



The Nurse's Corner

Medical Alerts, Health Plans, and Medications at School

Why is the School Nurse Contacting Me?

- Parents may be contacted by the school nurse to update health records we have on file, or to follow up on health information that was shared upon registration, to best meet the medical needs of your student.

Who is my student's School Nurse?

- You can find the School Nurse for your student's school on the WCSD website. <https://www.washk12.org/student-services/health/school-nurses>

What is a Medical Alert?

If a student has a medical condition that staff need to be aware of then it can be notated on PowerSchool. Only the student's teacher(s), trained office staff, administrators, and school nurses can see the Medical Alert when entered in PowerSchool. Examples include medical and mental health diagnoses. If the diagnosis no longer is applicable, then it can be removed with parent request. For example, if your student has outgrown their asthma, then please update your school nurse with a request that it be removed.

What Medical Conditions Need a Health Care Plan?

- Common conditions needing a health care plan include, but are not limited to medical procedures, diabetes, asthma, allergies/anaphylaxis, seizures, and daily medications administered during school hours. For the nurse to create a health care plan, the proper medical forms must be completed by the parent and signed by the student's medical provider. These forms can be found on the WCSD website at this link: <https://www.washk12.org/student-services/health/student-resources/> .
 - **My Diabetic Student is independent in treatment, do I really need to complete the medical forms?**
 - At minimum you would want to provide the Diabetes Management Medication Orders (DMMO) as it would provide medical orders for glucagon to be given by the nurse and/or trained school staff.

How often do medical forms need to be updated?

- It is the responsibility of the parent/guardian to ensure that the required medical authorization forms are completed on an **annual basis**. The authorization form must be done with the student's health care provider, with signature of both parent and health care provider (WCSD Policy 2320 2.1.3.1)
 - **EXCEPTIONS:**
 - **Asthma Action Plan** (containing orders for an inhaler, etc.)
 - **Allergy Anaphylaxis Emergency Action Plan** (containing orders for epinephrine/Benadryl, etc.).
 - Upon review, IF these are up to date with appropriate medication type and dosing, then parent/guardian can simply notify the school nurse that the previous emergency health plan on file is “current” at the beginning of each school year.

Who qualifies as a Health Care Provider that can sign the medical forms?

- The Health Care Provider must qualify to write prescriptions (i.e. physician, dentist, nurse practitioner, physician's assistant, or mental health therapist) in order to sign the medical forms.

What is the easiest way to get the medical forms signed by a Healthcare Provider?

- If your student has an established Health Care Provider, you do not need to set an appointment. Simply fill out the form and sign the parent/guardian section. Next, fax or email the form to the health care provider's office and request they review the medication orders, sign, and fax or drop it off back to your student's school.

How can Non-Medical School Staff give Medications and provide healthcare tasks?

- Since a Registered Nurse oversees the healthcare of students at multiple schools, healthcare in the school setting is primarily provided by “volunteer” staff members (often health aides, secretaries, or teachers) who have received training and delegation of specific tasks from their school nurse. Without the proper medical forms signed by parent/guardian and a medical provider, the nurse cannot provide or delegate any care or medications needing to be administered. (See WCSD Policy 2320 2.2)

How are medications safely stored at School?

- Medication must be delivered by the parent/guardian in the original pharmacy-labeled, or manufacturer's container, where it will be **counted**, recorded, and stored in a **locked** unit for safe keeping. Medications that have been prescribed to be self-administered will be kept securely with the child. (WCSD Policy 2320 2.3)
- Insulin or emergency medications the school is storing, such as: epinephrine auto-injectors, asthma inhalers and glucagon, **are not locked up**, but rather are stored in a secure and readily available location. (WCSD Policy 2320 2.3.1)

Do all medications given at school require a signature from the Health Care Provider?

- For secondary students only (grades 6-12): Consideration will be given to allow the students to carry/self-administer one dose of an easily identified prescription medication, or non-prescription over the-counter medication, with the exception of syrups (typically used to treat coughs or colds). This form only needs to be signed by a parent/guardian and does NOT require a form with the Health Care Providers signature. (WCSD Policy 2320 2.4.2)

Can ADHD/ADD or Pain Medications be carried and self-administered by my student?

- Controlled Substances (i.e. ADHD/ADD medications, opioids, etc.) CANNOT be carried and self-administered by students on WCSD property. Carrying these medications is grounds for suspension or expulsion from school (WCSD Policy 2110, Utah Code 53G-8-205 and 209)

Where can I find the full Medication Policy for Students?

WCSD Medication Policy for Students 2320: <https://procedure.washk12.org/policy/2000/2320>

WCSD Policy 2110: <https://procedure.washk12.org/policy/2000/2110>

Utah Code governing Controlled Substances:

https://le.utah.gov/xcode/Title53G/Chapter8/C53G-8-S205_2018012420180124.pdf



Depression



With the sun being out less and kids being inside more, you might notice some changes in their behavior. October 7th is National Depression Screening Day.

Depression is a common and serious condition that negatively affects how you feel, the way you think and how you act.

There are several factors that can contribute to depression:

- Brain Chemistry- an imbalance of neurotransmitters, including serotonin and dopamine can contribute to the development of depression.
- Genetics- if there is a first degree relative with depression, you are 3 times as likely to develop depression. However, you can have depression without a family history.
- Stressful life events- difficult experiences can trigger depression.
- Medical conditions- chronic pain and chronic conditions can lead to depression.
- Medication- Some medications can cause depression as a side effect.

Common signs and symptoms of depression in children and teenagers are similar to those of adults, but there can be some differences.

- In younger children, symptoms of depression may include sadness, irritability, clinginess, worry, aches and pains, refusing to go to school, or being underweight.
- In teens, symptoms may include sadness, irritability, feeling negative and worthless, anger, poor performance or poor attendance at school, feeling misunderstood and extremely sensitive, using recreational drugs or alcohol, eating or sleeping too much, self-harm, loss of interest in normal activities, and avoidance of social interaction.

Information from the [Mayo Clinic](#)

If you have concerns about your son or daughter having depression or Anxiety, WCSD has developed a screener that can help identify symptoms of anxiety and/or depression in your child early, so quick intervention can happen for those who need it. This is NOT to provide a diagnosis, only to identify symptoms. Individual results will not be shared with anyone, except the person taking the screener. Click here to use the screener [WCSD Depression Screener](#) and if needed reach out to your child's Primary Care Doctor if you have any concerns. Contact your school nurse if you do not have a healthcare provider.

VISION SCREENINGS



Utah state law (UCA 53G-9-404) mandates child vision screening in schools. School vision screening programs are cost-effective and can identify serious vision problems early. Early vision interventions improve children's physical, intellectual, social, and emotional development.

Vision screenings are required in the following grade levels in Utah • Pre-kindergarten • Kindergarten • 1st grade. • 3rd grade. • 5th grade. • 7th grade, or 8th grade. • 9th grade, or 10th grade. Parents/guardians can also choose to opt-out of vision screenings.

Vision screenings are not a substitute for a complete eye exam & vision evaluation by an eye doctor. If a student does not pass a vision screening, the parent/guardian will be notified, and if the student needs a professional eye exam, they should receive a referral. Failing a screening is a common reason for a referral, but not the only one. If another eye concern, such as myopia, strabismus, etc. is seen, a referral should be provided. Additionally, if a student can't perform a vision screening; the screening finds inconclusive results; or the school nurse, teacher, or parent/guardian expresses concerns about a student's vision, referrals should be provided.

If the eye doctor finds a visual problem, early treatment leads to the best possible results for your student's vision. Thus, it is important to schedule an eye exam as soon as you can.

If you do not have insurance & need financial assistance in obtaining an eye exam and/or glasses for your student, please contact your school nurse or school to find out if you qualify for our eye care program. If needed, the school can also provide a list of doctors that accept Medicaid.

Sources - Utah school vision screening policy Revised August 2023
Utah Department of Health in Accordance with UCA 53G-9-404

Asthma

Are you or a loved one among the 25+ million people in the United States living with asthma? If so, it is important that you are aware that September is a peak time for asthma attacks. It's called the September Asthma Peak. This is when emergency department and hospital admissions for asthma tend to increase, especially among children.

Asthma is a chronic (long-term) condition affecting the airways which makes breathing difficult. Common signs and symptoms of an asthma attack (asthma episode) include: shortness of breath, coughing, low blood oxygen levels, wheezing and/or chest tightness. Some asthmatic patients describe having an asthma attack as if they are trying to breathe through a straw stuffed with cotton balls. The severity of many attacks can be lessened by following prescribed treatment plans but some attacks can turn into medical emergencies.

Unfortunately, there is no cure for asthma. Following the physician prescribed treatment plan and avoiding known triggers are typical recommendations to help avoid asthma attacks. Follow these 10 ways to stay healthy and be prepared during the September asthma peak.

What are 10 ways to stay healthy during the September Asthma Peak?

Preparation is the key to staying healthy during the September Asthma Peak. Here are 10 things you should plan for in the days leading up to and during the month of September:

1. Schedule an asthma checkup for all family members before September. Discuss your current asthma control at this checkup. Uncontrolled asthma will increase your risk of flare-ups heading into the fall.
2. Review your [Asthma Action Plan](#). This is a treatment plan you develop with your doctor that details what you should do if you develop asthma symptoms. If necessary, adapt the Asthma Action Plan if your exposure to asthma triggers is higher during the month of September. Update your child's Asthma Action Plan and make sure the school nurse has a copy.
3. Make sure all asthma medications are refilled leading up to the month of September – including before children return to school. Double check the expiration date on your quick-relief inhaler.
4. Take controller inhalers as prescribed, including during the summer months. Studies show the [lowest fill rate for asthma medications](#) is in July. At doctor appointments, show how you use your inhaler to confirm you are using it correctly.



5. Keep or carry medications at school and work, especially a quick-relief inhaler to treat sudden asthma attacks.
6. Use a peak flow meter. This is a device that can signal brewing lung problems and alert you to a coming asthma attack.
7. Identify and avoid asthma triggers, especially if you or your child has allergic asthma. If ragweed season is a problem, exercise indoors. For schoolchildren, talk with teachers about offering the option of staying inside during recess or gym class.
8. Get the flu and COVID-19 vaccines early to prevent infections and/or severe symptoms. Flu vaccines are usually available at pharmacies by late August.
9. Encourage frequent handwashing to reduce the risk of catching a cold or a virus. Many schools and workplaces are providing hand sanitizers.
10. If you have severe asthma that is not well controlled despite taking a daily controller medication, talk with an asthma specialist. It's important to have good asthma control at all times of the year. New precision medications called biologics are available. These medications target the source of symptoms at the cell level rather than treat the symptoms themselves.

Resources from the Allergy & Asthma Network

- [10 Ways to Stay Healthy During the September Asthma Peak Week](#)
- [A 1-page pdf on How to Avoid the September Asthma Peak](#)
- Recorded webinar called [Biologics: Turning the Tide on Severe and Uncontrolled Asthma \(New Webinar\)](#) - Despite optimal use of inhaled and oral therapies, some people still have uncontrolled asthma. How can Biologics improve control?

Energy Bites

1 CUP OLD-FASHIONED OATS
1/3 CUP GROUND FLAXSEED MEAL
2/3 TO 1 CUP PEANUT BUTTER
1/4 CUP HONEY
DASH OF VANILLA EXTRACT
PINCH OF SALT, MORE TO TASTE, IF NEEDED
ADD-INS: MINI CHOCOLATE CHIPS, SHREDDED COCONUT,
CHOPPED NUTS, DRIED FRUIT, CHIA SEEDS, ETC.

IN A FOOD PROCESSOR, ADD THE OATS AND PROCESS UNTIL COARSELY CHOPPED. IF YOU DON'T HAVE A FOOD PROCESSOR COARSELY CHOP THE OATS IN A BLENDER AND ADD TO A BOWL. ADD THE FLAXSEED MEAL, NUT BUTTER, HONEY, VANILLA AND SALT. PROCESS/MIX UNTIL THE MIXTURE COMES TOGETHER INTO A SOFT BUT NOT OVERLY STICKY BALL.

IF THE MIXTURE IS OVERLY DRY, ADD NUT BUTTER A TABLESPOON AT A TIME AND PROCESS/MIX UNTIL THE CONSISTENCY IS SOFT BUT NOT OVERLY STICKY OR CRUMBLY.

REMOVE THE BLADE FROM THE FOOD PROCESSOR, IF USING. ADD ANY ADD-IN INGREDIENTS, AND MIX WITH YOUR HANDS UNTIL EVENLY COMBINED.

ROLL THE DOUGH INTO SMALL BALLS AND PLACE ON A PARCHMENT-LINED BAKING SHEET OR TRAY. REFRIGERATE UNTIL FIRM ENOUGH TO STACK IN A LIDDED CONTAINER OR IN A BAG. THE ENERGY BITES CAN BE FROZEN FOR SEVERAL MONTHS OR REFRIGERATED FOR A WEEK OR SO.

