities. A student not receiving special education services can still be entitled to related aids and services under Section 504. Administering insulin or glucagon, providing assistance in checking blood glucose levels and allowing the student to eat snacks in school, having a buddy walk down to the office with a student that has low blood glucose, are a few examples of related aids and services that schools may have to provide to a student with diabetes. These related aids and services as well as any needed special education services are commonly written up in a document called a Section 504 Plan. A child with diabetes may also be covered by IDEA which provides an eligible student with related nursing services.

Should the nursing assessment reveal that some services the child requires to remain safely at school cannot be delegated by a nurse and school nursing services are needed, the school nurse will plan with the school administrator, school team, and parents and student (if appropriate) how those services will be provided as mandated by law.

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**Q. Can school nurses delegate the task of administering insulin and glucagon?**

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- A. Delegation in school nursing is a complex process in which the authority to perform a selected nursing task is transferred to a competent unlicensed individual (UAP) in a specific situation. The decision to delegate and the supervision of delegation of nursing tasks in the school setting rest solely with the registered nurse, who makes the determination to delegate based on nursing assessment and in compliance with applicable laws and guidance provided by professional nursing associations (NASN, 2010). Any nurse who delegates a task must take into account factors such as the stability of the client's situation and whether the nursing needs of the client are changing. School nurses may delegate injectables such as insulin and glucagon if the school nurse judges the person performing the injection is capable. There may be special circumstances when those working closely with a student are appropriate delegates and in those circumstances, the school nurse would delegate, train and supervise that unlicensed staff. It is important to remember that the nurse must always act in accordance with the policies and procedures of his/her employer.

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### Food Allergies

#### **Q. What can schools do to assist children who have food allergies?**

- A. First and foremost, school districts should develop a policy on food allergies and how to handle them. The school nurse is skilled and knowledgeable and can assist with the development of this policy. The following components are recommended by the NSBA to be included in the policy:
1. Identification of students with food allergies and provision of school health services
  2. Individual written management plans developed by the school nurse and/or physician and family
  3. Medication protocols: storage, access, and administration
  4. Healthy school environments: comprehensive and coordinated approach
  5. Communication and confidentiality
  6. Emergency response
  7. Professional development and training for school personnel by the school nurse or other qualified health professional
  8. Awareness education for students
  9. Awareness education and resources for parents/caregivers
  10. Monitoring and evaluation

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#### **Q. What resources on food allergies are there for a school nurse to use?**

- A. The NSBA has published a resource guide and other resources to help develop and improve policies and practice that support the safety, and success of students with life-threatening food allergies. See the free, downloadable [\*Safe at School & Ready to Learn: A Comprehensive Policy Guide for Protecting Students with Life-Threatening Food Allergies.\*](#) NSBA also has developed a PowerPoint presentation, [\*Addressing Food Allergies in Schools\*](#) targeted to school board members and administrators which can be used to help bring attention to and manage food allergies in schools. Some of the slides could be adapted to meet the needs of your audience (i.e. teachers, paraprofessionals, other staff).

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#### **Q. How do I ensure my child's safety during before and after-school activities?**

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- A. Students may be involved in a number of school-sponsored activities throughout the year. It is extremely important that parents talk to the supervising staff of any activity occurring before or after-school. School District Policies should include plans for all school sponsored activities.

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**Q. Can food be restricted from a classroom?**

- A. In some situations, it may be reasonable on a case-by-case basis, to request that students do not bring foods containing an allergen into the classroom, especially for younger children who eat meals in the classroom.

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**Q. Does the health care provider need to sign off on each and every accommodation detailed in a child's Emergency Action Plan (EAP) and/or accommodation plan?**

- A. The health care provider plays a significant role on the team by providing accurate and current medical information, providing the emergency protocol, and signing the appropriate medication administration forms. The health care provider, however, is often unfamiliar with the day to day operations of the school and may not be in the position to recommend or sign-off on each and every accommodation especially since some accommodations are more educational in nature rather than medical.

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**Q. Must the school team accept all recommendations from a health care provider?**

- A. Medical/therapeutic recommendations should be accepted by the school team unless they are outside the acceptable standard of care. Suggestions and recommendations that affect the educational program and school operations from the health care provider should be welcomed and considered carefully; however, they need to be decided on by the school team. Open communication between the family, the school staff and health care provider is recommended to develop a plan that meets the individual student's need and takes into consideration each school's unique environment. However, consideration should be given to any suggestions and requests the provider has concerning the student.

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**Q. When a classroom is designated as a "peanut alert" or "allergen-aware" area and a parent complains that his/her child likes peanut butter crackers for snack, how should I respond?**

- A. All children have the right to learn in an environment that is safe. It is sometimes necessary to designate a classroom as "peanut or other allergen-aware" area (thus asking that food items containing the allergen not be brought into the classroom) to reduce the risk of accidental exposure for a particular student. Some children will react if they ingest the particular allergen and others will react in varying degrees by touching or inhaling it. Even a young child with an ingestion-only allergy might react if he/she touches the allergen and subsequently puts his/her fingers in his mouth, nose, or eyes. Early elementary classrooms are busy places with many centers such as sand/water tables, puppet theaters, and toy kitchens where the risk of exposure is great. Although the peanut-alert designation may be difficult for another child, it does present an opportunity for you to teach all children about understanding and cooperation in meeting the needs of their peers.

The terminology, "peanut-free" may be misleading and provide a false sense of security. It is impossible to provide an absolute allergen free environment at all times in the school setting and therefore preferable to use terms such as "PALS" tables, "allergen aware" areas, etc.

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**Q. Who can administer an epinephrine auto-injector in schools?**

- A. If any trained staff member determines that an allergic reaction is potentially life-threatening, the staff member will administer epinephrine at the direction of the school nurse (or designee) and according to the standing order and/or emergency action plan (EAP) for the student. It is recommended that ALL school staff be trained in recognition of the signs and symptoms of an allergic response, and in the safe and proper use of epinephrine premeasured auto-injection devices. This training should be reviewed and updated at least yearly.

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**Q. What paperwork must be in place for a student to possess/self-administer medication at school or school sponsored activities?**

- A. Although individual school district forms, policies, and procedures may vary regarding possession and self-administration of medication in school, the following is required:
- a. Current physician prescription.
  - b. Written treatment plan from the physician including a statement that the pupil is capable of self-administering the medication under the treatment plan.
  - c. These documents should be renewed yearly, or as any changes in the student's treatment plan are made.

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**Q. Can the school district tell students they cannot carry their epinephrine auto-injector during school or school related events?**

- A. If the family does not provide the required paperwork listed above or the student fails to follow school policies regarding possession and self administration of medication, the student may be denied the right to carry and self-administer medication at school. Safety of all students is the ultimate goal.

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**Q. What happens when a child goes on a field trip?**

- A. It is critical to include collaborative planning for field trips when accommodations are discussed with school team members to ensure that he or she will be able to fully participate. The accommodations can include provisions that require the teacher to notify parents and the school nurse in advance of upcoming field trips and for the teacher, parent and school nurse to collaborate in preparing for the trip. Advance notice allows staff and parents time to investigate the destination, to identify safety risks, plan for meals and snacks, and ensure that the same or comparable safety provisions as in school are in place on the field trip. In addition, the child's group should be assigned to an adult who is trained in epinephrine auto-injector administration. The epinephrine auto-injector should remain with that child at all times including during transportation to and from the fieldtrip destination. Parents may want to volunteer to be a chaperone on trips that are more complicated in terms of safety issues, but should never be required to be a chaperone.

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**Q. Can a school deny a child participating on a field trip if the parent/guardian has not provided emergency medication?**

- A. Yes, though every effort should be made to ensure that required emergency medication is available for the student. The guiding principle is the safety of the child. The school/school nurse can assist the parent with

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identifying resources to access medication. The child's physician may be able to provide a supply for the child at school. If resistance from the parent is still encountered after all efforts by the school to assist the parent have been exhausted, it may be necessary to involve child protective services. Follow school guidelines in this case.

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**Q. Is it appropriate to discuss accommodations in the student's plan in front of other parents and students?**

- A.** NO. Schools should maintain the confidentiality of student information. Parents should be informed of the general food allergy management plan without any reference to a particular child. With permission from the parent of the student with life-threatening food allergies, it may be appropriate in specific situations to share certain aspects of a student's plan, such as the need for allergy-alert classrooms, or alternatives to food celebrations in the classroom. However, it is important to protect the family and student with life-threatening food allergies from discrimination and harassment due to accommodations that may be made.

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**Q. If a child unexpectedly brings in a treat for the class, and it is unclear as to whether or not the treat contains allergens, should the treat be given to a child with an allergy?**

- A.** Never serve any food item to a student with a severe allergy that has not been approved or provided by the student's parent or guardian. The teacher, other parents, or school staff should not determine that food items are acceptable to be served to students with severe food allergies.

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**Q. Is it appropriate to use classroom manipulatives that involve food allergens?**

- A.** Using classroom manipulatives that contain allergens may prevent a particular child from safely and **equally** participating in a class activity. As a result, teachers should work with students and parents to ensure that all students can fully participate in the activity. This may require the teacher to utilize manipulatives free from any offending allergens. The extent of the child's allergy, and his/her age and maturity level should be taken into consideration.

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**Q. How can a child safely participate in school meal programs (breakfast and lunch)?**

- A.** Collaboration with food service staff is essential to assist the student with life-threatening food allergies to participate in the school meal program. With documentation from the student's health care provider, meal substitutions can be made to ensure that students are provided with food choices that avoid certain foods.

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**Q. Can hand sanitizer be used to clean student's hands?**

- A.** Yes, in the event that soap and running water is not available. Hand sanitizers may not remove all food proteins and may in fact spread these more easily. Rigorous hand washing with soap and water is the most effective method for students.

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**Headlice/Pediculosis**



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**Q. Are no-nit policies or mass screenings recommended for schools?**

- A.** No. There is consensus that no-nit policies are inappropriate in a school setting, according to the American Academy of Pediatrics, National Association of School Nurses, the CDC, and the MI Department of Health and Human Services. School-wide screenings and “no-nit” policies are strongly discouraged. Mass screening for live lice has not been proven to have a significant effect on the incidence of head lice in a school community over time. Manual removal of nits after treatment with a pediculicide is not necessary to prevent spread (American Academy of Pediatrics Policy Statement on Pediculosis 2002, updated in 2009). Education of parents in identifying and managing head lice is the most helpful. We urge school districts to ensure that children do not miss class unnecessarily or encounter embarrassment and isolation, especially if they suffer from repeated head lice infestations. Parents should be encouraged to check their children’s heads for lice if the child is symptomatic and when close contacts have head lice.

Please refer to [Michigan Head Lice Manual](#).

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**Q. Is head lice/pediculosis reportable?**

- A.** Yes, pediculosis is reportable.

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**Q. Should the student be excluded from school with live head lice or nits?**

- A.** No. Evidence-based practices should be used in recommending treatment of this condition. Verbal and written instructions for treatment options should be given to the family of the student by the school nurse. The student should be allowed to remain in the classroom that day if comfortable and return to school the following day. School staff need to ensure student confidentiality is maintained and should not segregate or in any way embarrass the child. There is no research data that demonstrates that enforced exclusion policies are effective in reducing the transmission of lice.

The management of pediculosis should proceed so as to not disrupt the education process. If a staff member suspects a student has head lice, they will discretely report this to the school nurse or principal. Following an assessment by the school nurse during a non-academic time period, if further action is necessary, the nurse will contact the child’s parent or guardian either by telephone or by a note sent home with the child at the end of the school day. The Michigan Department of Community Health has appropriate handouts to give parents in the [Michigan Head Lice Manual](#), joint document prepared by the Michigan Department of Community Health and the Michigan Department of Education, 2004.

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**Q. What can be done to help student(s) with reoccurring head lice?**

- A.** What may appear to be a reoccurrence of head lice may be the same initial infestation, which has not been treated properly. It is important that parents follow the exact directions on the product they are using and follow through on the indicated treatment regimen. Some of the treatments available are not 100% effective at killing head lice. If the parents suspect the treatment is not working, then they should seek the advice of a pharmacist or physician. Changing to another product with a different active ingredient could have improved results.

Ensure the parents have an understanding of what head lice are, how they are spread, and the recommended methods for treatment of the child, other members of the household, and their home environment. The position statement on Pediculosis from the National Association of School Nurses (2011) states:

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*The school nurse, as a student advocate and nursing expert should be included in school district-community planning, implementation, and evaluation of vector control programs for the school setting. School nurses are also in a pivotal position to dispel myths and stigmas regarding pediculosis by providing education on the life cycle of the louse, methods of transmission, treatment options and care of the environment to the student's family, school and community at large.*

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**Q. What are some helpful resources for head lice/pediculosis?**

**A.**

- [Michigan Head Lice Manual](#), joint document prepared by the Michigan Department of Community Health and the Michigan Department of Education, 2004.
- American Academy of Pediatrics Policy Statement on Pediculosis, 2002. A statement of reaffirmation for this policy was published on May 1, 2009.  
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;110/3/638>
- [National Association of School Nurses Position Statement on Pediculosis](#)

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### Immunizations

**Q. What immunizations does MI require for school attendance?**

- A.** Please visit [http://mcir.org/forms/SS\\_School\\_Requirements.pdf](http://mcir.org/forms/SS_School_Requirements.pdf) to see the immunization requirements for children entering school in Michigan.

The parent/guardian of a child enrolling in a school for the first time must submit a certificate showing required immunizations have been given; or a physician-signed waiver that the required immunizations could not be given because of medical contraindications; or a parent/guardian signed waiver that for religious or other reasons the immunizations have not been given (The Revised School Code (Excerpt), 380.1177).

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**Q. Are there exemptions?**

- A.** Yes. If the parent/guardian provides a physician-signed waiver that the required immunizations could not be given because of medical contraindications; or a parent/guardian signs waiver that for religious or other reasons the immunizations have not been given (Public Health Code (Excerpt), Section 333.9215).

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**Q. What do schools/school nurses do if there is a disease outbreak at a school and there are certain students that were exempted from immunization against that disease?**

- A.** Schools need to collaborate with their local health departments. Those students cannot attend school during an outbreak of a disease for which there is a required immunization that they have opted not to receive or have a medical contraindication to receiving the vaccine.

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### Miscellaneous

**Q. Are schools required to provide soap in the student restrooms?**

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- A.** It is recommended that all school facilities have soap as well as running water, towels and/or hand dryer available in all restrooms on a campus. A lack of hand washing facilities/supplies may increase the incidence of communicable diseases among students and staff, thus increasing absentee rates. Proper and frequent hand washing is the single most effective method to prevent disease transmission.

Hand-sanitizing lotions readily available at stores and pharmacies can also be effective in cleaning hands if no water/soap is available. You may want to have your child carry one of these with her or keep it in her locker if feasible to use when soap is not available in the restroom if allowed by local school policy.


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**Q. Are there recommendations regarding animals/pets in the classroom? What about Service Animals?**

- A.** It is important to consider health and safety of students before deciding on having pets/animals in a classroom. Special considerations should be made in regard to students who may have allergies to pets/pet dander.

School districts may need to develop a policy for Service Animals in the school. For additional information, see the National Association of School Nurses position statement on Service Animals in Schools (2012).

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*Last Updated December 2012*