

NATIONAL EDUCATION ASSOCIATION ST LOUIS

SCHOOL NURSES

POLICY STATEMENT OF THE
SPECIAL ADMINISTRATIVE BOARD
OF THE TRANSITIONAL SCHOOL
DISTRICT OF THE
CITY OF ST. LOUIS, MO

In Relation to Working Conditions for School Nurses

2017-2020

Revised: August 31, 2017

The Special Administrative Board of the City of St. Louis, MO (SAS/Board) and National Education Association St. Louis (NEA/School Nurses) agree that this Policy Statement shall be incorporated in Board policy and administrative regulations.

This Contract Agreement shall be effective as of July 1, 2017 and shall continue in full force and effect through June 30, 2020. This Policy Statement shall not be extended orally and it is expressly understood that it shall expire on the date indicated.

**SPECIAL ADMINISTRATIVE BOARD OF THE
TRANSITIONAL SCHOOL DISTRICT OF THE
CITY OF ST. LOUIS**

5-2-19
Dated

By: 
President and Chief Executive Officer

5-2-19
Dated

By: 
Secretary, Special Administrative Board

**NATIONAL EDUCATION ASSOCIATION
ST. LOUIS
SCHOOL NURSES**

5-22-2018
Dated

By: 
President, NEA-STL SCHOOL NURSES

ARTICLE I: Recognition

- A. The Special Administrative Board of the Transitional School District of the City of St. Louis, MO hereby recognizes that the National Education Association, St. Louis/Missouri National Education Association/National Education Association (NEA St. Louis/MNEA/NEA) has been selected as the exclusive bargaining representative for all regular, full-time employees in the job classification known as School Nurse.
- B. The term "Board," when used in this Policy Statement, shall refer to The Special Administrative Board of the St. Louis Public Schools.
- C. The term "Administrator," when used in this Policy Statement, shall refer to Superintendent of Schools and/or his/her designee(s).
- D. The term "Employee," when used in this Policy Statement, shall refer to school nurse employee(s). See Appendix A School Nurse job description.
- E. The term "Association," when used in this Policy Statement shall refer to NEA St. Louis/MNEA/NEA.

ARTICLE II: Negotiations Procedure

- A. The Board or its designee shall meet, upon request, with the Association, through representatives of its choosing, for the purpose outlined under Sections 105.510, 105.520, 105.525, R.S. MO.
- B. Pursuant to the forgoing, any proposals by the Association for change in the existing contract agreement shall be submitted by March 1, 2020. Discussion on the proposed changes shall begin within (30) days. The stated timelines may be waived by mutual consent of the parties.
- C. The Board or Association may submit additional proposals after discussions have begun.

ARTICLE III: Management Prerogatives

- A. The management of the School System and the direction of the employees are reserved exclusively to the Board and the Administration and shall not be inconsistent with any express provisions of this contract agreement.
- B. Board representatives, in concert with Association representatives, will review the completed Policy Statement. The Board will publish and provide online the Policy Statement to employees as soon after the start of the contract year as possible.

PREAMBLE

This Policy Statement has been compiled following a series of meetings and discussions held between the representatives of the Special Administrative Board of the Transitional School Board of the City of St. Louis (the "Board") and NEA-STL School Nurses (sometimes referred to as the "Association"), individually "Party" or collectively "Parties."

ARTICLE V: Grievance Procedures

- A. If any employee feels unfairly treated through the misapplication of provisions in this contract agreement of any Board Rules or Regulations or through any Administration action which adversely affects the employee's status, he/she may have recourse to the following procedure:
1. An employee with a problem shall first discuss the matter with the principal or other immediate supervisor, with the objective of resolving the matter informally. If the matter is not resolved informally at Step 1, the grievant may, at his/her sole option, request within five (5) working days thereafter a further meeting with the principal or other immediate supervisor, at which time a representative designated by Association is present.
 2. If the matter is not resolved informally to the satisfaction of the employee within five (5) working days after submitting the problem the employee or his/her representative shall have the right to meet with the Superintendent or designee for the School, or the equivalent administrator at other units, at which the employee is located, to resolve the question or grievance.
 3. If the matter is not resolved to the satisfaction of the employee and his/her representative within three (3) days after submission to the Superintendent or designee, the grievance will be reduced to writing and the employee and/or his/her association representative shall have the right to meet with the Chief Human Resources Officer or designee of the District in which the school or other facility is located, to resolve the question of grievance. The Chief Human Resources will reply, in writing, within seven (7) working days.
 4. In the event the matter is not resolved to the satisfaction of the employee and/or his/her association representative, they may submit the written question or grievance to the Superintendent of Schools, or designee(s) for resolution. The reply will be given in writing within ten (10) days after receipt of the grievance.
 5. In the event the matter is not resolved to the satisfaction of the employee, through the preceding steps, then either party, within ten (10) working days, may appeal from the decision of the Superintendent of Schools to an impartial arbitrator selected as hereinafter provided for an advisory opinion.
 6. In the event an unresolved issue is to be submitted to an arbitrator for an advisory opinion, the parties shall attempt to select the arbitrator by mutual agreement. If they have been unsuccessful within fifteen (15) days to agree upon such arbitrator, they shall jointly request the Federal Mediation and Conciliation Service in Washington, DC, to nominate a panel of seven experienced arbitrators, who are not currently active representatives of either labor or management, from whom the parties shall select one by each side alternately striking a name, commencing with the party seeking arbitration, and the last name remaining on such list shall be deemed chosen as such arbitrator . The name of anyone who is currently representing either labor or

Administration because of his/her participation in the grievance procedure. Nor shall the fact that an employee has filed or participated in a grievance be taken into account in the evaluation of such employee.

- C. The Board and Administration will cooperate with the parties involved in its investigation of any grievance and further will furnish the parties involved with such reasonable, appropriate and necessary information as is requested for the processing of any grievance.
- D. Should the investigation of processing of any grievance require that an employee or his/her representative be released from regular assignment, he/she shall be released, without loss of pay or benefits, as long as no unreasonable interference with the school program results.
- E. All documents, communications and records dealing with the process of a grievance will be filed separately from the personal files of the participants.
- F. If a grievance develops at or near the end of the school year, such that sufficient time is not available during the school year to implement fully the grievance procedures set forth in Paragraph A, subparagraphs 1-5 thereof, said time limits shall be waived to expedite the processing of the grievance.
- G. As used in the foregoing procedure, "employee(s)" shall mean either: (1) an individual employee, or (2) a group of employee(s) who have the same grievance.
- H. The Association shall have the right to present grievances in the manner prescribed on behalf of employees of the organization.
- I. If in any case the parties should mutually agree that an expedited arbitration hearing is appropriate, the hearing will be conducted in accordance with the following:
 - 1. The hearing will be informal;
 - 2. No briefs shall be filed or transcripts made;
 - 3. There shall be no formal rules of evidence;
 - 4. The hearing shall normally be completed within one day;
 - 5. The arbitrator shall render his/her written decision within (5) days after conclusion of the hearing. The decision shall be based on the record before him/her and shall include a written explanation for the basis of his/her conclusion. However, these decisions shall not be cited as a precedent;
- J. Arbitrator shall be selected in the same manner as provided in Paragraph A-6 on page 2.

ARTICLE VI: Association Rights

- A. Majority Rights - The Board or the Administration will not accord to any organization of employees as defined in Article I, titled "Recognition," any of the rights accorded to the Association unless specifically stated in this contract agreement. However, this shall not be understood to require the Board to

applicable deductions to the treasurer of the Association each pay period.

E. Lists

1. The Board will furnish to the Association by October 15 and February 15 of each year, two complete lists of employees covered by this contract agreement.
2. One list will be in alphabetical order by last name and will show the employee's home address with seniority. The other list will be by location with seniority.
3. Election eligibility lists will be provided to all competing organizations at such time as is called for in appropriate agreement establishing election procedures, unless establishing by state law or regulations.

F. Visitation at Schools by Association Representatives

1. Association representatives will be allowed access to any school or location for consultation with School Nurses before or after school or during the lunch period or during any other non-duty times, if such visit does not conflict or interfere with other school or professional activities.
2. A list of all such accredited representatives shall be furnished to the Office of the Human Resources Officer and kept current by the Association. Such Association representatives on any visit shall report their presence to the school principal or designee(s), upon entry on the location premises.

G. Posting and Distribution School Mailboxes/E-Mail of Association Literature in

1. The Association will be provided with bulletin board space in a place readily accessible to, and normally frequented by School Nurses, for the purpose of posting Association literature at each worksite.
2. The Association shall also have the right to place Association literature in the school mailboxes of School Nurses.
3. All literature and notices distributed under this section shall be authorized by officially designated representatives of the Association.
4. Copies of all such literature will be presented to the principal or other head of location before posting. In the event the principal or other head of location questions the propriety of the literature, he/she will immediately refer the question to the Chief Human Resources Officer, who shall pass on the question within one (1) school day.

H. Labor/Management Meetings - The Chief Human Resources Officer or administrative designee will meet with the Association on a monthly basis beginning in October during the school calendar year. The meetings will be held at a mutually agreeable time to discuss matters relating to the effective implementation of the nursing program. Agendas will be submitted prior to each meeting.

ARTICLE VII: Employee Protection

allowance increase for transportation from one school location to another shall be determined in proportion to the per mile allowance in effect.

ARTICLE IX: Assignment, Transfer and Promotion

- A. A. Considerations - In making assignments and transfers of School Nurses, consideration shall be given to the qualification and experience of the employee, available vacancies, work location preference and transportation facilities. The Superintendent of Schools may deny or institute any transfer for the good of the system, provided that upon request of the employee or the Association a valid reason therefore is stated in writing.
- B. Team Leader Duties
 - 1. Disseminate information and act as liaison between Health Service Supervisor and employee(s)
 - 2. Provide support and guidance to team members regarding daily nursing activities/operations/procedures.
 - 3. Plan in-service as directed by health Service Supervisor, utilizing community resources, as needed.
 - 4. Assist with orientation of newly appointed employee(s)
 - 5. Coordinate team activities (such as audits, head lice screenings) as directed by Nursing Manager.
 - 6. Team leaders shall be compensated at the *certificated rate formula*, Appendix D.
- C. Reasons for Making Transfers - School Nurses shall be transferred for these reasons:
 - 1. Request for transfer to a school or location where suitable vacancy exists.
 - 2. Surplus of School Nurses within the school or location.
 - 3. Good of the system as determined by the Superintendent of Schools, as provided in A above.
 - 4. Employee Initiated Request for Transfer - A School Nurse(s) who may be interested in transferring to other assignments at the beginning of the next school year should apply for a transfer to the Division of Human Resources.
- D. General Procedures
 - 1. Transfers are usually made at the beginning of the employee's work year.
 - 2. Requests for transfer within a semester are not usually granted except in cases of emergency.
 - 3. Transfers will be granted when the efficiency of the schools or others locations can be maintained.

of absence shall, upon application and at his/her option, be granted priority status on the substitute list. Every effort will be made to assign persons on involuntary leave of absence on the basis of seniority. Persons placed on voluntary or involuntary leave of absence with or without pay may continue health, dental and life insurance benefits by paying the regular group premiums to the Board, subject to the insurance carrier approval.

ARTICLE XI: Employment Conditions

- A. Minimum School Health Office Facilities - All employees shall be provided adequate workspace, adequate equipment and supplies to effectively and safely carry out his/her duties.
1. Adequate office space with adequate lighting and room to perform necessary health screens (20 ft.), when possible.
 2. Desk, chairs, cot, scale, audiometer, eye charts for distance and near point vision and blood pressure cuff.
 3. Locked storage for medications, supplies, student records, confidential files and personal belongings.
 4. Private office space and screens, as needed, to insure confidentiality of nurse/student interaction and to insure student privacy for examination by the School Nurse or physician.
 5. Adequate facilities for infection control including: antibacterial soap dispenser and running water in each office; adequate supply of good quality latex gloves; proper disposal for sharps and hazardous (blood-stained) materials in accordance with "Universal Blood and Body Fluid Precautions." Appendix E - Centers for Disease Control Guidelines.
 6. Dedicated phone line/fax machine and *direct access to copy machine*.
- B. Calendar Committee - A representative from the Association shall participate on the annual District calendar committee.
- C. Orientation
1. Employee(s) shall be provided appropriate orientation and induction.
 2. Employee(s) shall be provided a job description and contract agreement for School Nurse.
- D. Protection Against the Spread of Disease
1. The Board shall distribute to all employees copies of current Center for Disease Control (CDC) "Universal Blood and Body Fluids Precautions.
 2. The Board shall implement measures which ensure that employees can adequately carry out "Universal Blood and Body Fluid Precautions, as stated in Article II, A. Appendix E- Centers for Disease Control Guidelines.

membership in the United States military or navel reserve or national guard services are ordered by the appropriate authorities to attend a training period or encampment under the supervision of the United States Armed Forces shall be granted leaves of absence from their positions during the actual duration of such activity, not to exceed fifteen days annually, in any federal fiscal year (October 1 - September 30). This leave shall be granted to 10, 10 % and 11 month employees only when the training period cannot be scheduled during the normal summer vacation period. During such leave and employee's salary shall be reduced by the amount received for such service.

- D. Other Paid Time Off - All other paid time off shall be in accordance with Board Regulations 4510 Sick Leave, 4520 Paid Time Off, 4525 Short- Term and Long Term Disability, 4540 Family and Medical Leave, 4570 Worker's Compensation and 4580 Miscellaneous Leaves.

ARTICLE XIII: Escrow Account

- A. The Board will provide ten (10) ten and one-half (10 %) and eleven (11) month employees the opportunity annually to place a part of their salary into an escrow account for distribution during the summer months.
- B. The Board will make sixteen (16) deductions for the escrow account from each participating employee's paycheck in an amount equal to thirteen percent (13%) of the gross amount of the paycheck. No deductions for the escrow account will be made from the first two (2) pay periods in September.
- C. The accumulated amount will be paid to the employee in equal installments on the following schedule without deductions of any kind:

One (1) check in June Two (2)
checks in July Two (2) checks
in August

- D. All withdrawals must be made according to the approved schedule.
- E. Upon resignation, retirement or termination, any sum remaining in the escrow account will be paid to the employee immediately.
- F. F. Should an employee die before all withdrawals are made from his/her account, the remaining proceeds will be paid to the person or persons previously designated by the employee.

ARTICLE XIV: Salary and Rates of Pay

- A. School Nurses shall be compensated in accordance with the salary steps outlined of the certificated salary schedule. Appendix B Salary Schedule 2012-2014.
- B. Step Advancement - Each year that a step is granted each School Nurse shall

ARTICLE XVI: School Calendar

- A. See attached Appendix C

ARTICLE XVII: Workday

The workday shall consist of the following:


- 6.5 hours student/patient contact;
- arrival 15 minutes before and departure 15 minutes after school;
- and a 30 minutes duty free lunch,
- for a total of 7.5 hours.

ARTICLE XVIII: Professional Nurse Evaluation

APPENDIX A: School Nurse Job Description

APPENDIX B: Salary Schedule 2017-2020

APPENDIX C: School Calendar 2017-2018

FINAL FY17-18		 Saint Louis Public School District 2017-2018 Academic Year Calendar							
WK	S	M	T	W	Th	F	Sa		
	23	24	25	26	27	28	29	July '17 Teachers 0/0 Students	
	30	31						24	11 Month Staff Returns to Work
			1	2	3	4	5	31	10.5 Month Staff Returns to Work
	6	7	8	9	10	11	12	August '17 Teachers 19/12 Students	
	13	14	15	16	17	18	19	7	10 Month Staff Returns to Work
	20	21	22	23	24	25	26	16	First Class Day for All Students
	27	28	29	30	31			September '17 Teachers 21/20 Students	
						1	2	4	Holiday - Labor Day District Closed
	3	H	5	6	7	8	9	15	Interim Progress Reports for Quarter 1
	10	11	12	13	14	PR	16	October '17 Teachers 22/20 Students	
	17	18	19	20	21	22	23	12	Quarter 1 ends 41 days/264.45 hours 20 School Closed
	24	25	26	27	28	29	30	13	Professional Development (no students)
	1	2	3	4	5	6	7	16	Second Quarter begins
	8	9	10	11	12	PD	14	18-19	Parent conferences to be held after school on 10/18 and 10/19
	15	SQ	17	18/PCD	19/PCD	NS*	21	November '17 Teachers 22/18 Students	
	22	23	24	25	26	27	28	10	Holiday-Veteran's Day District Closed
	29	30	31					17	Interim Progress Reports for Quarter 2
				1	2	3	4	22	*No School for non 12 month staff; 12 month staff works/School Closed
	5	6	7	8	9	H	11	23-24	Holiday - Thanksgiving District Closed
	12	13	14	15	16	PR	18	December '17 Teachers 21/14 Students	
	19	20	21	22/NS*	H	H	25	20	Quarter 2 ends 43 days/277.35 hours
	26	27	28	29	30			21	Record Keeping (no students)
						1	2	22	*No School for non 12 month staff; 12 month staff works/School Closed
	3	4	5	6	7	8	9	25	Holiday - Christmas
	10	11	12	13	14	15	16	25-29	Winter Break (no school) First Semester 84 days/541.8 hours
	17	18	19	20	RK	WB	23	January '18 Teachers 23/20 Students	
	24	H/WB	WB	WB	WB	WB	30	1	Holiday - New Year's Day District Closed
	31							2	Professional Development (no students)
		H	PD	TQ/CR	4	5	6	3	Third Quarter Begins/Classes Resume
	7	8	9	10	11	12	13	15	Holiday - Martin Luther King Jr. Day District Closed
	14	H	16	17	18	19	20	February '18 Teachers 20/18 Students	
	21	22	23	24	25	26	27	2	Interim Progress Reports for Quarter 3
	28	29	30	31				16	Professional Development (no students)
					1	2	3	19	Holiday - Presidents Day District Closed
	4	5	6	7	8	9	10	March '18 Teachers 22/16 Students	
	11	FQ	13	14	15	16	17	9	Quarter 3 ends 45 days/290.25 hours 26-30 Spring Break (no school)
	18	19	20	21/PCD	22/PCD	NS*	24	12	Fourth Quarter Begins
	25	SB	SB	SB	SB	SB	31	21-22	Parent conferences to be held after school on 3/21 and 3/22
	1	2	3	4	5	6	7	23	School Closed
	8	9	10	11	12	13	14	April '18 Teachers 21/21 Students	
	15	16	17	18	19	PR	21	20	Interim Progress Reports for Quarter 4
	22	23	24	25	26	27	28	May '18 Teachers 19/18 Students	
	29	30						24	Last Class Day/Quarter 4 ends 48 days/309.60 hours
			1	2	3	4	5	25	Record Keeping (no students)
	6	7	8	9	10	11	12	25	Last Day for 10 Month Employees
	13	14	15	16	17	18	19	28	Holiday - Memorial Day District Closed
	20	21	22	23	24	RK	26	29-31	Snow Days Second Semester Totals 93 days/599.85 hours
	27	H	29/SN	30/SN	31/SN			June '18	
	31							1-5	Snow Days 29 Summer School Ends
						1/SN	2	1	Last Day for 10.5 Month Employees
	3	4/SN	5/SN	6	7	8	9	4	Summer School Begins
	10	11	12	13	14	15	16	8	Last Day for 11 Month Employees
	17	18	19	20	21	22	23	July '18	
	24	25	26	27	28	29*	30	4	Holiday - Independence Day
	1	2	3	H	5	6	7	Totals for the 2017/2018 School Year days; hours;	
	8	9	10	11	12	13	14	Student 177 Days • 177 @ 6 hr. 27 min. (6.45/day) = 1,141.65 hours	
	15	16	17	18	19	20	21	Teacher 210 Days • 177 teaching days, 33 without students (5 days for winter break; 5 days for spring break; 8 holidays; 2 record keeping days; 3 no school days; 8 professional development days; 4 half parent conference days; 2 classroom prep. days)	
	22	23	24	25	26	27	28		
	29	30	31						

Assessment Days
Grade Level MAP Testing Window

Totals for the 2017/2018 School Year days; hours;
 Student 177 Days • 177 @ 6 hr. 27 min. (6.45/day) = 1,141.65 hours
 Teacher 210 Days • 177 teaching days, 33 without students (5 days for winter break; 5 days for spring break; 8 holidays; 2 record keeping days; 3 no school days; 8 professional development days; 4 half parent conference days; 2 classroom prep. days)

APPENDIX D: Team Leader Compensation*

*Team Leader Compensation shall be considered a stipend payment and shall be paid Bi-Weekly.

Appendix D

ST. LOUIS PUBLIC SCHOOLS
Team Leader Compensation

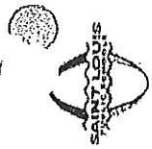
Team Leader Pay

\$1,694

APPENDIX E: Center for Disease Control Guidelines

<https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines.pdf>

APPENDIX F: Professional Nurse Evaluation



PROFESSIONAL SCHOOL NURSE PERFORMANCE EVALUATION

(For Use by Medical Supervisor)
[Page 1 of 3]

St. Louis Public Schools

Employee Name _____

Review Date _____

PROFESSIONAL NURSE STANDARDS		DISTINGUISHED	PROFICIENT	SUFFICIENT	UNSATISFACTORY	NOT APPLICABLE
1. The Professional School Nurse collaborates with educational staff and other staff to coordinate school health programs.						
a.	Communicating and consulting with administrators, medical providers, and community agencies around policies, procedures, program development and services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Developing an assessment, data collection and evaluation of health services and preparing regular written reports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Organizing and implementing state mandates (immunizations, health screening, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Assuring a safe level of health service by assistive personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Developing or maintaining effective health records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Developing programs in the prevention of communicable diseases in the school and/or community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Promoting safety and environmental programs and participating in the development and education of an emergency plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Interpreting health needs in the school and community, serving on School health committees as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Being involved in staff in-services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Using the nursing process, the Professional School Nurse demonstrates the ability to:						
a.	Analyze the health and development status of students, staff and families and provide appropriate health counseling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Develop a nursing diagnosis and implement student health management plans and coordinate with other providers/school personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Provide nursing and/or medically prescribed interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Assess and provide counseling, crisis intervention and appropriate referral services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Facilitate management of communicable disease issues in the school and/or community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Evaluate student response and revise nursing care plan accordingly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Using the nursing process, the Professional School Nurse collaborates with other staff to maximize the health and development of the community.						
a.	Establishing an identification and referral system for students at risk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Participating as a team member when appropriate and with parental consent shares information with other team members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Acting as an advocate for students and families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Identifying and interpreting health needs for inclusion in a student IEP and health management plan if appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Serving as a member of pertinent communities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Participating in staff and student health promotion and wellness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Working with community agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Providing appropriate health education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee Name

Review Date

PROFESSIONAL NURSE STANDARDS		DISTINGUISHED	PROFICIENT	BASIC	UNSATISFACTORY	NOT APPLICABLE
4	The Professional School Nurse makes decisions based on nursing theory by					
a.	Managing the school health services program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Demonstrating current knowledge of school nursing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Participating in school health research as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Collaborating with local schools of nursing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Assuming responsibility for continuing education and professional growth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	The Professional School Nurse assists students, families and staff in school health care and wellness through health education information by					
a.	Identifying need for health education to students/school personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Participating in planning of health in-services for school personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Acting as a resource for health education programs/classes and to the curriculum committee for health education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	The Professional School Nurse participates with community members about school/community health services by					
a.	Serving as a member of the school strategic plan team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Using community and population based data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Applying core public health functions of assessment, assurance, policy development, and evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Using community resources for referral of students with unmet health needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Working with community and acts as advocate in promoting the health of the student population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Professional Responsibility					
	Adherence to:					
a.	Written district policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Building policy					
c.	District discipline policy					
b.	Accuracy with reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Cooperation with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Cooperation with other school personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Working with community and acts as advocate in promoting the health of the student population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	SATISFACTORY Performance earned and in professional standards and growth					
	UNSATISFACTORY Performance (low serious weaknesses and deficiencies)					
	(An administrator will discuss with teacher-supervisor in statement)					
a.	Absence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Number of days in assignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Personal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Late Arrival	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Employee Signature / Date

Evaluator Signature / Date

Comments:

Principal Signature / Date

Evaluator Signature / Date



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St. Louis Public School District

PARENT PERMISSION FOR THE ADMINISTRATION OF OVER-THE-COUNTER MEDICATION

Listed below are nonprescription medications that the nurses can give to students only with parent permission. We hope that using these medications, as needed, will reduce both absenteeism and student discomfort while in school. If a student needs routine medications, other arrangements should be made. Medications will be given in age/weight appropriate doses. You will be informed if nonprescription medications are given to your child.

- Abreva or Carmex topical for cold sores or lesions on face or lips
- Acetaminophen** (Tylenol) for headache and fever
- Albuterol** (see Albuterol order) for emergency use in asthmatic reaction
- Allergy Eye Drops** for itching eyes
- Benadryl** (Diphenhydramine HCL) for allergy symptoms
- Benzalkonium Chloride** or **Bactine** for wound antiseptic
- Benzocaine Sting Wipes** for insect bites and stings
- Blistex** (or generic) – for relief of chapped lips
- Calamine** or **Caladryl Lotion** (or generic) for itchy rash (not to be applied around the eyes)
- Cepacol** or other sore throat spray
- Chloriseptic** throat spray or Listerine mouthwash for relief of sore throat
- Clotrimazole** as an antifungal for skin itch and rash
- Contact Lens Solution (Saline)** for cleansing prescription and non-prescription contact lenses
- Cough Syrup** (non-alcohol based, such as Robitussin) for dry coughs
- Epi pen** (See epi pen order) for emergency use in allergic shock
- Ibuprofen** (Advil, Motrin) for muscle aches and pains, cramps, sinus pain
- Loratadine** (Claritin) for allergies and sinus
- Maalox** (or comparable nonprescription antacid) in liquid or tablet form for stomach upset
- Natural tears** (or any saline eye drops) for eye dryness and/or itching
- Ocean Nose Spray** (or generic saline nasal spray) for stuffy nose or nasal dryness
- Oragel** (or generic equivalent) for temporary relief of mild toothache
- Throat lozenges for cough or sore throat (high school students only)
- Tolnafatate or Clotrimazole as an antifungal for skin itch and rash
- Topical antibiotic or vitamin (A&D) ointment** for minor cuts and scrapes
- Topical Hydrocortisone Cream** for minor skin irritation, minor burns, and rashes (not to be used on the face)
- TUMS** in tablet form for indigestion

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Please fill out this form, giving your permission for your child to get these medications if needed. It will become a part of his or her health file. **If you do not want a certain medication given to your child, cross out the name of the medication on the list above. No nonprescription medications will be given to students whose parents do not complete and return this form.**

PLEASE PRINT:

Child's Name _____ DOB: _____

Allergies _____

Age _____ Grade _____ School _____

Phone: _____ Emergency Phone: _____

Printed name of parent of guardian signing this form: _____

As the parent or legal guardian of the above named child, I give permission for the school nurses/nurse practitioner/physician associated with the School district to give the above named non prescription medications to my child for the conditions indicated (**except for any that I have crossed out**). This will be effective for the 2017-2018 school year.

Parent/Guardian Signature _____ **Date** _____

Nursing Orders for Administration of Over-the-Counter

The nurses of the St Louis Public School District can administer the following over-the-counter items to student when the child's parent and consented, and when the indications listed below for each medication are deemed to be present.

Abreva or Carmex for cold sores or lesions on face or lips. Apply at first sign of symptom. Do not apply in or near eyes or inside mouth. Use up to 3x/daily. Apply with Q tip.

Acetaminophen (Tylenol) for headache and fever:

The liquid Tylenol is 160-mg/teaspoonful. Dose is 10-15 mg/kg or by age one could give:

- 1 teaspoonful for ages 3 years
- 1 ½ teaspoonful for ages 4-5 years
- 2 teaspoonful for ages 6-8 years
- 2 ½ teaspoonful for ages 9-12

Regular Tylenol tablets at 325 mg each. Dose for children over 12 is one or two tablets per dose. Do not repeat for at least 4 hours. Do not give more than two doses in any one school day.

Allergy Eye Drops for itching eyes (not related to possible foreign body):

1-2 drops to affected eye per dose – no more than one dose per school day.

Benadryl (Diphenhydramine HCL) for allergy symptoms

Liquid comes as 12.5 mg/teaspoonful; or 25 mg tablets

For children under 6 years old, give 6.25 mg (1/2 teaspoonful). May repeat dose in 4-6 hours. Do not give more than two doses per school day.

For children ages 6-12 years, give 12.5 mg (1 teaspoonful), May repeat dose in 4-6 hours. Do not give more than two doses per school day.

For children over the age of 12, may give 1 or 2 tablets. May repeat dose in 4-6 hours. Do not give more than two doses per school day.

Be aware that Benadryl may make a child sleepy.

Benzocaine Sting Wipes for insect bites or stings

Use as directed on label.

Benzalkonium Chloride or **Bactine** for wound antiseptic

Use as directed on label

Blistex (or generic) – for relief of chapped lips. Put on Q-tip before applying to lips. Not for use for cold sores. No more than 3-4 times/day.

Calamine or Caladryl lotion for itchy rash (not to be used in eyes)
Apply topically to affected area as needed.

Cepacol or other spray for sore throat. Apply as directed on label.

Chloriseptic throat spray for relief of sore throat. For children aged 3-11, 3 sprays per dose, no more than 2 doses in a school day. For children aged 12+, 5 sprays per dose. No more than 2 doses in a school day. For all ages, hold spray in mouth for 15 seconds, then spit spray out.

Clotrimazole antifungal; 1% cream; Apply twice daily topically as needed in affected area.

Contact Lens Solution (sterile, isotonic/Saline solution), use as directed on package instructions.

Cough Syrup (non-alcohol based such as Robitussin) for dry, non-productive cough:
Use as directed on label

Ibuprofen (Advil, Motrin) for muscle aches and pains, cramps, or sinus pain:
The liquid Ibuprofen is 100 mg/teaspoonful. Dose is 4-10 mg/kg or by age one could give: 1 teaspoonful for ages 3 years
1 ½ teaspoonful for ages 4 - 5 years
2 teaspoonful for ages 6 - 8 years
2 ½ teaspoonful for ages 9-12
Ibuprofen tablets are 200 mg each. Dose for children over 12 is one or two tablets per dose. Do not repeat for at least 4-6 hours. Do not give more than two doses in any one school day.

Loratadine (Claritin) once daily, as needed for allergies and sinus. 5 mg for children aged 2-6; 10 mg for children 6 and above. Do not take more than one dose/day.

Maalox (or comparable nonprescription antacid) for stomach upset:
1-2 teaspoons per dose, OR 1-2 regular strength chewable tablets. May repeat in 3-4 hours.

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Natural tears (or other eye saline solution) for eye dryness and/or pruritus:
2-3 drops to affected eye as needed.

Ocean Nasal Spray(or generic saline nasal spray) for congestion or nasal dryness:
1-2 sprays per nostril as needed

Oragel (or generic equivalent) for temporary relief of mild toothache. Use as directed on label.

Throat lozenges Use as directed for sore throat or cough among high school students only

Tolnafatate or Clotrimazole antifungal; 1% cream; Apply twice daily topically as needed in affected area.

Topical Antibiotic or Vitamin (A&D) Ointment for minor cuts and abrasions:
Use as directed after cleaning wound with soap and water and removing any foreign bodies.

Topical Non-Prescription Hydrocortisone Cream, 1 % for skin irritation and localized itching rashes, to be used sparingly on affected areas once or twice daily; avoid using on the face, not to be used for more than one week.

Tums Use as directed for stomach upset in age 4-11 (one tablet) and 12 and up (2 tablets)

Please feel free to contact me with any questions or concerns you may have.



David C. Campbell, M.D, M.Ed.
Medical Director

Medical Orders for Respiratory Distress:
Albuterol Nebulizer

The following guidelines are to be used by nurses in St. Louis Public School District (SLPS) to respond to children with respiratory distress while at school.

Inhalation/Nebulization Treatment

1. Children with prior history of asthma or reactive airway disease:
 - a. Those with prescribed medication available at school should be given the recommended dosage and reassessed.
 - b. Those who do not have medications available or those who do not respond completely with the prescribed medication may be given one inhalation treatment. A second treatment may be administered if not improved.
 - c. Notify the child's parent/guardian or private physician.
2. Children without prior history of asthma or reactive airway disease:
 - a. Children who develop wheezing at school and are in mild distress may be given one inhalation treatment. A second treatment may be administered if condition does not improve.
 - b. Notify the child's parent/guardian or private physician.
3. Children with or without history of asthma or those who are in severe distress or fail to respond to the above interventions:
 - a. Call 911 to activate the EMS system.
 - b. Epinephrine can be administered according to dosage per weight (see protocol), if indicated.
 - c. Notify the child's parent/guardian or private physician if this has not already been done.

Dosing of Albuterol nebulizer solution for children under 12 is 3 cc vial (0.083%), or 2.5 mg in 3 cc saline of albuterol (trade name Ventolin or Proventil) to be given over 10 minutes. Children over 12 can be given 5mg in 3 cc saline, but since this is not how it is stocked, use two vials of 2.5 mg in 3cc.

Consider administering epinephrine if the student is unable to use SABA because respiratory distress or agitation prevents adequate inhalation from the SABA inhaler device and nebulized albuterol is not available and the exacerbation is **life-threatening**. Administer epinephrine auto-injector in lateral thigh as per local or state epinephrine protocol. Epinephrine is NOT first line treatment for asthma. Albuterol is the treatment of choice. Administration of epinephrine should be rare and is intended to prevent a death at school from a severe asthma attack. Most school nurses will never need to administer epinephrine.



David C. Campbell, M.D., M.Ed.
Medical Director

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July 1, 2018

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To whom it may concern:

We appreciate your ongoing trust in our services. According to our records, your institution has an AED and may be in need of a protocol on the use of Automatic External Defibrillator (AED) machines from iFM Community Medicine (IFM).

In response to potential questions regarding the machine's proper use and maintenance, we are issuing this letter as clarification.

- Every district using the AED policy from IFM must identify a coordinator. Please notify **Stacy LoBello, FNP**; stacy.lobello@ifm-stl.org (314-833-4030) as to the individual who will be assuming this responsibility for the district. This person is responsible for the following tasks:
 - Maintaining full certification (see below)
 - Regular maintenance and cleaning according to manufacturer guidelines
 - Battery changes as stated in manufacturer guidelines
 - Restocking pads and supplies after use
 - Staff training coordination and documentation
 - Complete Incident Report form after use and email to dcampbell@ifm-stl.org
- Any staff likely to use the AED should undergo the following training:
 - American Heart Association or American Red Cross CPR and AED training every 2 years
 - Refresher training every 6 months

Should you have any questions, don't hesitate to contact me.

Sincerely,



David C. Campbell, M.D., M.Ed.
Medical Director
SLPS

Valid 2018-2019 School Year

**Instructions and authorization for treatment of allergic reactions
including severe allergic reactions and acute anaphylaxis**

This order authorizes the nurses of St. Louis Public School District to treat allergic reaction and administer epi pen as necessary.

The following steps should be performed as necessary in the order given:

1. **Keep calm and start treatment promptly.** If you think the allergic reaction is progressing **do not wait for symptoms to subside. Call 911 immediately.**
2. Mild allergic reactions can include
 - Rash
 - Localized itching
 - Nasal congestion and rhinorrhea
 - NOTE: Mild allergic reactions do not spread to other parts of the body
3. For mild allergic reactions, oral Benadryl (diphenhydramine) can be given as follows:

Age 2-5 years old	6.25 mg (one half teaspoon of diphenhydramine solution)
Age 6-11 years	12.5-25 mg (one - two teaspoons of solution, or 25 mg cap)
Age 12 & older	25 mg (one 25 mg capsule)
4. **For moderate or severe generalized reactions including any of the following inject epinephrine immediately, call 911, consider additional medications after epinephrine injection (antihistamine, short acting beta agonist):**
 - LUNGS: Short of breath, wheezing, repetitive cough
 - HEART: Pale, blue, faint, weak pulse, dizzy
 - THROAT: Tight, hoarse, trouble breathing/ swallowing
 - MOUTH: Significant swelling of the tongue, lips
 - SKIN: Many hives over body, widespread redness or itching
 - GUT: Repetitive vomiting, severe diarrhea
 - OTHER: Feeling something bad is about to happen, anxiety, confusion

Epinephrine dose:

For children weighing less than 65 pounds (30 kg) administer one Epipen Jr. (0.15 mg) IM into the anterolateral thigh area.

For children weighing more than 65 pounds (30 kg) administer one Epipen (0.03 mg) IM into the anterolateral thigh area.

If symptoms do not improve, or symptoms return, a second dose of epinephrine can be given about 5 minutes or more after the last dose.

5. If the allergic reaction has been caused by an immunization injection, and is severe, apply an elastic band above the injection site to retard absorption. Do not cuff off circulation to the limb. Check for the pulse after applying the band to make sure the arterial pulse has not been interrupted.
6. **Maintaining an adequate airway is essential.** If the patient's condition warrants, he or she should be transferred immediately by ambulance to the nearest hospital emergency room. All nurses should be prepared to perform cardiopulmonary resuscitation (CPR) if necessary.
7. Lay the patient flat, with feet elevated, and keep warm with a blanket. If respiratory difficulty occurs, head and chest may be elevated slightly. Oxygen may be administered by mask or nasal catheter if available.
8. Lay the person flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side. Carefully monitor and record the patient's condition, including blood pressure, pulse, and respirations until EMS arrives.

St. Louis Public Schools

Page 2 of 2 (Allergic reaction: Oral Diphenhydramine and injectable Epinephrine order)



David C. Campbell, M.D, M.Ed.
Medical Director

Medical Orders for Respiratory Distress:
Albuterol MDI

The following guidelines are to be used by nurses in the St. Louis Public School District (SLPS) to respond to children with respiratory distress while at school.

MDI Treatment

1. Children with prior history of asthma or reactive airway disease:
 - a. Those with prescribed medication available at school should be given the recommended dosage and reassessed.
 - b. Those who do not have medications available or those who do not respond completely with the prescribed medication may be given one MDI inhalation treatment. A second MDI inhalation treatment may be administered if not improved.
 - c. Notify the child's parent/guardian or private physician.
2. Children without prior history of asthma or reactive airway disease:
 - a. Children who develop wheezing at school and are in mild distress may be given one MDI inhalation treatment. A second MDI treatment may be administered if condition does not improve.
 - b. Notify the child's parent/guardian or private physician.
3. Children with or without history of asthma or those who are in severe distress or fail to respond to the above interventions:
 - a. Call 911 to activate the EMS system.
 - b. Epinephrine can be administered according to dosage per weight (see protocol), if indicated.
 - c. Notify the child's parent/guardian or private physician if this has not already been done.

Dosing of Albuterol MDI (trade name Ventolin or Proventil) is one to two puffs every four hours as needed.

Consider administering epinephrine if the student is unable to use SABA because respiratory distress or agitation prevents adequate inhalation from the SABA inhaler device and nebulized albuterol is not available and the exacerbation is **life-threatening**. Administer epinephrine auto-injector in lateral thigh as per local or state epinephrine protocol. Epinephrine is NOT first line treatment for asthma. Albuterol is the treatment of choice. Administration of epinephrine should be rare and is intended to prevent a death at school from a severe asthma attack. Most school nurses will never need to administer epinephrine.



David C. Campbell, M.D., M.Ed.
Medical Director
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