

Great Hearts Academies

Health Services Manual



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I. Introduction

The purpose of the **Great Hearts Academies Health Services Manual** is to assist health assistants, designated, unlicensed school personnel in policy and procedure, guidance in “Best Practices”, and additional resources to provide for the health and safety of students and school staff. The information contained in the manual includes:

- The role of the Health Assistant or designated staff personnel, School Nurse, and Director of Nursing.
Resources to assist in running the school health office
- Items and procedures to support student health.
- Health and safety policies of Great Hearts Academies
- Services and reports that are mandated for all Arizona schools
- Reports/forms that are required by Great Hearts Academies

Although this manual has been intended for the health assistant or designated, unlicensed school personnel, the school nurse will also use this as a resource. The school nurse is held to a higher set of practice standards as required by their nursing license and may perform additional duties within their scope of practice.

II. School Health Personnel

- **“Health Assistants”** are hired by the Headmaster. Health Assistants **are required to be CPR and First aid certified**. Health Assistants usually assist on the Archway campuses. Health Assistants performing hearing screenings are required by the state to obtain certification of training, and may be required by their Headmaster to obtain vision screening certification (that is required by the state).
- **“Unlicensed School Personnel”** are hired by the Headmaster and are designated to perform specific health services tasks. The designated, unlicensed school personnel are not required to be CPR and First aid certified however it is recommended. Designated personnel are usually hired mainly for the school front office. Preparatory campuses are usually found to utilize delegated, unlicensed school personnel.
- **“School Nurses”** are hired by the Headmaster. A School Nurse must have a current RN Arizona license and CPR certification. The School Nurse is usually utilized on the Archway campuses. School Nurses performing hearing screenings are required by the state to obtain certification of training and may be required by their Headmaster to obtain vision screening certification (that is required by the state).
 - ❖ School Nurses and Health Assistants are required by their Headmaster to have a state-issued certificate of training for conducting hearing and vision screenings.
- **“Director of Nursing”** is hired by Great Hearts Academies and must have a current RN Arizona license. The Director of Nursing provides resources as well support to health assistants, designated school personnel, school nurses and Headmasters. The Director of Nursing also coordinates with the Great Hearts administration to develop, update, and implement health services policies and procedures. **The Director of Nursing, Ava Williams-Cornelius, R.N., may be contacted at 623-920 - 0603.**
- **“School Health Office IT” for Power School questions and updates.”** has been designated to assist school health personnel with all Power School questions.

III. Health Services Overview

- **Basic Health Services** that should be provided by all Great Hearts schools:
 - ❖ Identify, refer, and follow up with acute and chronic health conditions and produce health care plans located on the Regional Drive.
 - ❖ Identify Health Alerts found in the Enrollment Information and update as necessary.
 - ❖ Maintain a safe and healthy environment to promote learning.
 - ❖ Provide first aid as needed, and notify emergency services when indicated.
 - ❖ Maintain student medication administration and document according to the Medication guidelines.
 - ❖ Maintain and monitor student immunizations in accordance to Arizona law and file the annual report by November 15.
 - ❖ ASIR (Arizona State Immunization Records) should be current and placed in the student's Cum folder.
 - ❖ Conduct hearing screening on students in accordance to Arizona law; make referrals and follow up as indicated; within 45 days. An annual Hearing Report will be by June 30.
 - ❖ Conduct vision screenings if desired; make referrals and follow up as indicated. It is not a State mandate to conduct vision exams however inform faculty to refer students in the event a student is struggling with their vision and they do not have glasses.
 - ❖ Notify the Maricopa County Health Department of cases of reportable communicable diseases. Refer to the list of Reportable Communicable Diseases on the Regional Drive or at this website: <https://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/communicable-disease-reporting/school-childcare-reporting-requirements.pdf>.
 - ❖ Recognize and report possible physical, sexual, and/or psychological abuse of students. Review the Child Find mandates on a yearly basis. New faculty will be required to attend a Child Find In service.
 - ❖ Maintain confidentiality of all student health information in accordance to FERPA and HIPAA

IV. Duties and Guidelines for School Health Personnel

- **Aids in the implementation of the above and below listed health services.**
- **Communicable Disease Reporting- State Mandated**
 - ❖ Whenever the School Health Personnel becomes aware of a case, a suspected case, or an outbreak of a communicable disease, the School Health Personnel should consult with the Maricopa County Health Department. If the information provided confirms a reportable event, the School Health Personnel will work with the Maricopa County Health Department. The Headmaster will be notified with the recommendations on how to proceed with parent notification.
 - ❖ The complete list can also be found in the *Community Diseases Reporting on the ADHS website at <https://azdhs.gov/documents/preparedness/epidemiology-disease-control/communicable-disease-reporting/reportable-diseases-list.pdf>*
 - ❖ The report shall be submitted to the local health agency within the time limitation as specified in Table 2. The document may be submitted by telephone, fax, or mail at:

The Maricopa County Department of Health
Community Health Nursing
Telephone: 602.506.6767
Fax: 602.506.8444
Street Address: 4041 N. Central Ave. Phoenix, AZ 85012

- **Documentation**
 - ❖ A student's visit to the Health Office should be documented in PowerSchool and should include
 - Date
 - Time
 - Problem or reason for the visit (sickness/injury)
 - Your observations/assessment
 - Tasks performed to aid the student
 - Medications administered
 - Student outcome (i.e. student sent home or student sent back to class). All parent contact must be documented.
 - ❖ In the case of an injury or incident where additional medical services are needed (i.e. EMS, urgent care), a Student Incident Report form should be completed. Please see the Student Accident Report Process Flow Chart on the Regional Drive, located in the First Aide and Safety Folder.
- **Health Care Plans**
 - ❖ Identify students with asthma, diabetes, anaphylaxis (severe allergy), migraine, or seizure disorders on the emergency medical form completed by the parent. In cases where a student is newly diagnosed during the school year, parents will provide written or verbal notification of a change in student health status.
 - ❖ Request parents to complete the appropriate Health Care Plan in collaboration with their physician. Physician's own action plan may be accepted.
 - ❖ Proper documentation is needed before emergency medications are to be administered by school personnel.
 - ❖ Request that the proper supplies and medications be provided by the parent. **DO NOT EXCEPT expired medications.**
 - ❖ **Expired medications must be properly disposed of or given back to the parents.**
 - ❖ If a parent does not supply proper documentation or medications, document this in Power School in detail with your requests and the parent's response. Notify the Headmaster with noncompliance issues. Health Care Plans are available in the *Health Care Plans Folder* on the Regional Drive. It is also recommended that the Health Care Plans be available on the academy website for parents to access.

- **First Aid & Safety**
 - ❖ Follow the health and safety guidelines provided by the Arizona Department of Health Services at: <https://azdhs.gov/documents/prevention/womens-childrens-health/reports-fact-sheets/emsc/safety.pdf>
 - ❖ Health assistants and unlicensed personnel should **only** perform those tasks that are described in this flip-chart or from a first aid resource from which they have been trained by the Director of nursing and/or certified personnel.
- **Health Office Supplies**
 - ❖ Stocking and maintenance of the health office equipment and supplies. Medical supplies can be purchased on Amazon.com or <http://schoolnursesupplyinc.com>
 - ❖ Discuss with the Headmaster or Office Manager how they would prefer to pay for supplies.
- **Hearing and Vision**
 - ❖ New legislation requiring schools to comply with the following:
 - ✓ Provide vision screenings to all kindergarten students and provide screening results to parent for students not passing.
 - ✓ Providing screenings for students with an IEP are referred for special education during the year.
 - ✓ Any student recommended for screening by a teacher who has not been screened in the last year.
 - ✓ Any student who is not reading at grade level by third grade, if they are not otherwise screened in the third grade. <https://www.azleg.gov/legtext/54leg/1r/bills/sb1456s.pdf>
 - ❖ T-3 Sensory Training and Certification is required to rescreen students who have failed the initial screening. This certification is also required in order to complete the ADHS Hearing Screening Report and to reserve audiometers for the screening process. For more information regarding hearing and vision training and certification, please visit the Arizona Department of Health Services Hearing and Vision Sensory Program at: https://azdhs.gov/documents/prevention/womens-childrens-health/reports-fact-sheets/hearing-vision/sensory_pp.pdf
 - ❖ Hearing and Vision Screening Guidelines are found in the Hearing and Vision folder on the Regional Drive.
 - ❖ Conduct hearing and vision screenings prior to the 45 day screening process. According to the state guidelines vision is not mandated to be completed. Some schools may choose to contract with a service to conduct all screenings. Student Vision and Hearing Screening forms are available on the Regional Drive. The Hearing and Vision Referral Letters are also in the Hearing and Vision folder on the Regional Drive.
 - ❖ The Office Manager and the School Health Personnel will select a time to complete Hearing and Vision Screenings.
 - ❖ Volunteers may assist with the initial hearing and vision screenings. A training period prior to the day of the screenings is recommended. A good resource to assist in screenings is the PSO at your academy.
 - ❖ All screenings will be recorded in Power School. This system will generate a report supporting School Health Personnel with the annual Hearing Report.
 - ❖ The ADHS hearing screening report form due between April 1 and June 30 annually is available at: <https://www.azdhs.gov/documents/prevention/womens-childrens-health/ocshcn/hearing-vision-screening/hearing-screening-report-form.pdf>
- **Immunizations** - Monitor and maintain student immunization records.

- ❖ The 2019-2020 Arizona School Immunization Requirements, K-12 grade can be found at:
<https://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/immunization/school-childcare/school-immunization-requirements.pdf>
- ❖ An electronic version of the child's immunization record can be generated by an immunization registry. The Arizona State Immunization Information System may be utilized at
<https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/asiis/index.php>
- ❖ Immunizations for new students and for students who have updated their immunizations are input into the school management system (Power School.)
- ❖ The ASIR card will be generated through Power School once immunizations are recorded.
- ❖ All updated ASIR cards will be filed in the student's Cum Folder.
- ❖ The Request for Exemption to Immunization form will be available at the Health Office or at
<https://azdhs.gov/documents/preparedness/epidemiology-disease-control/immunization/school-childcare/personal-belief-exemption.pdf>
- ❖ An example of the Arizona School Immunization Record can be viewed at:
<https://azdhs.gov/documents/preparedness/epidemiology-disease-control/immunization/school-childcare/asir-109r.pdf>
- ❖ Inadequate Immunization Records
If a parent attempts to enroll a student in a Great Hearts academy without adequate immunization records, the school shall provide the parent or guardian with:

Written notification that the student is not in compliance with immunization requirements;

A list of the immunizations that the student must obtain in order to comply with state requirements; and

Written notification that the parent or guardian is to send the student to a physician or local health agency to obtain written proof of immunizations before entry. This documentation must be copied and stored in the students cum file.

Appropriate forms can be found on the Regional Drive in the Immunization Folder or at:

<https://azdhs.gov/documents/preparedness/epidemiology-disease-control/immunization/school-childcare/school-immunization-toolkit.pdf>

○ Inclusion & Exclusion Criteria

- ❖ Follow Great Hearts Illness Guidelines –when to keep your child home from school
- ❖ Follow the inclusion/exclusion criteria guidelines provided by Caring for our Children: National Health and Safety Standards, Third Edition at:
<http://nrckids.org/CFOC>
- ❖ These standards are supported by the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education. Due to copyright laws, we are unable to print the guidelines, but your school may choose to purchase *Managing Infectious Diseases in Child Care and Schools, Second Edition* by the American Academy of Pediatrics. The guidelines are available in this resource. The resource can be found at:
<http://www.ecels-healthychildcarepa.org/publications/manuals-pamphlets-policies/item/292-managing-infectious-diseases-in-child-care-and-schools-a-quick-reference-guide.html>

○ Medical Emergencies

- ❖ Notify EMS when indicated
Guidelines available at:
<http://nrckids.org/CFOC>

- ❖ Safety Information Flip Chart
<https://azdhs.gov/documents/prevention/womens-childrens-health/ocshcn/nursing/emergency-school-guidelines.pdf>

○ Medication Policies

Follow medication policy as stated in the School Family Handbook. Medication administration consent forms are available at the front office. The following guidelines should be followed regarding medication administration.

Recent changes to the Consent to Administer Medication document allows school staff to administer certain prescription medications to minors without parental authorization in the case of a medical emergency. These medications are: 1 Epinephrine auto-injectors, 2. Inhalers 3. Naloxone hydrochloride or any other opioid antagonist drug that are approved by the FDA.

❖ Emergency Medication Administration

Pursuant to Arizona Revised Statutes §15-189.04 the governing body of the school prescribes and enforces the following policies and procedures for the emergency administration of auto-injectable epinephrine (hereinafter called unassigned or stock epinephrine) by a trained employee of the school pursuant to Arizona Revised Statutes §15-157.

Applicability

These policies and procedures shall apply if:

1. The school **voluntarily chooses** to stock two (2) adult doses and two (2) juvenile doses of auto-injectable epinephrine pursuant to A.R.S. §15-157.
2. The **school is required** to stock two (2) adult doses and two (2) juvenile doses of auto-injectable epinephrine pursuant to A.R.S. §15-157.

Definitions

The following definitions are applicable to these policies and procedures:

1. “Anaphylactic shock” is a severe systemic allergic reaction, resulting from exposure to an allergen, which may result in death. Common allergens include but are not limited to animal dander, fish, latex, milk, shellfish, tree nuts, eggs, insect venom, medications, peanuts, soy, and wheat. A severe allergic reaction usually occurs quickly; death has been reported to occur within minutes. An anaphylactic reaction can occur up to one to two hours after exposure to the allergen.
2. “Auto-injectable epinephrine” means a disposable drug delivery device that is easily transportable and contains a premeasured single dose of epinephrine used to treat anaphylactic shock.
3. “Standing order” means a prescription protocol or instructions issued by the chief medical officer of the department of health services, the chief medical officer of a county health department, a doctor of medicine licensed pursuant to title 32, chapter 13, or a doctor of osteopathy

licensed pursuant to title 32, chapter 17, for non-individual specific epinephrine.

Policy

Pursuant to a standing order issued by the chief medical officer of the department of health services, the chief medical officer of a county health department, a doctor of medicine licensed pursuant to title 32, chapter 13 or a doctor of osteopathy licensed pursuant to title 32, chapter 17, an employee of the school who is trained in the administration of auto-injectable epinephrine may administer or assist in the administration of auto-injectable epinephrine to a pupil or an adult whom the employee believes in good faith to be exhibiting symptoms of anaphylactic shock while at school or at school-sponsored activities. Pu

Pursuant to A.R.S. §15-157, the chief medical officer of the department of health services, the chief medical officer of a county health department, a doctor of medicine licensed pursuant to title 32, chapter 13 or a doctor of osteopathy licensed pursuant to title 32, chapter 17, Great Hearts academies, the school, and employees of Great Hearts Arizona and the school are immune from civil liability with respect to all decisions made and actions taken that are based on good faith implementation of the requirements of A.R.S. §15-157, except in cases of wanton or willful neglect.

Policy Limitations

Parents of students with known life-threatening allergies and/or anaphylaxis shall provide the school with written instructions from the students' health care provider for handling anaphylaxis and all necessary medications for implementing the student specific order on an annual basis. This anaphylaxis policy is not intended to replace student specific orders or parent provided individual medications. This policy does not extend to non-school-sponsored activities.

- Symptoms of Anaphylaxis
- Shortness of breath or tightness of chest; difficulty in or absence of breathing
- Sneezing, wheezing or coughing
- Difficulty swallowing
- Swelling of lips, eyes, face, tongue, throat or elsewhere
- Low blood pressure, dizziness and/or fainting
- Heart beat complaints: rapid or decreased
- Blueness around lips, inside lips, eyelids
- Sweating and anxiety
- Itching, with or without hives; raised red rash in any area of the body
- Skin flushing or color becomes pale
- Hoarseness
- Sense of impending disaster or approaching death
- Loss of bowel or bladder control
- Nausea, abdominal pain, vomiting and diarrhea
- Burning sensation, especially face or chest
- Loss of consciousness

Although anaphylactic reactions typically result in multiple symptoms, reactions may vary. A single symptom may indicate anaphylaxis. **Epinephrine should be**

administered promptly at the first sign of anaphylaxis. It is safer to administer epinephrine than to delay treatment for anaphylaxis.

Annual Training in the Administration of Auto-Injectable Epinephrine

1. The Headmaster of the school shall designate at least two school personnel, in addition to the school nurse (RN or LPN), who shall be required to receive annual training in the proper administration of auto-injectable epinephrine in cases of anaphylactic shock pursuant to a standing order.
2. Training in the administration of auto-injectable epinephrine shall be conducted in accordance with minimum standards and curriculum developed by the Arizona Department of Health Services in consultation with the Arizona Department of Education.
3. At a minimum, training shall include procedures to follow when responding to anaphylactic shock, including direction regarding summoning appropriate emergency care, and documenting, tracking and reporting of the event.
4. Training shall also include standards and procedures for acquiring a supply of at least two
(2) juvenile doses and two (2) adult doses of auto-injectable epinephrine, restocking auto-injectable epinephrine upon use or expiration, and storing all auto-injectable epinephrine at room temperature and in secure, easily accessible locations on school sites.
5. Training shall be conducted by a regulated health care professional, whose competencies include the administration of auto-injectable epinephrine, including but not limited to a licensed school nurse, certified emergency medical technician or licensed athletic trainer.
6. The school shall maintain and make available upon request a list of those school personnel authorized and trained to administer auto-injectable epinephrine pursuant to a standing order, along with the date on which the annual training took place.

Annual Training on the Recognition of Anaphylactic Shock Symptoms and Procedures to Follow When Anaphylactic Shock Occurs

1. The school shall require all school site personnel to receive an annual training on the recognition of anaphylactic shock symptoms and procedures to follow when anaphylactic shock occurs.
2. Training shall be conducted in accordance with minimum training standards developed by the Arizona Department of Health Services in consultation with the Arizona Department of Education and shall follow the most current guidelines issued by the American Academy of Pediatrics.
3. Training shall be conducted by a regulated health care professional whose competencies include the recognition of anaphylactic shock symptoms and procedures to follow when anaphylactic shock occurs,

- including but not limited to a licensed school nurse, certified emergency medical technician or licensed athletic trainer.
4. The school shall maintain and make available upon request a log of the personnel who received the annual training, along with the date on which the training took place.

Procedures for Annually Requesting a Standing Order for Auto-Injectable Epinephrine

Standing orders are written to cover multiple people as opposed to individual-specific orders, which are written for one person.

1. The school shall obtain a standing order from its designated school physician licensed pursuant to title 32, chapter 13 (medical physician) or chapter 17 (osteopathic physician) , and if no such physician is available to provide a standing order, from the chief medical officer of the department of health services or the chief medical officer of a countryhealth department.
2. Standing orders shall be renewed annually and upon the change of any designated school physician.
3. Standing orders shall identify the appropriate dosage of auto-injectable epinephrine to administer based upon weight and the frequency at which auto-injectable epinephrine may be administered if symptoms persist or occur.

Procedures for the Administration of Auto-injectable Epinephrine in Emergency Situations

1. Determine if symptoms indicate possible anaphylactic shock.
2. *Act quickly. It is safer to give epinephrine than to delay treatment.*
3. Select the appropriate dosage of auto-injectable epinephrine to administer pursuant to a standing order.
4. Inject the epinephrine via the auto-injector pursuant to a standing order, noting the time, date, and dose given.
5. Direct someone to call 911 and request medical assistance. Advise the 911 operator that anaphylaxis is suspected and that epinephrine has been given.
6. Stay with the person and keep the person stable, until emergency responders arrive.
7. Monitor the person's airway and breathing.
8. Reassure and calm the person as needed.
9. Call Front Office and School Administration and advise them of the situation.
10. Direct someone to call parents/guardians and advise them to promptly alert student's primary care physician of the incident.
11. If symptoms continue and EMS is not on the scene, administer a second dose of epinephrine pursuant to a standing order. Note the time.
12. Administer CPR if needed.
13. Emergency responders shall transport the person to the emergency room. Give the emergency responders the used epinephrine auto-

- injector labeled with the person's name and the date and time the epinephrine was administered.
15. Even if symptoms subside, 911 must still respond and individual must be evaluated by a physician. A delayed or secondary reaction may occur.
 16. Document the incident in writing detailing who administered the injection(s), the rationale for administering the injection(s), the approximate time of the injection(s), and notifications made to school administration, emergency responders, the student's parents/guardians, and the doctor or chief medical officer who issued the standing order, and complete required incident reports.
 17. Order replacement dose(s) of stock auto-injectable epinephrine as appropriate.
 18. Review the incident involving the emergency administration of epinephrine to determine the adequacy of the response.

Reporting of the Incident

The school shall report to the Arizona Department of Health Services all incidents of use of auto-injectable epinephrine pursuant to this rule in the format prescribed by the Arizona Department of Health Services.

Post Event Actions

1. Once epinephrine is administered, local Emergency Medical Services (911) shall be activated and the student transported to the emergency room for follow up care. In some reactions, the symptoms go away, only to return one to three hours later. This is called a "biphasic reaction." Often these second-phase symptoms occur in the respiratory tract and may be more severe than the first-phase symptoms. Therefore, follow up care with a healthcare provider is necessary. The student will not be allowed to remain at school or return to school on the day epinephrine is administered.
2. Document the event
3. Complete incident report
4. Replace epinephrine stock medication immediately

Storage, Access and Maintenance

Epinephrine should be stored in a safe, unlocked and accessible location, in a dark place at room temperature (between 59-86 degrees F). Epinephrine should **not** be maintained in a locked cabinet or behind locked doors. Staff should be made aware of the storage location in each school. It should be protected from exposure to heat, cold or freezing temperatures. Exposure to sunlight will hasten deterioration of epinephrine more rapidly than exposure to room temperatures. The expiration date of

epinephrine solutions should be periodically checked; the drug should be replaced if it is approaching the expiration date. The contents should periodically be inspected through the clear window of the auto-injector. The solution should be clear; if it is discolored or contains solid particles, replace the unit. Each school should maintain documentation that stock epinephrine has been checked on a monthly basis to ensure proper storage, expiration date, and medication stability.

The school shall maintain a sufficient number of extra doses of epinephrine for replacement of used or expired school stock on the day it is used or discarded. Expired auto-injectors or those with discolored solution or solid particles should not be used. Discard them in a sharps container.

Policy for the Administration of prescription, patent or proprietary medications by school employees.

The administration of prescription, patent or proprietary medications to minor children by school employees shall **only** occur on the **written request or authorization** of a parent or legal guardian, except for an emergency administration pursuant to section 15–157 (epi-pin as explained above) or 15–158 (inhalers and bronchodilators as explained above) or the emergency exception pursuant to section 15–341, subsection A, paragraph 43 (opioid antagonist) as detailed below.

- B. For the purposes of this policy, “administration of a prescription medication or a patent or proprietary medication” means the giving of a single dose of medication or the giving of a treatment package in its original container.
- C. Pursuant to ARS 15-341 (a)(43) and, [ARS 36-2267](#), in the event of an emergency, trained school personnel shall follow approved policies and procedures for the emergency administration by an employee of a school of naloxone hydrochloride or any other opioid antagonist approved by the United States food and drug administration as described below.

D. Each Great Hearts school shall require all nurses, health staff and head coaches to be trained in the administration of opioid antagonists by July 2020.

Emergency Procedures for the Administration of Naloxone Hydrochloride or other FDA approved opioid antagonist in Emergency Situations

1. Determine if symptoms indicate possible opioid overdose/depression..
2. Select the appropriate dosage of the opioid antagonist to administer pursuant to a standing order.
3. Inject the opioid antagonist pursuant to a standing order, noting the time, date, and dose given.
4. Direct someone to call 911 and request medical assistance. Advise the 911 operator that opioid overdose is suspected, and which opioid antagonist has been given.
5. Stay with the person and keep the person stable, until emergency responders arrive.
6. Monitor the person’s airway and breathing.
7. Reassure and calm the person as needed.
8. Call Front Office and School Administration and advise them of the situation.
9. Direct someone to call parents/guardians and advise them to promptly alert student’s

primary care physician of the incident.

10. Administer CPR if needed.
11. Emergency responders shall transport the person to the emergency room. Give the emergency responders the used opioid antagonist labeled with the person's name and the date and time the opioid antagonist was administered.
12. Even if symptoms subside, 911 must still respond and individual must be evaluated by a physician. A delayed or secondary reaction may occur.
13. Document the incident in writing detailing who administered the injection(s), the rationale for administering the injection(s), the approximate time of the injection(s), and notifications made to school administration, emergency responders, the student's parents/guardians, and the doctor or chief medical officer who issued the standing order, and complete required incident reports.
14. Order replacement dose(s) of stock as appropriate.
15. Review the incident involving the emergency administration of the opioid antagonist to determine the adequacy of the response.

Reporting of the Incident

The school shall report to the Arizona Department of Health Services all incidents of use of any opioid antagonist pursuant in the format prescribed by the Arizona Department of Health Services or other relevant state, county or federal agency.

F. Post Event Actions

1. Once any opioid antagonist is administered, local Emergency Medical Services (911) shall be activated and the student transported to the emergency room for follow up care. with a health care provider is mandatory.
2. Document the event
3. Complete incident report
4. Replace stock medication immediately

G. Storage, Access and Maintenance

Need protocol

- ❖ There must be written authorization by a parent or guardian to allow the school the school health personnel to administer the medication. The *Parental Consent to Dispense Medications form* will be updated yearly.
- ❖ The medication consent must include the medication, dosage, route, approximate time to be administered, indication for use, and any known drug allergies, and must be in accordance with the manufacturer's instructions or the prescription
- ❖ A written or faxed order from a physician will be accepted by the health office.
- ❖ The medication sent from home must come to the school office in its original manufacturer's packaging, with directions and warnings intact, and labeled with the student's name.
- ❖ **Expired medication should not be administered.**
- ❖ Parents of students with Health Care Plans shall submit an updated plan yearly.

○ **Physical, sexual, and/ psychological abuse - Mandatory reporting**

❖ Definitions

Definitions of Abuse

The following material was adapted by the Interagency Council from CPS training materials. This material is intended simply to provide guidelines and is not to be considered legal advice. Emphasis has been added in some sections.

"Abuse" per A.R.S. 8-201 means the infliction of or allowing of physical injury, impairment of bodily function, or disfigurement or the infliction of or allowing another person to cause serious emotional damage as evidenced by severe anxiety, depression, withdrawal or untoward aggressive behavior and which emotional damage is diagnosed by a medical doctor or psychologist pursuant to section 8-821 and is caused by the acts or omissions of an individual having care, custody and control of a child. Abuse shall include inflicting or allowing sexual abuse pursuant to section 13-1404, sexual conduct with a minor pursuant to section 13-1405, sexual assault pursuant to section 13-1406, molestation of a child pursuant to section 13-1410, commercial sexual exploitation of a minor pursuant to section 13-3552, sexual exploitation of a minor pursuant to 13-3553, incest pursuant to section 13-3608 or child prostitution pursuant to section 13-3212.

PHYSICAL ABUSE

"PHYSICAL INJURY" per A.R.S. 13-3623 means the impairment of physical condition and includes any:

- | | |
|----------------------|--|
| a. skin bruising | g. burns |
| b. pressure sores | h. fracture of any bone |
| c. bleeding | i. subdural hematoma |
| d. failure to thrive | j. soft tissue swelling |
| e. malnutrition | k. injury to any internal organ |
| f. dehydration | l. physical condition which imperils health or welfare |
-

"SERIOUS PHYSICAL INJURY" means physical injury which creates:

- a. a reasonable risk of death or
- b. that causes serious or permanent disfigurement,
- c. serious impairment of health or
- d. loss or protracted impairment of the function of any bodily limb or organ.

○ **Physical, sexual, and/ psychological abuse - Mandatory reporting**

❖ **Definitions**

NEGLECT

“NEGLECT OR NEGLECTED” means the inability or unwillingness of a **PARENT, GUARDIAN OR CUSTODIAN** of a child to provide that child with supervision, food, clothing, shelter or medical care **IF** that inability or unwillingness **CAUSES SUBSTANTIAL RISK OF HARM** to the child’s health or welfare, except if the inability of a parent or guardian to provide services to meet the needs of a child with a disability or chronic illness is solely the result of the unavailability of reasonable services.

“Substantial Risk of Harm” means actual, tangible and measurable harm or risk of harm to the child which may include physical, emotional, medical, sexual or other types of harm to the child.

SEXUAL ABUSE

SEXUAL ABUSE (A.R.S. § 13-1404) A person commits sexual abuse by intentionally or knowingly engaging in sexual **CONTACT** with any person **fifteen or more years of age** without the consent of that person, or with any person who is **under fifteen** years of age if the sexual **CONTACT** involves only the female breast.

SEXUAL CONDUCT WITH A MINOR (A.R.S. § 13-1405) A person commits sexual **CONDUCT** with a minor by intentionally or knowingly engaging in **sexual intercourse or oral sexual CONTACT** with any person who is **under eighteen** years of age. (This statute has been interpreted by the courts to include attempts to engage in this behavior, even if the attempt is only verbal.)

SEXUAL ASSAULT (A.R.S. § 13-1406) A person commits sexual assault by intentionally or knowingly engaging in **sexual intercourse or oral sexual CONTACT** with any person without consent of such person.

MOLESTATION OF A CHILD (A.R.S. § 13-1410) A person commits molestation of a child by intentionally or knowingly engaging in or causing a person to engage in sexual contact, except sexual contact with the female breast, with a child under fifteen years of age.

CHILD PROSTITUTION (A.R.S. § 13-3212) A person commits child prostitution by knowingly:

1. Causing any minor to engage in prostitution;
2. Using a minor for purposes of prostitution;
3. Permitting a minor under such person’s custody or control to engage in prostitution;
4. Receiving any benefit for or on account of procuring or placing a minor in any place or in the charge or custody of any person for the purposes of prostitution;

5. Receiving any benefit pursuant to an agreement to participate in the proceeds of prostitution of a minor;
 6. Financing, managing, supervising, controlling, or owning, either alone or in association with others, prostitution activity involving a minor;
 7. Transporting or financing the transportation of any minor through or across this state with the intent that such minor engage in prostitution.
-

COMMERCIAL SEXUAL EXPLOITATION OF A MINOR (A.R.S. § 13-3552) A person commits commercial sexual exploitation of a minor by knowingly:

1. Using, employing, persuading, enticing, inducing, or coercing a minor to engage in or assist others to engage in exploitive exhibition or other sexual **CONDUCT** for the purpose of producing any depiction or live act depicting such conduct;
 2. Using, employing, persuading, enticing, or coercing a minor to expose the genitals or anus or areola or nipple of the female breast for financial or commercial gain;
 3. Permitting a minor under such person's custody or control to engage in or assist others to engage in exploitive exhibition or other sexual **CONDUCT** for the purpose of producing any visual depiction or live act depicting such conduct;
 4. Transporting or financing the transportation of any minor through or across this state with the intent that such minor engage in prostitution, exploitive exhibition or other sexual **CONDUCT** for the purpose of producing a visual depiction or live act depicting such conduct.
-

SEXUAL EXPLOITATION OF A MINOR (A.R.S. § 13-3553) A person commits sexual exploitation of a minor by knowingly:

1. Recording, filming, photographing, developing, or duplicating any visual depiction in which a minor is engaged in exploitive exhibition or other sexual **CONDUCT**;
 2. Distributing, transporting, exhibiting, receiving, selling, purchasing, electronically transmitting, possessing, or exchanging any visual depiction in which a minor is engaged in exploitive exhibition or other sexual **CONDUCT**.
-

INCEST (A.R.S. § 13-3608) Persons who are eighteen or more years of age and are within the degree of consanguinity within which marriages are declared by law to be incestuous and void, who knowingly intermarry with each other, or who knowingly commit fornication or adultery with each other.

Additional Definitions:

1. "Sexual contact" means any direct or indirect touching, fondling, or manipulating of any part of the genitals, anus or female breast by any part of the body or by any object or causing a person to engage in such conduct.
2. "Without consent" includes any of the following:

- a. The victim is coerced by the immediate use or threatened use of force against a person or property;
 - b. The victim is incapable of consent by reason of mental disorder, mental defect, drugs, alcohol, sleep, or any other similar impairment of cognition and such condition is known or should have reasonably been known to the defendant;
 - c. The victim is intentionally deceived as to the nature of the act;
 - d. The victim is intentionally deceived to erroneously believe that the person is the victim's spouse.
- 3. "Spouse" means any person who is legally married and cohabiting.
- 4. "Sexual intercourse" means penetration into the penis, vulva, or anus by any part of the body or by any object or masturbatory contact with the penis or vulva.
- 5. "Oral sexual contact" means oral contact with the penis, vulva or anus.
 - a. "Exploitive exhibition" means the actual or simulated exhibition of the genitals or pubic or rectal areas or any person for the purpose of sexual stimulation of the viewer.
 - b. "Producing" means financing, directing, manufacturing, issuing, publishing, or advertising for pecuniary gain.
- 6. "Sexual conduct" means actual or simulated:
 - a. Sexual intercourse including genital-genital, oral-genital, anal-genital or oral-anal, whether between persons of the same or opposite sex;
 - b. Penetration of the vagina or rectum by any object except one does as part of a recognized medical procedure;
 - c. Sexual bestiality;
 - d. Masturbation for the purposes of the sexual stimulation of the viewer;
 - e. Sadomasochistic abuse for the purpose of sexual stimulation of the viewer;
 - f. Defecation or urination for the purpose of sexual stimulation of the viewer.
- 7. "Simulated" means any depicting of the genitals or rectal areas that give the appearance of sexual contact or incipient sexual conduct.
- 8. "Visual depiction" includes each visual image that is contained in an undeveloped film, videotape or photograph or data stored in any form and that is capable of conversion into a visual image.
- 9. "Prostitution" means engaging in or agreeing or offering to engage in sexual conduct with any person under a fee arrangement with that person or any other person.
- 10. "Sexual conduct" means sexual contact, sexual intercourse, or oral sexual contact, or sadomasochistic abuse.

11. "Sadomasochistic abuse" means flagellation or torture by or upon a person who is nude or clad in undergarments or in revealing or bizarre costume or the condition of being fettered, bound or otherwise physically restrained on the part of one so clothed.

EMOTIONAL ABUSE

A.R.S. § 8-821 permits a CPS Specialist or peace officer to take temporary custody of a child who is suffering serious emotional damage which can **ONLY BE DIAGNOSED by a medical doctor or psychologist**. The child shall be immediately examined and after the examination the child shall be released to the custody of the parent, guardian, or custodian unless the examination reveals abuse.

The legal definition of emotional abuse is contained in A.R.S. § 8-201. "...serious emotional damage as evidenced by severe anxiety, depression, withdrawal or untoward aggressive behavior and which emotional damage is **diagnosed by a medical doctor or psychologist** pursuant to section 8-821 and which is **CAUSED** by the acts or omissions of an individual having care, custody and control of a child."

SCHOOL PROTOCOL FOR REPORTING SUSPECTED CHILD ABUSE

The Arizona mandatory reporting law, A.R.S. 13-3620 requires that school personnel, or any person who has responsibility for the care or treatment of a minor, who reasonably believes that a minor has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect shall immediately report or cause a report to be made of this information. This means that if there are any facts from which one could reasonably conclude that a child has been the victim of one of the above listed offenses, the person knowing those facts is required to report those facts to the appropriate authorities. This immediate report is to be made regardless of who the alleged perpetrator is. Your duty is to report, not to investigate. If school personnel fail to report known or suspected child abuse or neglect, then they have committed a crime that is punishable under Arizona state law.

Responsibilities of school personnel

1. Record the information provided by the child. ONLY these exact questions should be asked as needed to complete the information:
 - a. What happened?
 - b. Who did it?
 - c. Where were you when it happened?
 - d. When did it happen?
2. Meet with your school's Child Abuse Coordinator (headmaster, dean etc.) to share the information and document on the report form.
3. Phone in report to DCS Hotline at 1-888-767-2445 or make an online report
4. Call your local PD IF you are reporting sexual abuse OR the child is in imminent danger.

Avondale PD.....	623-932-3660
Buckeye PD.....	623-386-4421
Chandler PD.....	480-782-4130
El Mirage PD.....	623-933-1341
Gilbert PD.....	480-503-6500
Glendale PD.....	623-930-3000
Goodyear PD.....	623-932-1220
Mesa PD.....	480-644-2211
Paradise Valley PD.....	480-948-7410
Peoria PD.....	623-773-7061
Phoenix PD.....	602-262-6151
Scottsdale PD.....	480-312-5000
Surprise PD.....	623-583-1085 x3
Tempe PD.....	480-966-6211
Tolleson PD.....	623-936-7186
5. Child Abuse Report form is submitted within 72 hours to:
DCS Phone Intake P.O. Box 44240 Phoenix, Arizona 85064-4240
Or fax a copy to: 602-530-1832
6. Be available to work with DCS and police who come to the school to investigate
7. Follow these additional guidelines:
 - a. Refer all inquiries to police and DCS do not contact or provide information to parents
 - b. Maintain confidentiality of all information regarding issue
 - c. Treat the child with respect and support and do not be judgmental
 - d. Make no promises to the victim- let them know you are reporting for their safetyAlso, here is a link to a training on mandatory reporting that I always provide to the schools
Mandatory Reporting Link: <https://dcs.az.gov/report-child-abuse#:~:text=Arizona%20law%20requires%20certain%20persons,possibility%20of%20abuse%20or%20neglect.>

Suspected Child Abuse/Neglect Report Form

Today's Date:

Circle Day of Week:

M

Tu

W

Th

F

CHILD INFORMATION

Last Name	First Name	Middle Name	AKA
Date of Birth	Ethnicity	Age	Grade
			Height
			Weight
Home Address	City	Zip	Home Phone

COMPOSITION OF FAMILY (WHO LIVE IN HOUSEHOLD)

Last Name	First Name	Gender	Relation to Student	Work Phone	If Alleged Perpetrator

ALLEGED PERPETRATOR(S) AND/OR WITNESS(ES) (IF NOT LISTED ABOVE)

Last Name	First Name	Gender	Relation to Student	Address/Phone No.	If Alleged Perpetrator

Nature of suspected abuse or neglect: (Check all that apply)

☐ Physical Abuse

☐ Sexual Abuse

☐ Neglect

☐ Other

How and when did school/agency become aware of the situation (include name of personnel who first learned of abuse)

What were the child's responses to the following four questions (use exact quotes and verbatim language).

1.	What happened?
2.	Who did it?
3.	When did it happen?
4.	Where did it happen?

Additional information volunteered by the child (use exact quotes and verbatim language whenever possible). **Note:** Please attach additional pages whenever needed.

Observation of the child's injury(ies) (if any):

Describe child's demeanor at time of disclosure and note recent changes observed:			
Other information that might be helpful (such as the child's assessment of his/her risk):			
1. Contact Appropriate Police Agency:		Contact made with:	
Phone		Officer	Badge #
2. Contact Child Protective Services (CPS): 1-888-767-2445		Date	Time
CPS Intake Worker		CPS Office Assigned	
3. Within 72 hours of receiving report, mail a copy of this form to: CPS Intake P.O. Box 44240 Phoenix, Arizona 85064-4240		Or fax a copy to: 602-530-1832	
School/Agency Name		Address City Zip	
Phone		Name of Person Who Received Disclosure	
Administration		Name of Coordinator	
Name of person(s) completing this report		Signature(s) of person(s) completing this report	
Name/Title	Date		
Name/Title	Date		
Name/Title	Date		

Check those that apply and record child's physical injury(ies), including shape, size, type (letter), and color (number) as appropriate, on the diagrams of the child to show location of the injury(ies).

A = Burn **B = Bruise** **C = Laceration** **D = Fracture** **E = Other**
1 = Bright Red **2 = Purple** **3 = Blue** **4 = Green** **5 = Yellow**



○ Additional Services

- ❖ After identifying students with a health problem (i.e. diabetes, asthma, severe allergic reaction, and seizure disorder), if you believe they may need additional services, please consult with your Exceptional Student Services Coordinator (ESSC) to help determine if the student is in need of a 504 Accommodation Plan or Special Education Services.
- ❖ Crisis Counseling

Sliding Scale Counseling	
<ul style="list-style-type: none"> Fees are based on Income Level Many programs are accessed through Magellan 1-800-564-5465 	
<p>** This list is provided as a courtesy; we do not endorse or recommend any of the providers on this list. This is solely provide for your information</p>	
➤ Banner Thunderbird	602-244-4357
➤ Black Family & Children's Services	602-256-2948
➤ Catholic Charities Community Services	602-997-6105
➤ Chicanos Por La Causa	602-257-0700
➤ Jewish Family & Children's Services	602-256-0528
➤ Marly House (85020-85021 zip codes)	602-331-5817
➤ Mental Health Association	480-944-4407
➤ Native American Behavioral Health	602-424-2060
➤ Phoenix Interfaith 555 W. Glendale Ave	602-248-9247
➤ Phoenix Interfaith 444 W. Northern	602-939-6516
➤ Southwest Behavioral Health	602-997-2233
➤ Terros	602-685-6000
➤ Valle Del Sol	602-258-6797
Community Referral Information	
Community Information & Referral	602-263-8856 or 800-352-3792
➤ Link between people who need help and the organizations which provide that help	

24-Hour Suicide/Behavioral Health/Crisis Hotlines	
Empact's Suicide/Crisis Hotline ➤ Provides 24 hour telephone intervention to people experiencing suicidal crisis or crisis teams to schools who have experienced recent suicide.	480-784-1500
Crisis Response Network, Inc.- Maricopa County ➤ Telephone triage and intervention ➤ Mobile teams ➤ Crisis transportation ➤ Hospital rapid response ➤ Child Protective Services (CPS) crisis programs	602-222-9444
Teen Life Line ➤ Provides troubled youth the opportunity to access immediate help from a trained Peer Counselor	602-248-8337
HopeLine Suicide Hotline-National	800-SUICIDE
Community Referral Information	
Community Information & Referral ➤ Link between people who need help and the organizations which provide that help.	602-263-8856 from 800-352-3792

Suicide Prevention Training and Counseling Resources	
Empact's Prevention Department ➤ Provides free training to schools on suicide prevention	Sandra McNally: 480-784-1514 Ext 1219
Catholic Social Services ➤ A community based organization that provides	El Mirage: 623-875-0519 Mesa: 480-964-8771

prevention education to the community.	Peoria: 623-486-9868 Phoenix: 602-997-6105
Church of the Beatitudes ➤ A community based organization that provides parish nurses that work with suicide prevention. Provides one-on-one counseling, classroom instruction and counseling groups.	Glendale: 602-264-1221
Glendale Human Services Council ➤ Description: A community based organization that provides phone and youth-based programs.	Glendale: 623-937-9034
Phoenix Interfaith Counseling ➤ A counseling service that provides one-on-one counseling and computer based services.	Glendale: 623-939-6516 Litchfield Park: 623-326-8642 North Phoenix: 602-992-7521 Glendale: 602-532-0777 Phoenix: 602-248-9247 Tempe: 480-317-9868 Scottsdale: 480-367-1660
Terros, Inc. ➤ A community based organization that provides one-on-one council and a mobile crisis line. Also, provides on-going crisis intervention training.	Mesa: 602-685-6000 Phoenix: 602-685-6075 Glendale: 602-685-6000
Arizona Adolescent Health Coalition	602-265-9686

<p>➤ Provide talks with teens about depression and suicide through the Adolescent Health Training Institute. Also provides training for adults who work with teens. The organization does not provide any direct services. It provides training.</p>	
<p>Teen Choice Leadership Academy and Black Family and Children Services</p> <p>➤ A school based program that provides phone, classroom and one-on-one and counseling groups.</p>	602-243-1773
<p>Arizona Alliance for the Mentally Ill (NAMI Arizona)</p> <p>➤ A community based organization that provides services via a variety of mediums including video, radio, phone, classroom and counseling groups. Provides training to police, community groups, individuals with mental illness, religious outreach services, doctors and schools.</p>	Phoenix: 602-244-8166
<p>St. Lukes Behavioral Health Center</p> <p>➤ A medical based behavioral</p>	Phoenix: 602-251-8799

V. Medication Administration

○ Non-Prescription or Over-the-Counter (OTC) Medication:

- ❖ Medications not taken home will be disposed of in accordance with federal guidelines.
- ❖ Stock Medications: Some schools may choose to have OTC stock medications available. The stock supply will be limited to Tylenol, Advil, Benadryl, hydrocortisone, and antibiotic ointment/Neosporin. If parents would like to have school stock medications available to their child as an option to manage intermittent minor illnesses during the school day, a written parental consent form **must be on file**. The designated school personnel or school nurse should call and consult the parent before administering the medication.

○ Prescription Medication:

- ❖ The medication must be prescribed by a licensed practitioner. Licensed practitioners include an Arizona physician, registered nurse practitioner, physician's assistant or dentist in conformance with A.R.S. 32-1901 and 32-1921.
- ❖ The prescription label should be affixed to the container provided by the pharmacist. The prescription medication label should include the pharmacy name, student's name, drug name, and dosage, instructions for use, date prescribed and expiration date.
- ❖ Prescriptions must have been prescribed within the last 2 weeks. Exceptions are made for chronic conditions only.
- ❖ No more than a 30 day supply of the medication should be brought to the school office at one time.
- ❖ All unused medications are to be picked up by parents at the end of the prescribed date or at the end of each school year. Parents will be notified of expired medications, the medication should then be picked up by a parent. Medications not taken home within a week of being notified will be disposed of in accordance with federal guidelines.
- ❖ It is the responsibility of the parent or guardian to update the health office if there are changes in medication dosage and/ or frequency, and the parent should request a new label from the pharmacy.
- ❖ Controlled substances must come to the school office by the parent or guardian, where both the school personnel and parent verify the count and sign for the quantity delivered.

○ Alternative Medications (herbal or homeopathic medication):

- ❖ Alternative medications are not tested by the US Food and Drug Administration for safety and effectiveness. The lack of safety information limits its appropriateness in the school environment. Alternative medications may only be administered if authorized by a physician.

○ Experimental medications or medications at doses in excess of manufacturer guidelines:

- ❖ Experimental medications or those to be administered in excess of manufacturer guidelines will be reviewed by administration in consultation with a medical professional. The administration should be provided information regarding the protocol or a study summary from the research organization, and written authorization from a physician. If administration of the medication is approved by administration additional requirements may be set as recommended by a medical professional.

○ Medication Administration by School Personnel

- ❖ Medication administration at school is a delegated request from the parent. School personnel may include a school nurse, health assistant, or other unlicensed school employee.
- ❖ The School Health Personnel will designate appropriate school employees for medication administration in the event of an emergency. A list identifying all delegated medication administration personnel will be posted in the in the medication binder in the health office on each campus. A *List of Designated Medication Administration Personnel* form is available in the *Medication Folder* on the Regional Drive.
- ❖ Health assistants and medication administration personnel are unable to exercise clinical judgment and are performing a ministerial task only.
- ❖ Medications will be administered according to manufacturer's dosage recommendations.
- ❖ Medications will be administered according to the Five Rights of Medication Administration.
 - Right student
 - Right medication

- Right dosage
 - Right time
 - Right route
 - ❖ Each instance will be documented in the student's health record in Schoolmaster and will include the following information: the student's name, the name of the medication, the date and time, the amount given, the route (i.e. by mouth or left eye), and any observable reactions.
 - ❖ Medications should be returned to a locked cabinet.
 - ❖ The parent will be immediately contacted if student refuses medication. Event will be documented in Power School.
 - ❖ School nurses will review a student's response to medications given for chronic conditions, especially newly prescribed medications.
- **Medications on Field Trips**
- ❖ Only prescription medications should be allowed on field trips.
 - ❖ Emergency medications and emergency action plans provided by parent/guardian should be available on field trips. The School Health Personnel shall ensure appropriate delegated personnel are available to administer the prescription and emergency medication.
 - ❖ *A Fieldtrip Medication* form should be provided by the school. Health personnel. The form should be placed in a Ziploc bag along with the medication in its original container provided by the pharmacy. If health services staff is not employed at the school, the headmaster shall assign a designee to perform this task.
 - ❖ The medication **must** be transported and secured by the designated school personnel.
 - ❖ In the event a dose is missed or refused by the student, the school nurse and parent should be contacted immediately and notified.
 - ❖ The person administering the medication on the field trip shall complete all required information on the form and return all supplies to the school health personnel upon return to school.
 - ❖ After receiving the completed fieldtrip form from the returning designated school personnel, the school health personnel will document in Power School the student's medication, dosage, time, route, and the name of the person who administered the medication on the fieldtrip.
- **Medication Errors**
- ❖ A medication error is present when a student:
 - is given the wrong medicine
 - is given a wrong dose
 - is given the medication by the wrong route
 - is given the medication more than 30 minutes before or after the scheduled time
 - does not receive a scheduled dose
 - ❖ If a medication error is made, the following procedure should be followed:
 - The Headmaster should be notified immediately. The school health personnel shall make a judgment as to the threat to the student. The school health personnel may consider consulting the student's physician, pharmacy, poison control center **(1-800-222-1222)** **If at any time, the student appears to be in imminent danger, 911 should be called and then the parents.** After the student has received appropriate medical care, the Headmaster will be notified of the outcome, if not already consulted.
 - After it has been determined there is no imminent threat, the Headmaster and school health personnel will notify the parents and together a determination will be made as to the immediate course of action.
 - The person giving the medication in error will complete *a Medication Administration Error and Student Incident Report*.
 - The report should be signed by the Headmaster following the guidelines of the process for the Student Accident flow process.
 - The reports should be kept on file at the school health office, to be retained for three years.
- **Adverse Drug Reactions**
- ❖ Adverse reactions are defined by the National Institute of Health (NIH) as "any noxious or unintended reaction to a drug that is administered in standard doses by the proper route for the purpose of prophylaxis, diagnosis, or treatment."

- ❖ In the case of an allergic reaction, school health personnel should follow standard procedure as directed in the *Arizona Department of Health Safety Flip Chart*.
https://webcms.pima.gov/UserFiles/Servers/Server_6/File/Health/Resources%20for%20Professionals/Child%20Care%20Consultants/az-safety-information-flipchart.pdf
 - A Student Accident Report should be completed, following the guidelines of the process for the Student Accident flow process and signed by the Headmaster. Consult with the Headmaster as to which *Incident Report* form your school uses.
 - ❖ The event will be documented and a health alert will be indicated on the student's health record in Power School to prevent further occurrences.
- **Medication Storage and Disposal**
- ❖ Upon receipt of the medication, by designated personnel, the medication label will be checked against the signed consent. If there is a discrepancy, the medication should NOT BE ACCEPTED.
 - ❖ The medication should be counted upon receipt (example: number of pills, capsules, amount of liquid) and documented on the *Medication Supply Log* Excel Sheet.
 - ❖ The medication should be secured in a locked cabinet.
 - ❖ Medications classified as controlled substances should be stored according to the Controlled Substance Act. A complete list of substances can be obtained at www.dea.gov/pubs/scheduling.html or by calling a pharmacist. Rules and regulations for storage of these drugs (Schedule II and IV drugs that are commonly given during the school day), include:
 - drugs stored in a fixed and stationary, secure and substantially constructed locked cabinet
 - cabinet located in a room or office not accessible to the general public or students
 - Keys should be kept in control of an authorized person at all times.
 - ❖ Proper temperature and storage conditions applicable to individual prescription medications should be maintained and monitored.
 - ❖ Medications that are recommended or required to be refrigerated should be separated from food items in a secure, separate container. Controlled medications that are required to be refrigerated should be double-locked. Refrigerator temperatures should be maintained at 38-42° F.
 - ❖ Parents should be informed of the medication disposal policy in the family handbook. Disposal of medications should occur after the parents have failed to pick up medications after the specified time or at the end of each school year. The health office may contact parents before disposal, but not required. The following procedure should be followed in destroying medications:
 - ❖ Read label for appropriate disposal instructions.
 - ❖ If no instructions are provided, take medications out of their original packaging, place them in an impermeable and non-descriptive bag or can with used coffee grounds or kitty litter. Any preparation that includes a needle should be disposed of in an approved sharps container.
 - ❖ All identifiable information on the containers should be scratched out to protect a student's identity and personal health history.
 - ❖ Empty inhaler containers may be disposed in regular trash.
 - ❖ Additional information regarding medication disposal may be obtained in the *Medication Folder* on the Regional Drive or at www.fda.gov/ForConsumers/Consumerupdates/ucm101653.htm.
 - ❖ The disposal process should be witnessed and documented on the *Medication Supply Log* form.
- **Medication Theft**
- ❖ If the medication cabinet is broken into potentially resulting in stolen medications, the police or local law enforcement should be notified immediately.
 - ❖ Allow police or local law enforcement to conduct an investigation prior to the school nurse or medication administration personnel counting the medications and assessing the loss.
 - ❖ The parent or guardian shall be notified of the incident and requested to replenish the medication supply.

VI. Documents

- **Communicable Disease**
 - ❖ **Reportable Diseases**
 - ❖ **Head Lice Policy and Guidelines**
 - ❖ **Letters To Parents**
 - Chicken Pox
 - Conjunctivitis (Pink Eye)
 - Hand Foot and Mouth
 - Impetigo
 - Scabies
 - Strep Throat

- **Health Care Plans**
 - Food Allergy Plan
 - Asthma Plan
 - Diabetes Medical Management Plan
 - GI Feeding Plan
 - Migraine Plan
 - Seizure Plan
- **First Aid & Safety**
 - ❖ Safety Flip Chart
 - ❖ Student Accident Report Form
 - ❖ Worker's Compensation/Staff Injury Report Form
 - ❖ Concussion Information for School Health Personnel and Parents
- **Hearing and Vision**
 - ❖ Hearing and Vision Screening Form
 - ❖ Hearing and Vision Guidelines
 - ❖ Vision Referral Letter
 - ❖ Vision Resources
 - ❖ Hearing Referral Letter
- **Immunizations**
 - ❖ Referral Notice
 - ❖ Medical Exemption Form – English
 - ❖ Medical Exemption Form – Spanish
 - ❖ Personal Beliefs Exemption Form – English
 - ❖ Personal Beliefs Exemption Form - Spanish
- **Medication Forms**
 - ❖ Parent Consent to Dispense Medications
 - ❖ List of Designated Administration Personnel
 - ❖ Field Trip Medication
- **Inclusion & Exclusion Criteria**
 - ❖ Illness Guidelines
- **Mandatory Reporting To DCS**
 - ❖ Suspected Child Abuse/Neglect Report Form
 - ❖ Link to a training on mandatory reporting:
http://www.childhelpinfocenter.org/index.php?option=com_content&task=view&id=108)
- **Great Hearts Policies**
 - ❖ Management of Asthma
 - ❖ Management of Life-Threatening Allergies
 - ❖ Great Hearts Head Lice Policy
 - ❖ Medication Administration
- **Counseling Information**
 - ❖ Overview of Counseling Referral Process
 - ❖ Information About Counseling Services for Parents
 - ❖ School Counseling Permission Form
 - ❖ School Counseling Referral Form
 - ❖ Referral Process Flow Sheet
 - ❖ Crisis and Emergency Resources,
 - ❖ Grief Counseling Referral List
 - ❖ West Valley Counseling Referral List
 - ❖ East Valley Counseling Referral List

Overview of the Counseling Referral Process for General Education Students

A referral is made to the School Counselor when a concern for a student arises. Possible sources of referrals may include parent(s)/guardian(s), teachers, administrators, and/or other school personnel. However, parent/guardian referrals need to come from the student's teacher*. Emergency interventions are required in those situations that need immediate attention, (e.g., concern about the safety of a student, death of a student or student's family member, or physical and/or sexual abuse). If the situation is a crisis, please notify the headmaster, who will refer to the Emergency Response Plan (ERP). All other referrals will need to be sent to the school counselor using the counseling referral form. In the case of suspected abuse or neglect, all school employees have a legal mandate to make a hotline call (1-888-SOS-CHILD).

If a parent has a concern about their child and inquires about counseling, let them know that you (the teacher) will need to fill out a referral form on that student (if you agree with the parents concern), as all referrals need to come from staff members.

Steps in the Referral Process: Concern for student arises

- STEP 1.** Teacher or staff member fills out referral form (Form can be found on:
Athena: Great Hearts Headmaster Curriculum: Student Life: Special Help
Athena: Office Manager Curriculum: Counseling Referral Documents: Counseling Resources and Referral Information
Athena: ESS Curriculum: Counseling
- STEP 2.** Teacher or staff members gets headmaster permission and signature on the referral form.
- STEP 3.** Teacher or staff member sends completed form to the lead office school counselor via email or fax.
- STEP 4.** Once the referral form is received, the counselor will identify whether or not the situation warrants counseling.
- STEP 5.** If counseling is deemed necessary, the counselor will be in contact with the person who referred.
- STEP 6.** If counseling is necessary, the information sheet on counseling as well as the permission slip will need to be sent home by the teacher to the parents/guardians.
- STEP 7.** Upon return of the permission slip, the student will begin services (service time will be based on need).
- STEP 8.** The student's progress will be monitored. If necessary, interventions will be implemented with help of the teachers. The student's response to the intervention will be reassessed and the intervention plan modified if needed.
- STEP 9.** The counselor will follow up with the referring individual. The school counselor maintains contact with the referring individual throughout the process observing the guidelines of confidentiality as well as family privacy as mandated by the Family Educational Rights and Privacy Act.

This form can be found on:

Athena: Great Hearts Headmaster Curriculum: Student Life: Special Help

Athena: Office Manager Curriculum: Counseling Referral Documents: Counseling Resources and Referral Information

Athena: ESS Curriculum: Counseling

Created on: 08/07/14

Information about Counseling for Parents/Guardians

From Lauren Katz, LMSW, Great Hearts Academies School Counselor

How students are "selected" for counseling: Students may be referred to the School Counselor for individual and/or small group counseling by school faculty and staff. When a referral is received, the School Counselor meets with the student and the classroom teacher to determine the next steps.

Who provides the counseling? Counseling is provided by a School Counselor. The School Counselor has a Master's degree and is licensed by the Arizona Board of Behavioral Health.

Counseling for your child is voluntary. It is your choice to consent to or decline counseling for your child.

What counseling for your child will involve: Counseling may include small group or individual sessions. During the sessions, your child and I will work together to help him or her understand the problem, the present and future consequences, develop goals for change and a plan of action for change. A variety of activities will be used, e.g., writing, role-play, art, focused discussions. School Counseling is limited in its scope and is not a substitute for psychotherapy.

Sharing of Information: Trust is the basis for effective counseling. The ethical guidelines for school counselors emphasize the importance of [confidentiality](#) between school counselors and students at the same time recognizing the rights of parents. Your child must know and trust that, what is shared with me will stay with me unless he or she gives me permission to share information or if I suspect child abuse, if he or she is in danger of hurting himself or herself or poses a danger to others.

Confidentiality: Trust and [confidentiality](#) work together. The requirements of the Family Education Rights and Privacy Act (FERPA) are enforced—information will not be released to anyone outside our school without your written permission. I may talk with the classroom teacher about how he or she can help your child in the classroom; however, specific information will not be shared.

Possible outcomes: Through counseling, your child may be taught strategies to help him or her make more effective and healthier decisions, increase the ability to set and reach goals, build better relationships with others, and be more successful in school. We all must realize that changes take time; his or her problem did not develop overnight, nor will it disappear overnight. Counseling will be successful when students, school counselors, teachers, and family members work as partners.

Please contact me if you want more information or have ideas about how we can better help your child.

My contact information is: **Phone Number: 602-376-4481** **E-mail: LKatz@greatheartsaz.org**

School Counseling Permission Form

I have read and understand the information provided by the School Counselor on the parent/guardian information sheet and have had an opportunity to ask questions about counseling.

___ **I consent** for my child to participate in counseling.

I understand that participation is completely voluntary and that classroom requirements take precedence over participation in counseling.

___ **I do not consent** for my child to participate in counseling.

Student First/Last Names (please print)

Teacher

Parent/Guardian Signature

Date

Please write any concerns or relevant information in the space below:

Please return this form to your student's teacher by _____

School Counseling Referral Form

Student Name: _____ Referred by: _____

Academy: _____ Age: _____ Grade: _____

Action Requested: ☒ Individual Counseling ☐ Group Counseling ☐ Observation ☐ Consultation

Reason for Referral:

- | | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Friendship Problems | <input type="checkbox"/> Anxiety/ Worry | <input type="checkbox"/> Dramatic Change in Behavior | <input type="checkbox"/> Anger |
| <input type="checkbox"/> Peer Relationships | <input type="checkbox"/> Low Self-Esteem | <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Dishonest |
| <input type="checkbox"/> Inattentive | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Hurts Self | <input type="checkbox"/> Grief |
| <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Stealing | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Fears |
| <input type="checkbox"/> Social Skills | <input type="checkbox"/> Depression | <input type="checkbox"/> Family Concerns | <input type="checkbox"/> Sadness |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Aggression | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Lying | <input type="checkbox"/> Destruction of Property | | |

Describe the behaviors of concern in **observable and measurable terms** (Where, When, How often):

How is this behavior impeding the learning of the student?

Action taken and outcomes (any accommodations and interventions attempted):

Describe the student's strengths:

Signature of Person Referring: _____ **Date:** _____

Headmaster Signature: _____ **Date:** _____

REFERRAL PROCESS FLOW CHART

Concern for student

Referral made to professional school counselor by:

- Teacher
- Administrator
- School Nurse/
Health Assistant
- Faculty Member
- Other

***If a parent/guardian wants to refer, they must go through the student's teacher.

Concern is identified on Referral Form(s)

Counselor assesses concern by collecting/reviewing data

Level and type of intervention are determined

Counselor In-School Interventions:

- Emergency Intervention
- Consultation/Collaboration with Student, Parents/Guardians, and/or Teachers/Other School Personnel
- Implementation of intervention strategies
- Individual Counseling
- Small Group Counseling

Counselor Referral to Community Resources:

- CPS Hotline
- Police
- Other Community Services (e.g., Food Pantry, Homeless Shelter, etc.)

Implementation of intervention, monitor student's response to the intervention, periodically re-assess as needed)

Follow-up with the referring individual within the guidelines of confidentiality

Crisis and Emergency Resources

<p>Crisis Response Network, Inc.- Maricopa County</p> <ul style="list-style-type: none"> ➤ Telephone triage and intervention ➤ Mobile teams ➤ Crisis transportation ➤ Hospital rapid response ➤ Child Protective Services (CPS) crisis programs <p>*The Crisis Response Network will send a suicide assessment team to the school free of charge if you have a student in your school who is talking about suicidal ideation.</p>	602-222-9444
<p>Empact's Suicide/Crisis Hotline</p> <ul style="list-style-type: none"> ➤ Provides 24 hour telephone intervention to people experiencing suicidal crisis 	480-784-1500
Magellan Crisis Line	800-631-1314
Banner Behavioral Health	602-254-4357(HELP)
St. Luke's Behavioral Health	602-251-8535 OR 1-800-821-4193
<p>Teen Lifeline</p> <ul style="list-style-type: none"> ➤ Provides troubled youth the opportunity to access immediate help from a trained Peer Counselor 	<p>602-248-TEEN (8337) OR 1-800-248-TEEN</p> <p>http://www.teenlifeline.org/programs.htm</p>
<u>HopeLine Suicide Hotline</u> -National	800-SUICIDE
Community Referral Information	
<p>Community Information & Referral</p> <ul style="list-style-type: none"> ➤ Link between people who need help and the organizations which provide that help 	602-263-8856 from 800-352-3792

Grief Counseling Resource Referral List

Groups

New Song (free grief support group for youth through Hospice of the Valley)
480-951-8985 *call for phone intake

Hospice of the Valley (free support groups for adults)
602-530-6970

Impact Survivors of Suicide (support group for youth and adults)
Call Jill McMahon 480-784-1514 ex 1108 email: empactsos.org

Banner Hospice (Grief Support Groups for families)
Cindy Darby 480-657-1167
(12 week program, \$15 materials fee, west valley locations available)

Individual

Bayless Healthcare (in home and office based counseling provided for AHCCCS patients, accepts most other insurances for office based counseling services)
602-883-4076

East Valley Counseling Referral List

A New Leaf

1655 E University Dr.

Mesa, AZ 85203

480-969-6955

Accepts BCBS and United for Psychiatric Evaluation and medication management

Cash Pay Psych Evaluation \$193.24

Cash pay only for Therapy (\$20-120 based on income)

Also Accepts AHCCCS for all services

Bayless Health Care-Pediatric only

926 E McDowell RD STE 123

Phoenix AZ 85008

602-230-7373

Bayless Health Care –South- Adult and Pediatric

9014 S Central Ave

Phoenix, AZ 85042

602-230-7373

Bayless Location accepts most private insurance and AHCCCS for both therapy and Psych Med

Management, Cash pay on sliding scale

Provides in home therapy to East and West Valley for adults and children

Touchstone

2150 S Country Club De STE 35

Mesa, AZ 85210

1-866-207-3882

Accepts AHCCCS for all services, provides individual, group and family therapy, Psych Med Management

Cash Pay services on a sliding scale

Patient may submit bill to private insurance for reimbursement

Arizona's Children Association (Pediatric)

375 E Elliot Rd

Chandler AZ 85225

480-814-7789

AHCCCS Only

Psych Medication Services

Individual, group and family therapy

Melmed (Parade Valley/N. Scottsdale area)

4848 E Cactus Rd STE 940

Phoenix AZ 85354

480-443-0050

Private Pay or Private Insurance only

No AHCCCS Accepted

***Great Hearts does not endorse nor recommend any of the above named agencies**

This form can be found on Athena 2.0 by searching the title of the document.

Updated on 7/18/2017

***Great Hearts does not endorse or recommend any of the above listed agencies**

West Valley Counseling Referral List

For individuals with AHCCCS:

Touchstone

15648 N 35th Ave
Phoenix AZ 85053
1-866-207-3882

A New Leaf Glendale

8581 N 61st Ave Glendale, AZ
623-934-1991

Bayless Health Care

926 E McDowell Rd
Phoenix AZ 85008
602-230-7373

For individuals with private insurance:

Melmed Center

4848 E Cactus Rd #940
Phoenix AZ 85254
480-443-0050

Bayless Health Care

926 E McDowell Rd
Phoenix AZ 85008
602-230-7373

***Great Hearts does not endorse nor recommend any of the above named agencies**

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Updated on 7-17-2017