



Laws, Policies, and Caring for Students with Chronic Health Conditions


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Laws


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- Medication Laws (various)
 - Nurse Practice Act (58-31b-101) and rules (R156-31b)
 - Vision Screening (53G-9-404)
 - Immunizations (53G-9-301)
 - Head Injury Act (26-51-101) and rule (R277-614)
 - Health and Safety rule (R392-200-9)
 - Period Products (53G-4-412 and 53G-5-414)
 - Seizure Awareness (53G-9-212)

Medication Laws




- 53G-9-501 *Administration of Medication to Students* - to administer medication to students must have signed authorization submitted annually (signed by parent and healthcare provider).
- 53G-9-504 *Administration of Glucagon* - allows training of school employee volunteers to administer glucagon in an emergency to a student with diabetes.
- 53G-0-505 *Administration of Seizure Rescue Medication* - allows training of school employee volunteers to administer seizure rescue medication in an emergency to a student having a seizure.
- 53G-9-506 *Diabetes Medication* - allows students to carry diabetes medication and supplies when proper authorization is submitted annually (signed by parent and healthcare provider).
- 26-55-101 *Opiate Overdose Response Act* - allows agencies (including schools) to carry and administer Narcan.
- 26-41-101 *Emergency Response for Life-threatening Conditions* - allows students with anaphylaxis to carry an epinephrine auto-injector, and students with asthma to carry an inhaler to use in an emergency. All schools are required to have at least one epinephrine auto-injector available. Stock albuterol inhaler for asthma is optional for schools to participate in. In order for students to carry either of these medications they must have proper authorization submitted annually, signed by both parent and healthcare provider.

Nurse Practice Act and Rules

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- School nurse must delegate any procedures (including medication administration) to be performed by lay staff.
 - However, not all nursing functions can be delegated to lay staff.
 - Nurse must do an assessment of student and situation to determine if delegation is appropriate and can safely be done.
 - If it cannot safely be delegated other reasonable accommodations must be made.
 - If activity can be delegated there must be an individualized healthcare plan (IHP) in place first.

Required Documents

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- Individualized Healthcare Plan (IHP) - written by the nurse - for the nurse, with input from the family
 - Emergency Action Plan (EAP) written by the nurse and family for school staff
 - Medication Authorization - must be signed by parent/guardian and healthcare provider annually and submitted to the school.
 - In some cases other documents are required to provide care. These must be signed by the healthcare provider and submitted to the school annually:
 - SMMO - seizure medication management order
 - DMMO - diabetes medication management order

General Guidelines for Students with Chronic Health Conditions

- Diabetes

- Become familiar with signs and symptoms of low (hypoglycemia) and high (hyperglycemia) blood glucose
- NEVER send a student with diabetes who is exhibiting any of those symptoms anywhere alone.
- These students will need to miss school due to doctor appointments
- May need to test blood glucose before recess, PE, taking tests
- Students may wear multiple devices like an insulin pump or continuous glucose monitoring system. These may alarm during class and the student will need to respond immediately to the alarm.

HYPOGLYCEMIA – When Blood Glucose is Below 80 (or below _____)

Causes: too much insulin; missing or delaying meals or snacks; not eating enough food; intense or unplanned physical activity; being ill.

Onset: sudden, symptoms may progress rapidly

| MILD OR MODERATE HYPOGLYCEMIA Please check previous symptoms | | SEVERE HYPOGLYCEMIA Please check previous symptoms | |
|--|---|---|--|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Hunger | <input type="checkbox"/> Shakiness | <input type="checkbox"/> Combative |
| <input type="checkbox"/> Behavior change | <input type="checkbox"/> Headache | <input type="checkbox"/> Slurred speech | <input type="checkbox"/> Inability to eat or drink |
| <input type="checkbox"/> Blurry Vision | <input type="checkbox"/> Irritability | <input type="checkbox"/> Sweating | <input type="checkbox"/> Unconscious |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Paleness | <input type="checkbox"/> Weakness | <input type="checkbox"/> Unresponsive |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Personality change | <input type="checkbox"/> Other: | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Poor concentration | | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Drowsiness | <input type="checkbox"/> Poor coordination | | |
| ACTIONS FOR MILD OR MODERATE HYPOGLYCEMIA | | ACTIONS FOR SEVERE HYPOGLYCEMIA | |
| <ol style="list-style-type: none"> 1. Give student fast-acting sugar source* 2. Wait 15 minutes. 3. Recheck blood glucose. 4. Repeat fast-acting sugar source if symptoms persist OR blood glucose is less than 80 or _____ 5. Other: _____ | | <ol style="list-style-type: none"> 1. Don't attempt to give anything by mouth. 2. Position on side, if possible. 3. Contact trained diabetes personnel. 4. Administer glucagon, if prescribed. 5. Call 911. Stay with student until EMS arrives. 6. Contact parents/guardian. 7. Stay with student. 8. Other: _____ | |
| *FAST ACTING SUGAR SOURCES (15 grams carbohydrates): 3-4 glucose tablets OR 4 ounces juice OR 0.9 ounce packet of fruit snacks | | | |

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

HYPERGLYCEMIA - When Blood Glucose is over 250 (or above _____)

Causes: too little insulin; too much food; insulin pump or infusion set malfunction; decreased physical activity; illness; infection; injury; severe physical or emotional stress.

Onset: over several hours or days.

| MILD OR MODERATE HYPERGLYCEMIA Please check previous symptoms | | SEVERE HYPERGLYCEMIA Please check previous symptoms | |
|---|---|--|--|
| <input type="checkbox"/> Behavior Change | <input type="checkbox"/> Headache | <input type="checkbox"/> Blurred vision | <input type="checkbox"/> Nausea/vomiting |
| <input type="checkbox"/> Blurry Vision | <input type="checkbox"/> Stomach pains | <input type="checkbox"/> Breathing changes (Kussmaul breathing) | <input type="checkbox"/> Severe abdominal pain |
| <input type="checkbox"/> Fatigue/sleepiness | <input type="checkbox"/> Thirst/dry mouth | <input type="checkbox"/> Chest pain | <input type="checkbox"/> Sweet, fruity breath |
| <input type="checkbox"/> Frequent Urination | <input type="checkbox"/> Other: | <input type="checkbox"/> Decreased consciousness | <input type="checkbox"/> Other: |
| | | <input type="checkbox"/> Increased hunger | |
| ACTIONS FOR MILD OR MODERATE HYPERGLYCEMIA | | ACTIONS FOR SEVERE HYPERGLYCEMIA | |
| <input type="checkbox"/> Allow liberal bathroom privileges. <input type="checkbox"/> Encourage student to drink water or sugar-free drinks. <input type="checkbox"/> Administer correction dose if on a pump. <input type="checkbox"/> Contact parent if blood sugar is over _____ mg/dl. <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Administer correction dose of insulin if on a pump <input type="checkbox"/> Call parent/guardian. <input type="checkbox"/> Stay with student <input type="checkbox"/> Call 911 if patient has breathing changes or decreased consciousness. Stay with student until EMS arrives <input type="checkbox"/> Other: _____ | |

General Guidelines for Students with Chronic Health Conditions

- Allergy and anaphylaxis

- Don't promise nut-free (or allergen free) class or school. This opens the school to liability, and you cannot control what other students bring for lunch. Instead you can be **allergen aware**.
- Schools are **required** to stock at least one epinephrine auto injector for use on anyone experiencing symptoms.
- A student with a severe allergy can die if not treated with an epinephrine auto-injector immediately! **Do not delay**. Do not give antihistamine in place of epinephrine.
- Make sure you know where the device is and how to administer it if you have a student in your class who has one.
- If epinephrine is administered - ALWAYS call 911

| Yellow: Mild to Moderate Reaction | Action |
|---|---|
| <i>MILD Symptoms</i> <ul style="list-style-type: none">● Itchy/runny nose● Itchy mouth● A few hives, mild itch● Mild nausea/discomfort | For MILD SYMPTOMS from A SINGLE SYSTEM area, follow the directions below: <ul style="list-style-type: none">● Antihistamines may be given, if ordered by a healthcare provider.● Stay with the person; alert emergency contacts.● Watch closely for changes. If symptoms worsen, give epinephrine. <p style="text-align: center;">For MORE THAN ONE symptom, GIVE EPINEPHRINE</p> |
| Red: Severe Reaction | Action |
| <i>SEVERE Symptoms</i> <ul style="list-style-type: none">● Short of breath, wheezing, repetitive cough● Skin color is pale, blue,● Faint, weak pulse, dizzy● Tight or hoarse throat, trouble breathing or swallowing● Significant swelling of the tongue and/or lips● Many hives over body, widespread redness● Repetitive vomiting, severe diarrhea● Feeling something bad is about to happen, anxiety, confusion | <ol style="list-style-type: none">1. INJECT EPINEPHRINE IMMEDIATELY.2. Call EMS. Tell them the student is having anaphylaxis and may need epinephrine when they arrive.3. Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.4. Give second dose of epinephrine if symptoms get worse, continue, or do not get better in 5 minutes.5. Alert emergency contacts.6. Give other medication (only if prescribed). DO NOT use other medication in place of epinephrine.<ul style="list-style-type: none">● Antihistamine● Inhaler (bronchodilator) if wheezing7. Transport them to emergency department even if symptoms resolve. Person should remain in ED for at least 4 hours because symptoms may return. |

General Guidelines for Students with Chronic Health Conditions

● Asthma

- Any student complaining of breathing difficulties should be taken seriously.
- If they have an inhaler allow them to use it when needed.
- May need to use before PE or recess
- Schools may stock albuterol for use in students if:
 - That have a current Asthma Action Plan on file with the school

| | | | |
|--|--|--|------------|
| Green: Doing Great! | Action | | |
| Student has ALL of these: - Breathing is easy - No cough or wheeze - Able to work and play normally | Controller Medication (taken at home) | How Much? | How Often? |
| | | | |
| Yellow: Mild to Moderate Distress | Action | | |
| Student has ANY of these: - Coughing or wheezing - Tight chest - Shortness of breath - Waking up at night | Quick-Relief Medication | How Much? | How Often? |
| | | | |
| | Administer Via | <input type="checkbox"/> Student is independent <input type="checkbox"/> Student needs assistance <input type="checkbox"/> Student needs supervision | |
| | <input type="checkbox"/> Inhaler <input type="checkbox"/> Nebulizer <input type="checkbox"/> Inhaler with spacer | | |
| | 1. Restrict physical activity and allow to rest upright. 2. Do not leave student unattended. Observe continuously for 15 minutes. 3. Notify parent/guardian. 4. If improved (breathing smooth and easy, no coughing or wheezing) may return to class. 5. If no improvement call EMS and move to Red section below. | | |
| Red: Severe Respiratory Distress | Action | | |
| Student has ANY of these: - Trouble eating, walking or talking - Breathing hard and fast - Medicine isn't helping - Rib or neck muscles show when breathing in - Color changes in lips, nail beds, skin | <i>Call EMS!</i> | | |
| | 1. Repeat <input type="text"/> puffs of Quick-Relief Medication (each 15-30 seconds apart) every <input type="text"/> minutes until medical help arrives. 2. Encourage slow breaths and allow individual to rest. 3. Update parent/guardian. 4. Do not leave student unattended. Observe continuously until EMS arrives <input type="checkbox"/> Additional Orders (specify): <input style="width: 150px;" type="text"/> | | |

General Guidelines for Students with Chronic Health Conditions

● Seizures

- There are many types of seizures, not all are convulsive.
- If you know you have a student with seizures complete the required training on recognizing signs and symptoms, and seizure first aid.

■ Epilepsy Foundation

- **Seizure Training for School Personnel (75 min):**
<https://learn.epilepsy.com/courses/school-personnel-OD-v2>
- **Seizure First Aid Training (30 min):**
https://learn.epilepsy.com/courses/seizure-first-aid-ready-ondemand?utm_medium=website&utm_source=efa&utm_campaign=firstaidpg&utm_content=bo dy


■ Epilepsy Alliance of America

- **Seizure First Aid Training for School Personnel (25 min):**
<https://www.epilepsyallianceamerica.org/ondemand-seizure-first-aid-training-for-school-personnel/>

■ Vector (if your LEA is contracted with Vector)

| SEIZURE ACTION PLAN – Mark all behaviors that apply to student | |
|---|---|
| If you see this: | Do this: |
| <input type="checkbox"/> Sudden cry or squeal | <input type="checkbox"/> Stay calm & track time |
| <input type="checkbox"/> Loss of bowel or bladder control | <input type="checkbox"/> Report symptoms and duration to parent |
| <input type="checkbox"/> Staring | <input type="checkbox"/> Keep student safe |
| <input type="checkbox"/> Rhythmic eye movement | <input type="checkbox"/> Do not restrain |
| <input type="checkbox"/> Lip smacking | <input type="checkbox"/> Protect head |
| <input type="checkbox"/> Gurgling or grunting noises | <input type="checkbox"/> Keep airway open/watch breathing |
| <input type="checkbox"/> Falling down | <input type="checkbox"/> Turn student on side |
| <input type="checkbox"/> Rigidity or stiffness | <input type="checkbox"/> Do not put anything in mouth |
| <input type="checkbox"/> Thrashing or jerking | <input type="checkbox"/> Do not give fluids or food during or immediately after seizure |
| <input type="checkbox"/> Change in breathing | <input type="checkbox"/> Stay with student until fully conscious |
| <input type="checkbox"/> Blue color to lips | <input type="checkbox"/> Ensure symptoms resolve before student leaves classroom |
| <input type="checkbox"/> Froth from mouth | <input type="checkbox"/> Swipe VNS magnet (if applicable) |
| <input type="checkbox"/> Loss of consciousness | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Other (specify): | |
| Expected Behavior after Seizure | EMERGENCY SEIZURE PROTOCOL |
| <ul style="list-style-type: none">▪ Tiredness▪ Weakness▪ Sleeping, difficult to arouse▪ Somewhat confused▪ Regular breathing▪ Other (specify): | <input type="checkbox"/> Call EMS at _____ minutes for transport to: _____ hospital |
| | <input type="checkbox"/> Call parent or emergency contact |
| | <input type="checkbox"/> Administer emergency medications and/or oxygen as indicated on SMMO |
| | <input type="checkbox"/> Other (specify): |
| Follow-Up | A seizure is generally considered an emergency when: |
| <ul style="list-style-type: none">• Notify school nurse• Document observations | <ul style="list-style-type: none">▪ Convulsive (tonic-clonic) seizure lasts longer than 5 minutes▪ Repeated seizures with or without regaining consciousness▪ Breathing difficulties continue after seizure▪ Seizure occurs in water |

Vision Screening

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- Vision Screening (53G-9-404)
 - Required for all students in grades PK, 1, 3, 5, 7 or 8, and 9 or 10.
 - If students fail to achieve benchmark Vision Symptom Questionnaire must be completed by classroom teacher and given to the school nurse to evaluate vision further.
 - Required for students being evaluated/re-evaluated for 'specific learning disability' classification in special education.
 - If parents or teachers have any concern that might be vision related they can request further vision evaluation at any time by completing the Vision Symptoms Questionnaire and giving it to the school nurse.

Immunization Laws



- Immunizations (53G-9-301)
- All students are required to be vaccinated against certain vaccine preventable diseases before they can begin attending school.
- Exemptions are available for personal or medical reasons.
- Students may attend 'conditionally' if it isn't time for the next shot(s) in a series.

Head Injury Law and Rule



[Protection of Athletes with Head Injury Act - Utah State Legislature](#)

[R277-614 Athletes and Students with Head Injuries - Utah State Board of Education \(USBE\) Administrative Rules](#)


- Adopt and enforce a head injury policy for students participating in physical education and extracurricular sporting events
- "Head injury" means any injury to the head not described in Subsection 26-53- 102(6) including a mild bump
- "Free play" means unstructured student play, games and field days during school hours (recently passed).
- An LEA shall notify a parent if a student is reported to have experienced a head injury during school hours or a school sanctioned activity.

[Model Concussion and Head Injury Policy \(2021\)](#)

[Head Injury Flow Chart for Utah Schools](#)

[Parent Notification of Head Injury](#)

Health and Safety



R392-200-9

- Requires a clinic room with handwashing sink with hot and cold water, soap, and individual towels
- Requires at least two individuals on site that have a current first aid/CPR certification

Period Products



Period Products (53G-4-413)

- Passed in 2022 legislative session (HB162)
- Requires all public schools (district and charter) to provide free period products in every female or unisex restroom
- Required in every elementary, middle, junior, or high school

Required Provision of Period Products in Schools (R277-931)

- Excludes restrooms exclusively used by students in Kindergarten or younger

Seizure Awareness



Seizure Awareness (53G-9-212)

- Passed in 2022 legislative session (HB241)
- 2022-23 school year requires all teachers and administrators of students with epilepsy or seizure disorder to undergo training on:
 - Seizure signs and symptoms, and
 - First aid
- 2023-24 school year requires all staff who interact with student with epilepsy or seizure disorder to undergo training on:
 - Seizure signs and symptoms, and
 - First aid
- Training required every two years

Approved Seizure Awareness Training



- **Epilepsy Foundation**

- Seizure First Aid Ready (30 min)

https://learn.epilepsy.com/courses/seizure-first-aid-ready-ondemand?utm_medium=website&utm_source=efa&utm_campaign=firstaidpg&utm_content=body

- Seizure Training for School Personnel (75 min):

<https://learn.epilepsy.com/courses/school-personnel-OD-v2>

- **Epilepsy Alliance of America**

- Seizure First Aid Training for School Personnel (25 min):

<https://www.epilepsyallianceamerica.org/on-demand-seizure-first-aid-training-for-school-personnel/>

- **Vector**


- Training on seizures (if your district contracts with Vector)

Policy



- Model Wellness Policy
<https://www.schools.utah.gov/file/bf0e58b9-70c8-416b-8d2b-9d769d37afee>
- Model Head Injury Policy
<https://www.schools.utah.gov/file/ec66da83-16e3-4659-b471-663b66b099b5>
- Vision Screening Policy
https://heal.health.utah.gov/wp-content/uploads/2021/07/2019_Guidelines.pdf

Staff Training


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- UDOH Healthy Environments Active Living (HEAL) program:
<https://heal.health.utah.gov/SN-training/>
 - Epinephrine auto-injectors
 - Seizure Awareness
 - Seizure Rescue Medication Training
 - American Diabetes Association training for staff
 - Other various recorded webinars on health topics

Maturation



- Required by Health Standards to be taught in 5th grade. May also be taught in 4th or 6th grade if school desires, but must at least be taught in 5th.
- Must have parental consent
- Content as listed in Standard 5.HD.1-6 of Health Standards
- Typically taught by school nurse
- Parents should be invited, but not required, to attend

HIPAA and FERPA

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- Most schools are NOT HIPAA covered entities, but instead are covered by FERPA
 - FERPA – only those school employees who have a need to know should know.
 - **Does HIPAA allow a health care provider to disclose PHI about a student to a school nurse or physician?**

Yes. The HIPAA Privacy Rule allows covered health care providers to disclose PHI about students to school nurses, physicians, or other health care providers for several purposes, without the authorization of the student or student's parent.

Questions?



Utah State Board of Education

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