



TEXAS GUIDE TO SCHOOL HEALTH PROGRAMS

Texas Department of State Health Services
Child Health and Safety Branch - School Health Program
www.dshs.state.tx.us/schoolhealth/default.shtm

Module 2

SCHOOL NURSING PRACTICE

School Nursing Practice/Standards of Care

Establishing a School Health Team

Relationship with School-Based Health Centers

Communicating With Parents

School Health Resources

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Module 2: School Nursing Practice

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School Nursing Practice/ Standards of Care

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

--NASN, Rhode Island, 1999.¹

In 2005, the National Association of School Nurses (NASN) described the following Standards of School Nursing Practice and Standards of Professional Performance, which are based on the American Nurses Association (ANA) Scope and Standards of Practice, published in 2004: ²

Standards of Practice

Standard I. Assessment

The school nurse collects comprehensive data pertinent to the client’s health or the situation.

Standard II. Diagnosis

The school nurse analyzes the assessment data to determine the diagnosis or issues.

Standard III. Outcomes Identification

The school nurse identifies expected outcomes for a plan individualized to the client or the situation.

Standard IV. Planning

The school nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.

Standard V. Implementation

The school nurse implements the identified plan.

Standard 5A: Coordination of Care

The school nurse coordinates care delivery.

Standard 5B: Health Teaching and Health Promotion

The school nurse provides health education and employs strategies to promote health and a safe environment.

Standard 5C: Consultation

The school nurse provides consultation to influence the identified plan, enhance the abilities of others and effect change.

Standard 5D: Prescriptive Authority and Treatment

The advanced practice registered nurse uses prescriptive authority, procedures, referrals, treatments and therapies in accordance with state and federal laws and regulations.

Standard VI. Evaluation

The school nurse evaluates progress towards achievement of outcomes.

Standards of Professional Performance

Standard VII. Quality of Practice

The school nurse systematically enhances the quality and effectiveness of nursing practice.

Standard VIII. Education

The school nurse attains knowledge and competency that reflects current school nursing practice.

Standard IX. Professional Practice Evaluation

The school nurse evaluates ones own nursing practice in relation to professional standards and guidelines, relevant statutes, rules and regulations.

Standard X. Collegiality

The school nurse interacts with, and contributes to the professional development of peers and school personnel as colleagues.

Standard XI. Collaboration

The school nurse collaborates with the client, the family, school staff and others in the conduct of school nursing practice.

Standard XII. Ethics

The school nurse integrates ethical provisions in all areas of practice.

Standard XIII. Research

The school nurse integrates research findings into practice.

Standard XIV. Resource Utilization

The school nurse considers factors related to safety, effectiveness, cost and impact on practice in the planning and delivery of school nursing services.

Standard XV. Leadership

The school nurse provides leadership in the professional practice setting and the profession.

Standard XVI. Program Management

The school nurse manages school health services.

Establishing a School Health Team

Position Descriptions/Roles/Relationships

School Nurse: Administrator

Not all districts have available resources to provide for both a school educational administrator and a school nurse administrator. School administrators who are not professional school nurses may have the responsibility to provide supervision, evaluation and administration of the school health program. However, only school nurse administrators have the expertise necessary to provide supervision and evaluation of the nursing practice aspects of the school health program. It is the position of the NASN that it is essential to provide supervision and evaluation of school nurses by a school nurse knowledgeable in the school nursing practice, supervision and administration. In districts without school nurse administrators, peer review among school nurses is recommended.³

School Nurse: Registered Nurse (RN)

The RN practicing in the school setting may have at least three distinct, but overlapping roles: the generalist clinician, the primary care provider and the case manager. Additionally, the RN may function as a health educator and/or health counselor. In some districts the RN has the dual role of Coordinator of Health Services and school nurse. In these districts, the RN has both campus and supervisory responsibilities. It is the position of the NASN that RNs have the expertise to meet the needs of school age youth by:

- Assisting students in the development of problem-solving techniques, coping skills, anger, conflict management skills and a positive self-image that will facilitate realization of the individual's potential;
- Providing ongoing assessment, intervention and follow-up for physical and mental health issues;
- Providing education and resources to educate school staff on recognizing signs and symptoms of potential mental health problems and to model positive identity and/or behavior;
- Becoming an active member of curriculum committees, child-study teams, student assistance teams, crisis intervention teams, etc.;
- Becoming a resource to provide medical information to school staff; referral information to families; and coordination between school, family and health; and
- Providing monitoring and evaluation of treatment plans and collaboration with health care providers to optimize treatment.⁴

The RN as Generalist Clinician

A generalist clinician is the role currently practiced by most RNs in the delivery of school health services and health education. Their target population includes students, their families, staff, and the community. As generalist clinicians, RNs provide "...acute, chronic, episodic and emergency health care, assessment of [presenting] student's health status, identification of health problems that may affect educational achievement, development of health care plans and administration of medications."⁵ Additionally, RNs may provide information for, or participate in meetings to determine the placement and Individual Education Programs (IEP) of students with disabilities.⁶

The RN as a Primary Care Provider

Using approved protocols and standardized procedures, the RN uses the nursing process to assess, examine and problem-solve with the student and parent and to provide care or refer the student to community/private care providers.⁷

The RN as Case Manager

This role consists of the coordination of services, advocacy, planning, and monitoring of students and families through acute and/or chronic health problems. The RN monitors, coordinates and evaluates the provision of health services needed to assist the student in achieving educational objectives.⁸ “These activities involve the assessment of the nursing/health care needs of the student, the development of a plan of care, implementation of the plan and evaluation of the outcomes.”⁹ In addition, the RN partners with the student, family, health care providers and school teams to develop individualized health care plans for the student.¹⁰

School Nurse: Advanced Practice RN (APRN)

Some school districts may employ APRNs. APRNs are RNs with advanced education and specialty certification that have been approved by the Board of Nursing (BON) to practice as APRNs. The three types of APRNs most likely to practice in the school setting are the Family Nurse Practitioner (FNP), the Pediatric Nurse Practitioner (PNP), and the School Nurse Practitioner (SNP). An FNP “...is prepared for advanced practice with individuals and families throughout the life span and across the health continuum.” A PNP is prepared “to assume a role as a principal provider of primary health care for children.” A SNP is prepared “...to assume responsibilities in the health care of preschool, school-age children, and adolescents.”¹¹ All APRN’s provide a higher degree of specialty care for all groups than RNs not recognized as APRNs. Working within standard practice guidelines and under the appropriate job description, APRN’s assess, diagnose and may prescribe medication and/or treatment for presenting students. They may also perform routine screening examinations for all students and physical examinations required for students in sports and special education programs.¹²

School Health Physician

Pediatricians may need to gain new skills and knowledge in order to work effectively in the school setting. The pediatrician may serve as an advisor to a school district, participating in discussions of school health services, school environment, legislative issues and problems of children that become evident in a school setting. The pediatrician should be equipped to offer advice and consultation about sports-related programs and physical education in a school district. The pediatrician may also be involved in planning 504 Modification Plans and IEP's for children with chronic illnesses and developmental disabilities and those who are technology-dependent.

The pediatrician can be a resource for comprehensive school health education programs from grades K through 12 serving in the following capacities.¹³

The Physician as Medical Advisor

Usually a voluntary, informal role where a local physician provides expert advice on medical issues that affects the school district.¹⁴

The Physician as Medical Consultant

Consults and advocates in support of school health services. The services provided by these physicians "...include consultation on health policy, health curricula and evaluation of programs and services; direct consultation regarding individual patients or groups of patients; and, participation in provision of health services at the school site."¹⁵

The Physician as Medical Director

Has more oversight and involvement in school health services than a medical consultant. May serve as medical director of a school-based health center or may be a physician supervisor for nurses performing Medicaid well-child exams.¹⁶

Staff Nurse: Licensed Vocational Nurse (LVN)

The Texas Administrative Code Sec. 153.1022 defines a school nurse as "An educator employed to provide full-time nursing and health care services and who meets all requirements to practice as a registered nurse pursuant to the Nursing Practice Act and the rules and regulations relating to professional nurse education, licensure, and practice and has been issued a license to practice professional nursing in Texas." The

scope of practice and responsibilities of the LVN are distinct from those of the RN. LVN's are educationally prepared to provide direct patient/client care in structured settings. (BON Position Statement) However, they are not educationally prepared to be an independent practitioner of nursing. In the school setting, the provision of nursing care when provided by the LVN must be under the supervision of the RN. Included in the scope of practice, the BON has a table offering a brief synopsis of how the LVN scope of practice differs from that of the RN. You can find the table at www.bon.state.tx.us/practice/lvn-guide.html.

The LVN and the school district, as employer, have a joint responsibility to assure that LVNs practice within the scope of their education and demonstrated abilities. Additionally, LVNs may provide information for and participate in meetings to determine the placement and IEPs of students with disabilities.¹⁷

Unlicensed Assistive Personnel (UAP)

UAPs are individuals hired to assist in the provision of health services. In the school setting, UAPs are distinct from other paraprofessionals who primarily provide educational and/or clerical services. There are no statewide standardized training programs for UAPs, but some school districts may provide their own training. UAPs generally have limited training. They are able to provide minor first aid, administer medications and perform clerical tasks. They may perform general vision, hearing and spinal screenings if they have completed a Texas Department of State Health Services (DSHS) training program. When performing health services other than the administration of medications or minor first aid, they must be functioning under the legally delegated authority and supervision of a physician or RN.¹⁸

School Health Volunteers

The link between schools and communities becomes stronger, as volunteers assume a variety of roles in the schools. Volunteers may be of assistance in augmenting the delivery of health services. Volunteers have diverse backgrounds, credentials and levels of expertise. The primary role of a volunteer is to augment the professional staff in order to provide quality services to the students. Volunteers may include licensed (e.g., registered nurses, physicians) and unlicensed health care providers (e.g., nursing assistants and parent helpers). The following issues should be considered when seeking the use of volunteers in the health office:

- Adherence to state laws and regulations, including state nurse and medical practice acts and safe health care practice.
- Quality assurance that the standard of care for the specialty of school health is met through competent service providers.
- Liability protection for individuals and districts for potential claims of injury and negligent practice.
- Supervision time and competency to meet regulatory and quality requirements.
- Confidentiality of health conditions.
- Security clearance to provide for a safe school environment.
- Intermittent and independent goals of volunteer commitment should be weighed against the need for consistent presence of service provider focused on school and student goals.

The NASN recommends that school nurses assume a leadership role in helping districts determine their need for volunteers. The district's legal counsel should be included in these discussions. Expectations for the service delivered by volunteers should be of the caliber expected of regular staff. School systems can best assure quality health care in their environments by having an employed school nurse on site to supervise the programs and service providers.¹⁹

Interdisciplinary Teams

The delivery of health-related services in schools is not limited to RNs, LVNs and unlicensed health aides.²⁰ Delivery of additional health related services may be provided by the following professionals individually or as a team:

Dentists

Dental decay is the number one progressive disease affecting children in this country.²¹ Dental services are often not covered by health insurance, which prevents families from seeking preventive care. Although schools were preventive dental sites in the early days of school health, most schools today do not provide any dental services for their students. When dental services are provided in schools, they are often arranged on an ad hoc basis consisting of donated or reduced-cost services and are frequently provided by volunteers.²²

School Psychologists

School psychologists may provide a variety of services to students ranging from consultations and education to assessment and intervention. The services tend to focus on special learning and behavioral problems. Psychological services in the schools are one of the related services that must be available for students who are eligible for special education under the Individuals with Disabilities Education Act.²³

School Counselors

School counselors tend to focus on academic and career-related guidance.²⁴ They "... assist students, school staff, parents and community members in problem-solving and decision-making on issues involving learning, development and human relations."²⁵ Counselors are usually employed by the school district.²⁶

School Social Workers

While school counselors tend to focus on academic and career-related guidance, school social workers focus predominantly on family and community factors that influence learning. Although both school counselors and school social workers frequently perform similar tasks, school social workers function as a link between the student, the school and the community, concentrating more on the family and community context. According to Allensworth, *Schools and Health: Our Nation's Investment*, "Social workers regularly deal with discipline and attendance problems, child abuse and neglect, divorce and family separation, substance abuse, issues involving pregnancy and parenting, suicide and even family finances."²⁷

School Administrators, Teachers and Support Personnel

In accordance with local school district policy, school personnel may administer medication to students if:

- The district has received a written request to administer the medication from the parent, legal guardian or other person having legal control of the student; and
- When administering prescription medication, the medication appears to be in the original container and to be properly labeled.²⁸

Aside from the administration of medication and minor first aid, all other basic school health services fall within the scope of the practice of legally delegated authority.²⁹

Physical Therapists

Physical therapists emphasize the remediation of, or compensation for mobility, gait, muscle strength and postural deficits. According to the American Physical Therapy Association, three percent of the association's members work in schools.³⁰

Occupational Therapists

Occupational therapists focus on remediation of, or compensation for perceptual, sensory, visual motor, fine motor and self-care deficits. More than one-third of the membership of the American Occupational Therapy Association work in the schools.³¹

Audiologists

These special needs providers "... are certified professionals who specialize in the identification and management of children's hearing impairments in the school setting. According to the Education Audiology Association, approximately 1,000 audiologists are employed by school districts across the country."³²

Speech, Language and Hearing Therapists

This group of therapists "provides special education and related services and works closely with teachers and parents to help children overcome communication problems. More than one-half of the members of the American Speech, Language and Hearing Association work in schools. Speech, language and hearing problems represent 25 % of children's primary disabilities in schools; another 50 % of children with other primary disabilities have speech, language and hearing problems as additional disabilities."³³

Nutritionists/Food Service Directors

Nutritionists often provide educational support, teach healthy eating behaviors and encourage physical activity as a part of a student's daily routine. Food service directors provide support for children with special needs by adjusting school meals to meet their requirements. In addition, they plan and serve meals

for all students to meet the U.S. Dietary Guidelines for Americans, providing a specific quantity of nutrients in accordance with recommended dietary allowances.³⁴

Athletic Trainers

Certified Athletic Trainers specialize in athletic health care and are certified/regulated by DSHS. An “athletic trainer” is a person with specific qualifications who is licensed by the board and may use the initials “LAT,” “LATC,” and “AT.” “Athletic training” means the form of health care that includes the practice of preventing, recognizing, assessing, managing, treating, disposing of and reconditioning athletic injuries under the direction of a licensed physician or another qualified, licensed health professional that is authorized to refer for health care services within the scope of the person’s license. Services may include: planning and implementing a comprehensive athletic injury and illness prevention program; conducting an initial assessment of an athlete’s injury and providing emergency care; referring athletes to a physician for diagnosis and treatment; coordinating, planning and implementing a comprehensive rehabilitation program for athletic injuries; and coordinating and providing health care information and counseling for athletes.³⁵ Certified athletic trainers have, at minimum, a bachelor's degree, usually in athletic training, health, physical education or exercise science. Some high school athletic trainers are hired by school systems and may also teach.³⁶

Relationship with School-Based Health Centers

The number of school-based health centers (SBHC) is increasing around the country. They offer some clear advantages for students, particularly students who live in underserved areas. While there are almost as many models of school-based health centers as there are school districts, there are some commonalities among them.

The majority of SBHCs provide well-child exams, immunizations and screenings and links with permanent medical homes. Many also provide sick child exams, treatment of disease, case management, chronic illness management, mental health counseling, sports physicals, community health nursing and emotional health counseling. Some of the benefits of SBHCs are:

- Students of all ages have reasonable access to medical services.
- Less classroom time is lost to travel time;
- Follow-up compliance may be better;
- Adolescents, for a variety of reasons (e.g., emancipation, independence, desire for confidentiality), often will not seek out or take advantage of services in traditional settings;
- Families that are not accustomed to using primary or preventive services available to them in traditional settings can be taught to use them through schools; and
- Behavioral risk assessments and ongoing preventive strategies that address major causes of youth mortality (suicide, homicide, accidental injury) often require a degree of access to health and mental health services that schools can provide. Mental health services on a school site can reduce time away from school to travel to regular mental health appointments. When a mental health clinic's presence on a school site is accompanied by close collaboration with school staff, then enhanced behavioral observation and clinical management also occur.³⁷

"School-based" and "school-linked" are terms used to distinguish between services delivered on school campuses and those coordinated at the school but delivered off campus. In school-linked models, school health professionals collaborate with local community clinics, hospitals, and other health professionals and agencies. Some schools have characteristics of both school-linked and school-based models, such as mobile medical service vans that park intermittently outside various school sites.

Some challenges for SBHC or for any model of expanded school health services include:

- Great variability in the degree to which school-based and school-linked services are integrated with the medical home and other community services and the degree to which they complement community services to meet student needs;
- Great variability in the degree to which school-based and school-linked services are integrated with other components of the school system. SBHCs cannot optimally assist students unless they are closely

- integrated with the school nurse (where one exists), the school's health educational program, and with other traditional or core school programs;
- Inherent and unique issues of patient confidentiality, consent, compliance and continuity that need different solutions than they would in traditional health care settings and in schools without expanded health services; and
- Frequent difficulty of achieving fair reimbursement for school-delivered health services.³⁸

School-based health services are often provided by certified nurse practitioners, physician assistants or licensed or credentialed mental health professionals (social workers, psychologists, etc.). Pediatricians or other physicians from a community practice or clinic or from the public health sector frequently serve as medical directors. The medical director, along with the school principal and school-based health professionals, decide on day-to-day activities, protocols and quality assurance.

Support from the school health services is critical to the success of SBHCs. Some school districts attempt to replace school health services with a SBHC. This is unfortunate because the role of the SBHC is to extend school health services, not replace them.

Ideally, the school nurse and the SBHC staff will work together to support and complement each other. The school nurse can be the primary referral source for the SBHC. Because the school nurse is familiar with the children and families in the school, the nurse is in an ideal position to recommend children who would benefit from the services of a SBHC. Staff of the SBHC and the school nurse can collaborate when a family needs case management services.

The SBHC should be an adjunct to school health, not a replacement. SBHCs do not have the mechanisms to do educational teaching in the classrooms, dispensing of medication to children throughout the day, screening of particular health problems, minor first aid, and disability referrals and assessments. If the SBHC personnel were assigned the duties of the school nurse, they would not have time to do the other tasks that make SBHCs valuable and unique among school districts.

Communicating with Parents

One of the most difficult challenges that face school nurses is the necessity of communicating with parents. Busy parents may be difficult to contact because of family or work obligations. They may misunderstand the school nurse's request for information as intrusive or harmful to their child. Screening results that indicate a problem may result in a hostile reaction from parents who are already overwhelmed by caring for healthy children, and the implication that their child has a problem can be more than many parents are equipped to deal with.

Acknowledging that parents are the expert in the care of their child neutralizes tense situations. When the nurse understands that parents are acting out of care and concern for their child, whether they express it in a negative or positive manner, it becomes easier for the nurse to help the parent help their child. Often parents react negatively to school administrators out of past fears or frustrations left over from their own school days as a child. Understanding that the school may be an intimidating institution for some parents will help the nurse reach out to those parents in a manner that is less intimidating.

T. Berry Brazelton's new approach to working with parents addresses some of these issues by enlisting parents as partners in the health care process.³⁹ According to Dr. Brazelton, health care providers have an opportunity to be part of the supportive network for families when they are coping with changes in their family structure: i.e., changing from a family with babies to a family with young school-aged children or teens. *The Touchpoints Project* was developed as an interdisciplinary, relational/developmental model to help health care providers change their encounters with parents from a deficit model to a supportive model⁴⁰. Parents and school nurses become partners in the care of the child as the nurse works to develop a relationship with the parents based on mutual respect, care and acknowledgement of parents' care and concern for their child. There are 7 basic principles to *Touchpoints* practice:

1. Recognize what you bring to the interaction;
2. Look for opportunities to support mastery;
3. Use the behavior of the child as your language;
4. Value and understand the relationship between you and the parents;
5. Be willing to discuss matters that go beyond your traditional role;

6. Focus on the parent-child relationship; and
7. Value passion wherever you find it.⁴¹

Using Touchpoints practice promotes a gradual change in the power of the relationship and an increase in parental involvement with the health care provider.⁴² For more information about Touchpoints visit www.Touchpoints.org.

Culturally Effective Care

Cultural and language barriers are another area of concern when communicating with parents. By the year 2020 it has been estimated that 40% of school-aged Americans will be children of minority groups.⁴³ The American Academy of Pediatrics defines culturally effective pediatric health care as:

“The delivery of care within the context of appropriate ... knowledge, understanding and appreciation of cultural distinctions. Such understanding should take into account the beliefs, values, actions, customs and unique health care needs of distinct population groups. Providers will thus enhance interpersonal and communication skills, thereby strengthening the provider-patient relationship and maximizing the health status of patients⁴⁴.”

The school nurse must become familiar with the ethnic and cultural groups within the school community. To be effective in delivering health care to all children, the school nurse must develop sensitivity to these cultural groups. (See *Refugee, Migrant and Immigrant Health* in Chapter 2 for a discussion of health practices among different cultural groups in the U.S.) Interaction styles, ideas about health and health practices, childrearing beliefs and language are some of the areas where nurses might find different practices among ethnic groups.

There may be “communication anxiety” when individuals from minority groups interact with an individual in an “expert role” such as a school nurse or teacher. There is an imbalance of power inherent in the parent-school health provider relationship because the parent is generally seeking information or advice from the nurse. This imbalance may provide an even greater barrier to communication than language difficulties or cultural practices. Awareness of this issue will help the school health provider overcome this potential barrier and facilitate communication with parents.⁴⁵

Communication Practical Advice

Finding time to communicate with parents can be a significant problem for the school nurse who is overseeing the health care of an entire school or school district. In this manual forms for addressing medication issues, permission for care and other issues are included to help nurses use their time as effectively as possible. Unlicensed personnel can assist with sending out forms, collecting and compiling the results. They can also assist with answering phones and triaging phone calls for the nurse.

At times it is necessary for the school nurse to speak directly with parents. This maybe difficult because of schedules, but the nurse should make some early morning time available for parents to meet with her, perhaps once or twice a week. Answering machines in the health office and/or emails are another way of communicating with parents that are acceptable and may be used when direct communication is not possible. Keeping a log of phone calls, emails, etc. is important for tracking communication, documenting responses to questions and evaluating the quality of school health care.

School Health Resources

Health and Human Services Area Information Centers

The Texas Health and Human Services Commission have area information centers in regions across Texas to provide information about health and human services. Area information centers are responsible for gathering, maintaining, and sharing information about health and human services in their region. This is done in partnership with state agencies, community information centers and other community-based health and human services providers. A list of centers is regularly updated and can be found at www.hhsc.state.tx.us/tirn/aiclist.htm.

Vision and Hearing Regional Coordinators

www.dshs.state.tx.us/vhs/regions.shtm

Vision and Hearing Screening Program

www.dshs.state.tx.us/vhs/default.shtm

Texas Department of State Health Services
1100 W. 49th Street MC 1918
Austin, TX 78756-3199
Phone: (512) 458-7420
Toll free: 1-800-252-8023, Ext. 6446
Fax: (512) 458-7125

Spinal Screening Program

www.dshs.state.tx.us/spinal/default.shtm

Texas Department of State Health Services
Health Screening Branch MC 1938
P. O. Box 149347
Austin, Texas 78714-9347
Phone: (512) 458-7111
Toll free: 1-800-252-8023, Ext. 6464
Fax: (512) 458-7256

Poison Center Network

In case of emergency: Toll free: 1-800-764-7661 or 1-800-POISON 1

Alcohol and Drug Abuse, Texas Commission on

www.tcada.state.tx.us

Toll free: 1-877-9-NO-DRUG or 1-877-966-3784

Find a community-based program that provides a 24-hour hotline and referral service for your area. The call is free.

Children's Health Insurance Program: TexCare Partnership

www.chipmedicaid.org/english/index.htm

Toll free: 1-800-543-7669

M-F, 9 a.m. to 9 p.m., Saturday 9 a.m. to 3 p.m. (Central Time), except federal holidays.

TDD Toll free: 1-800-735-2988

- Call to receive information about the insurance, to apply for the insurance, or to get the name of someone in your area who can assist you.

- The operators speak English and Spanish. Help in other languages is also available because the operators have access to the AT&T language line.

Special Health Care Needs, Children with (CSHCN)

www.dshs.state.tx.us/CSHCN

Toll free: 1-800-252-8023

Phone: (512) 458-7355

Fax: (512) 458-7417

Call to get assistance finding information about DSHS programs for CSHCN or about other state and local programs for which a family may qualify.

Food Stamp Program

www.211texas.org/211/search.do

Inquiry Hotline

Texas Department of Human Services

Health and Human Services Commission

Toll free: 1-800-448-3977 (24/7)

Toll free: 1-800-248-1078 (centralized benefits)

TDD Toll free: 1-888-440-4988

Immunization Branch

Texas Department of State Health Services

www.dshs.state.tx.us/immunize/default.shtm

Phone: (512) 458-7284

Toll free: 1-800-252-9152

P. O. Box 149347

Austin, Texas 78714-9347

Email: Immunize@imm.tdh.state.tx.us

Environmental Lead Program

Texas Dept. of State Health Services, Division for Regulatory Services,

www.dshs.state.tx.us/elp/default.shtm

P. O. Box 149347 MC 1987

Austin, Texas 78714-9347

Phone: (512) 834-6787, Ext. 2434

Toll free: 1-888-778-9440, Ext. 2434

Fax: (512) 834-6707

Blind and Visually Impaired Children's Program

DARS, Division for Blind Services

www.dars.state.tx.us (community services only - 211)

Temporary Assistance for Needy Families (TANF)

www.hhsc.state.tx.us/programs/TexasWorks/TANF.-FAQ.html

Phone: (512) 438-3280 or

TDD Toll free: 1-888-425-6889

Medicaid Programs for Children – Children's Medicaid and Children's Health Insurance Program (CHIP)

www.chipmedicaid.org

Phone: Toll free: 1-877-543-7669

TDD Toll free: 1-800-735-2988

Refugee Resettlement Program

Texas Health and Human Services Commission

www.hhsc.state.tx.us/programs/refugee/index.htm/#rca

Child and Family Protective Services

Health and Human Services Commission

www.dfps.state.tx.us/child-protective/about_child_protective_services

www.txabusehotline.org

To report abuse or neglect: Toll free: 1-800-252-5400

TTD Toll free: 1-800-335-2989

To find information about childcare: Toll free: 1-800-862-5252; 8-5, M-F

Texas Runaway Hotline (peer counseling to runaways and their families):

Toll free: 1-888-580-HELP 24 hours/7 days a week

Texas Youth Hotline (peer counseling to youth and their families):

Toll free: 1-800-210-2278 24/7

Child Support Program, Office of the Attorney General

www.oag.state.tx.us/cs/about/index.shtml

C.S. Service: Toll free: 1-800-252-8014

Family Health Services Information and Referral

Texas Department of State Health Services

www.dshs.state.tx.us/mch/babylove.shtm

Toll free: 1-800-422-2956

WIC (Women, Infants and Children Nutrition Program)

www.dshs.state.tx.us/wichd

Toll free: 1-800-942-3678

Asbestos in Schools

Environmental and Sanitation Licensing Group

Texas Department of State Health Services

P. O. Box 14937 MC2835

Austin, TX 78714-9347

Inspections: (512) 834-6770

Radon in Schools

Division of Regulatory Services

Texas Department of State Health Services

www.dshs.state.tx.us/iaq/links.shtm#radon

Toll free: 1-800-572-5548, Ext. 2444 or 2428

Radiation Control Program: www.dshs.state.tx.us/radiation/radon.shtm

Indoor Air Quality Program

Texas Department of State Health Services

Division of Regulatory Services

www.dshs.state.tx.us/IAQ/about.htm

P. O. Box 149347 MC1987

Austin, TX 78714-9347

Toll free: 1-800-293-0753, Ext. 2444 or 2428

Home Health Agency Hotline

Texas Department of Aging and Disability Services

www.dads.state.tx.us

701 W. 51st. St.

Austin, TX 78751

(512) 438-3011

Nutrition Education/Training Line

Texas Department of Human Services

Toll free: 1-800-982-3261

Provides information, materials, catalogs, etc. about nutrition education and training

Parents of Special Education Students

Texas Education Agency

www.tea.state.tx.us/special.ed/medcom

Toll free: 1-800-252-9668

Parents can discuss special education procedures with a trained professional.

Family Violence Program

www.hhsc.state.tx.us/programs/familyviolence/index

Toll free: 1-800-799-SAFE (7233) 24-hour National Domestic Violence Hotline

TDD Toll free: 1-800-787-3224

Hansen's Disease Program

Infectious Disease Control Unit

Texas Department of State Health Services

www.dshs.state.tx.us/idu/hansens

P. O. Box 14937 MC1960

Austin, TX 78714-9347

Phone: (512) 458-7676

Fax: (512) 458-7616

Deaf and Hard of Hearing, Texas Commission for the

www.dars.state.tx.us/dhhs/index.shtm

Voice: 512-407-3250

TTY: 512-407-3251

Texas Health Steps Branch

www.dshs.state.tx.us/thsteps/default.shtm

Toll free: 1-877-847-8377

TTY Toll free: 1-800-735-2989

Oral Health Program

www.dshs.state.tx.us/dental/default.htm

P. O. Box 149347 MC1938

Austin, TX 78714-9347

Phone: (512) 458-7323

Fax: (512) 458-7256

Provides regular medical and dental services to children on Medicaid

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