



MICHIGAN SCHOOL NURSE

FAQ

A summary of frequently asked questions regarding
school nursing in Michigan

Instructions for use:

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SCHOOL NURSES IN MICHIGAN

Are school nurses required in Michigan?

Both the American Academy of Pediatrics and the National Association of School Nurses recommend a full-time school nurse in every building. There is no statutory requirement for Michigan schools to employ a nurse, but if the school DOES, it must comply with this section of the [Michigan Education Code, Act 451 of 1976 – 380-1252](#), which states:

- The board of a school district may employ registered nurses necessary to provide professional nursing services. The services shall be operated under rules promulgated by the state board which shall establish the [certification requirements](#) for registered nurses in the services.
- The state board may require reports and information from school districts offering nursing services.
- This section does not apply to nursing services provided by a county or district health department.

Federal laws require schools to provide related nursing services by guaranteeing access to education and related services to assist children with disabilities that benefit from special education per [34 CFR Part 300 Individuals with Disabilities Act of 1997](#) (IDEA). Additionally, [Section 504, Rehabilitation Act of 1973](#) protects the rights of children with special health-care needs (CSHCN) by providing related services, including health services, to those not eligible for special education.

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What are the requirements for a Registered Nurse (RN) to work as a school nurse in Michigan?

Michigan school nurse practice is governed by the [Michigan School Code](#) and the [Michigan Public Health Code](#) which is different from many states that are governed by a state Nurse Practice Act.

The Michigan Department of Education's Office of Health and Safety has requested a waiver for semester hours required by the current STATE BOARD OF EDUCATION CERTIFICATION OF SCHOOL NURSES. Existing language regarding school nurse certification cites "semester hours," which has caused confusion, multiple questions, and lead to delays in processing for some.

A temporary waiver has been obtained to address the "semester hour" language and requirement. This waiver for "semester hours" in the current State Board of

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Education Certification of School Nurses is for up to 3 academic years starting 7/1/2025 ending 6/30/2028. This means that registered nurses in the State of Michigan who hold an active Michigan RN license and are currently employed by a school/school district may proceed with school nurse certification applications and renewals via the school's MOECS representative.

Language and programming in MOECS will not change. School nurse applications that include a valid Michigan RN license will be processed in accordance with the waiver when the license is received.

Please contact MDE-EducatorHelp@michigan.gov for guidance on MOECS.

School Nurse Certification Stages	Qualifications
Interim	Every RN starts at the Interim School Nurse Certification level
Standard	2 years as a school nurse + ADN or BSN + Active MI RN License
Professional	3 years as a school nurse + BSN + Active MI RN License

ADN: Associate's Nursing degree

BSN: Bachelor of Science Nursing degree

The RN must be certified, according to the rules of [Michigan Online Educator System \(MOECS\)](#), effective July, 2023, Public Act 110 of 2023 and Public Act 111 of 2023 was signed into law which expands reciprocity and supports experienced educators in becoming certified or recertified in Michigan.



RN's are currently not able to apply for themselves. The application must be done by someone in the district who has access to MOECS.

The [National Association of School Nurses \(NASN\)](#) also recommends National School Nurse Certification. Information on national school nurse certification is available at the [National Board of Certified School Nurses \(NBCSN\)](#).

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As a new school nurse in a district that has never had a school nurse, where do I begin?

This situation can be overwhelming for both the school nurse and school administration. Contact your Intermediate School District (ISD) or local health department to see if there are other school nurses in your county. Other connections include the [Michigan Association of School Nurses](#) and the [National Association of School Nurses](#).

- Make sure the [MI State School Nurse Consultant](#) has your work email address.
- Look for trainings from the MI State School Nurse Consultant:
 - School Nurse Summer Institute (August)
 - School Nurse Winter Institute (January)
- Attend "Foundations for Effective School Nurse Practice" training when available.
- Attend a Medical Emergency Response Team (MERT) training when available.
- Review the resources necessary to align your school nurse practice with the [Framework for the 21st Century School Nurse Practice](#).
- Begin with looking at the [Back to School Toolkit \(checklists\)](#)

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What resources are available for a new school nurse to use?

- [Laws & Model Policies that Guide School Health Services Programs in Michigan](#)
- [Michigan Consideration Documents](#)
- [Prioritizing School Nurses Practice Activities](#)
- [Framework for 21st Century School Nurse Practice](#)
- [National Association of School Nurses \(NASN\) Professional Practice Documents](#)
- [NASN Back to School Toolkit](#)
- [MASN School Nurse 101 member /MASN nonmember](#)
- [Safe & Legal Support of Students' Health Needs \(MASN membership required\)](#)
- [What Do School Nurses Actually Do? \(Infographic\)](#)
- [What Do School Nurses Actually Do? \(Narrative\)](#)
- [The Role of the School Nurse: A Vital Part of Today's Health Care System](#)
- [NASN Bookstore:](#)

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- School Nursing a Comprehensive Text
- School Nurse Resource: Tenth Edition
- Legal Resources for School Health Services Programs
- School Nursing: Scope and Standards of Practice, 4th Edition

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What educational and training modules are available for school administrators?

- [5 Ways a School Nurse Benefits the School](#)
- [MASN: The Role of the Professional School Nurse](#)
- [Center for Disease Control \(CDC\): School Health Services](#)
- [CDC: School Nurses Help Keep Students Healthy](#)
- [What Do School Nurses Actually Do?](#)

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How many school nurses practice in Michigan?

[MASN Support and Sustainability for Michigan School Nurses Infographic.](#)

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What is the ratio for school nurses to students?

There are many factors that must be taken into consideration when determining the school nurse to student ratio. A standard ratio of the school nurse to student alone, is not evidenced based. Other factors to take into consideration are:

- Student health needs, safety, and medical acuity.
- Community and school infrastructure.
- Social determinants of health.
- Understanding the complexities of the role of the school nurse.
- The environment and culture of the school/school district that influences services delivered.
- Characteristics of nursing staff.

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The National Association of School Nurses (NASN) believes that school nursing services must be determined at tiers sufficient to provide the range of health care necessary to meet the needs of school populations. All students need access to A School Nurse Every Day.

[School Nurse Workload \(Position Statement, 2020\)](#).

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

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

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What do school nurses actually do?

"School nursing, a specialized practice of nursing, protects and promotes student health, facilitates optimal development, and advances academic success". [Adopted by the NASN Board of Directors February 2017](#). School nurses are registered nurses and licensed health care professionals who play a vital and challenging role in schools. They have received a thorough education and rigorous training, and are "real nurses" just like those employed by hospitals, doctor's offices, home health agencies, etc. Although certification regulations vary by state, the National Association of School Nurses recommends that school nurses have a bachelor's degree and be a registered nurse. School nursing is a professional registered nursing specialty. [Michigan School Nurse certification](#) rules define "school nurse" as a registered nurse, however, school districts in Michigan are under no legal requirement to hire RNs, so the person in the nurse's office might not actually be a nurse. If that is the case, the unlicensed person should not use the title "nurse".

The job of the school nurse has grown and expanded considerably over the years

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and is based on the [Framework of 21st Century School Nurse Practice](#). School nurses fill the gap between healthcare and education, provide both acute and chronic care, treat and assess behavioral health concerns, connect the student and family to community resources, and manage students with chronic conditions such as asthma, food allergies, diabetes, seizures and other chronic health conditions which require special care during the school day. In any given day, the school nurse may see as many as 50-100 or more students and must also have the professional judgment and skills necessary to:

- Provide both population and individual care and actively communicate with healthcare providers.
- Develop individualized healthcare plans and emergency plans for all children with healthcare needs.
- Provide preparedness planning and compliance utilizing best practice.
- Prepare plans for healthcare needs of the school community in the event of a disaster or lock down situation.
- Assess lung sounds of students with asthma and provide appropriate treatment if indicated.
- Communicate with parents/guardians, teachers, or physicians regarding the effectiveness of medication for a student with any health condition (i.e., attention deficit/hyperactivity disorder, diabetes, asthma, sickle cell disease).
- Care for a child with a seizure.
- Perform a complex treatment for a child with special health care needs, such as suctioning a tracheostomy or administering medication via a feeding tube or intravenous port, urinary catheterization, and toileting for a disabled child.
- Provide training to school staff on appropriate treatment and procedure, general education on disease management, and how to monitor and respond to emergencies.
- Respond to a school related emergency, such as a playground accident, a school bus accident or some other critical incident that affects the health, and safety of students or staff.
- Facilitate screenings such as dental, vision and hearing.
- Facilitate medication administration (emergency and routine).
- Attend a parent/guardian conference or Individual Education Plan or 504 meeting if student health concerns are affecting learning.
- Provide supplemental classroom instruction and materials on various health related topics.
- Provide one-on-one health counseling to individual students.
- Provide school health services both in-person and remotely.

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- Serve as a resource for families in need of support through community or social agencies or programs.
- Promote and provide diverse education addressing social, mental and health needs.
- Play a vital role in planning and executing a safe return to in-person learning when needed.
- Be confident and prepared to handle every health-related incident that may occur.
- Lead the district in developing policies related to school health services and safety concerns.
- Participate in multidisciplinary teams both in district and the community.

In addition to performing a broad range of health functions, the school nurse communicates with parents/guardians, school staff, public health agencies and healthcare offices regarding communicable disease outbreaks, and other health concerns. The school nurse may also plan and implement school wide health education campaigns or activities such as health fairs or special health observance days. The school nurse may give presentations to parent/guardian or community groups.

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

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

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HEALTH SERVICES DELIVERY

What are the legal parameters for practice for credentialed medical assistive personnel in schools such as respiratory therapists, medical assistants, and EMTs?

It is important that school districts are familiar with the practice laws for the specific practitioner. For most of these practitioners, there is a restriction to practice only under the direction of a "qualified" medical director or other healthcare provider licensed by the Michigan State Board of Medical Examiners.

In the school setting, a medical assistant should be considered a lay person, unless supervised by a physician who delegates tasks according to the Medical Practice Act.

Medical assistants, respiratory therapists, and EMTs should be considered unlicensed assistive personnel (UAP), an unlicensed person in the school setting. They need to follow the same protocols and procedures set forth for lay persons assisting with health services, which includes the registered nurse assessing the UAP's tier of knowledge and skill. Supervision of the UAP who is providing delegated health services is required. Supervision is defined in the [Occupational Regulation Sections of the Michigan Public Health Code, act 368 of 1978, Article 15, Part 161, General Provisions](#) as the licensed health professional overseeing the work of another individual and requires that the licensed health professional provide documented supervision. This supervision consists of 3 components:

- Training: the school nurse must be competent in the skill to train UAP.
- Communication: the UAP can contact the school nurse immediately with questions/concerns.
- Evaluation: the school nurse will routinely evaluate the skills/technique of trained UAP.

For additional questions, you can contact the [Bureau of Health Professions](#).

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

MCL 333.17208 states that an LPN is a health profession subfile of the practice of nursing which means that they must be supervised by a registered professional nurse (RN), physician, or dentist.

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Can you please explain specifically what "supervision" of an LPN means?

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

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What is required for schools to be able to provide care beyond soap, water, Band-Aids, and ice?

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

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

The requested medical services or medication administration cannot be accommodated by the school/school nurse until a healthcare provider's order is in place.

Communication and advance planning go a long way in assuring everyone's roles and responsibilities are understood. School staff does not want to be caught unaware, or experience an adverse event, in which they are not prepared with the information, equipment, or staff needed to respond to a student's health condition.

Hence, the parent/guardian should begin communicating with the school nurse as soon as they know that their child may need health related services. If the parent/guardian of a student served by special education, the parent/guardian should ask if the nurse has been included in planning for their child. If you are a school employee, make sure that you communicate with other staff as well as the parent/guardian.

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Can schools accept a licensed healthcare provider's orders received via email?

School nurses/schools should have a system to verify that the order originated from the healthcare provider. An emailed order can be considered valid only if it contains an electronic copy of the healthcare provider's signature and the email address can be confirmed. Without these criteria met, the email should be considered unacceptable due to authentication issues.

Some options in this case are:

- The healthcare provider's office can fax the order to the school with the healthcare provider's signature. Take precautions to maintain confidentiality.
- The school nurse (if available) can contact the healthcare provider's office by phone to verify the order (registered nurses are allowed to accept verbal orders).
- The parent/guardian and/or healthcare provider's office can deliver/mail a hard copy of the order with the healthcare provider's signature.

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Can schools accept out-of-state-orders from a licensed healthcare provider (HCP)?

If the students are being treated in Michigan pursuant to orders of a HCP in an adjoining state, this is allowed under [Section 16171 of the Public Health Code](#). This provision allows an individual who resides in an adjoining state, who is authorized under the laws of the other state to practice, to practice in Michigan without a license, if they do not maintain an office in Michigan or designate a place to meet patients or receive calls in Michigan.

Nurses and other staff acting in another state, are subject to the laws and administrative rules in that state. Therefore, they should consult the laws and rules of the state they are providing services in.

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Does a healthcare provider need to sign off on every accommodation detailed in the student's Emergency Care Plan (ECP) or other accommodation plans?

The healthcare provider plays a significant role on the team by providing accurate and current medical information, providing the emergency protocol, and signing the appropriate treatment and medication administration forms. The healthcare provider, however, is often unfamiliar with the day-to-day operations of the school and is not in the position to recommend or to sign off on academic accommodations.

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Must the school team accept all recommendations from a healthcare provider?

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

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Must a school nurse accompany students that have a history of allergic reactions or have other health needs on field trips?

A school nurse who is familiar with the students' health condition and treatment may need to accompany a student if the school nurse determines that medical care cannot legally or safely be delegated ([School Sponsored Trips-The Role of the School Nurse](#)). The administration of epi-pens and medication/procedures for other chronic health conditions can be carried out by adequately trained school personnel, or even self-administered by the student, if this has been agreed upon and planned for by the parents/guardians, physician, school administrator, and nurse.

For this reason, school administrators, working with a school nurse, should create procedures for how emergent situations are handled when a school nurse is not present. The school nurse plays a key role here in facilitating communication between the administrator and the staff so that all personnel are adequately trained and aware of the expectations of them in cases of emergency. If a school does not have the services of a school nurse, please see "[Delegation vs. Training](#)".

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How do I ensure a child's safety during before and after-school activities?

Students may be involved in several school-sponsored activities throughout the year. It is extremely important that the supervising staff of any activity occurring before, or after-school talk to the parent prior to the activity starting. School district policies should include plans for access to ECPs and emergency medications and supplies during all school sponsored activities. However, if the activity is taking place in the school is not related to the school, check with the sponsor of the activity about services provided. The sponsor is typically responsible for supporting student health needs. Specific information about who will be responsible for health needs should be included in "building use" agreements. This information should be shared with all involved in the activity and especially the parents of students participating in the activity as arrangements for medical needs will need to be made outside of what is already in place for the school day.

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What are the requirements to make food substitutions for a student when school meals are concerned?

If a student has a documented disability or medical issue that restricts their diet, the school foodservice department **must** make the substitutions as listed by a licensed medical professional (MD, DO, NP, PA) on a completed medical statement form [MDE Special Dietary Needs](#). If, however, a request for food substitutions is made for a student without a documented medical issue, the school foodservice department **may** make the substitutions listed on the medical statement form signed by a recognized medical authority. Any substitution of this kind must fully meet the reimbursable meal pattern.

It is the responsibility of the parent/guardian making the request to submit a properly filled out and documented medical statement form. [MDE Guidelines for Food Allergies in Michigan Schools](#), Early Childhood and Education Programs provides guidance for best practices. (See page 43).

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Is it appropriate to discuss food allergies or other chronic health condition accommodations in the student's plan in front of other parents and students?

NO, schools should maintain the confidentiality of student health information. Parents may be informed of the general food allergy or other health condition management plan without any reference to a particular child. With permission from the parent of the student with life-threatening food allergies, it may be appropriate in specific situations to share certain aspects of a student's plan, such as the need for allergy-alert classrooms, or alternatives to food celebrations in the classroom.

However, it is important to protect the family and student from discrimination and harassment due to accommodations that need to be made.

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What care coordination is needed to achieve best results for students with chronic health conditions?

Collaboration and cooperation are key elements in planning and implementing successful management of student’s chronic diseases/health needs at school. Students are more likely to succeed in school when the student’s school health team and the student’s personal health care team work together create a circle of support around the student with health needs.

Personnel may include:

School Health Team	Student Parent/Guardian School Nurse or other qualified Personnel Principal and other administrators 504/Individualized Educational Plan (IEP) Coordinator Office Staff Teachers Guidance Counselor Coaches Other school staff members responsible for the student
Personal Health Care Team	Student Parent/Guardian Healthcare Provider Nurse Registered Dietician (if appropriate) Health Care Educator in Chronic Disease

Collaboration between these two teams should result in each student with a health condition/need having a Medical Management Plan (MMP), an Individualized Health Plan (IHP), Emergency Care Plan (ECP) for medical treatment for chronic health condition and an appropriate education plan (if needed).

- An **MMP**: Contains all aspects of routine and emergency care, developed by the student’s personal health care team.

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- An **IHP** is a written plan developed to implement the student's MMP:
 - Developed by the school nurse (or other qualified personnel) in collaboration with the student's personal health care team and family and incorporates assessment of school environment.
 - Contains student-specific information.
 - Reviewed by nurse (or other qualified personnel) and parents at beginning of the year and periodically afterwards.
- An **ECP** is based on medical orders in the MMP and consists of a summary of how to recognize and treat symptoms experienced.
 - Should be given to all personnel responsible for the student (teachers, coaches, bus drivers, lunchroom staff, etc.).
- An **Education Plan, 504 Plan or IEP** are developed as needed, not all students with a chronic health condition need/will have one.
 - The plans are written by team of school personnel, parents, and appropriate coordinator for the school district.

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How long is an MMP, IHP, ECP, Education Plan, 504 Plan, or IEP good for?

Each of the plans are reviewed and updated annually and as needed throughout the year.

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What care coordination is required for students with health needs?

Standards of Care for Supporting Students with Health Needs in Michigan allow students with chronic health conditions to be safe and supported by schools who are following current law and best practice. Each student with a chronic health condition is unique in his or her disease process, developmental and intellectual abilities, and levels of assistance required for disease management.

- [Supporting Students with Chronic Conditions at School: Standards of Care](#)
- [School Nursing Practice Framework](#)
- [A Model for School Nurse Led Case Management](#) (MASN/NASN membership may be required)
- [Translating Strategies into Actions to Improve Care Coordination for Students](#)

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[with Chronic Health Conditions](#)

- [Chronic School Health Assessment Tool](#)

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What school staff training is required for students with health needs?

Provide 3 tiers of professional development training for school staff based on the tier of responsibility the staff member will have on supporting students with health needs. All staff should receive information on the health condition basics. Staff who will have responsibility for daily support and emergency care for students with should be provided training on management, trigger management, preventative medications, and emergency response.

- Trainings should be administered by a school nurse, medical professional, or certified educator (or a qualified person designated by the local school administrator if neither is available).
- Training should take place at the beginning of each school year and should be repeated when a current student is newly diagnosed or when a student with the health condition enrolls in the school. Refresher training is to be done as needed.
- Trainings should be provided to classroom teachers, physical education teachers, coaches, athletic directors, secretaries, administrative assistants, playground aides, principals, facility and maintenance staff, food service staff, paraprofessionals, and bus drivers based on three tiers of training.

There are 3 tiers of training. Each tier builds on the prior tiers.

- Tier 1 training is administered to all school personnel at the beginning of the year.
 - Tier 1 training is an overview of the health condition which includes: how to recognize and respond to symptoms and who to contact for help in an emergency.
- Tier 2 training is designed for school personnel who have responsibility for identifying and responding to health-related emergencies the student may experience throughout the school day. These staff members may include, but are not limited to classroom, physical education, music, and art teachers, as well as other personnel such as lunchroom staff, coaches, and bus drivers. Tier 2 training content builds on content from Tier 1 with specific instructions for:
 - What to do in case of an emergency, roles and responsibilities of individual staff members, and expanded overview of the health condition.

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- Procedures and brief overview of the operation of devices (or equipment) commonly used by the student.
- Impact of on behavior, learning, and other activities.
- The student's Individualized Health Care Plan (IHP), 504 Plan, IEP, or other education plan.
- The student's Emergency Care Plans and how to activate Emergency Medical Services in case of an emergency.
- Tips and planning needed for the classroom and for special events.
- Overview of the legal rights of students with that health condition in the school setting.
- Tier 3 training includes content from Tier 1 and Tier 2 and includes one or more school staff members designated as trained personnel who will perform or assist the student with required daily care tasks.
- See specific training resources for students with chronic diseases:
 - [Allergies \(food\)/ Anaphylaxis](#)
 - [Asthma](#)
 - [Cardiac](#)
 - [Diabetes](#)
 - [Seizures](#)
 - [Sickle Cell Disease](#)

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What is a "Medical Emergency Response Team (MERT)?"

Any child or adult can have a medical emergency in school. The Medical Emergency Response Team (MERT) responds to both individual and building emergencies.

Unlicensed school personnel on the MERT are trained to handle medical emergencies to provide immediate and temporary care in the building until professional help arrives.

The purpose of the MERT is to be prepared and respond to medical emergencies through training, drills, and practice. MERT members may include principals, secretaries, paraprofessionals, teachers, Special Education staff, school nurse,

P.E. teacher, and others. Team members are generally certified in CPR and First Aid

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and are designated by the school administrator.

The MERT responsibilities include:

- Identify the emergency
- Implement Emergency Procedures
- Provide care
- Submit required reporting
- Debrief

[Addendum to the 2002 Model Policy and Guidelines for Administering Medications to Pupils at School Guidelines for Responding to an Anaphylaxis Emergency at School](#)

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

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

Some schools have hired additional medical staff and some have worked with

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

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LAWS

What federal and state laws, model policies, procedures, and professional standards of practice direct administering health services in schools?

- **Michigan Public Health Code (PHC)**

The [PHC](#) was written to promote and protect public health. It also legislates how a healthcare providers practice. The [PHC Act 368 of 1978, Part 172 Nursing](#) defines a nurse's practice.

- **Michigan School Code (MSC)**

The [MSC](#) was developed in 1976 and revised several times to provide guidance to public

instruction and elementary and secondary schools.

- **Michigan Department of Education School Nurse Certification**

["School nurse certification"](#) means that an interim, standard, or professional school nurse certificate has been issued to a registered nurse by the MI state board of education. The National Association of School Nurses also recommends [National School Nurse certification](#).

- **Laws and Model Policies that Guide School Health Services Programs in Michigan**

This [Laws and Model Policies document](#) provides an overview of federal and state laws that can establish parameters for policy options concerning Michigan school health services. Resources (topics) are listed in alphabetical order. Links to the specific federal laws are included. State laws that guide school health services include the Michigan Revised School Code (designated with 380 prefix) and the Michigan Public Health Code (designated with 333 prefix). These state laws are hyperlinked in this document to the specific area in each of the legislative documents that best demonstrate the content being highlighted. In some current cases, the Public Act is also included to better leverage familiarity with the law.

- **The Family Educational Rights and Privacy Act ([FERPA](#))**

Protects the privacy of student education records and applies to all schools that receive federal funds.

- **The Health Information and Portability and Accountability Act ([HIPAA](#))**

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Ensures privacy protections of individuals' health information.

- **Joint Guidance on the Family Educational Rights and Privacy Act (FERPA) and the Health Information Portability and Accountability Act**
The U.S. Department of Education and the Office for Civil Rights at the U.S. Department of Health and Human Services released updated joint guidance in December 2019 addressing the application of the [Family Educational Rights and Privacy Act \(FERPA\) and the Health Insurance Portability and Accountability Act of 1996 \(HIPAA\) Privacy Rule](#) to records maintained on students. The guidance clarifies for school administrators, healthcare professionals, families, and others how FERPA and HIPAA apply to education and health records maintained about students.

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DELEGATION OF NURSING CARE IN SCHOOLS

What's the difference between [delegation](#) and training?

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

In regards to medication administration, the [Michigan School Code](#) allows for the school administrator to assign the task of medicine administration to unlicensed staff. This has been interpreted to include any medication, including

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

Before agreeing to train an unlicensed staff person to perform what would be considered a nursing task, if determined by the nurse, the task must be delegated, and the following applies:

Delegation and Supervision

Delegation is defined in the Occupational Regulation Sections of the Michigan Public Health Code, Act 368 of 1978, Article 15, Part 161, General Provisions as *"authorization granted by a licensee to a licensed or unlicensed individual to perform selected acts, tasks, or functions which fall within the scope of practice of the delegator and which are not within the scope of practice of the delegatee and which,*

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in the absence of the authorization, would constitute illegal practice of a licensed profession.” In their General Rules, Part 1 - General Provisions the Michigan Board of Nursing have promulgated specific administrative rules about delegation which are summarized below.

- ONLY a RN may delegate nursing, functions, or tasks. LPN's may not delegate.
- LPN's must be supervised by the RN, physician, or dentist.
- The RN delegates tasks – not responsibility/accountability for patient care.
- The RN delegates from her/his scope of practice.
- The RN cannot delegate acts, tasks, or functions that are not within her/his scope of practice.
- The RN determines whether the delegate has the knowledge/skill to do a specific task.
- The RN determines whether the task for a specific client can be performed

Supervision of the UAP by the nurse who is delegating the task is required. Supervision is defined in the Occupational Regulation Sections of the [Michigan Public Health Code, Act 368 of 1978, Article 15, Part 161](#). General Provisions as the licensed health professional overseeing the work of another individual and requires that the licensed health professional provide supervision. This supervision consists of 3 components:

- Training- the school nurse must be competent in the skill to train UAP.
- Communication- the UAP can contact the school nurse immediately with questions/concerns.
- Evaluation- the school nurse will routinely evaluate the skills/technique of trained UAP.

The RN must fulfill the requirement for continuous availability. Occupational Regulation Sections of the [Michigan Public Health Code, Act 368 of 1978, Article 15, Part 161, General Provisions, 333.16215](#) ties delegation to supervision. You cannot delegate without supervising.

There may situations in which, upon assessment, the nurse determines the task involved cannot be delegated and must be performed by a licensed

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nurse. That determination must be reported to the school administrator in order that the school can provide the necessary services the child requires.

What nursing services are delegable?

The school nurse must first determine if the task can be delegated using criteria set forth in Michigan law, in professional standards and in assessment of the unique characteristics of the individual student requiring nursing services. A nursing task may be determined to be delegable and assigned to be performed by nursing assistive personnel (UAP) under the supervision of a registered nurse (RN) if the individual situation meets all the criteria and in the nurse's judgment, it is safe to do so. [Michigan School Health: Delegation](#) (2021). [Professional & Legal Regulations - Michigan Nurses Association \(minurses.org\)](#).

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What nursing services are non-delegable?

Not all nursing tasks may be delegated. Certain nursing services may only be performed by an RN or Licensed Practical Nurse (LPN) under the supervision of an RN. Should a nursing task fail to meet the criteria for delegation, the nursing task/procedure must be performed by the RN or LPN under the supervision of an RN. Examples of these tasks may include a complex tracheotomy suctioning, tracheotomy tube, inner cannula change or replacement, any medication that requires calculation of the dose unless the specific method of calculation is provided, assessment before or after administration, and certain medications given by injection. Any service needing nursing assessment and/or performed on "an as needed basis" is not delegable. It is important to note that a specific task is only delegated for a specific student, therefore, a procedure that is delegable for one student may not necessarily be delegable for any other student.

Michigan law does not delineate which nursing tasks can be delegated, though based on the nurse's assessment and judgment examples of those tasks may include, calculation of insulin doses, providing appropriate training on the student's specific method of calculation is provided, pharmacy or prescriber prepared hand-held inhalant medication administration, clean intermittent/non-complex bladder catheterization, student specific emergency medications, and assembly of supplies and supervision of student finger stick for blood sugar with appropriate training of the individual student specific needs. [Michigan School Health: Delegation](#) (2021).

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What resources in this area are available for the school nurse to use?

- [Professional & Legal Regulations - Michigan Nurses Association](#)
- [Laws and Model Policies that Guide School Health Services Programs in Michigan: A Resource for School Nurses.](#) (See Delegation and Scope of Practice).
- [Michigan School Health: Delegation](#)
- [NASN Nursing Delegation in the School Setting](#)
- [NASN Principles for Practice: Nursing Delegation to Unlicensed Assistive Personnel in the School Setting 2nd Edition](#)
- [Delegation in the School Setting: Is it Safe Practice?](#)
- [National Guidelines for Nursing Delegation](#)

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ADMINISTRATION OF MEDICATION

What conditions must be met to administer medication in schools?

A medication order signed by a healthcare provider with instructions for administering, storing, and disposing of medication for an individual student may be faxed, emailed to the school, or brought in the parent. All prescription medications should be in their original, child-proof containers and include the following:

- The child's first and last name.
- The physician's name and contact information.
- The filled date and expiration date on the container.
- Instructions for administering, storing, and disposing the medication.

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How are student's medications stored in school?

Michigan policies for storage and access to medications in school are as follows:

- All medication shall be kept in a labeled container as prepared by a pharmacy, physician, or pharmaceutical company with the pupil's name, the name of the medication, dosage, and the frequency of administration.
- Medications (except emergency medications) shall be stored in a school location that is kept locked.
- Emergency medications should be stored in an area readily accessible to the individual designated to administer them.
- All controlled-substance medications will be counted and recorded upon receipt from the parent/guardian. The medication shall be recounted on a regular basis (monthly or bi-weekly) and this count reconciled with the medication administration log/record. Controlled medications must be double locked in a secure area.
- Medications stored in a refrigerator must be stored in a locked container separate from food items. ([Michigan School Health: Medication Administration, 2022](#)).

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Who can administer medications to students in schools?

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

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

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What are the common conditions in schools for which medication is given?

The most common conditions that require medication in schools are food allergies, asthma, diabetes, seizures, and attention deficit hyperactivity disorder.

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What is the guidance on student use of transdermal patch at school?

Medication patches should be included in your regular medication policy. All medications are medications so check with your school administration team to see if adjustments need to be made.

If your school is holding extra doses of controlled transdermal patches, then count and

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reconcile the controlled substance per the [MDE model policy](#).

If a medication patch is lost or stolen here are some considerations:

- If any medication is reported missing, the school administrator and the School Nurse shall be notified and procedures for missing property on school grounds should be followed.
- Since the incident may involve controlled, dangerous substances, notification of the police may be necessary.
- Parents should also be informed in order to replace the medication.
- Appropriate documentation shall be completed, and the school nurse shall keep a copy of the documentation.
- Review the MASN consideration documents on [Medication Administration](#)

If medication is found only use gloves to pick up and dispose of in biohazard container.

Can over-the-counter medications be administered at school without a healthcare provider's order?

In some cases, yes. [MCL 380.1179](#) states that if the school or school district policy does not have a policy that differs, a student of a public school or nonpublic school may **possess (self-carry)** and **use (self-administer)** a United States Food and Drug Administration (FDA) approved, over-the-counter **topical** substance at school, on school-sponsored transportation, or at any activity, event, or program sponsored by the student's school is participating if all the following conditions are met:

- The student is a minor.
- The student has written approval to possess and use the United States FDA approved, over-the-counter topical substance from the student's parent or legal guardian.
- The principal or other chief administrator of the student's school must have written approval on file.

The use of OTC asthma medication is not considered best practice and should not be encouraged in school.

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What rescue or quick relief medications are given in schools?

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The student's emergency care plan must be followed when administering these medications.

- Allergies: epinephrine given by an [epinephrine auto injector](#) or student's FDA approved epinephrine delivery device.
- Asthma: asthma quick-relief medication given by an [inhaler](#) or medication administered via a nebulizer.
- Diabetes: [Glucagon](#) is given for low blood sugar and insulin is given to maintain blood sugar.
- Opioid Overdose: [Naloxone spray](#) is given as a nasal injector. Naloxone is also available as an [injectable](#) which is given in the muscle. In March, 2023 the U.S. Food and Drug Administration approved [Narcan](#), 4 milligrams (mg) naloxone hydrochloride nasal spray for [over-the-counter](#) (OTC), [nonprescription, use](#).
- Seizures: Diastat® -a [diazepam rectal gel](#), [Nayzilam](#)® - a [midazolam nasal](#) spray and [Valtoco](#)® - a [diazepam nasal](#) spray.

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Are all schools required to stock epinephrine?

YES. [Epinephrine Auto-Injector Public Act 186 & 187 of 2013](#) (EAI) requires stock epinephrine for public schools K-12 students and any other individuals on school grounds who are believed to be having an anaphylactic reaction. This mandate does not apply to private schools, Head Start, and/or Early Childhood Centers.

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How do schools obtain or replenish stock epinephrine in Michigan?

For EpiPen: Go to [EpiPens for Schools](#) and follow the instructions to under download forms:

- Download Forms.
- Print the form you need: Free Certification Form-for a school to get the two initial Epi pens for the year or to replace expired ones.
- Replenish Certification Form: When you use an EpiPen for anaphylaxis at school and need a replacement.
- PLUS print, [Epinephrine Standing Order Protocol Form](#) and [Supplement Standing Order](#).
- Email completed Forms to Ava Marquette avam@annarborallergy.com OR you can fax the forms to Dr. Harvey Leo's office: 734-434-6317 (They receive a high

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volume of faxes, so email is preferred).

- Send the prescription with a copy of the above form to: Certification and Discount Forms: Fax the completed Form and a copy of a valid EpiPen ® Auto-Injector prescription to BioRidge Pharma, LLC Fax: 973-718-4328.
- Call 973-845-7600 afterward to verify that everything was received by them.

ADDITIONAL OPTIONS

- Consider School Based Health Center Providers for the prescription
- [Good RX](#) for a coupon to fill prescription. Save your receipt
- Auvi-Q [Public Access](#) provides a [School Nurse Toolkit and epinephrine auto-injector trainers](#)

CVS offers a generic EAI for app. For a discount at <https://www.cvs.com/content/epipen-alternative>. At this point a local CVS can only fill prescriptions for patients, not schools. Check with a pharmacy manager at a local CVS to see if they can provide generic EAI to schools.

Another suggestion worth trying is to check out online medication coupons to see if the previously mentioned companies/distributors can accept them from a school for a reduction in EAI price [e.g., GoodRx, Medical Assistance Tool and Needymeds].

Advise your school administrator when epinephrine is given so the information can be entered into the School Infrastructure Data Base (CEPI). This count should reflect the total number of instances where an epinephrine auto-injector was used to a pupil at the school. The count also includes all instances of administration, including individuals with or without a previously known severe allergy, and those using personal or school stock of Epinephrine Auto Injectors.

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How do school nurses/schools obtain epinephrine auto-injector trainers?

The following companies provide epinephrine trainers:

- [Auvi-Q](#)
- [AdrenaClick](#)
- [Amneal](#)
- [Epi Pen](#)
- [Neffy](#)

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Who can administer an epinephrine auto-injector or other emergency medication in schools?

If any trained staff member determines that an allergic reaction is potentially life-threatening, the staff member will administer epinephrine at the direction of the school nurse (or designee) and according to the standing order and/or emergency action plan (ECP) for the student. It is recommended that ALL school staff be trained in recognition of the signs and symptoms of an allergic response, and in the safe and proper use of epinephrine premeasured auto-injection devices. This training should be reviewed and updated every 2 years.

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Are school staff protected if they administer stock epinephrine or other emergency medications in schools?

[MCL 380.1178](#) (1) Subject to subsection (2), states *a school administrator, teacher, or other school employee designated by the school administrator, who in good faith administers medication to a pupil in the presence of another adult or in an emergency that threatens the life or health of the pupil, pursuant to written permission of the pupil's parent or guardian, and in compliance with the instructions of a physician, physician's assistant, or certified nurse practitioner, or a school employee who in good faith administers an epinephrine auto-injector to an individual consistent with the policies under section 1179a, is not liable in a criminal action or for civil damages as a result of an act or omission in the administration of the medication or epinephrine auto-injector, except for an act or omission amounting to gross negligence or willful and wanton misconduct.*

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Where and How to report administration of epinephrine at school or school sponsored events?

There are two places to document when an Epinephrine Auto Injector is given:

1. MDE/ Michigan Law requirement MCL - [Section 380.1179a](#)

Where: The aggregate counts of epinephrine administration is entered into the Center for Educational Performance and Information (CEPI) School Infrastructure Data Base

Who: District authorized users for CEPI

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What: Indicate the number of instances epinephrine auto-injectors were administered to a pupil at school

- This count should include all instances of administration:
 - with or without a previously known allergy, and
 - those using personal or school stock of epinephrine auto-injector

2. LARA requirements [Public Act 221 of 2015: MCL 333.17744a\(5\)\(B\)](#)

Where: The [Reporting form](#) can be emailed to LARA at epipen@michigan.gov or faxed to 517-241-7535. The deadline for reporting incidents within each calendar year is December 31st.

Who: A contact person for the authorized entity

What: Details of the incident

For more information:

<https://www.michigan.gov/lara/bureau-list/bpl/resources/special-programs/auto-injectable-epinephrine-and-anaphylaxis-training>

Are schools required to stock Narcan?

A school board **may** require that in each school it operates, there are not fewer than two employees who have been trained in the appropriate use and administration of an opioid antagonist. A school board that requires an employee to be trained, shall ensure the training has been approved by a licensed professional nurse. See the [MDE Addendum to the 2002 Model Policy and Guidelines for Responding to an Opioid Related Overdose at School](#).

In March of 2023, the U.S. Food and Drug Administration approved Narcan, 4 milligrams (mg) naloxone hydrochloride nasal spray for over the counter (OTC), nonprescription, use – the first naloxone product approved for use without a prescription.

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Steps to naloxone in schools:

1. Review Legal Considerations for Administration of Opioid Antagonist Act [Public Act 39](#);
 - **The MDE Model Policy on medication administration**
 - i. All individuals designated to administer medication are encouraged to receive in-service training on all district policies and procedures related to this responsibility. School staff must be trained by a licensed registered professional nurse, physician, or physician assistant who has knowledge of local school medication policies and procedures.
2. Have an up-to-date Medication Administration Policy in alignment with [MDE Model Medication Policy and Guidelines for Administering Medications to Pupils at School](#)
3. Develop a School Board approved Naloxone School District Policy*

Sample policies:

 - [School Naloxone Administration Policy Development: Frequently Asked Questions \(Maryland State Department of Education\)](#)
 - [Naloxone Administration in Schools, Policy Manual](#) (Warwick School District, Pennsylvania)
4. Establish a [Medical Emergency Response Team](#) within your school building.
5. Complete staff training on naloxone administration as outlined in MDE [ADDENDUM TO THE 2002 MODEL POLICY AND GUIDELINES FOR ADMINISTERING MEDICATIONS TO PUPILS AT SCHOOL](#)
6. Obtain naloxone from the Michigan Department of Health and Human Services [MDHHS Naloxone Request Form](#)
7. Place naloxone in unlocked area, consider with Automated External Defibrillator (AED)
8. Document: Log naloxone, complete monthly checks (include lot numbers)

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

Although individual school district forms, policies, and procedures may vary regarding possession and self-administration of medication in school, the following is required for self- possession of emergency medications:

- Current physician prescription.
- Written treatment plan from the physician including a statement that the pupil can self-administering the medication under the treatment plan.
- Parent permission.
- A school nurse will determine whether a student who self-administers medication is responsible to self-carry their medication. The developmental ability of the student, the need to have ready access to emergency medication and the safe storage of medication must be considered when making this decision.
- These documents should be renewed yearly, or as any changes in the student's treatment plan are made.

Can the school district tell students they cannot carry their epinephrine auto-injector or other emergency medications during school or school related events?

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

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What can a school do if the parent does not provide emergency medication or emergency care plans?

Every effort should be made to ensure that required emergency medication be available for the student. The guiding principle is the safety of the child. The school/school nurse can assist the parent with identifying resources to access medication. The child's physician may be able to provide a supply for the child at school. Parents should be advised that without emergency instructions or medication, the school has no option but to call 9-1-1 and the student will be

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transported to the hospital if an emergency arises. If resistance from the parent is still encountered after all efforts by the school to assist the parent have been exhausted, it may be necessary to involve child protective services. Follow school guidelines in this case.

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What should the school nurse do regarding preparing medication for field trips/school sponsored events?

The Michigan Department of Education developed a [Model Medication Policy](#) for schools. As required by law, the district should have in place a medication policy that follows the state guidelines, and this policy should be reviewed regularly. The school district policy should address field trip medication.

A parent/guardian may request from the pharmacy that a single dose of medication for a field trip be placed in a properly labeled prescription bottle or OTC container to be given on the school-sponsored trip by school personnel.

The employee assigned the task of administration of medication to the student on the field trip/ school sponsored event should be trained in medication administration and will carry the child's medication in the original container on the field trip/school sponsored event. A documentation mechanism should be developed as well, to include in the student's medication administration record.

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What resources on Medication Administration are available for the school nurse to use?

- [MDE Model Policy and Guidance for Administering Medication to Pupils at School](#)
- [Michigan School Health: Medication Administration](#)
- [FAQ's Epinephrine Auto-Injector Act 186 & 187](#)
- [Laws and Model Policies that Guide School Health Service Programs – A Resource for School Nurses](#) (See sections: Anaphylaxis Non-Specific Epinephrine, Asthma, Medication, and Opioid Antagonist)
- [Procedures For Administration of Medications for Field Trips](#)
- [NASN's Medication Administration in Schools Toolkit](#) (membership required)

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- [NASN's Medication Clinical Guidelines](#) (MASN/NASN membership required)
- [Michigan School Health: Medication Administration](#)
- [School Sponsored Trips – The Role of the School Nurse](#)
- [Naloxone in the School Setting](#) (NASN Position Statement)

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What medication administration training is available for school staff?

[MASN's Safe and Legal Support of Student's Medication Needs](#) (includes Epinephrine Auto Injector & Naloxone) provides information, update and review training by an RN, Physician, Nurse Practitioner, or Physician Assistant familiar with school health policies and laws to staff administering medication in the school setting. Participants will become knowledgeable and skillful in the task of medication administration.

Training should be comprehensive and ongoing. ([MASN membership required](#)).

CHRONIC CONDITIONS

How are chronic conditions managed in the school setting?

Health services may be required for students with chronic health conditions to ensure their healthcare needs are met, requirements of relevant federal and state laws are met, and students can fully participate in school and school-sponsored events. The healthcare needs of children with chronic illness can be complex and continuous and includes both daily management and addressing potential emergencies. The [Center for Disease Control](#) affirms schools can help students with chronic health conditions by providing services through a school nurse or at a school-based health center. School health services staff can help students stay at school safely and ready to learn.

School nurses provide a skills-based approach, translating strategies into actions to improve the care for students with chronic health conditions.

[Supporting Students with Chronic Conditions at School: Standards of Care](#) allows students with chronic health conditions to be safe and supported by schools who are following current law and best practice. Each student with a chronic health condition is unique in their disease process, developmental and intellectual abilities, and tiers of assistance required for disease management.

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What resources are available to assist the school nurse with students with chronic conditions?

- [Managing Chronic Conditions in School](#)
- [Chronic School Health Assessment Tool](#)
- [Translating Strategies into Actions to Improve Care Coordination for Students with Chronic Health Conditions](#)
- [Research Brief: Addressing the Needs of Students with Chronic Health Conditions: Strategies for Schools](#)
- [MDE School Health Services](#)
- [Research Brief: Chronic Conditions and Academic Achievement](#)
- [A Model for School Nurse Led Case Management: Guidance and Resources to Support the School Nurse in Providing Case Management for Students with Chronic Health Conditions.](#)
- [SNP: Special Dietary Needs for School Nurses](#)

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ALLERGIES (FOOD)/ANAPHYLAXIS

Additional Information on Allergy/Anaphylaxis:

[Medication Administration](#)

- Requirements, storage, rescue medication, stock epinephrine and other medications, orders via email, out of state orders, self-carry/self-possession, field trips, school nurse resources, and actions when parents do not provide emergency medication.

[Health Services Delivery](#)

- Supervision of LPN, students without licensed healthcare provider orders, orders via email, out-of-state orders, emergency care plans, chronic health plan accommodations requirements, student safety during school activities, required food substitutions, staff training, care coordination, and Medical Emergency Response Teams, (MERT).

[Field Trips](#)

- What a when child goes on a field trip, out of state field trips, requirements for school nurse and prepared medication, and who may accompany students on field trips.

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What can schools do to assist children who have food allergies?

First and foremost, school districts should develop a policy on food allergies and how to handle them. The school nurse is skilled and knowledgeable and can assist with the development of this policy. The [CDC's Voluntary Guidelines for Managing Food Allergies in Early Care and Education and Early Care Programs](#), assists School Boards, School Administrators, and staff on actions to take when developing plan to deal with allergies in schools.

- How to Create and Maintain a Healthy and Safe Educational Environment is discussed on page 39.
- Recommended Practices for Reducing the Risk of Exposure to Food Allergens and Responding to Food Allergies in Schools and Early Care Education Programs chart is located on page 42.

The [Food Allergy Research and Education \(FARE\) Experts \(July 2024\)](#) recommend:

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- Personnel training and education
- Prevent allergen exposure at schools
- Prepare for emergencies
- Communicate and collaborate to keep students safe.

Schools are encouraged to:

- follow the [FARE Experts Recommendations](#) and do what they can to prevent allergen exposure.
- Establish standardized procedures for identifying known food allergies in students.
- Maintain **Allergy and Anaphylaxis Emergency Plans** on file for all students with known food allergies.

The National School Board Association document, [Safe at School and Ready to Learn: A Comprehensive Policy Guide for Protecting Students with Life-Threatening Food Allergies](#), also guides schools on policy development for allergies in schools.

Can food be restricted from a classroom?

In some situations, it may be reasonable on a case-by-case basis, to request that students do not bring foods containing an allergen into the classroom, especially for younger children who eat meals in the classroom. Some students with allergies may require a Section 504 Plan. In a school setting, a Section 504 Plan ensures eligible students with disabilities have equal access to education. ([Section 504 Protections for Students with Food Allergies](#))

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

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

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does present an opportunity for you to teach all children about understanding and cooperation in meeting the needs of their peers.

The terminology, “peanut-free” is not promoted as it may be misleading and provide a false sense of security. It is impossible to always provide an absolute allergen free environment in the school setting and therefore preferable to use terms such as [“Pals” tables](#), [“allergen aware”](#) areas.

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If a child unexpectedly brings in a treat for the class, and it is unclear as to whether the treat contains allergens, should the treat be given to a child with an allergy?

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

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

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

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

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

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Frequently Asked Questions

School Health Services/School Nursing

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

Yes, if soap and running water is not available. Be aware hand sanitizers may not remove all food proteins and may in fact spread these more easily. Rigorous hand washing with soap and water is the most effective method for washing student's hands.

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What are the requirements to make food substitutions for a student when school meals are concerned?

If a student has a documented disability or medical issue that restricts diet, the school foodservice department **MUST** make the substitutions as listed by a licensed medical professional (MD, DO, NP, PA) on a completed medical statement form [MDE Special Dietary Needs](#). If, however, a request for food substitutions is made for a student without a documented medical issue, the school foodservice department **MAY** make the substitutions listed on the medical statement form signed by a recognized medical authority. Any substitution of this kind must fully meet the reimbursable meal pattern.

It is the responsibility of the parent/guardian making the request to submit a properly filled out and documented medical statement form. [Voluntary Guidelines for Managing Food Allergies in Schools](#), Early Childhood and Education Programs. (See page 43).

What resources are available for the school nurse to use to support their students with allergies (food)/anaphylaxis?

- [Michigan Department of Education Food Allergy Guidelines for MI Schools](#) addresses accommodations, medication, emergencies, professional development for staff and parent responsibilities.
- [Laws and Model Policies that Guide School Health Service Programs – A Resource for School Nurses](#)
- [MDE Allergies and Anaphylaxis Toolkit](#)
- [CDC Food Allergies in School Toolkit](#)
- [FAQ's Epinephrine Auto Injector Public Act 186 &187](#)
- NASN's [Allergies and Anaphylaxis](#) provides multiple resources on Sample Planning, Policies, Practice Forms School Personnel Training and Education Resources for school nurses.
- [Voluntary Guidelines for Managing Food Allergies in Schools and Early Childhood Programs](#)

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School Health Services/School Nursing

- [Food Allergy and Anaphylaxis Emergency Care Plan](#)
- [American Academy of Pediatrics Allergy and Anaphylaxis Emergency Plan](#)
- [Allergy and Asthma School Health Resources](#)
- [Sample Accommodations for 504/IEP/IHP](#)
- [SNP: Special Dietary Needs for School Nurses](#)

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Frequently Asked Questions

School Health Services/School Nursing

ASTHMA

Additional Information on Asthma:

[Medication Administration](#)

- Requirements, storage, rescue medication, stock epinephrine and other medications, orders via email, out of state orders, self-carry/self-possession, field trips, school nurse resources, and actions when parents do not provide emergency medication.

[Health Services Delivery](#)

- Supervision of LPN, students without licensed healthcare provider orders, orders via email, out-of-state orders, emergency care plans, chronic health plan accommodations requirements, student safety during school activities, required food substitutions, staff training, care coordination, and Medical Emergency Response Teams, (MERT).

[Field Trips](#)

- What a when child goes on a field trip, out of state field trips, requirements for school nurse and prepared medication, and who may accompany students on field trips.

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What can schools do to assist a student with Asthma?

The Michigan Department of Education (MDE) has a [Model Policy for Supporting Students with Asthma in Schools](#). MDE believes that a comprehensive school policy for asthma can create a learning environment that is safe and supportive, improves attendance and participation in activities, and promotes academic success and wellbeing. This policy builds on existing asthma best practices, including Michigan's Inhaler and Epinephrine Auto-Injector Law, the [Whole School, Whole Community, Whole Child Model](#), and the [School-Based Allergy, Asthma, and Anaphylaxis Management Program](#), as well as national strategies from the [Centers for Disease Control and Prevention](#) (CDC), the [National Asthma Education and Prevention Program](#) (NAEPP), and the [United States Environmental Protection Agency](#) (EPA). This policy also addresses the core tenets included in the [Consensus Statement of the Core Tenets of Chronic Condition Management in Schools](#) and, if fully implemented, meets the standards of care outlined in [Supporting Students with Asthma in School: Standards of Care](#).

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Frequently Asked Questions

School Health Services/School Nursing

What resources are available for the school nurse to use to support their students with asthma?

- [Michigan Department of Education \(MDE\) Model Policy for Supporting Students with Asthma in Schools](#)
- [Laws and Model Policies that Guide School Health Service Programs – A Resource for School Nurses](#)
- [Asthma Initiative of Michigan for Health Lungs](#)
- [Managing Asthma in the School Environment](#)
- [The School Based Allergy, Asthma & Anaphylaxis Management Program: Comprehensive Asthma Education Resources](#)
- [Michigan Inhaler Fact Sheet](#)
- [CDC Managing Asthma in Schools](#)
- [Managing Asthma: A Guide for Schools](#) (US Department of Health & Human Services)
- [Managing Asthma in Schools: A Guide for Schools](#)
- [Asthma Management Guidelines: Focused Update: 2020](#)
- [Allergy and Asthma School Health Resources](#)
- [The School-Based Allergy, Asthma and Anaphylaxis Management Program™: Comprehensive Asthma Educational Resources](#)
- [NASN Asthma Resources](#)
- [Asthma Action Emergency Action Plan](#)
- [School Education Packets](#)
- [Inhale: Inspiring Health Advances in Lung Care](#)
- [Respiratory Treatments Poster](#)

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School Health Services/School Nursing

CARDIAC CONDITIONS

Additional Information on Cardiac Conditions:

[Medication Administration](#)

- Requirements, storage, rescue medication, stock epinephrine and other medications, orders via email, out of state orders, self-carry/self-possession, field trips, school nurse resources, and actions when parents do not provide emergency medication.

[Health Services Delivery](#)

- Supervision of LPN, students without licensed healthcare provider orders, orders via email, out-of-state orders, emergency care plans, chronic health plan accommodations requirements, student safety during school activities, required food substitutions, staff training, care coordination, and Medical Emergency Response Teams, (MERT).

[Field Trips](#)

- What a when child goes on a field trip, out of state field trips, requirements for school nurse and prepared medication, and who may accompany students on field trips.

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What are a school district's responsibilities when dealing with students with cardiac conditions including cardiac emergencies at school?

School personnel need to be prepared to provide care to students with cardiac conditions including cardiac emergencies at school and at all school-sponsored activities in which a student with a cardiac condition participates. [MCL- 29.19b](#) mandates that public schools and nonpublic schools shall adopt and implement a cardiac emergency response plan if the legislature has appropriated sufficient funds to implement the requirements of this section. [Public Act 12 of 2014](#) mandates that every K-12 school shall adopt and implement a cardiac

emergency response plan for the school. The cardiac emergency response plan shall address and provide for at least all the following:

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School Health Services/School Nursing

What is a Cardiac Response Plan?

The Cardiac Response Plan is driven by ([Fire Prevention Code Section 29.19 PA 12 of 2014](#)) and requires schools to address and provide for at least all the following:

- Use/regular maintenance of automated external defibrillators, if available.
- Activation of a cardiac emergency response team during an identified cardiac emergency.
- A plan for effective/efficient communication throughout school campus.
- If the school includes grades 9 to 12, a training plan for the use of an automated external defibrillator and in CPR techniques.
- Incorporation/integration of the local emergency response system and emergency response agencies with the school's plan.
- An annual review and evaluation of the cardiac emergency response plan.

Can your Medical Emergency Response Team (MERT) serve as the Cardiac Emergency Response Team?

Yes, the MERT Team can be trained to respond to any medical emergency, including a cardiac emergency.

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Are school staff/students required to have CPR training?

Yes. [Requirements for the Initial Certification of Michigan Teachers](#). Training must be documented and these records must be saved according to the [Michigan Records Retention Schedule #2](#).

- TEACHERS: Fully online courses are not acceptable; learning First Aid and Adult & Pediatric CPR requires demonstration and practice. Blended courses (online, combined with traditional face-to-face) and hybrid courses (web-based, live video instructor training plus traditional) are permissible modes for completing CPR and First Aid when available through the providers specified within this guidance.
- In-state candidates must provide the educator preparation provider (EPP) with the actual card(s) indicating the completion of approved courses. Out-of-state candidates provide the Michigan Department of Education (MDE) with copies of CPR and First Aid card(s) with application for a Standard Teaching Certificate.
- Students are required one-time CPR and AED instruction for pupils enrolled in grades 7 through 12. [CPR Instructions in Schools, Revised School Code](#).

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Physical Limitation Exemption

- MCL [380.1531d](#) makes an allowance for educators who are unable to fulfill CPR/First Aid requirements due to physical limitations. Teacher certification candidates must provide written, dated, and signed documentation on letterhead from a physician/health care provider to be considered for an exemption from CPR/FA.
- In-state candidates should provide the above-mentioned documentation to the EPP where they are enrolled. Out-of-state candidates provide documentation to MDE through the certificate application process.
- [MCL- 380.1319](#) outlines the requirement for high school athletic coaches, including holding a valid CPR and AED certification from the American Red Cross, American Heart Association or a comparable organization or intuition [approved](#) by the department.

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What is involved in developing a Heart Safe School Program?

The [MI HEART Safe School Award Program](#) was created to support school communities' efforts to prevent Sudden Cardiac Death in Youth with inherited sudden cardiac arrest syndromes and increasing the awareness of how to recognize the signs of a sudden cardiac arrest and respond quickly. Important questions for schools to consider are:

- Does your school have a cardiac emergency response plan?
- How many students and staff can recognize the symptoms of cardiac arrest and know how to get help "on the way, right away"?
- Who knows CPR in your school and is ready to use it when necessary?
- Where are the automated external defibrillators (AEDs) located in your school building, are they properly maintained and inspected, and who knows how to use them?

[Project Adam](#) affiliate sites assist schools and communities in establishing a practiced plan to respond to a sudden cardiac arrest. They provide the foundation for a school to develop and sustain their program, including planning templates, a reference manual, and one-on-one consultation.

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What is Sudden Arrhythmia Death Syndrome (SADS)?

SADS is a genetic heart condition that affects the heart's electrical system and can cause sudden stoppage of heart. SADS affects both young and healthy people.

Schools are required to have a Cardiac Response Plan to be prepared for a SADS event.

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What resources are available for the school nurse to use to support students with cardiac conditions?

Resources include:

- [Supporting Students with Cardiac Conditions in Schools Standards of Care Including Training Standards](#)
- [Laws and Model Policies that Guide School Health Service Programs – A Resource for School Nurses](#)
- [SADS School Nurses](#) (Information for School Nurse IHP's)
- [Sudden Cardiac Arrest in Schools: Planning and Management for School Nurses](#)
- [School Health Care Plans for Cardiac Conditions](#)
- [Challenges Faced by Parents of Children with Congenital Heart Disease](#)
- [Project Adam](#)
- [Cardiac Emergency Response Planning for Schools](#)
- [MI Heart Safe Schools](#)
- [Approved CPR & First Aid Providers](#)

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DIABETES

Additional Information on Diabetes:

[Medication Administration](#)

- Requirements, storage, rescue medication, stock epinephrine and other medications, orders via email, out of state orders, self-carry/self-possession, field trips, school nurse resources, and actions when parents do not provide emergency medication.

[Health Services Delivery](#)

- Supervision of LPN, students without licensed healthcare provider orders, orders via email, out-of-state orders, emergency care plans, chronic health plan accommodations requirements, student safety during school activities, required food substitutions, staff training, care coordination, and Medical Emergency Response Teams, (MERT).

[Field Trips](#)

- What a when child goes on a field trip, out of state field trips, requirements for school nurse and prepared medication, and who may accompany students on field trips.

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

Diabetes management in children and adolescents requires complex daily management skills and health services must be provided to students with diabetes to ensure their safety in the school setting and to meet requirements of federal laws. Managing diabetes at school is most effective when there is a partnership among students, parents, school nurse, health care providers, teachers, counselors, coaches, transportation, food service employees, and administrators. A school nurse provides the health expertise and coordination needed to ensure cooperation from all partners in assisting the student toward self-management of diabetes ([NASN, 2017](#)). Each student with diabetes is unique in their disease process.

It is recommended that if a child with diabetes attends school, a school nurse should conduct a nursing assessment and develop an individualized plan for that child that outlines the care required for the student to remain safely in school. This assessment should detail those services that require nursing services and those that could be delegated to someone else under the nurses' supervision. This assessment will require communication with parent/legal guardian and the licensed healthcare

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School Health Services/School Nursing

provider. If the assessment finds the services required for this student can be adequately handled by unlicensed school staff, training would need to take place.

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

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

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

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School Health Services/School Nursing

Can schools' nurses delegate the task of administering insulin and glucagon?

Delegation in school nursing is a complex process in which the authority to perform a selected nursing task is transferred to a competent unlicensed individual (UAP) in a specific situation. The decision to delegate and the supervision of delegation of nursing tasks in the school setting rest solely with the registered nurse, who makes the determination to delegate based on nursing assessment and in compliance with applicable laws and guidance provided by professional nursing associations, [National](#)

[Guidelines for Nursing Delegation](#). Any nurse who delegates a task must consider factors such as the stability of the student's situation and whether the nursing needs of the student are changing. School nurses may delegate injectables such as insulin and glucagon if the school nurse judges the person performing the injection is capable. There may be special circumstances when those working closely with a student are appropriate delegates and, in those circumstances, the school nurse would delegate, train, and supervise that unlicensed staff. It is important to remember that the nurse must always act in accordance with the policies and procedures of his/her employer.

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

Although individual school district forms, policies, and procedures may vary regarding possession and self-administration of medication in school, the following is required self-possession of emergency medications:

- Current physician prescription.
- Written treatment plan from the physician including a statement that the pupil can self-administering the medication under the treatment plan.
- Parent consent.
- A school nurse will determine whether a student who self-administers medication is responsible to self-carry their medication. The developmental ability of the student, the need to have ready access to emergency medication and the safe storage of medication must be considered when making this decision.

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- These documents should be renewed yearly, or as any changes in the student's treatment plan are made.

Students with diabetes are generally encouraged and allowed to both possess and self-administer diabetes medication (insulin and glucagon) to keep blood sugar level as normal as possible as part of their daily management plan. The student's Diabetes Emergency Care Plan completed by the healthcare provider will direct possession/self-administration and how often services are required in schools to provide the best care for that student.

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What can schools do to assist students with Diabetes?

Diabetes is one of the common chronic diseases. It requires management 24/7. Keeping glucose (blood sugar) levels in a healthy range is important to maintain good health. That means careful monitoring of glucose levels for students with diabetes must occur throughout the school day. Administering insulin by injection or with an insulin pump to control their blood glucose and minimize complications must also occur with meals taken at school. The type of help students may need to manage their diabetes may vary based on their age, how long it has been since diagnosed and the student's level of self-care.

To successfully care for students with diabetes follow the recommended guidelines by the [American Diabetes Association Helping Students with Diabetes Succeed](#): A guide for School Personnel. Recommendations include:

- Review Federal Laws
- Assemble all healthcare plans
- Assemble a school health team
- Provide staff training
- Provide continuous glucose monitoring
- Recognize and treat hyperglycemia and hypoglycemia
- Administer insulin
- Administer glucagon as needed for hypoglycemia
- Plan for disasters, lockdowns, and emergencies
- Follow an individualized meal plan
- Plan for special events, field trips and extra-curricular events
- Deal with emotional and social issues

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School Health Services/School Nursing

- Understand why self-management is important

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What are the requirements to make food substitutions for a student when school meals are concerned?

If a student has a documented disability or medical issue that restricts their diet, the school foodservice department **MUST** make the substitutions as listed by a licensed medical professional (MD, DO, NP, PA) on a completed medical statement

form [MDE Special Dietary Needs](#). If, however, a request for food substitutions is made for a student without a documented medical issue, the school foodservice department **MAY** make the substitutions listed on the medical statement form signed by a recognized medical authority. Any substitution of this kind must fully meet the reimbursable meal pattern.

It is the responsibility of the parent/guardian making the request to submit a properly filled out and documented medical statement form. [Voluntary Guidelines for Managing Food Allergies in Schools](#), Early Childhood and Education Programs. (See page 43).

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What resources are available for the school nurse to use to support their students with diabetes?

- [American Diabetes Association Diabetes Training Standards for School Personnel](#)
- [Diabetes Care Tasks at School](#)
- [NASN Diabetes in Children](#)
- [Laws and Model Policies that Guide School Health Service Programs – A Resource for School Nurses Section 504 Plan](#)
- [Diabetes Medical Management Plan](#)
- [Breakthrough T1D](#) (formally JDRF)
- [Helping the Student with Diabetes Succeed: A Guide for School Personnel](#)
- [Safe at School Training Curriculum: Diabetes Care Tasks at School: What Key](#)

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School Health Services/School Nursing

[Personnel Need to Know](#)

- [Michigan State Board of Education Model Policy on The Management of Diabetes in The School Setting](#)
- [Type 1 Diabetes Awareness Toolkit: Educating Families About Early Detection Screening for Type 1 Diabetes](#)
- [School Nursing Evidence-Based Clinical Practice Guideline: Students with Type 1 Diabetes Toolkit](#)
- [School Nursing Evidence-Based Clinical Practice Guideline: Medication Administration in Schools Implementation Toolkit](#)

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Frequently Asked Questions

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SEIZURES

Additional Information on Seizures:

[Medication Administration](#)

- Requirements, storage, rescue medication, stock epinephrine and other medications, orders via email, out of state orders, self-carry/self-possession, field trips, school nurse resources, and actions when parents do not provide emergency medication.

[Health Services Delivery](#)

- Supervision of LPN, students without licensed healthcare provider orders, orders via email, out-of-state orders, emergency care plans, chronic health plan accommodations requirements, student safety during school activities, required food substitutions, staff training, care coordination, Medical Emergency Response Teams, (MERT).

[Field Trips](#)

- What a when child goes on a field trip, out of state field trips, requirements for school nurse and prepared medication, and who may accompany students on field trips.

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What happens during a seizure?

Seizures can take on many different forms, and seizures affect different people in different ways, depending on the portion of the brain involved. Anything that the brain does normally can also occur during a seizure when the brain is activated by seizure discharges. Some people call this activity “electrical storms” in the brain.

Seizures have a beginning, middle, and end. Not all parts of a seizure may be visible or easy to separate from each other. Every person with seizures will not have every stage or symptom described below. The symptoms during a seizure usually are stereotypic (occur the same way or similar each time), episodic (come and go), and may be unpredictable.

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What is a vagus nerve stimulator (VNS)?

[VNS Therapy](#) is approved by the U.S. Food and Drug Administration (FDA) as an add-on therapy for adults and children 4 years and older. It is approved to

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School Health Services/School Nursing

treat [focal or partial seizures](#) that do not respond to seizure medications. This is called drug-resistant epilepsy or refractory epilepsy.

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What emergency medications are given in school to students with a seizure disorder?

Three (3) seizure rescue medications are approved by the FDA, Diastat AcuDial (rectal diazepam), Nayzilam (intranasal midazolam) and Valtoco (intranasal diazepam). [Michigan School Health: Seizure Rescue Medications](#)

The Seizure Emergency Care Plan will define when seizure rescue medication should be given. The most common guideline for rescue medication is if the seizure last more than 5 minutes. Other orders may state to give to rescue medication if the seizure last 2 or 3 minutes or when the seizure begins. These factors must be taken into consideration when determining the storage of these emergency medications.

Storage placement will determine if the student can receive the seizure medication in a timely manner.

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How are student's seizure medications stored at school?

The rescue medications for seizures are often controlled substances. The instructions within the orders for these medications will determine how these medications will be safely stored. Typically, there is a window of time adequate for the MERT team response to retrieve the medication from a locked storage. Individualized plans must be developed if this is not the case.

All controlled-substance medications will be counted and recorded upon receipt from the parent/guardian. The medication shall be recounted on a regular basis (monthly or bi-weekly) and this count reconciled with the medication administration log/record. Control medications must be double locked in a secure area. Emergency medications should be stored in an area readily accessible to the individual designated to administer them.

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Frequently Asked Questions

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What type of seizures are there?

The type of seizure depends on what part of the brain is involved. Here is a list of the types of seizures we may see at school:

- Generalized Tonic-Clonic Seizure: (formerly called grand mal), has a return to full consciousness.
- Generalized Absence Seizure (formerly called petit mal), most common in children, returns to full consciousness.
- Atonic Seizure: sudden loss of muscle tone that may cause a drop of the head or fall to the ground, many must wear helmets.
- Tonic Seizure: sudden stiffening of the body, which may cause a fall if standing, regains consciousness promptly with little or no confusion.
- Myoclonic Seizure: sudden, involuntary, brief, shock-like bodily jerk caused by contractions of one or more muscles or muscle groups and often occurs in clusters.
- Focal Impaired Awareness Seizure: (Complex Partial Seizure): usually starts with blank stare, person is unresponsive, may be confused for several minutes after the seizure.
- Focal Aware Seizure (Simple Partial Seizure): person is fully aware during the seizure, referred to as an aura if it precedes another seizure.
- Focal to Bilateral Tonic-Clonic Seizure: (Secondarily Generalized Seizure): seizure that begins in one part of the brain and spreads to both sides of the brain.

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What paperwork must be in place for a student to possess/self-administer seizure medication at school?

Currently, all seizure rescue medications are “controlled substances.” This medication category is required to be stored in a double locked area and would be unavailable for a student to self-possess. A word of caution, a student’s safety may be at risk if allowed to self-carry/self-administered emergency seizure medications.

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What can schools do to assist a student with Seizures?

The American Academy of Pediatrics (AAP), [Seizure Management in Schools](#) under Steps for Schools states "For students with frequent seizures, consider having school nurses provide case management or additional services such as conducting home visits, assisting with making appointments, connecting families with transportation assistance, etc."

Schools can support students with epilepsy by:

- Being knowledgeable about [Schools and Seizure Preparedness](#)
- [Learning How Schools in Your Community Address Epilepsy](#)
- Creating a Seizure Action Plan
- Implement [Seizure First Aid](#)
- Educating Classmates about Epilepsy
- Knowing the Rights Children with Epilepsy Have at School

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What resources are available for a school nurse to use to support students with seizure disorders?

- [Standards of Care for Supporting Students with Seizures in Schools](#)
- [Laws and Model Policies that Guide School Health Service Programs – A Resource for School Nurses](#)
- [Supporting Students with Epilepsy/Seizure Disorders Toolkit](#)
- [Seizure First Aid Toolkit](#)
- [Seizure First Aid in a wheelchair](#)
- [Michigan Epilepsy Foundation](#)
- [Managing Children with Epilepsy – School Nurse Guide](#)
- [Epilepsy Foundation – Seizure Training for School Nurses](#)
- [Michigan School Health: Seizure Rescue Medications](#)
- [Schools and Seizure Preparedness](#)
- [Children with Epilepsy at School](#)
- [Seizure Action Plan](#)
- [Sample 504 Plan](#)

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Frequently Asked Questions

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SICKLE CELL DISEASE

Additional Information on Sickle Cell Disease:

[Medication Administration](#)

- Requirements, storage, rescue medication, stock epinephrine and other medications, orders via email, out of state orders, self-carry/self-possession, field trips, school nurse resources, and actions when parents do not provide emergency medication.

[Health Services Delivery](#)

- Supervision of LPN, students without licensed healthcare provider orders, orders via email, out-of-state orders, emergency care plans, chronic health plan accommodations requirements, student safety during school activities, required food substitutions, staff training, care coordination, and Medical Emergency Response Teams, (MERT).

[Field Trips](#)

- What a when child goes on a field trip, out of state field trips, requirements for school nurse and prepared medication, and who may accompany students on field trips.

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What considerations apply to a student with Sickle Cell Disease (SCD) in school?

Management of sickle cell disease is aimed to avoid pain episodes, relieve symptoms, and prevent complications.

- The student with SCD may receive both routine and emergency medication.
- Pain Relieving Medications: (acetaminophen, ibuprofen and sometimes narcotics).
- Each individual living with SCD should have a written pain management plan. Mild pain can often be successfully treated with non-opioid analgesics. (The most common opioids are codeine, morphine, and oxycodone).
- Do not apply ice. Check temperature for fever before administering medication.
- Respiratory: Some individuals with SCD may have routine respiratory medications as well as rescue medications due to history of [Acute Chest Syndrome and/or asthma](#). Each individual should have a respiratory medication plan from their pulmonologist and/or hematologist.
- If symptoms are not controlled with medication, a blood transfusion may be

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School Health Services/School Nursing

required.

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What can schools do to assist a student with Sickle Cell Disease (SCD)?

School staff have an important role in the academic success of a student with SCD. The CDC created a booklet [Tips for Supporting Students with Sickle Cell Disease](#) to provide tips for these students and recommend the following for these students:

- Ensure adequate access to water/hydration.
- Allow frequent bathroom breaks, accommodations during extreme temperatures and conditions, and accommodations during physical education and recess activities.
- Take special care of injuries and beware of emotional well-being.
- Maintain open communication with the parent/guardian.
- Be responsive to complaints of pain (one of the biggest challenges of SCD - be alert for signs of fever and watch for signs of stroke).
- Create an individualized care plan for each student with Sickle Cell Disease.

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What resources are available for a school nurse to use to support a student with sickle cell disease?

- [Supporting Students with Sickle Cell Disease in School – Standards of Care Including Training Standards for School Personnel](#)
- [What is Sickle Cell?](#)
- [Management of Sickle Cell Disease in the Educational Setting](#)
- [St. Jude’s Research Hospital – Sickle Cell Disease Treatment](#)
- [Children’s Hospital of Philadelphia Sickle Cell Center](#)
- [CDC Fact Sheets on Sickle Cell Disease](#)
- [CDC Tips for Supporting Students with Sickle Cell Disease](#)
- [NASN Sickle Cell Disease Care Planning for School](#)
- [Handouts and Handbook Sickle Cell Information Center](#)
- [Sickle Cell and School: A guide to School Policy and Best Practices](#)
- [Laws and Model Policies that Guide School Health Service Programs – A Resource for School Nurses](#)

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Frequently Asked Questions

School Health Services/School Nursing

COMMUNICABLE DISEASE AND INFECTION CONTROL

What diseases do I need to report?

The presence or suspected presence of all reportable diseases, infections, and conditions are required to be reported to the appropriate local health department. A list of reportable diseases can be found at [2025 Reportable Diseases in Michigan-By Condition](#).

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How do I make a report?

Please contact your [local health department](#) for further information on the mechanism of reporting for your agency.

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Does this violate FERPA?

No, under the following provisions: if the MDHHS has determined that a disease must be reported within 24 hours, this qualifies as a potential public health emergency. Therefore, FERPA allows you to disclose that information. Once MDHHS has the information it is protected by HIPAA. HIPAA legislation states that reporting of Communicable Diseases to the local or state health department or immunizations to the Michigan Childhood Immunization Registry are exempt because they are mandated within the Michigan Public Health Code and are used for surveillance and prevention of communicable diseases. This is addressed in section [§164.512\(b\) of the HIPAA regulations](#).

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

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

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Frequently Asked Questions

School Health Services/School Nursing

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

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

- Teach students to cough or sneeze in their elbows rather than in their hands or into the air.
- Establish a procedure for cleaning classrooms, lunchrooms, restrooms, athletic facilities, school buses, etc.
- Ensure that students are immunized appropriately.

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What resources available for school nurses to use?

- [Managing Communicable Disease in Schools \(MDHHS/MDE\)](#)
- [Laws and Model Policies that Guide School Health Service Programs – A Resource for School Nurses](#)
- [Infectious Disease and Public Health](#)
- [Everyday Actions for Schools to Prevent and Control the Spread of Transmissible Infections](#)

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IMMUNIZATIONS

What immunizations are required in Michigan for school attendance?

- [Vaccines Required for School Entry in Michigan](#)
- MDE memo [2025 Immunizations](#)
- [Laws and Model Policies that Guide School Health Service Programs – A Resource for School Nurses](#)
- [Vision Screening](#)

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Frequently Asked Questions

School Health Services/School Nursing

Are there immunization exemptions?

There is a new waiver process in place for the nonmedical waiver. The Local Health Department (LHD) can submit a digital nonmedical waiver through Michigan Care Improvement Registry (MCIR/SIRS). When a digital nonmedical waiver is submitted, a paper nonmedical waiver is not required to be provided to the school. The student's status will automatically be updated to "waived" in MCIR/SIRS.

If a parent/guardian refuses to let the LHD enter the nonmedical waiver into MCIR, the parent/guardian will be issued a paper copy of the nonmedical waiver that must be provided to the school. With the new process, schools will no longer be able to enter nonmedical waivers into MCIR/SIRS. These students will have to be reported on the School Aggregate Report Form and will need to be removed from the roster in MCIR/SIRS.

- [2025 Medical Exemption](#)
- [Nonmedical Waiver Rule Frequently Asked Questions \(MDHHS\)](#)

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

Schools must collaborate with their local health departments. If your school has an outbreak, a separate site will be created in MCIR/SIRS. The local health department, immunization field representative, and epidemiologist would be assigned to this site for the outbreak. The school staff would upload a CSV (comma-separated values) file of all students for this specific school. Guidance would be provided by the local health department on how to proceed regarding the outbreak and provide a list of students that would need to be excluded. FERPA does not apply if there is an outbreak in a school.

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Should Immunization records and waivers, be stored in the CA-60?

[See Record Retention](#), page 53.

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Frequently Asked Questions

School Health Services/School Nursing

ADDITIONAL SCHOOL HEALTH CONCERNS

ADVOCACY

How do I advocate for the health of students and more school nurses?

See the [Michigan Association of School Nurses Advocacy Toolkit](#)

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CBD/MARIJUANA/EPIDIOLEX

Are CBD or Marijuana based medications allowed to be administered in schools?

Michigan state law specifies that any use of cannabis must take place in private, such as the user's own residence. It is illegal to use cannabis in a public space. It is also illegal to carry cannabis in areas frequented by children, such as schools or school busses. CBD products are not monitored for THC and therefore are not FDA approved.

[Marijuana in Michigan: What You Need to Know](#)

[Laws and Model Policies that Guide School Health Service Programs – A Resource for School Nurses](#)

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Is Epidiolex allowed to be administered in schools?

[EPIDIOLEX](#)[®] (cannabidiol) is a highly purified cannabidiol (CBD) oral solution prescription medication with less than 0.1% of tetrahydrocannabinol (THC) approved by the U.S. Food and Drug Administration (FDA) for treatment of 3 conditions, [Dravet Syndrome](#), [Lennox Gastaut Syndrome](#) (LGS) and [Tuberous Sclerosis Complex](#) (TSC).

In April of 2020, the Drug Enforcement Administration (DEA), announced that Epidiolex, is no longer considered a [controlled substance](#) and therefore, is no longer subject to the Controlled Substances Act (CSA). In June of 2020, the Michigan Board of Pharmacy agreed to de-schedule Epidiolex. [Public Act 283 of 2016](#) DOES NOT apply to the use of Epidiolex when prescribed by an appropriately licensed provider. Epidiolex is not a rescue drug medication and has not been studied as a rescue medication. [For more information see "Medication Guide"](#).

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Frequently Asked Questions

School Health Services/School Nursing

CHILD ABUSE

Who are the mandated reporters of suspected child abuse in schools?

Michigan law requires that certain persons report any case of suspected child abuse or child neglect to the Michigan Department of Health and Human Services (MDHHS). The definition of [mandated reporter](#) includes all school administrators, school counselors, schoolteachers, and school nurses.

Michigan law requires that you must file a report when you have reasonable cause to suspect abuse or neglect. This is an extremely low legal standard. Elsewhere in this pamphlet is a description of certain signs of abuse and neglect. However, you must keep in mind that you are not required to determine whether abuse or neglect has occurred. MDHHS is responsible for investigating reports of abuse and neglect and for determining how each case progresses. You must make a report whenever you suspect that abuse or neglect may have occurred.

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What resources are available for the school nurse to use to support working with child abuse?

- [MDE Mandated Reporting](#)
- [Michigan School Health: Critical Communication](#)
- [Mandated Reporters: Reporting of Suspected Abuse, Neglect, and Exploitation Explained](#)
- How to Recognize Potential Injuries from Child Abuse [video](#) & [handout](#)
- [Office of the Child Advocate](#)
- [Mandated Reporters](#)
- [Children's Protective Services](#)
- [Child Protection Law](#)
- [Laws and Model Policies that Guide School Health Service Programs – A Resource for School Nurses](#)

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Frequently Asked Questions

School Health Services/School Nursing

CHOKING

What is the consensus on adding anti-choking rescue devices to our emergency equipment and plan?

Follow established [choking protocols](#) by the American Red Cross or American Heart Association when someone is choking. Anti-choking devices currently sold over-the-counter (OTC) do not have FDA marketing authorization, meaning the FDA has not evaluated the safety and effectiveness of those devices.

Consumers, parents, caregivers, and health care providers should be aware that using an unauthorized anti-choking device before established protocols could delay critical life-saving action.

2025 [Update: FDA Encourages the Public to Follow Established Choking Rescue Protocols - FDA Safety Communication](#)

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DENTAL, HEARING AND VISION SCREENINGS/SCHOOL ENTRY

What dental, hearing and vision screenings are required for Michigan school attendance?

[Sec. 9307 of the Michigan School Code](#) states (1) A parent, guardian, or person in loco parentis applying to have a child registered for the first time in kindergarten or first grade in a school in this state shall present to school officials, at the time of registration or not later than the first day of school, a certificate of hearing and vision testing or screening or statement of exemption under section 9311. (2) Before November 1 of each year, the principal or administrator of each school shall give the state and local health departments a summary of the hearing and vision reports at the time of school entry of new entering kindergarten and first grade students. The reports must be made on forms provided or approved by the department.

[Sec. 9312](#). Records of hearing or vision testing and screening administered and conducted under this part and of dental oral assessments administered and conducted under this part must be made and preserved as provided by the department. The records must be available to health agencies and other persons to assist in obtaining proper and necessary health, dental, and educational care, attention, and treatment as permitted by the department. Individual records are confidential as required by [Section 2637](#) [of the Michigan Public Health Code].

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Frequently Asked Questions

School Health Services/School Nursing

ENVIRONMENTAL HEALTH

What is the school nurse's role in environmental health?

The school nurse can assess for environmental health hazards, implement, and coordinate individual health and social interventions, and addresses social determinants of health based on the National Association of School Nurses (NASN) Framework for 21st Century School Nursing Practice™ (NASN, 2016), to positively influence children's environmental health (Campbell & Anderko, 2020).

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What resources are available for the school nurse to use regarding environmental health issues?

- [NASN Environmental Health](#)
- [Environmental Health: In the School Setting](#)
- [Environmental Health Impacts on Student Health](#) (MASN/NASN membership required)
- [Laws and Model Policies that Guide School Health Service Programs – A Resource for School Nurses](#)

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Are there recommendations regarding service animals/pets in the classroom?

Under the Americans with Disabilities Act (ADA), public entities and places of public accommodation such as state and local governments, businesses, and non-profit organizations cannot discriminate against persons with disabilities in their programs, services, or activities. Generally, this means that they must allow service animals to accompany persons with disabilities into areas and locations where the public is allowed to go.

It is important to consider the health and safety of students before deciding to have pets/animals in a classroom. Special considerations should be made regarding students who may have allergies to pets/pet dander.

For additional information, [Services Animals in Michigan – Frequently Asked Questions](#) and the National Association of School Nurses position statement on [Service Animals in Schools](#), (2019).

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Frequently Asked Questions

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Are schools required to provide soap in the student restrooms?

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

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EMERGENCY PREPAREDNESS

What is required of schools for emergency preparedness?

Under [Sec. 1308b. of the Michigan School Code](#), a school district, intermediate school district, or public-school academy shall, in conjunction with at least 1 law enforcement agency that has jurisdiction over the school district, intermediate school district, or public-school academy, conduct a review of the emergency operations plan developed or adopted, including a review of the vulnerability assessment or conduct a review of the statewide school safety information policy described, as applicable.

A school district, intermediate school district, or public-school academy shall develop an emergency operations plan for each school building operated by the school district, intermediate school district, or public-school academy with input from the public. The board of the school district or intermediate school district or the board of directors of the public-school academy shall adopt the emergency operations plan by a majority vote of the members serving on the board or board of directors at a public meeting of the board or board of directors.

The emergency operations plan developed and adopted must include guidelines and procedures that address at least all the following:

- School violence and attacks.
- Threats of school violence.
- Attacks, bomb threats, fire, and weather-related emergencies.

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What specific emergency preparedness activities should the school be concerned with?

[School Safety](#) provides information on how to plan and respond to school emergencies with many resources. In addition, the Federal Emergency Management Agency (FEMA) believes the school has an instrumental role in developing comprehensive [school emergency management](#) and procedures:

- Identifying potential problems in the school environment.
- Coordinating first aid and CPR training for staff.
- Evaluating first aid and emergency care training and exercises.

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What is the school nurse's role in emergency preparedness?

The school nurse is the ideal person to bridge the school and emergency responders. They understand and quickly communicate with both communities. In addition, the school nurse includes the Medical Emergency Response Team (MERT) and Triage into the school's emergency response. The NASN Position Statement states [The Role of the School During and After a Disaster Position Statement](#) (2011) includes:

- Prevention: work with school administration and community members to develop and implement the school's safety program, educate, and train staff.
- Preparation: serve on disaster planning committees and work with parents, students, teachers, and school administrators to create, evaluate, and revise emergency action plans.
- Response: facilitate evacuation, provide triage during an emergency, providing direct, hands-on care to students (including special need students) and staff, and communicate important health information to school administration and community members.
- Recovery: school nurses may need to assist students, parents, and administrators as they heal both physically and mentally. School nurses can refer children, teachers, and other staff for psychological care (as needed and/or requested). School nurses can also provide feedback to community planners, to ensure that improvements to future emergency responses better address the needs of children, staff, and others.

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What resources are available for the school nurse to use to support emergency preparedness?

- [Approved CPR & First Aid Providers](#)
- [HHS Child and Adolescent Health Emergency Planning Toolkit: Guidance for Addressing the Needs of Children and Youth with Special Health Care Needs](#)
- [K-12 Schools: How to Prepare for Emergencies](#)
- [NASN Position Statement – Emergency Preparedness](#)
- MDE/ MDHHS [Emergency Guidelines for Schools](#)
- [NASN Disaster Preparedness](#)
- [Emergency Checklist for Students with Special Needs](#)
- [Laws and Model Policies that Guide School Health Service Programs – A Resource for School Nurses](#)
- [School Safety During an Emergency Crisis: What Parents Need to Know](#)
- [OK2Say Michigan Student Safety Program](#)

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FIELD TRIPS

What happens when a child goes on a field trip?

Field trips are included in any Free Appropriate Public Education designation. Any school sponsored field trip must be open to any student regardless of their health needs. The school is responsible for having trained staff available to support the student during these events.

It is critical to include collaborative planning for field trips when accommodations are discussed with school team members to ensure that the school nurse will be able to fully participate. The accommodations can include provisions that require the teacher to notify parents and the school nurse in advance of upcoming field trips and for the teacher, parent/guardian, and school nurse to collaborate in preparing for the trip. Advance notice allows staff and parents time to investigate the destination, to identify safety risks, plan for meals and snacks, and ensure that the same or comparable safety provisions as in school are in place on the field trip.

In addition, the child's group should be assigned to a school staff member who is trained in medication administration including emergency medication, and other health needs that must be met. The emergency medication should always remain with that child including during transportation to and from the field trip destination. Parents may want to volunteer to be a chaperone on trips that are more complicated

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in terms of safety issues but should never be required to be a chaperone or to be responsible to provide health support to students who are not their children.

[MDE/MDHHS Field Trip form.](#)

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What if the field trip is out of state?

Guidance from the License and Regulatory Affairs in Michigan (LARA) states if any school nurse will be providing medical services outside of the state in which they are licensed, they will need to check with that state to verify if they have an exception for a school nurse to not be licensed in their state to provide those services.

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Must the school nurse accompany students on a field trip that are known to have an allergic reaction or have other health needs?

A school nurse who is familiar with the students' health condition and treatment may need to accompany a student if the school nurse determines that medical care cannot legally or safely be delegated, ([School Sponsored Trips-The Role of the School Nurse](#)). The administration of epi-pens and medication/procedures for other chronic health conditions can be carried out by adequately trained school personnel, or even self-administered by the student, if this has been agreed upon and planned for by the parents/guardians, physician, school administrator, and nurse.

For this reason, school administrators, working with a school nurse, should create procedures for how emergent situations are handled when a school nurse is not present. The school nurse plays a key role here in facilitating communication between the administrator and the staff so that all personnel are adequately trained and aware of the expectations of them in cases of emergency. If a school does not have the services of a school nurse, please see "[Delegation vs. Training](#)".

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What should the school nurse do regarding preparing medications for field trips/school sponsored activities?

The Michigan Department of Education developed a [Model Medication Policy](#) for schools. As required by law, the district should have in place a medication policy that follows the state guidelines, and this policy should be reviewed regularly. The school district policy should address field trip medication.

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A parent/guardian may request from the pharmacy that a single dose of medication for the field trip be placed in a properly labeled prescription bottle or OTC container to be given on the school-sponsored trip by school personnel.

The employee assigned the task of administration of medication to the student on the field trip/ school sponsored event should be trained in medication administration and will carry the child's medication in the original container on the field trip/school sponsored event. A documentation mechanism should be developed as well, to include in the student's medication administration record.

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HEADLICE/PEDICULOSIS

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

There is consensus that no-nit policies are inappropriate in a school setting, according to the American Academy of Pediatrics, National Association of School Nurses, the CDC, and the MI Department of Health and Human Services. School-wide screenings and "no-nit" policies are strongly discouraged. Mass screening for live lice has not been proven to have a significant effect on the incidence of head lice in a school community over time. Manual removal of nits after treatment with a pediculicide is not necessary to prevent spread ([American Academy of Pediatrics Pediculosis Clinical Report](#), 2022). Education of parents in identifying and managing head lice is the most helpful. School districts are urged to ensure that children do not miss class unnecessarily or encounter embarrassment and isolation, especially if they suffer from repeated head lice infestations. Parents should be encouraged to check their children's heads for lice if the child is symptomatic and when close contacts have head lice.

Please refer to [Michigan Head Lice Manual](#), [National Association of School Nurses-Head Lice](#)

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Is head lice/pediculosis reportable?

Yes, pediculosis is reportable to your local health department.

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MENTAL HEALTH

What is the school nurse's role in mental health services?

School nurses play a critical role in supporting student mental health by delivering evidence-based programs and collaborating with staff, health professionals, students and families. They help assess, identify, intervene, refer and follow up with students needing behavioral health services, often serving as the first to recognize concerns and connect families to resources.

Under Michigan's Mental Health Code ([MCL 330.1100B](#)), mental health professional includes, physician, psychologist, licensed registered professional nurse, licensed master's social worker, licensed professional counselor and marriage and family therapists.

School nurses are most effective when integrated into school care teams (e.g. IEP, mental health teams, safety teams). They strengthen a school capacity to implement multi-tiered interventions, foster collaboration, and address access to care, cultural competency, health education, health equity, outreach, risk reduction, social determinants (drivers) of health and surveillance.

This aligns with the [NASN Position Statement: The Behavioral Health and Wellness of Students](#) and the Consensus Document: [Elevating the Role of School Nurses in School-Based Mental and Behavioral Health](#).

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What resources are available for the school nurse to use to support students with mental health issues?

- [Elevating the Role of School Nurses in School-Based Mental and Behavioral Health: A Consensus Document](#)
- [NASN Mental Health Resources](#)
- [MASN Mental Health Consideration Document](#)
- [The Behavioral Health and Wellness of Students](#)
- [MDE Mental Health Toolkit](#)
- [MDE Mental Health](#)
- [Motivational Interviewing \(MI\) for School Nurses – Overview of Steps and Implementation Tool](#)
- [988 Suicide & Crisis Lifeline](#)

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- [Child & Adolescent Health Center Program](#)
- [Laws and Model Policies that Guide School Health Service Programs – A Resource for School Nurses](#) (Rights of Minors)

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RECORD RETENTION

Should immunization records, waivers, hearing, vision screening, and dental screenings be stored in the CA-60?

Immunization, vision, hearing, and dental screening information are often included in the CA-60. It is not required, but this practice has been adopted by school office personnel for convenience to keep all registration information in one place.

Certainly, privacy and security are important considerations when deciding where to store confidential health records.

When we place health information in the CA-60, there is potential for violating confidentiality. We may not have the parent's permission to share personal health information (PHI) and there may be many eyes on the CA-60 throughout the school day. If it is possible/practical to keep confidential health records separate from other records in a secure health file, that is encouraged.

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How long do I have to keep records?

All student health records must be retained until the student graduates plus 7 years. Then they may be destroyed. The [General Schedule for Michigan Public Schools](#) was revised and approved on April 11, 2023, by the Michigan Department of Education, Department of Technology, Management and Budget – Records Management Services, Department of Natural Resources - Archives of Michigan, and the State Administrative Board.

Student Health Records document a student's health, and health services provided by a school nurse, or designated school personnel acting in the absence of a school nurse. They may include, but may not be limited to, immunization records, doctor's medical orders, physician instructions, medication administration records, vision and hearing screening tests, nursing notes, nursing care plans, nursing reports, and treatment records.

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Frequently Asked Questions

School Health Services/School Nursing

SECTION 504/SPECIAL EDUCATION

What resources are available for the school nurse to use when supporting with students that require a Section 504 Plan?

- [IDEIA and Section 504 Teams - The School Nurse as an Essential Team Member](#)
- [MDE Sample 504 Plan](#)
- [Transition Planning for Student with Healthcare Needs](#)
- [Family Matters Special Education 504 Plans Fact Sheet \(michigan.gov\)](#)
- [Laws and Model Policies that Guide School Health Service Programs – A Resource for School Nurses](#)
- [Wayne RESA Section 504 Toolkit for Educators, Administrators, Families, and School Staff](#)
- [Office of Civil Rights 504 Fact Sheets by disability](#)

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What resources are available for the school nurse to use when supporting with students that required special education services?

- [MASN Special Education Resources for Special Education](#) (comprehensive list)
- [HHS Child and Adolescent Health Emergency Planning Toolkit: Guidance for Addressing the Needs of Children and Youth with Special Health Care Needs](#)
- [Individual Transportation Plan \(ITP\) for Students with Special/Individual Needs](#)
- [Emergency Checklist for Students with Special Needs](#)
- [Krieger Institute: Information for School Nurses for the Specialized Health Needs Collaboration](#)
- [The Role of the School Nurse in Special Education Process: Part 1 Student Identification and Evaluation](#) (MASN/NASN membership required)
- [The Role of the School Nurse in Special Education Process: Part 2 Eligibility Determination and the Individualized Education Program](#) (MASN/NASN membership required)
- [IDEIA and Section 504 Teams - The School Nurse as an Essential Team Member](#)
- [Family Matters](#)
- [Transition Planning for Students with Healthcare Needs](#)
- [Laws and Model Policies that Guide School Health Service Programs – A Resource for School Nurses](#) (Federal/State Laws)

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School Health Services/School Nursing

What is the school nurse's role in a Section 504 Plan/Special Education Individualized Education Plan (IEP)?

As an essential member of the Section 504/ IEP team and the expert in school health, the school nurse works with other team members to identify, evaluate, and develop plans for students in need of educational or academic accommodations and special education services. The school nurse:

- Completes a health assessment.
- Identifies the student's barriers that impact the student's ability to learn.
- Determines what accommodations needed to decrease or remove those barriers.
- Provides a summary evaluation.
- Continues to monitor the student and make any appropriate changes to the plan as necessary. [IDEIA and Section 504 team - The School Nurse as an Essential Team Member.](#)

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Frequently Asked Questions

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Summary of Changes in Frequently Asked Questions

- *Amended:* [What are the requirements for a Registered Nurse \(RN\) to work as a school nurse in Michigan?](#)
- *Amended:* School Administrator Training and Educational Resources (Project in Progress) to [MASN: The Role of the Professional School Nurse](#)
- *Linked:* [Cardiac](#), [Sickle Cell Disease](#)
- *Added:* [What is the guidance on student use of transdermal patch at school?](#)
- *Amended:* Public Act 243, 2018 to [MCL 380.1179](#) under “Can over-the-counter medications be administered at school without a healthcare provider’s order?”
- *Amended:* Note: A new epinephrine delivery route, a nasal spray, “Neffy”, is under review by the FDA. It will offer a new treatment option for people who prefer a needle-free way to treat anaphylaxis (April, 2023) to *or student’s FDA approved epinephrine delivery device.*
- *Linked:* [Epinephrine Standing Order Protocol Form](#) and [Supplement Standing Order](#)
- *Amended:* Julie Formella at jformella@annarborallergy.com to Ava Marquette avam@annarborallergy.com
- *Removed:* Provides [epinephrine auto-injector trainers](#) (Oakland County Health Department, 2023)
- *Added:* [Neffy](#) to “How do school nurses/schools obtain epinephrine auto-injector trainers?”
- *Added:* “[Where and How to report administration of epinephrine at school or school sponsored events?](#)”
- *Added:* “[Steps to naloxone in schools](#)”
- *Added:* [SNP: Special Dietary Needs for School Nurses](#) to [What Resources are available to assist the school nurse with students with chronic conditions?](#)
- *Amended:* [School Nurse Training Resources for Common Chronic Conditions – Rescue Medications](#) to [MDE School Health Services](#)
- *Added:* to “What can schools do to assist children who have food allergies?” [The Food Allergy Research and Education \(FARE\) Experts \(July 2024\)](#)
- *Amended:* [See Section 504 Plans](#) to [Section 504 Protections for Students with Food Allergies](#)
- *Added:* [American Academy of Pediatrics Allergy and Anaphylaxis Emergency Plan](#)
- *Added:* Under “What resources are available for the school nurse to use to support their students with asthma?” [Inhale: Inspiring Health Advances in Lung Care, Respiratory Treatments Poster](#)

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- *Removed:* Under [“What resources are available for the school nurse to use to support their students with asthma?”](#) [Resources for Health Professionals: School & Childcare Providers](#)
- *Added:* [What are a school district’s responsibilities when dealing with students with cardiac conditions including cardiac emergencies at school?](#) “[MCL- 29.19b](#) mandates that public schools and nonpublic schools shall adopt and implement a cardiac emergency response plan if the legislature has appropriated sufficient funds to implement the requirements of this section.”
- *Added:* [MCL- 380.1319](#) to [“Are school staff/students required to have CPR training?”](#)
- *Linked:* [Supporting Students with Sickle Cell Disease in School – Standards of Care Including Training Standards for School Personnel](#)
- *Amended:* [Information for Schools and Childcare Providers](#) to [Everyday Actions for Schools to Prevent and Control the Spread of Transmissible Infections](#)
- *Amended:* [Michigan 2022 Immunization Requirements for Children Entering Kindergarten and 7th Grade, or Enrolling in a New School District in Grades 1-12](#) to [Vaccines Required for School Entry in Michigan](#) to “[2025 Medical Exemption, Nonmedical Waiver Rule Frequently Asked Questions \(MDHHS\)](#), MDE memo [2025 Immunizations](#)”
- *Added:* What resources are available for the school nurse to use to support working with child abuse? [MDE Mandated Reporting](#), [How to Recognize Potential Injuries from Child Abuse video & handout](#), [Office of the Child Advocate](#)
- *Amended:* [You are a Mandated Reporter](#) to “[Mandated Reporters: Reporting of Suspected Abuse, Neglect, and Exploitation Explained](#)”
- *Amended:* Under [What is the consensus on adding anti-choking rescue devices to our emergency equipment and plan?](#) Changed title to “[Anti- Choking devices](#)”, added [FDA guidance](#) and American Heart Association [choking protocol](#).
- *Added:* Under [Emergency Preparedness](#) MDE/ MDHHS [Emergency Guidelines for Schools](#)
- *Amended:* [Mental Health section](#)
- *Added:* Under [What resources are available for the school nurse to use when supporting with students that require a Section 504 Plan?](#) [Wayne RESA Section 504 Toolkit for Educators, Administrators, Families, and School Staff](#) and [Office of Civil Rights 504 Fact Sheets by disability](#)

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