2005
West Virginia
School Nurse Mentorship
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I. Introduction to School Nursing

Definition of School Nursing

School nursing is a specialized practice of professional nursing that advances the well-being, academic success, and life-long achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning (NASN, 1999).

Overview

School nurses, in collaboration with other school staff, are in a position to address the health-related needs of students and manage complex health care and family needs so that students can be attentive and meet academic objectives.

School nursing is the pivotal component in the assessment, coordination, planning, provision, and evaluation of school health services programs. School nurses develop team relationships within the school and with community health care providers so that individual personnel act as liaisons among home, school, and the medical community regarding concerns that are likely to impact a child’s ability to learn (Harrigan, 2002).

What does the school nurse do?

The primary role of the school nurse is to support student learning. The school nurse functions as a health care provider and manager in the school setting and is responsible for the maintenance of a comprehensive health program that advocates for the health rights of children and promotes an optimal level of wellness for students and staff. The roles of the school nurse in the school health program include: manager of health care, deliverer of health services, advocate for health rights of children, consultant for health concerns of students, families, and staff, and promoter of sound health care practices within the school and community. The school nurse is responsible for primary health care in the school setting and serves as a direct link between health care providers, families, staff, and community agencies to assure access to and continuity of health care for students. The school nurse performs duties in a manner consistent with professional standards, state nurse practice acts, other state and local statutes and/or regulations applicable to school nursing practice, and adheres to school district policies (Harrigan, 2002).
School Nursing in West Virginia

School nursing in West Virginia defies a simple description. School nurses may be responsible for one school, or they may be the only nurse in the entire county with several schools separated by miles of winding mountain roads. School districts vary in size, and therefore caseloads may range in size from a few hundred to a few thousand. West Virginia has one city with a population over 50,000 and many towns with less than 100 residents. The students’ parents could be wealthy, destitute or somewhere in between. Students may have the best insurance and optimum medical care, or the school nurse may be the only health care professional the children see year after year. In most West Virginia counties, school nurses are valued and used appropriately. In some counties, the staff and students need to be educated about the roles and responsibilities of a school nurse.

School nursing requires a good bit of professional independence and self-confidence because it is likely the school nurse will be the only health care professional in the building. School nurse mentors, the state’s school nurse association, and other school nurses are great resources to a beginning school nurse.

School nurses in West Virginia tend to fill up their days no matter how many students or schools they have in their care. They are able to prove their value to busy teachers, administrators, parents, children, health care professionals, and the communities they serve. Duties can include clinical care, first aid, medication administration, case management, staff and student health education, health screenings, and monitoring of immunizations. Many school nurses also assist with staff wellness programs.

School nursing in West Virginia can be challenging, interesting, satisfying, and rewarding. Because of education, experience, judgment, and expertise, school nurses can assist even the most medically challenged children so they can be ready to learn. All school nurses eventually know they have done something to make the life of a child a little better, even if they only comfort homesickness or bandage a scraped knee.

School nurses in West Virginia will be privileged in a way no other states’ school nurses are. A West Virginia school nurse will be exposed to a population that is proud, friendly, self-reliant, loyal, and has some of the kindest people anywhere in the country. They live in a state that is breathtakingly beautiful; just driving to work in any part of this state will provide one with an opportunity to enjoy unbelievable scenery. A new resident to the state will wonder how towns and cities were built on the sides of mountains and in such remote valleys. The answer lies in the adventurous, self reliant, intelligent people. When the school nurse begins to get to know the students and families in West Virginia schools it will be noted that in addition to the typical needs expected in every school system, amazing strengths and assets will become apparent and profound respect, and admiration for the people of this state and its schools will be the result. The students in the care of a West Virginia school nurse will benefit from having a school nurse, but the West Virginia school nurse will benefit far more from the experience of living in this state and getting to know and appreciate its people.
II. WV Law/Policy/CPS Reporting

West Virginia School Law

W.Va. Code §16-3-4 – Compulsory immunization requirements for all children entering school for the first time

W.Va. Code §16-3D-3 – TB testing requirements for out of state students and new school employees

W.Va. Code §18-1-1 – School nurse classification as teacher with BSN/valid RN licensure requirement

W.Va. Code §18-2-6a – WV Healthy Lifestyle Act for schools

W.Va. Code §18-2-9 – Required Courses of Instruction

W.Va. Code §18-2K-1 – Diabetes Care Plan Act


W.Va. Code §18-5-17 – Compulsory pre-enrollment hearing, vision and speech and language testing; developmental screening for children under compulsory age


W.Va. Code §18-5-22a – Policy requirement per county for administration of medications

W.Va. Code §18-5-22b – Asthma medication/self-administration law

W.Va. Code §30-7-1 (et seq.) – RN Code


RN and LPN Licensure Boards - Scope and Delegation Model for RN/LPN

The following laws can be located in the appendices of the Basic and Specialized Health Care Procedure Manual for West Virginia Public Schools, the Office of Healthy Schools web page at http://wvde.state.wv.us/osshp/section6/HealthServices.htm, or West Virginia Legislature web page at http://www.legis.state.wv.us/WVCODE/masterfrm3Banner.cfm.
West Virginia State Board of Education Policy

WVDE Policy 2419 – Education of Exceptional Students

WVDE Policy 2422.5 – Substance Abuse and Tobacco Control

WVDE Policy 2422.7 – Standards for Health Care Procedure with accompanying Health Care Procedure Manual for West Virginia Public School

WVDE Policy 2422.8 – Medication Administration Policy

WVDE Policy 2423 – Communicable Disease Control Policy

WVDE Policy 2510 – Assuring Quality of Education (Section 7.2.4. Home/Hospital Services).

WVDE Policy 2520.5 – Health Content Standards

WVDE Policy 2525 – West Virginia's Universal Access to Early Education System (Health Requirements for entry into Pre-K)

WVDE Policy 4110 – Attendance Policy

WVDE Policy 4320 – Child Nutrition Programs Policy

WVDE Policy 4321.1 – Standards for School Nutrition

WVDE Policy 4350 – Collection, Maintenance and Disclosure of Student Data

WVDE Policy 4373 – Student Code of Conduct

WVDE Policy 5202 – Licensure of Professional/Paraprofessional Personnel

WVDE Policy 5902 – Employee Code of Conduct

For further information visit the West Virginia Department of Educations' website

http://wvde.state.wv.us/policies/.
Who Must Report?

Anyone may report suspected child abuse or neglect. Under West Virginia Law (WV Code 49-6A-2) certain persons are required to report. These persons include:

- medical, dental, or mental health professionals
- religious healers
- social services workers
- school teachers and other school personnel
- members of the clergy
- child care or foster care workers
- emergency medical services personnel
- peace officers or law enforcement officials
- circuit court judges
- family court judges or magistrates
- Christian Science practitioners

Why Should I Report?

The purpose of required reporting is to identify suspected abused and neglected children as soon as possible so that they may be protected from further harm. Child Protective services cannot act until a report is made.

Without detection, reporting and intervention, abused and neglected children may remain victims for the rest of their lives. These children do not grow up and forget their childhood. They carry physical and emotional scars throughout their lives, often repeating the pattern of abuse and neglect with their own children.

Am I Protected if I Report?

West Virginia law provides immunity from civil or criminal liability for persons reporting in good faith (WV Code 49-6A-6)

How Do I Report?

When you suspect that a child is being abused you should report your concerns to the Child Protective Services (CPS) unit in the county office of the Department of Health and Human Resources where you live. Locate DHHR County Offices

Reports can also be made to the Child Abuse and Neglect Hotline (1-800-352-6513) 7 days a week, 24 hours a day.
III. Organizational Chart with Roles of School Personnel:

SCHOOL PERSONNEL ORGANIZATIONAL CHART

Board of Education

Superintendent/Assistant Superintendent

Personnel Director

Technology Coordinator

Special Ed Director (PT, OT, Audiology, Psychologist, Visually Impaired)

Finance Director

Transportation Director (Bus Drivers, Bus Aides, Mechanics)

Vocational Director

Child Nutrition Director

Maintenance Director (Maintenance Staff)

Lead School Nurse

Board Office Staff (Secretaries)

Principal/Assistant Principal

School Staff
(Teachers, Special Education Teachers, Guidance Counselor, School Nurse, Speech/Language/Hearing Impaired Teachers and Aides, Classroom Aides, Secretaries, Cooks, and Custodians)

Students

Note: The roles of some personnel may differ from school to school or county to county. For example, the guidance counselor may do new enrollments at one school and the principal may do them at another. Secretaries may enter immunizations on the computer at one school and at another or it may be the guidance counselor or the school nurse’s responsibility.
School nurses have a unique role of autonomy in the educational setting because they are the only health professional employed by the Board of Education. Your role may already be defined in a particular school but you might be stepping into a position that has not been filled recently, if ever. Each school is also unique in many aspects and the roles of each staff member may not be clear until you have been in the work setting for awhile. It is important to establish communication lines early with staff members to determine the roles of each position in your school.

This organizational chart is not inclusive of all school personnel. Find the organizational chart specific for your county to help you determine the roles of the people you are working with.

IV. Confidentiality/Communication

Confidentiality

As a nurse, confidentiality is a priority. This is also true as a school nurse. Both state and federal statutes regulate the maintenance and release of confidential records. In West Virginia, the Freedom of Information law, W. Va. Code §29B-1-3 and §29B-1-4, protects personal and medical information from public disclosure. The law does grant parents and students the right to inspect and copy personal and medical files. The Family Educational Rights and Privacy Act (FERPA) requires that records which contain private information or personally identifiable data are to be maintained as confidential records. To protect the confidential nature of individual student health data, records such as student health records, screening results and individual health care plans should be maintained in a secure location in the school nurse or school administrators office and made available only to staff members approved to access confidential files. Under federal law, confidential or personally identifiable health records may be released without prior student or parental consent only in the event of a legitimate educational reason or health or safety emergency. Under federal regulations, written parental consent is required for release of confidential records for students under the age of 18. Students 18 and over must sign for confidential records to be released. A parental consent or court order is needed to release educational records of deceased students.

Telephone conversations should be kept confidential. When using electronic records, the school nurse should be able to describe the security measures taken by the school district to protect confidentiality. The use of computers is another area to be addressed. The use of secure passwords, programs to thwart hackers and screen savers, as well as several areas of access for the student health data base and a policy of never leaving the computer unattended when student health data is accessible or viewable is necessary for security. Computer software should have over-write protection and multi-level access by multiple health office employees who would be entering data.

Informed consent should be obtained before using email for transmissions from the health office. Additional security measures should also be used when communicating via emails. These precautions include ways to prevent misdirected email; password-protected screen savers; never forwarding messages without permission of parent, health provider, or student; and prohibiting sharing of health office email accounts or passwords with anyone.

When faxing, school nurses should include a cover page that states the confidentiality and limited use of student health information. The school nurse should fax only when mail will not suffice, transmit only requested information, keep faxes short, and obtain proper authorization. The fax
machine should be located in a secure area of the school where it can be monitored by authorized staff.

When requesting information from a student’s medical provider, a form to release medical information must be completed by the student’s parent/guardian. This form should be HIPPA/FERPA compliant. Please work with medical providers in your community to develop a “universal release of information form” to allow information sharing between the school and the medical home to enhance student health and educational achievement.

**Communication**

The communication of student health conditions which may require school staff to prevent, intervene, or recognize developing emergencies is central to the nursing process as applied in the school setting. The school nurse identifies persons in the school realm who need to know confidential health information to assure the safety of the student. School personnel are trained to be prepared to address particular needs of students with health conditions as they actively participate in education. Information regarding routine procedures, first aid, or emergency actions is essential for students with chronic health conditions that may have acute episodes requiring urgent, knowledgeable interventions.

Persons who are responsible for student safety at the elementary level include: school administrator, designee, classroom teachers, physical education, music teachers, and bus drivers. Other personnel who may be included: school cooks, lunch room and playground personnel, and guidance counselors.

For the secondary student, the additional responsibilities of the maturing student contribute an additional aspect to safety with regard to health conditions. As the administrator, assistant administrator(s), counselor and schedule of classroom teachers increase the number of individuals who must be included. Again, depending on the particular health condition, school cooks and other service personnel, including bus drivers, may need to be informed as to the nature of the condition.

Consideration must be given to any school related activities. The school administrator(s) coordinates the development of procedures for the administration of medication during school-related events with classroom teachers, school nurses, parents/guardians, designated qualified personnel and the administrator’s designees, according to WVSBOE Policy 2422.8 Section 6.1.7. School nurses must make prior arrangements to ensure out-of-state practice acts allow the delivery of specific specialized procedures and/or delegation to unlicensed assistive school personnel by policy/law in the states the school will be traveling through and the final destination state. The same is true for the hours or days a school nurse may practice or delegate nursing services in another state for which she/he is not licensed.
V. School Health

(1) Immunizations:

When reviewing Kindergarten immunizations, students must have the following, according to W.Va. Code §16-3-4:

- DTAP – 3 doses with the last dose after fourth birthday
- IPV – 3 doses with last dose after fourth birthday
- Measles and Rubella – 2 doses with first dose on or after the 1st birthday and minimum of 28 days apart

If a student has three DTAP’s and three IPV’s but the last series is not after the fourth birthday, they must receive an additional series of injections. During immunization disputes, the county health officer will decide on the immunization requirements for full active enrollment without public health threat.

DHHR-Administrative Rule 64 C.S.R. 58, Immunization Criteria for Transfer Students provides a provisional enrollment for out-of-state students to enter with one complete series of all required vaccinations and 90 days to meet the law requirements. Current Superintendent Interpretation from July 28, 2005 allows all students (in-state and out-of-state) to enter the West Virginia Public School system with only one series of the required immunizations. They will be given ninety (90) days to complete additional series of immunizations. If a student is unable to complete the series in 90 days, the student should be referred to a county health officer. Please continue to work with the parent/guardian by providing notifications via telephone and mailing. View the Superintendent Interpretation at [http://wvde.state.wv.us/interpretations/view/8/227/interpretation.html](http://wvde.state.wv.us/interpretations/view/8/227/interpretation.html).

Pre-K immunizations are provided by West Virginia Department of Health and Human Resources. Please go to [http://www.wvdhhr.org/immunizations](http://www.wvdhhr.org/immunizations) for additional information.

(2) TB:

Students transferring in from out-of-state must have a TB skin test completed and read before entering school, according to W. Va. Code §16-3D-3.

New school personnel are required to have a TB skin test completed and read prior to employment, according to W. Va. Code §16-3D-3.

(3) Screenings:

The school nurse has the knowledge and skills to conduct basic screening programs to identify potential health concerns and needs that affect a child’s ability to learn.

Mandatory Screenings:

- **Vision Screening** – completed on students entering the public school system for the first time prior to full active enrollment, according to W. Va. Code §18-5-17. New students should be screened within thirty days after enrollment. Documentation from the student’s medical provider within one year prior to school enrollment will be sufficient in meeting W. Va. Code requirements.
**Hearing Screening** – completed on students entering the public school system for the first time prior to full active enrollment, according to W. Va. Code §18-5-17. New students should be screened within thirty days after enrollment. Documentation from the student’s medical provider within one year prior to school enrollment will be sufficient in meeting W. Va. Code requirements.

**Speech and Language** – completed on students entering the public school system for the first time prior to full active enrollment, according to W. Va. Code §18-5-17. New students should be screened within thirty days after enrollment. Documentation from the student’s medical provider within one year prior to school enrollment will be sufficient in meeting W. Va. Code requirements.

**Developmental** – completed on students under compulsory age at the request of a parent/guardian, according to W. Va. Code §18-5-17. Documentation from the student’s medical provider within one year prior to school enrollment will be sufficient in meeting W. Va. Code requirements.

**Note:** Screening may be done by different personnel working with community. A comprehensive physical exam or HealthCheck completed within one year prior to enrollment which is presented by the parent/guardian may be accepted for meeting the requirements of W.Va. Code §16-3-4.

**Optional Screenings:**

**CARDIAC PROJECT/BMI** – CARDIAC Project (Coronary Artery Risk Detection in Appalachian Communities) is conducted in an attempt to decrease the incidence and severity of cardiovascular disease, diabetes, and stroke in West Virginia. The purpose of this study is to learn more about heart disease risk factors in children as a means of determining risk for developing early or premature coronary artery disease. Early identification of children found to have an abnormal blood cholesterol level and/or high body mass index (BMI) will provide the opportunity to work with the child’s family to reduce the risk of heart disease. It is hoped that increased awareness of cardiovascular disease risk factors within the community will result in local strategies to promote wellness.

During the screening, a student’s height, weight, and blood pressure is measured. BMI is also calculated. The skin on the back of the student’s neck is superficially examined for the thickened darker skin characteristic of the marker named Acanthosis Nigricans (AN) that may serve as an indicator for risk of diabetes. Also, a fasting blood test is obtained to check cholesterol and lipid panels.

**Lice** - Head lice are tiny, wingless parasitic insects that lives among human hairs and feeds on extremely small amounts of blood drawn from the scalp. Lice eggs (called nits), which look like tiny oval white dots, cling to the bottom of the hair shaft where it is warm until time to hatch. The most common symptom of a head lice infestation is persistent itching, particularly around the ears, back of the neck and crown, but some people never itch at all. The practice of mass lice screenings and “No-Nit” policies is not supported by research-based practice. A student should be screened when individual symptoms of lice manifest.
**Scoliosis** - Scoliosis is a lateral (side to side) curvature of the spine that may develop in children. If progressive, it may cause restriction of cardiopulmonary and musculoskeletal systems, in addition to physical deformity. Only a small percentage of children need active treatment, but those who show any sign of spinal curvature should see a doctor. The United States Preventive Services Task Force (USPSTF), a division of the Agency for Health Care Research and Quality (AHCPR), did not find good evidence that screening asymptomatic adolescents detects idiopathic scoliosis at an earlier stage than detection without screening. Research-based practice does not recommend scoliosis screenings.

**Note:** It is important with scoliosis screening, CARDIAC project, etc., to always send a letter home to the parents and also put an informational letter in the local newspaper to allow parents the opportunity to refuse screening for their child.

(4) **Medication Administration in Schools:**

W. Va. Code §18-5-22 and §18-5-22a along with WVDE Policy 2422.7 and 2422.8 guide county policy on the administration of medication in the school setting. All prescribed medication must be accompanied by a physician’s order and a parent/guardian’s written permission. When a student needs assistance taking medication during the school day, the parent or guardian must: provide the prescription/original bottle with the name of the student, medication, dosage, date of prescription and physician’s name.

The school nurse will delegate and train a teacher(at will), classroom aide/LPN and/or secretary to administer medication and the possible side effects of student specific medications. Designated qualified personnel, as identified in W. Va. Code §18-5-22, giving medications must be certified in CPR and trained in First Aid.

Please refer to Policy 2422.8 and the county medication policy in understanding the guidelines for non-prescribed over-the-counter (OTC) medications. The West Virginia Board of Examiners for Registered Professional Nurses will not allow a school nurse to administer any medication in the school setting without a prescriber’s order. Some counties have choosen an alternate route, non-prescribed OTC administration designated by the administrator with training from WVDE. Counties have local control in exceeding policy requirements or meeting the minimal guidelines.

**Dietary Supplements** - Dietary supplements no longer fall under the safety of the Federal Drug Association (FDA) thus eliminating research to prove the efficacy and safety of these supplements utilized for medical treatment. The West Virginia Board of Examiners for Registered Professional Nurses determined the administration of natural remedies (including herbs, vitamins, dietary supplements, homeopathic medicines or medications form other countries) not to be within the scope of practice for the registered professional nurse. The American Academy of Pediatrics does not recommend this practice for the pediatric population. Therefore the WVDE-Office of Healthy Schools does not recommend the administration of these medications by any school personnel. Please remember the parent/guardian or his/her designee, other than school personnel or a student, may come to school and administer medication or supplements.

**Health Care Procedure:**

A health care procedure is a task that is provided to a student in need of a service during the school day. The Basic and Specialized Health Care Procedures Manual for West Virginia Public Schools provides the minimal requirements for school nurses to develop and implement a plan for the health
This manual provides guidance with basic health care procedures and specialized health care procedures. Basic health care procedures are “procedures performed by school personnel to ensure that health and safety needs of students are met” (Policy 2422.7). Specialized health care procedures are “procedures ordered by the student’s licensed prescriber(s) requiring medical and/or health-related training for the individual who performs the procedure” (Policy 2422.7). A specialized health care procedure requires a complete written order from a licensed prescriber and parental consent. The school nurse will then start the nursing process: assessment, planning, intervention, and evaluation. The school nurse uses a collaborative approach in meeting the health care needs of the student. Safety and the welfare of all students are considered when carrying out health care procedures.

Delegation:

School nurses are faced with balancing the ever increasing demand of student health needs and the constraints of the school system. Many health procedures must be delegated to unlicensed school personnel as defined in W.Va. Code §18-5-22 (Arnold & Silkworth, 1999). The school nurse must use professional judgment and guidelines set forth by regulatory agencies when deciding when and what tasks to delegate to others. Many people will suggest which procedures are to be delegated but the decision to delegate ultimately lies with the school nurse.

The American Nurses Association (1997) offers some guidelines on delegating such as 1) the right task 2) the right person 3) the right direction 4) the right supervision and 5) the right circumstances. Only a registered nurse (RN) can delegate a nursing task. It is not acceptable to delegate a task that requires the skill and judgment required of a registered nurse. Delegating to others carries some legal implications. Accountability of the student’s outcome becomes the school nurse’s responsibility. Documentation of delegation to unlicensed personnel is of utmost importance. The individualized health care plan for the student should include which tasks are assigned to school personnel. Separate documentation of the training and supervision must also be completed (Arnold & Silkworth, 1999). Good documentation of the delegation will help minimize liability and ensure a positive outcome. School performance checklists are excellent tools in documentation. When performance checklists are utilized, the nurse can demonstrate that the unlicensed school personnel has meet the minimum standards for performing a health care procedure. Performance checklists are in the “Supplemental Guidelines for School Nurses”. This manual will assist the school nurse in deciding which tasks can be delegated and the type of supervision that is required to ensure competency.

Individualized Health Care Plan:

Individualized Health Care Plans (IHP) are developed after the health care procedure has been identified by provider orders and the student has been assessed. The IHP is a set of directions that the nurse identifies to direct the care of a student (Haas, 1993). These plans should describe what will be done, what outcome is expected, and what information is important to document (Haas, 1993). It should include a problem statement, goals, and the plan of action (Larson, 1988). Collaboration with other key personnel in the school is beneficial in developing the IHP. School nurses should share the IHP with the Special Education or Individualized Educational Program (IEP) team to assist in providing the best Individualized Educational Program for the student with learning and health care needs. This will help stress the importance of the health care plan in the educational planning of the student (Nader, 1993). Please keep in mind, the IEP is usually reviewed annually in the Spring while the IHP is revised annually in the Fall when the new provider order(s)
for specialized health care procedures arrive from the parent/guardian. The IEP and IHP can be reviewed at anytime and changed according to the student’s educational and health needs, please ensure the IEP refers to related services in a generalized manner to prevent continuous reconvening of the IEP with every health care order change. Sharing information regarding the IHP and other pertinent health information should only be shared with school personnel who have a legitimate reason to know pertinent student medical information or in health/safety emergencies.

Documentation of interventions for a student can be written on a flow sheet. Multiple students cannot be documented on the same sheet. A system in which daily visits for all students are listed on the same form is inconsistent with the nursing process and with the requirements of the Family Education Rights to Privacy Act (Schwab, Panettieri & Bergren, 1998).

**Needs Assessment:**

West Virginia Code §18-5-22 requires the completion of the needs assessment by each county school nurse. Every two years the nurse will compile information regarding the health conditions and the services rendered to students during school hours. The nurse will then submit this information electronically to the West Virginia Department of Education for analysis and compilation into a report. The data collected from the needs assessment may be utilized to inform others of student health needs. Please contact the WVDE-Office of Healthy Schools for access to the School Nurse needs Assessment.

**References:**


VI. Assessments

PHYSICAL ASSESSMENT OF COMMON CONDITIONS SEEN BY THE SCHOOL NURSE

Overview: This section gives an outline of common conditions the school nurse will be assessing. It is not an inclusive listing of all aspects of assessment. Each student who has a known diagnosis of a chronic illness or condition (such as asthma, diabetes, hemophilia, seizures, allergy requiring Epi-Pen, etc.) should have a health care plan on file in the school nurse’s office, and appropriate physician’s orders for intervention and/or maintenance of the condition at school.

The school nurse is the person called upon to determine if a significant health problem exists and if further assessment is required. The school nurse must be aware of signs and symptoms of illnesses, type and extent of injuries, and immediate care that may be given in the school setting. The student may be able to go back to class, may need to go home or may need to be referred to a physician or emergency department.

Abrasions, lacerations, puncture wounds: Assess the size, shape and location of the wound. Obtain a history of what happened. The age of the wound is also important. If the wound is not fresh within the past few hours, for example, referral for sutures may not be appropriate. After cleaning and controlling any bleeding, assess if further medical attention is needed. Inquire regarding whether a tetanus booster has been given to the student recently.

Allergy – acute/severe: A severe allergic reaction might be caused by food ingested, a bee or insect sting, or a medication reaction. Assess for respiratory difficulty (wheezing, shortness of breath, coughing, hoarseness), hives, edema of the face, mouth or tongue, flushing of skin, headache, nausea, vomiting, abdominal cramps, dizziness. Remember: even after given an injection of adrenaline, a student may have reoccurring symptoms, so a student who has a severe allergic reaction must always be sent to the nearest medical facility. Continually monitor and assess student for airway, breathing, and circulation.

Asthma attack: Many students will have a rescue inhaler at school. Assess for cough, wheeze, decreased peak expiratory flow (according to student’s own peak flow meter readings), difficulty completing sentences, intercostal retractions, and nasal flaring. Determine what precipitated the attack and pass the information along to the parents or guardian. Determine whether or not the student has already used a rescue inhaler prior to reporting to the nurse’s office. Please request an “Asthma Action Plan” from the health care provider, if one is not on file.

Burns (thermal / chemical): The source of the burn must be determined immediately so the school nurse can determine the type of care needed. Assess burn area for first, second or third degree symptoms. First-degree burns cause redness with no blister. Second-degree burns will be red with a blister present or evidence of a burst blister. Third-degree burns cause the skin tissue to be blanched white or charcoal black. There are no blisters with third-degree burns.
**Contusions**: Determine the cause of the injury and take into account the location of the injury. For example, a blow to the head or eye will most likely be more of a concern than the same type of blow to the thigh. Assess for pain, redness or other discoloration, edema, size and time of injury. Level of consciousness would need assessed, along with other head injury symptoms, if the contusion is to the head. The parents or guardian should always be notified of this type of injury, regardless of how minor you think it is, so that there will be no confusion as to what happened to the child when he/she arrives at home in the evening.

**Cough**: Assess if productive or non-productive. Determine color of sputum if any. Assess for sore throat, headache, sinus or eye pain, fever. Auscultate lung sounds for abnormalities. Obtain history to determine if student has asthma or other lung disorder.

**Dysmenorrhea**: Girls sometimes will report to the school nurse with a vague complaint of their stomach hurting. The school nurse must determine if the discomfort is due to menses symptoms or some other abdominal aliment. If the student is over the age of 10, the school nurse should ask about menses. Student may also present with a headache or backache. Assess for severity of symptoms. Note: Never perform pregnancy test on students with amenorrhea. Please refer student to their parent/guardian and other available community resources.

**Ear pain**: Determine if there has been a recent or current upper respiratory infection, recent swimming, history of frequent ear infections, or problems with changes in hearing. Assess for pain when moving the ear lobe or pulling up on the outer ear. Determine if student has a fever, or ear drainage. Otoscope assessment may reveal a red canal, red tympanic membrane or visible fluid behind the tympanic membrane.

**Eye (Conjunctivitis)**: Conjunctivitis, or pink eye, can be either bacterial, viral or related to allergies. Bacterial or viral infections cause redness of the sclera, itchiness, yellowish discharge, crusts in eyelashes, especially upon awakening. The eyelids may be edematous and red also. Allergy related eye irritations cause watery drainage instead of the yellowish pus discharge. Assess for other upper respiratory symptoms and signs of impetigo around the nose or mouth. Sometimes eye irritation can be caused by a foreign body in the eye. Assess for discomfort and visible objects in the eye. Also, determine when symptoms began.

**Fever**: The presence of a fever indicates an organic illness of some sort and is reason to send the student home. Assess for other symptoms such as pain, nausea, vomiting, rash, sore throat, headache, etc.

**Fifth’s Disease**: The typical red, slapped cheek rash on the face and the lace-like rash on the trunk, arms, buttocks, and thighs usually only appear after the other symptoms disappear. Assess for previous recent history of fever, muscle aches, joint pain or headache.

**Fracture/ suspected fracture / dislocation**: Determine what caused the injury and where the student was when the injury happened. Assess for pain, edema, range of motion, malalignment, and deformity. Compare one body part to the same on the other side, i.e.: one hand with other hand or injured leg with opposite leg.

**Hand, foot, mouth disease**: Assess for fever, tiny blisters in mouth, on fingers, palms of hands, soles of feet and buttocks. Student also may have symptoms of a common cold. Following the illness, the skin on the affected areas may become dry and peel.
**Headache:** Headache may be a symptom of many illnesses. Assess for fever, facial expression, activity level, dizziness, blurred vision or other visual disturbances, nausea, vomiting, drowsiness, eye pain, runny or stuffy nose, earache, or sore throat. The school nurse should ask what food has been eaten (or perhaps the student has not eaten at all), and also ask the student what he/she thinks caused the headache.

**Head injury:** Determine what caused the injury. Assess for abnormal behavior or other signs of serious injury. Assess state of consciousness, vomiting, unequal size of pupils, bradycardia or tachycardia, confusion or disorientation, and if there are any motor control abnormalities, such as difficulty walking.

**Head lice:** Assess students in a manner that maintains confidentiality. Watch for signs of student scratching head. Nits (or eggs) are close to the scalp, white or gray in color, and are stuck to the hair shaft. Live lice are grayish brown and are about 1/16\textsuperscript{th} of an inch long. Nits do not come off easily. Dandruff or other particles of substances in the hair can be distinguished from nits by their easy removal. Nits that are on the hair shaft more than an inch from the scalp have been there a while and are usually not viable.

**Heat related illness:** Remove to cool area and assess temperature, pulse, blood pressure, and respirations. Skin may be dry, hot, and flushed.

**Herpes Simplex:** Look for “fever blister” on lips, around nose, and may even be on fingers, or other body parts. Student will complain of burning, painful, tingling sensation and/or itching at site. There may also be symptoms of fever, malaise, stomachache, or headache. Occasionally, herpes simplex affects one or both eyes. If this is the case, it can easily be mistaken for conjunctivitis. Herpes will be painful and it is very important to reinforce not touching eyes and good hand washing.

**Hyperglycemia:** Slow onset of symptoms, over a period of a few hours. Assess for increased thirst, increased urination, decreased appetite, nausea, vomiting, red dry skin, and urine ketones.

**Hypoglycemia:** More rapid onset of symptoms, over minutes to an hour. Assess for sweating, pallor, trembling, increased pulse, blurred vision, disorientation, aggressiveness, irritability, sleepiness, partial or complete unconsciousness, seizure activity. Suspect hypoglycemia in a diabetic if the student is exhibiting any behavior that is unusual for that student.

**Hyperventilation:** Assess for rapid, deep respirations, dizziness, chest pain, and tingling sensation in skin – especially in fingers. Student may even faint.

**Impetigo:** Frequently impetigo is seen in a student who has had cold symptoms for several days. Assess for red macules-vesicles-pustules-golden crusting. Lesions will vary in size. Frequently seen at mucocutaneous junctions (corner of lips, nasal folds). Lesions can also be on other parts of the body at the site of a previous injury such as from scratching and opening a small area on the skin. Student may have a low-grade fever and lesions will itch.

**Loss of consciousness:** Determine from others around area what happened. Assess vital signs and general condition. Determine if student has any chronic illnesses or conditions. Treat as condition warrants.
Meningitis: Viral or bacterial meningitis can be seen in the school setting but it is much more likely that you will see the viral kind. Symptoms are similar and will need medical tests to determine which it is. Assess for fever, headache worse than normal for student, photophobia, stiff neck (pain or discomfort when trying to touch chin to chest – unwilling to bend head forward enough to look at their own bellybutton), nausea, irritability, confusion, drowsiness, seizures, coma.

Nausea, vomiting, diarrhea, abdominal pain: Many things can cause GI symptoms and it is sometimes hard to determine if the student is only experiencing anxiety symptoms from being in trouble in class or if there are major issues going on at home. It is helpful to speak with the student’s teacher, especially if they are elementary age. Emotions, viruses, diet, hunger, infections, or medications can cause GI symptoms. If several students complain of similar symptoms, consider food poisoning or viral causes. Assess for fever, facial expression, location and progression of pain, vomiting, diarrhea, and the student’s position of comfort (– is he/she comfortable sitting up or does he/she prefer lying down on the side, is the student doubled over in pain?) Observation of the student in the nurse’s office is often helpful. If symptoms appear to worsen over 1-2 hours, the student is more likely to be truly physically ill. If the symptoms improve over ½ - 1 hour, the student can probably return to class.

Nosebleed: Nosebleeds can occur frequently in the winter months due to decreased humidity inside our homes and schools, thus drying out the lining in the nose and causing capillary bleeding. Sometimes a nosebleed will occur when a student has been exercising and becomes overheated. Some students are very prone to nosebleeds and will have several small ones daily. Younger students will commonly pick their noses and make them bleed, also. Occasional referral to a doctor is necessary for very frequent or prolonged bleeds.

Poisoning or drug overdose: If possible, determine what the substance is that has been ingested or inhaled and the quantity. Assess the age and weight of the child. Assess vital signs, nausea or vomiting, diarrhea, unusual odors, burns around the mouth, cyanosis, drowsiness, unconsciousness or seizures. Poison Control Hotline: 1-800-222-1222

Rashes: Obtain a history, for example: when did the student first notice it, is he/she taking any medications, has the student been exposed to contact allergens or another person with a systemic illness, has the student ingested any foods that are known allergens? Assess for local and systemic symptoms: size of rash, location, fever, headache, stomachache, sore throat. Assess physical characteristics of the rash: macules – flat, colored spot, papules – small bump or pimple about the size of a grain of salt, pustules – elevated lesion filled with fluid (blister), vesicles – small blister-like elevation (poison ivy, impetigo, chicken pox, scabies). Any skin rash poses three concerns:

1. Is it contagious?
2. Should the student be excluded from school?
3. Is the condition harmful to the fetus of a pregnant woman (such as a teacher or other staff member)?

Ringworm: Look for a circular rash with a clearing in the center. The edges will be red and scaly. There will not be scabs, pus, or crusting. Remember that the “bull’s eye” rash of Lyme Disease can look very similar. It is important to obtain a history.

Scabies: Student will usually complain of intense itching. Assess for a rash of red, raised bumps usually between the fingers, on wrists, elbows, belt line, or thighs. Burrows appear as short, wavy dirty lines at the center of each cluster of red bumps. There may be scratch marks made by the student.
**Seizure**: Note the time the seizure begins and ends. Assess for what body parts are involved and if there is incontinence of bowel or bladder. Monitor for clear airway and assess vital signs as needed. There are 4 main types of seizures: absence, simple partial, complex partial and tonic-clonic.

**Sore throat (Strep / Scarlet Fever)**: Assess sore throat for redness, blisters or pus on tonsils. Assess for fever, stomachache, headache, swollen lymph nodes in neck, decreased appetite. Determine if there is an accompanying rash. The rash will appear as a fine red rash that makes the skin feel like fine sandpaper. It will be more prominent in the armpits and groin area. Strep is less likely if there is a runny nose, cough, or congestion.

**Splinters, briars, pencil lead**: Assess location and whether the object can be easily removed by the school nurse or not.

**Strain / Sprain**: Assess for malalignment, range of motion, edema, discoloration, ability to weight bear and length of time elapsed since injury.

**Stiff neck**: Obtain history, such as length of time since onset of symptoms, if an injury has occurred (a fall, horseplay, etc.), what students have been doing in P.E. class, or if there have been recent changes in sleeping arrangements like sleeping on the floor or couch. Assess for fever, range of motion, headache, nausea, or photophobia. Determine if the student has difficulty putting chin on chest to look at his or her own bellybutton.

**Toothache**: Assess for discolored areas on the tooth, broken edges, gum redness, open mouth sores, or food particles between the teeth. Determine if the tooth in question is a primary or permanent tooth.

**Upper respiratory infection**: Assess for cough, sore throat, runny nose, sneezing, watery eyes, headache, fever, or earache.

**Urinary tract infection**: Obtain history of length of time symptoms have been present, burning upon urination, increased frequency of urination, back or pelvic pain, and complaint of blood upon going to bathroom. Assess for fever.

**Note**: The parent or guardian should be notified of any serious illness or injury that occurs at school. They should also be notified for anything that may require medical or dental follow-up or intervention. Depending on the situation, the parent or guardian may be notified by telephone or a written note.

Refer to West Virginia Department of Education Policy 2423 (Communicable Disease), your county policy and the local public health director for guidelines regarding exclusion of students from school.
VII. Documentation and School Health Letters

Documentation in nursing practice is written evidence of the interactions between and among health professionals, patients and their families, health care organizations; the administration of tests, procedures, treatments, and patient education; and the results or patient’s responses to them. Documentation is essential to application of the nursing process to student care, which is, to meeting generic and specialty standards for nursing practice (Schwab, N.; Panettieri, M.; & Bergren, M., 1998). The purposes for documentation are as follows: communication, legal evidence, research, education, quality assurance monitoring, statistics, accrediting and licensing, and reimbursement. In school nursing, several types of nursing documentation are required for good practice.

1. **Nursing Notes** - Should be accurate, objective, concise, thorough, timely, and well organized. Notes should include date/time, and nursing action taken in response to the student’s problem. When documenting health care procedures a time-in and time-out must be used to display length of service. Time-in and time-out should be used for all school personnel to document health care procedures.

2. **Logs (Diabetic, Medication, etc.)** - Options for recording daily office visits include check-off forms, pre-printed medication logs to initial/sign off, individual cards, or narrative sheets (See Procedure Manual and Appendices).

The provision of a list of students to the general faculty and staff of a system or school does not satisfy the requirement of providing documentation of health conditions. This practice interferes with maintaining the confidentiality of students as persons who are not directly responsible for student safety may be unnecessarily informed. Identification of persons in the school realm who need to know confidential health information is essential to prepare them to address particular needs as students engage in educational opportunities.

3. **Incident Reports** – School nurse responsibility in documentation is related to the assessment as conducted. The witness to the accident must complete the data.
4. **Letters of Notification** – Parent communications to inform parents of care or screening provided during the school day, to inform parents of care that may be needed at home, or document recommendations and referrals to physicians. This also is used to document the communication of student health conditions to school staff. Letters may specify specifically designated school staff members who will be informed, in particular, those who may be required to prevent, intervene, or recognize developing emergencies.

5. **Miscellaneous** - Documentation of information regarding routine procedures, first aid, or emergency actions is essential for students with chronic health conditions that may have acute episodes requiring urgent, knowledgeable intervention to assure student safety at school.

Documentation of health information for school staff needs to reflect the specific characteristics of the health condition. For the conditions of:

a. Anaphylaxis to insects, foods, or environmental substances-with and without-emergency medication,
b. Asthma, with inhaler and/or nebulization,
c. Seizures-having medication (at home or at school), emergency diastat and/or vagal nerve stimulator,
d. Cardiac conditions, with symptoms, pain, or rhythm changes,
e. Diabetes, with blood glucose monitoring, medication, insulin pump, observation of hypoglycemia, hyperglycemia, ketone monitoring, carbohydrate counting, emergency glucagon injection,
f. Bleeding disorders, such hemophilia, vonWillibrand’s disease,
g. Skin conditions (Epidermolysis Bullosa) and
h. Immune Suppression, cancer treatment, leukemia, or organ transplantation.

Documentation needs to include basic accurate information about the health condition. Be specific regarding procedures to be conducted at school: actions to be taken, observations to watch for improvement or worsening of episode, or precautions to support safety at school. Document exact emergency response, including contact of EMS, 911, and parent notification.

6. **Documentation of Training for School Staff for Procedures** - Inservice date, time, and specific procedure and personnel trained needs to be listed to maintain a record of those prepared in the school setting to provide health needs for students requiring such procedures as medications, gastrostomy tube feedings, or intermittent catheterizations. Emergency procedures of EpiPen, glucagon, blood glucose monitoring are examples of procedures that require documentation of training.

7. **Nursing documentation** - may also include statistical data regarding students’ health and school health services used for development, maintenance, and evaluation of school health service programs.

8. **WVEIS (West Virginia Education Information System)** - The same principles that apply to paper records apply to electronic student records. However, due to the nature of digital information, the principles must be maintained differently. The school nurses should use student health databases that allow real time entry of student health
information. The information should be entered into the electronic record at the point of care rather than using paper notes and transcribe to a database at a later time. Before using electronic student health records, a security policy should be established regarding who can access student health information and who can authorize access. Electronic records must be protected from loss, destruction, and unauthorized alteration.

School systems should have clear policies and procedures regarding the types, maintenance, and protection of school health records, access to such records, and confidentiality of student health information. (Schwab, 1998).

Reference:


VIII. Medicaid

Medicaid Billing can be completed on any special education student with an IEP and enrolled in Medicaid. You will be given a provider number after completing a Medicaid Billing Provider Enrollment packet. Medicaid billing requires a copy of the student’s health care plan to be included with the student’s current IEP that has “Nursing Services per provider’s orders” listed under “Related Services”. Documentation for reimbursement must include a time-in and time-out for each nursing encounter. Individual services including the planning for the delivery of care in consultation with the parent, physician, school personnel, private duty nurse and delivery of actual specialized health procedures and evaluation of the student’s response to the treatments summarized on the following page. A school nurse may bill for one nursing assessment /evaluation during the year. Nursing services that are billable are found on the Private Duty Nursing Service Record located in the “School-Based Operations Manual”. This document can be downloaded and printed by going to the West Virginia Department of Education website at http://wvde.state.wv.us and following the Special Education link.

Every RESA office has a Medicaid billing coordinator and the WVDE, Office of Special Education, Medicaid Billing Coordinator is Vickie Mohnacky. Please contact Miss Mohnacky at 304-558-2696 or vmohnack@access.k12.wv.us
IX. School Nurses Supporting the Educational Team

West Virginia’s Student Assistance Team Model (SAT)

In 1998, WV legislators passed a bill stating that all West Virginia schools would have a Student Assistance Team which would provide a formalized intervention process to address the needs of all students.

Intervention

Intervention is a process, not a program, managed by a trained school based team. It begins when a concerned person (teacher, administrator, aide, custodian, secretary, bus driver, student, parent, nurse, etc.) intervenes due to observed behavior changes that are negatively affecting the student’s academic achievement or personal development. It involves a series of formalized steps that result in a plan to address the student’s needs.

Trained Team

The trained team is referred to as the Student Assistance Team (SAT). It manages the intervention process.

The team includes the following:
- School Administrator(s)
- Counselor
- Special Education Representative
- Teacher(s)
- Nurse (when possible)
- School Psychologist (may be required)
- Social Worker/Attendance Director

The role of the school nurse:
- Provide information regarding health issues
- Conduct health screenings when needed

Eight Major Indicators for Referrals

When these indicators (or other identified indicators) are addressed, students will experience success, and school climates will be more conducive to learning.

1. Problems with grades
2. Problems with attendance
3. Disruptive behavior in class
4. Involvement with the disciplinary system of the school
5. Legal problems
6. Problems with extracurricular activities
7. Problems at home
8. Alcohol or drug-specific behavior or indications
If the suggested interventions made at the SAT are not successful, then a referral for a multidisciplinary evaluation will be made. The results of this evaluation will provide information about the child’s educational strengths and needs. This will help determine if a special education program is necessary.

**Special Health Care and Special Education Needs**

Currently two laws, **PL 105-17, the Individuals with Disabilities Education Act (IDEA)**, and **PL 93-112, Section 504 of the Rehabilitation Act of 1973**, directly affect children with special health care needs and those requiring special education services. School nurses need to have an understanding of the intent and applications of these two laws in order to provide effective health services to the children that they impact (Harrigan, 2002).

**PL 105-17 (IDEA)** states that children with disabilities are those who need specially designed instruction because of conditions that impact their ability to learn (Harrigan, 2002).

**Section 504 of the Rehabilitation Act of 1973** upholds the rights of students to receive a full range of special accommodations and services to enable them to attend school and participate in the educational program and extracurricular activities safely and successfully, even if they do not qualify for special education services. This law is not an aspect of special education and applies to children with disabilities such as asthma or diabetes, who require health and related services for special health care needs that do not impact their cognitive abilities and who attend school districts that receive federal funds (Zaiger, 2001). Section 504 protects all students who have been identified as having any physical or mental impairment that substantially limits one or more major life activities, including learning. All students have a right to health services provided within the school and area which they live. Students should not be transferred to other schools for the delivery of special health care procedures or nursing services.

**Activities of the School Nurse**

The school nurse uses the nursing process to assess students and identify health problems, develop a plan of care, ensure implementation of the plan, and evaluate that the identified outcomes of care have been achieved. While school staff have an understanding of the educational ramifications of IDEA and Section 504, school nurses, with their health medical perspectives, will provide leadership in determining the impact of student health problems on academic achievement and incorporating the health needs of the student in the education program.

School nurses must be familiar with the educational process for identification, referral, evaluation, placement, and services to students with special needs and must be involved in this process to ensure that health needs are considered as the child’s education program is developed. The nurses’ role specifically includes:

- Identification of the health condition,
- Development of an Individualized Health Care Plan that includes involvement by the student in his/her own care, as well as prevention, intervention, emergency plans and educational requirements,
- Identification and acquisition of necessary equipment and/or medications and prescriber and parental authorization to administer medications and treatments,
- Facilitation of effective communication among team members,
• Determination of training needs and assurance that appropriately trained and/or licensed individuals are available to provide care,
• Monitoring of ongoing health status of the student to determine changes requiring nursing interventions,
• Documentation of the student’s health status and response to the Health Care Plan and
• Identification of outcome criteria that will be used to evaluate the success of the program.

School nurses must collaborate with school personnel, parents, and students to provide the necessary information and training to allow these children to participate fully and safely in their school program.

Planning for Children with Special Needs

It is important to note the difference among plans for children with special needs in the schools. An Individualized Education Plan (IEP) focuses on the educational needs of the child and is the responsibility of the educational team. The Individualized Health Care Plan (IHP) focuses on health needs and is the responsibility of the school nurse. The school nurse may assist in the process of establishing “eligibility” for students when eligibility is sought under “Other Health Impaired (OHI)” or “Orthopedically Impaired” IEP. The Emergency Action Plan (EAP)/Intervention Guide flows from the IHP, with special emphasis on emergency care. The EAP/Intervention Guide should be easily “readable” by teachers and school personnel.

References:

Harrigan, Judith F., RN, MSN, FNASN. (2002). Overview of School Health Services, Scarborough, ME: National Association of School Nurses, Inc.

X. **Coordinated School Health Program:**

**What is a CSHP?**

A coordinated school health program (CSHP) model consists of eight interactive components. Schools by themselves cannot, and should not be expected to, address the nation’s most serious health and social problems. Families, health care workers, the media, religious organizations, community organizations that serve youth, and young people themselves also must be systematically involved. However, schools could provide a critical facility in which many agencies might work together to maintain the well-being of young people.

**Eight Component Model**

The following are working descriptions of the eight components of a coordinated school health program.

1. **Health Education:** A planned, sequential, K-12 curriculum that addresses the physical, mental, emotional and social dimensions of health. The curriculum is designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors. It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices. The comprehensive health education curriculum includes a variety of topics such as personal health, family health, community health, consumer health, environmental health, sexuality education, mental and emotional health, injury prevention and safety, nutrition, prevention and control of disease, and substance use and abuse. Qualified, trained teachers provide health education.

2. **Physical Education:** A planned, sequential K-12 curriculum that provides cognitive content and learning experiences in a variety of activity areas such as basic movement skills; physical fitness; rhythms and dance; games; team, dual, and individual sports; tumbling and gymnastics; and aquatics. Quality physical education should promote, through a variety of planned physical activities, each student's optimum physical, mental, emotional, and social development, and should promote activities and sports that all students enjoy and can pursue throughout their lives. Qualified, trained teachers teach physical activity.

3. **Health Services:** Services provided for students to appraise, protect, and promote health. These services are designed to ensure access or referral to primary health care services or both, foster appropriate use of primary health care services, prevent and control communicable disease and other health problems, provide emergency care for illness or injury, promote and provide optimum sanitary conditions for a safe school facility and school environment, and provide educational and counseling opportunities for promoting and maintaining individual, family, and community health. Qualified professionals such as physicians, nurses, dentists, health educators, and other allied health personnel provide these services.
4. **Nutrition Services:** Access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students. School nutrition programs reflect the U.S. Dietary Guidelines for Americans and other criteria to achieve nutrition integrity. The school nutrition services offer students a learning laboratory for classroom nutrition and health education, and serve as a resource for linkages with nutrition-related community services. Qualified child nutrition professionals provide these services.

5. **Counseling and Psychological Services:** Services provided to improve students’ mental, emotional, and social health. These services include individual and group assessments, interventions, and referrals. Organizational assessment and consultation skills of counselors and psychologists contribute not only to the health of students but also to the health of the school environment. Professionals such as certified school counselors, psychologists, and social workers provide these services.

6. **Healthy School Environment:** The physical and aesthetic surroundings and the psychosocial climate and culture of the school. Factors that influence the physical environment include the school building and the area surrounding it, any biological or chemical agents that are detrimental to health, and physical conditions such as temperature, noise, and lighting. The psychological environment includes the physical, emotional, and social conditions that affect the well-being of students.

7. **Health Promotion for Staff:** Opportunities for school staff to improve their health status through activities such as health assessments, health education and health-related fitness activities. These opportunities encourage school staff to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and a greater personal commitment to the school’s overall coordinated health program. This personal commitment often transfers into greater commitment to the health of students and creates positive role modeling. Health promotion activities have improved productivity, decreased absenteeism, and reduced health insurance costs.

8. **Family/Community Involvement:** An integrated school, parent, and community approach for enhancing the health and well-being of students. School health advisory councils, coalitions, and broadly based constituencies for school health can build support for school health program efforts. Schools actively solicit parent involvement and engage community resources and services to respond more effectively to the health-related needs of students.

The Center for Disease Control and Prevention-Division of Adolescent School Health funds the Office of Healthy Schools through grants. We offer technical assistance and guidance on CSHP, AIDS/HIV Education/Programs and all eight components of a Coordinated School Health Model. Go to the Center for Disease Control and Prevention website at [http://www.cdc.gov/HealthyYouth/index.htm](http://www.cdc.gov/HealthyYouth/index.htm) for more information on “Healthy Schools~Healthy Youth”.
XI: DISCOVERY HEALTH CONNECTION:

Each county in West Virginia has at least one access site for Discovery Health, as of September 2005. This web site allows access to current research based health programs, videos/video clips related to health, lesson plans and current health information aligned with West Virginia’s Health Content Standards and Objectives. Please request the training CD to navigate the site and access code from the county Safe and Drug Free Schools Coordinator. To learn more about Discovery Health go to [http://www.discoveryhealthconnection.com/public/about.cfm](http://www.discoveryhealthconnection.com/public/about.cfm).

About Discovery Health Connection

Consider this your one-stop website for teaching health education to students from kindergarten through 12th grade. Here you’ll see sections featuring the following topics:

- the body
- alcohol and other drugs
- growth and development
- mental health
- nutrition
- physical activity
- safety
- tobacco
- violence

And within those sections, you’ll find lessons, work sheets, videos that you can download or stream, and other materials for teaching students about possibly the most important subject they can learn—their own health. We’ve made the site as user-friendly as possible so that you can find lessons and other materials with only a few quick clicks.

Each of these sections comprises a research-based, teacher-reviewed, K-12 curriculum. Some of the curricula—Here’s Looking at You, in the “drugs” section; Get Real about Tobacco™, in the “tobacco” section; and Get Real about Violence™, in the “violence” section—have already been widely used throughout the country and have been converted to on-line programs for Discovery Health Connection. The other curricula have been created specifically for this website:

- Body Works™, in the “body systems” section
- Me and Them™, in the “growth and development” section
- Peace of Mind™, in the “mental health” section
- Nutrition Smarts™, in the “nutrition” section
- Getting Physical™, in the “physical activity” section
- All Safe™, in the “safety” section

These latter curricula will continue to grow. We’ll be adding lessons continuously, so if you see some gaps now, check back later and those gaps may be filled.
Appendix

(A) Identify Resources:

- **School**
  
  Principals  
  Guidance Counselors  
  Other County School Nurses  
  School Psychologists, Audio, Visual, OT, PT  
  Speech Therapists  
  Special Ed Director/Teachers  
  Regular Ed Teachers  
  Service Personnel  
  Cafeteria manager, head cook, cooks  
  Custodians  
  Bus Drivers  
  Bus Aide  
  Paraprofessionals  
  Classroom Aide  
  Secretaries  
  LPN

Regional Education Service Agency (RESA)  
West Virginia Department of Education (Office of Healthy Schools, Special Education, Facilities, Professional Preparation/Certification, Legal, etc).  
Vocational Schools

- **Community**
  
  WV State Health Department  
  Health Department – Director, Nurses, Physicians, Dentists, etc.  
  WVDHHR – report abuse/neglect and apply for services i.e. CHIPS  
  BPH – Children  
  BPH-Adolescent Health Specialist  
  BPH-Pregnancy Prevention Coordinators

Local Diabetic Educator  
Hospitals  
Mental Health Guilds  
Lions Club Vision Program  
Other service organizations (YMCA)  
Community Action Services for youth and families

Chamber of Commerce for community guide and resource directory  
Churches  
Business Partners  
Higher Education – i.e. health, science and medical students
(B) Recommended Monthly Duties for School Nurses

August  *(before the first day for students)*

- Redistribute student health records to appropriate schools when students have transferred or are promoted to a different school.
- Check immunizations including T.B. tests. Use state guidelines to make sure all newly entering students comply. Notify parents of children who are not compliant and need immunizations.
- Update the teacher training as you become aware of new procedures once the children arrive.
- Inventory medical supplies. Rotate stock appropriately.
- Arrange for training of staff members who will perform basic or specialized health care procedures. CPR and First Aid are required for those giving medications. Update the teacher training as you become aware of new procedures throughout the school year.
- Make sure student emergency information forms are available to teachers for distribution.
- Plan and implement a system for recording health office procedures and visits. Use the forms provided in your county, adapt and use those in use in other counties or develop forms as needed.
- Obtain written physician’s orders for all procedures, medications, special diets and activity restrictions. When possible, do these before school starts, however many will need to be obtained after the children arrive. Try to obtain physicians’ orders in June or July, if possible.
- *(After the first day for students)*
- Collect and review all health information regarding students from parents, doctors. *(This is most easily done with a Student Emergency Medical Information form)*
- Inform and educate appropriate staff regarding serious health conditions (i.e. seizures, diabetes, asthma, anaphylactic allergies, etc.) in their students. Include bus drivers as necessary.
- Inform cooks and teachers of special diet orders or food allergies.
- Provide information about medical concerns to staff members.

September

- Review and file Student Emergency Medical Information provided by parents.
- Contact parents to evaluate health problems that may need attention during the school day.
- Meet with students as necessary regarding epi-pens, diabetes, inhalers, etc.
- Update WVEIS health tag system as appropriate in your county.
- Write and update care plans as needed.
- Find out what procedure is for Medicaid billing in your county and implement. *(Prepare list of students receiving services that can be billed, update orders and care plans, find out which students have IEP’s)*.
- Develop and implement plan to notify transportation department of special health needs of students who ride a bus.
- Assess students with health care plans.
- Notify teachers of children with health problems in their classes.
- Develop, write and up-date nursing care plans as needed.
- Prepare student list for Medicaid billing.
Complete pre-k and kindergarten/new enterer screenings (vision, dental, hearing, if not done by speech therapist)

October
✓ Complete kindergarten/new enterer screenings.
✓ Update immunization records on WEVIS if available in your county.
✓ Complete WV State Immunization survey. (Usually due to state in early November, you will be provided with a form, check with principals if you do not receive one.)
✓ Plan Employee wellness program if appropriate in your county.

November
✓ Complete all preceding tasks as time permits.
✓ Prepare and offer to teach hygiene, hand washing, tooth brushing, lice prevention, puberty education etc. as time permits.
✓ Attend WVASN conference.
✓ Health assessments on children with chronic health concerns. (ADHD, diabetes, asthma)

December
✓ Teach programs as time permits and as requested. (December tends to be a busy month.)
✓ Explore staff wellness programs that might be available. Consider flu shots, exercise, nutrition, stress reduction.

January
✓ Begin County recommended grade level screening.

February
✓ This is dental health month, you may be asked to teach dental health.
✓ Continue recommended screenings.

March
✓ Additional Screenings as recommended.
✓ Nutrition Month.

April
✓ Schedule kindergarten screenings for next year’s kindergarten class. This can usually be done as part of an early enrollment process depending on your county.

May
✓ Kindergarten screenings
✓ Developmental screenings.
✓ Prepare documents for children with chronic health problems to send home to parents to prepare for next year.

June
✓ Prepare all equipment for next year (i.e. recalibrate audiometer, scales, other equipment as needed)
✓ Notify parents to request that they pick up medications left at school.
✓ Prepare all student health records to follow students to new schools for next year.
Inform parents of students with chronic health concerns that new orders will be needed for next year. Try to obtain orders for school year in advance.

Place supply order for upcoming school year.

Revise/update policies and procedures as needed.

Properly dispose of any medications left over from previous school year.

Complete Needs Assessment.

**Ongoing Tasks**

- Evaluate new enterers for immunizations, vision, hearing screening, health concerns within 30 days of enrollment.
- Coordinate staff wellness programs.
- Update student health concerns at you become aware of them.
- Participate in healthy schools promotions.
- Monthly Medicaid billing.
- Medication monitoring and administration and other delegated procedures.
- Staff and Student health education and counseling. (Wellness, nutrition, safety, dental health, hygiene, growth and development, hand washing, head lice and disease prevention and identification) This education may be either individual or as presentations to classrooms, staff meetings, or to parents.
- Monitoring and screening for acute and chronic disease, and infestation.
- Evaluation and reporting of children in situations of suspected abuse or neglect.
- Maintenance of records of nursing care, screenings, and consultations accumulated in the care of the children.
- Assessment of students in your care with health care plans. (This can include, but not be limited to: measurement of heights and weights, B/P, distribution and collection of questionnaires to teachers and parents regarding the efficacy of medications and symptoms of health concerns, additional vision and hearing screenings, blood pressure and other vital sign measurement and documentation.)
- You may be asked to monitor some health concerns (i.e. blood pressure, weight) in staff members.
- Tabulate numbers for School Nurse Needs Assessment. This assessment will ask you to tabulate the number of health visits for a long list of concerns, for example: first aid for injury, acute illness, chronic illness, etc.
- Check with your county on other ongoing tasks.
- Supervise and mentor unlicensed school personnel who the school nurse has delegated specialized health care procedures.
(C) School Nurse Resources (web links):

www.wvdhhr.org
www.wvasn
www.nasn
www.webmd.com
www.cdc.gov
www.medscape.com
www.healthinschools.org
www.epilepsyfoundation.org
www.lungasa.org
www.diabetes.org
www.americanheart.org
www.wvde.state.wv.us
www.wvde.state.wv.us/osshp/main/programs
www.headlice.org

Needed Resources for New School Nurse:

1. Web base information
2. Orientation Manual-internet/hard copy
3. BSHCP Manual
4. School Nurse Supplemental Guidelines
5. National School Nurse Standards
6. Drug Book (county)
7. Lippincott (county)
8. WV Law Book (county)
9. Community Resources (county)

(D) Criteria to be a West Virginia School Nurse Mentor:

- Certified School Nurse
- 3-5 years experience as a school nurse in West Virginia with recommendation of 5 years
- Volunteer
- Letter of agreement from direct supervisor

Description of Mentoring Obligations:

- 1-year mentorship with at least 1 day a month for mentorship guidance/training as arranged by the mentor and new school nurse
- 1-Day to shadow mentor
- The initial meeting and exit interview should be a face-to-face meeting in the county of the new school nurse
- 1-Day State Training by WVDE
(E) Definitions related to the Educational Setting:

**Americans with Disability Act (ADA):**
Gives civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion. It guarantees equal opportunity for individuals with disabilities in public accommodations, education, employment, transportation, State and local government services, and telecommunications.

**Certified School Nurse:**
A registered professional nurse, who is licensed by the West Virginia Board of Examiners for Registered Professional Nurses (W.Va. Code §30-7-1, et seq.), who has completed a West Virginia Department of Education approved program as defined in the West Virginia Board of Education Policy 5100: Approval of Educational Personnel Preparation Programs (W.Va.126CSR114), and meets the requirements for certification contained in West Virginia Board of Education Policy 5202: Minimum Requirements for the Licensure of Professional/Paraprofessional Personnel and Advanced Salary Classifications (W.Va. 126CSR136) (hereinafter Policy 5202). The certified school nurse must be employed by the county board of education or as specified in W.Va. Code §18-5-22.

**Contracted Certified School Nurse:**
An employee of a public health department providing services under a contract with a county board of education to provide services considered equivalent to those required in W.Va. Code §18-5-22.

**Contracted Licensed Health Care Provider:**
As a licensed health care provider, as set forth in Section 3.9 of this policy, providing health care services under contract with county boards of education. Health care services may be contracted after the ratio of one nurse for every 1,500 students, kindergarten through seventh grade, is provided to county schools.

**County Board of Education:**
A county board of education is a corporation created under the authority of West Virginia Code §18-5-1 et seq. and is comprised of five members nominated and elected by the voters of the county for four year terms. The board is responsible for the supervision and control of the county school district and has the authority, subject to State statutes and the rules and regulations of the State Board of Education, to control and manage all of the public schools and school interests in the county. The boundaries of each of the fifty-five county school districts are analogous with the boundaries of each county in the state.

**Family Educational Rights and Privacy Act (FERPA):**
A Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students." (20 U.S.C. §1232g; 34 CFR Part 99)

Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to
disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):

- School officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.


**Health or Safety Emergency Situation:**
Determined on a case-by-case basis, and is defined as a specific situation that presents imminent danger or threat to students or other members of the community, or requires an immediate need for information in order to avert or diffuse serious threats to the safety or health of a student or other individuals. Any release of confidential medical information must be narrowly tailored considering the immediacy and magnitude of the emergency and must be made only to parties who can address the specific emergency in question. This exception is temporally limited to the period of the emergency and generally does not allow a blanket release of personally identifiable information from a student's education records to comply with general requirements under state law. Certainly an outbreak of diseases such as measles, rubella, mumps, and polio not only pose threat of permanent disability or death for the individual, but have historically presented themselves as epidemic in nature. Thus, disclosure of personally identifiable information from students' education records to state health officials for an outbreak of a communicable disease would generally be permitted under Family Educational Rights and Privacy Act’s (FERPA) health or safety emergency provisions.

**Homeless Children and Youths:**
According to the McKinney-Vento Definition of Homelessness is:

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes--

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));
(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

**Individuals with Disabilities Education Act of 1997 (IDEA):**
An education act to provide federal financial assistance to state and local education agencies to guarantee special education and related services to eligible children with disabilities. Children and youth aged 3-21 who are determined through an individualized evaluation and by a multidisciplinary team (including the parent) to be eligible in one or more of 13 categories and who need special education and related services. The categories are autism, deaf-blindness, deafness, emotional disturbance, hearing impairment, mental retardation, multiple disabilities, orthopedic impairment, other health impairment, specific learning disability, speech or language impairment, traumatic brain injury, and visual impairment including blindness. Children aged 3 through 9 experiencing developmental delays may also be eligible. Infants and toddlers from birth through age 2 may be eligible for early intervention services, delivered in accordance with an individualized family service plan.

**Individualized Education Program (IEP):**
A written plan for an eligible exceptional student that is developed, reviewed and revised in a meeting with parents, educators and related service personnel.

**Individualized Health Care Plan (IHCP):**
The written document developed by the certified school nurse which includes a nursing diagnosis, is individualized to the student's health needs and consists of specific goals and interventions delineating the school nursing actions, delegated procedures and student’s role in self care.

**Legitimate Educational Reason:**
School officials who have been determined to have genuine concern related to the student’s educational achievement and performance allowing access and review pertinent educational records including medical and health information. A record of disclosure must be maintained and include: (1) the parties who have requested the information from the education records, and (2) the legitimate interests the parties had in requesting or obtaining the information.

**Licensed Practical Nurse:**
A person who has met all the requirements for licensure as a practical nurse and who engages in practical nursing under the direction of a Registered Professional Nurse as defined in W.Va. Code §30-7A-1, et seq.

**Protective of Pupils Rights Amendment (PPRA):**
Regional Educational Service Agency (RESA):
A multi-county regional education service agency created by the State Board of Education under the authority of West Virginia Code §18-2-26 for the purpose of providing high quality, cost effective educational programs and services to the county school systems. Each RESA is governed by a board of directors consisting of the county superintendent and a member of the board of education from each county within the region, and one member appointed by the state superintendent of schools. There are eight RESAs in the state.

School Based Health Centers:
Clinics located in schools that: 1) are sponsored and operated by community based health care organizations; 2) provide primary health care services (including but not limited to diagnosis and treatment of acute illness, management of chronic illness, physical exams, immunizations, and other preventive services) to students who are enrolled in the health center; and 3) follow state and federal laws, policies, procedures, and professional standards for provision of medical care.

School-Related Activities:
School Related Events is defined as any curricular or co-curricular activity, as defined by West Virginia Board of Education Policy 2510: Assuring the Quality of Education: Regulations for Education Programs (W.Va. 126CSR42), that is conducted outside of the school environment and/or instructional day. Examples of co-curricular activities include the following: band and choral presentations; theater productions; science or social studies fairs; mathematics field days; career/technical student organizations' activities; or other activities that provide in-depth exploration or understanding of the content standards and objectives appropriate for the students' grade levels.

Section 504 of The Rehabilitation Act of 1973:
A civil rights law that prohibits discrimination on the basis of disability in programs and activities, public and private that receive federal financial assistance. Any person who (1) has a physical or mental impairment that substantially limits one or more major life activities, (2) has a record of such an impairment, or (3) is regarded as having such an impairment. Major life activities include caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. The person must be qualified for the services or job; in the case of school services, the person must be of an age when nondisabled peers are typically served or be eligible under IDEA. Schools are required to provide a 504 Accommodation Plan and 504 Committee to meet the educational needs of students with disabilities not meeting the requirements of an IEP.

West Virginia Education Information System (WVEIS):
A comprehensive, uniform, integrated, on-line management information system (MIS) for schools and county school systems (districts). The system began implementation in 1991 with all schools and districts currently participating. The system provides for doing the business of the schools and districts in areas such as student demographics, special programs participation, grades, schedules, attendance, payroll, accounts payable, warehousing, etc. Districts submit to the West Virginia Department of Education data from WVEIS required for state and federal reporting.

West Virginia Educational Standards Test (WESTEST):
A customized, criterion referenced test aligned to West Virginia's Content Standards and Objectives (CSOs). WESTEST is designed specifically for West Virginia students in grades 3 - 8, and 10. Beginning in 2001 West Virginia, educators have been involved in the design and development, reviews, and standard setting of WESTEST.
### (F) Frequently Used Education Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AACTE</td>
<td>American Association of Colleges for Teacher Education</td>
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<tr>
<td>AASA</td>
<td>American Association of School Administrators</td>
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<tr>
<td>AAVIM</td>
<td>American Association for Vocational Instructional Materials</td>
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<tr>
<td>ABE</td>
<td>Adult Basic Education</td>
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<tr>
<td>ACT</td>
<td>American College Testing</td>
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<tr>
<td>ACDS</td>
<td>Apprenticeship Child Development Specialist</td>
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<tr>
<td>ACTE</td>
<td>Association of Career and Technical Education</td>
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<tr>
<td>ADA</td>
<td>Americans with Disabilities Act</td>
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<tr>
<td>ADA</td>
<td>Average Daily Attendance</td>
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<tr>
<td>ADD</td>
<td>Attention Deficit Disorder</td>
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<tr>
<td>ADHD</td>
<td>Attention Deficit Hyperactivity Disorder</td>
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<tr>
<td>ADP</td>
<td>Average Daily Participation</td>
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<tr>
<td>AEL</td>
<td>Appalachian Educational Laboratory</td>
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<tr>
<td>AHI</td>
<td>Adolescent Health Initiative</td>
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<td>AP</td>
<td>Advanced Placement</td>
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<tr>
<td>ARSI</td>
<td>Appalachian Rural Systemic Initiative</td>
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<tr>
<td>ASBO</td>
<td>Association of School Business Officials</td>
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<tr>
<td>ASCD</td>
<td>Association for Supervision and Curriculum Development</td>
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<tr>
<td>ASFSA</td>
<td>American School Food Service Association</td>
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<tr>
<td>ASTHO</td>
<td>Association of State and Territorial Health Officers</td>
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<tr>
<td>ATE</td>
<td>Association of Teacher Educators</td>
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<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>BD</td>
<td>Behavioral Disorders</td>
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<tr>
<td>BIP</td>
<td>Behavior Intervention Plan</td>
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<tr>
<td>BOE</td>
<td>Board of Education</td>
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<tr>
<td>BPH</td>
<td>Bureau for Public Health</td>
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<tr>
<td>BS/CE</td>
<td>Basic Skills Computer Education</td>
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<th>Acronym</th>
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<tbody>
<tr>
<td>CAD</td>
<td>Computer-Aided Drafting</td>
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<tr>
<td>CARDIAC</td>
<td>Coronary Artery Risk Detection In Appalachian Communities</td>
</tr>
<tr>
<td>CATS</td>
<td>Coordinated and Thematic Science</td>
</tr>
<tr>
<td>CCSSO</td>
<td>Council of Chief State School Officers</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for Disease Control</td>
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<tr>
<td>CEA</td>
<td>Correctional Education Association</td>
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<tr>
<td>CEFP</td>
<td>Comprehensive Educational Facilities Plan</td>
</tr>
<tr>
<td>CHEN</td>
<td>Comprehensive Health Education Network</td>
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<tr>
<td>CNA</td>
<td>Child Nutrition Act</td>
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<tr>
<td>CNP</td>
<td>Child Nutrition Program</td>
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<tr>
<td>CORD</td>
<td>Center for Occupational Research and Development</td>
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<tr>
<td>CPD</td>
<td>Center for Professional Development</td>
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<tr>
<td>Abbreviation</td>
<td>Description</td>
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<tr>
<td>CRE</td>
<td>Coordinated Review Effort</td>
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<tr>
<td>CSBO</td>
<td>Chief School Business Official</td>
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<tr>
<td>CSHP</td>
<td>Coordinated School Health Program</td>
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<tr>
<td>CSRD</td>
<td>Comprehensive School Reform Demonstration</td>
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<tr>
<td>CTRC</td>
<td>Curriculum Technology Resource Center</td>
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<td>CTSO</td>
<td>Career and Technical Student Organizations</td>
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<td>D</td>
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<tr>
<td>DARE</td>
<td>Drug Abuse Resistance Education</td>
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<tr>
<td>DASH</td>
<td>Division of Adolescent and School Health (CDC)</td>
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<td>DECA</td>
<td>Distributive Education Clubs of America</td>
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<td>DL</td>
<td>Distance Learning</td>
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<tr>
<td>DLCC</td>
<td>Distance Learning Coordinating Council</td>
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<tr>
<td>DOE</td>
<td>Department of Education</td>
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<tr>
<td>DTAES</td>
<td>Division of Technical and Adult Education Services</td>
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<td>E</td>
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<tr>
<td>EBA</td>
<td>Educational Broadcasting Authority</td>
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<td>ECE</td>
<td>Early Childhood Education</td>
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<td>ECS</td>
<td>Education Commission of the States</td>
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<td>EOS</td>
<td>Economy of Scale</td>
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<td>EPPAC</td>
<td>Educational Personnel Preparation Advisor Committee</td>
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<td>ERIC</td>
<td>Educational Resources Information Center</td>
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<td>ESEA</td>
<td>Elementary and Secondary Education Act</td>
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<td>ESL</td>
<td>English as a Second Language</td>
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<tr>
<td>FACS</td>
<td>Family and Consumer Sciences</td>
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<td>FBA</td>
<td>Functional Behavioral Assessment</td>
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<td>FBLA</td>
<td>Future Business Leaders of America</td>
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<tr>
<td>FCCLA</td>
<td>Family, Career and Community Leaders of America</td>
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<tr>
<td>FERPA</td>
<td>Family Educational Rights and Privacy Act</td>
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<tr>
<td>GAO</td>
<td>U. S. General Accounting Office</td>
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<tr>
<td>GASB</td>
<td>Governmental Accounting Standards Board</td>
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<td>GED</td>
<td>General Educational Development</td>
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<tr>
<td>GHA</td>
<td>Governor's Honors Academy</td>
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<tr>
<td>GPFS</td>
<td>General Purpose Financial Statements</td>
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<td>GSA</td>
<td>Governor's School for the Arts</td>
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<td>HOSA</td>
<td>Health Occupations Students of America</td>
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<td>HOST</td>
<td>Health Occupations Science Technology</td>
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<td>HSTW</td>
<td>High Schools That Work</td>
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<tr>
<td>HVAC</td>
<td>Heating, Ventilation, Air Conditioning</td>
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<td>IASA</td>
<td>Improving America's Schools Act</td>
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<td>IDEA</td>
<td>Individuals with Disabilities Education Act</td>
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<td>IEP</td>
<td>Individualized Education Program</td>
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<tr>
<td>IGOs</td>
<td>Instructional Goals and Objectives</td>
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<tr>
<td>ISS</td>
<td>In-School Suspension</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>ISTE</td>
<td>International Society for Technology in Education</td>
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<td>ITBS</td>
<td>Iowa Tests of Basic Skills</td>
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<td>ITV</td>
<td>Instructional Television</td>
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<tr>
<td>J</td>
<td>Junior Reserve Officer Training Corps</td>
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<td>JTPA</td>
<td>Job Training Partnership Act</td>
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<td>L</td>
<td>Local Area Network</td>
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<td>LAP</td>
<td>Licensure Appeal Panel</td>
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<td>LD</td>
<td>Learning Disability</td>
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<td>LEA</td>
<td>Local Educational Agency</td>
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<td>LOCEA</td>
<td>Legislative Oversight Commission on Education Accountability</td>
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<td>LSIC</td>
<td>Local School Improvement Council</td>
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<td>LST</td>
<td>Life Skills Training</td>
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<td>M</td>
<td>Multi-County Vocational Center</td>
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<td>MERIT</td>
<td>Mathematics Education Reform Initiative for Teachers</td>
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<td>MMGM</td>
<td>Making Middle Grades Matter</td>
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<tr>
<td>MSW</td>
<td>Making Schools Work</td>
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<td>N</td>
<td>National Assessment of Educational Progress</td>
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<td>NAESP</td>
<td>National Association of Elementary School Principals</td>
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<td>NAPT</td>
<td>National Association of Pupil Transportation</td>
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<td>NASBE</td>
<td>National Association of State Boards of Education</td>
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<td>NASDSE</td>
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<td>NASTA</td>
<td>National Association of State Textbook Administrators</td>
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<td>NBEA</td>
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<td>NBPTS</td>
<td>National Board for Professional Teaching Standards</td>
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<td>NCA</td>
<td>North Central Association</td>
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<td>National Council for the Accreditation of Teacher Education</td>
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<td>NCES</td>
<td>National Center for Education Statistics</td>
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<td>NCLB</td>
<td>No Child Left Behind</td>
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