

**SECTION IV:
STUDENTS WITH SPECIAL NEEDS**

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GUIDELINES FOR STUDENTS WITH SPECIAL HEALTHCARE NEEDS

INTRODUCTION

Some students with special needs have conditions that have been diagnosed previous to school entry, others are detected by the teacher, while others become apparent as a result of screening tests, medical and/or psychological examinations at school. Regardless of when or how diagnosis occurs, schools should encourage parents to seek adequate and complete treatment for all conditions so that treatable ones may be corrected or improved. Students receiving special education services as a result of health conditions may stay in the special education program through age 21. When rehabilitation services for students age 18 or over are needed, the Division of Vocational Rehabilitation should be contacted during the student's final year in school to facilitate transition of services.

Every school has among its population students receiving special education services or students identified as learning disabled. A school health program is incomplete if provision is not made for the identification of these students and for the adaptation of the regular school program to meet their needs. Without such adaptation, the physical and mental well being of the student may be further impaired, and the student may be unable to take full advantage of educational opportunities provided by the school.

State laws mandate that a system for screening the general school population be developed in order to identify students who have special needs. Based on screening findings, educational alternatives may need to be considered. A student assistance team will evaluate each individual case and assess the need for an educational plan of alternatives. Educational alternatives may include, but are not limited to, classroom modifications, referral to bilingual programs, reading/tutoring programs, counseling and/or a referral for special education evaluation.

Modifications in the general education school program to the maximum extent appropriate will be made to enable identified students to remain with his/her general class. Assignment to special classes or schools should be kept to a minimum. All students in special classes will be directed to join general classes whenever feasible and when in agreement with the students Individualized Education Program (IEP). The educational placement of students should be periodically re-evaluated to assure that appropriate and timely modifications are made.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

The NM State Board of Education Regulation 90-2 addresses federal and state mandates on special education programs and processes. Additional information may be obtained from the NM Public Education (PED) Standards of Excellence Compliance Manual, which should be available through any school district administrative office.

The IEP is defined in PED regulations as "...a written statement for a child with a disability that is developed and implemented..." The IEP is required to be in place before special education services can be delivered to a student. Each public school is responsible for initiating and conducting meetings for the purpose of developing, reviewing and revising a student's IEP with review meetings occurring at least once a year. Timing of such meetings is left to the discretion of each school, as long as IEPs are in effect at the beginning of each school year. The review meeting may be held on the anniversary date of the student's last IEP meeting.

Public Schools are required to include the following participants in an IEP meeting.

- Representative of the school other than the student's teacher who is qualified to provide or supervise provision of educational services
- Student's teacher
- One or both of student's parent/guardian
- Student when appropriate
- Related ancillary service providers which include registered nurse, occupational therapist, physical therapist, psychologist/psychiatrist, nutritional services, social worker, etc.
- Other individuals at the discretion of parent/guardian or school

In addition, evaluation personnel should be included in the IEP meeting for a child with a disability being evaluated for the first time. The school is responsible for insuring that a member of the evaluation team participates in the meeting or that the representative of the public school, the child's teacher, or some other person is present at the meeting who is knowledgeable about the evaluation procedures used for the child and is familiar with the results of the evaluation.

The PED certified school nurse, as part of the IEP team, provides nursing and medical assessment data and facilitates any additional medical evaluations when necessary. This nurse is responsible for completing the nursing assessment forms in a timely manner in order to facilitate the referral process, and it is a requirement that she/he be included in the IEP process when there are medical issues relevant to the educational process. The school nurse is not responsible for delivery of school health services written into the IEP if she/he was not involved in the development of the plan and did not sign it.

SCREENING TESTS FOR SPECIAL EDUCATION

Vision Screening

Vision screening includes near and distance vision, stereopsis, motility, and color discrimination. Refer to vision screening guidelines in Section III.

Hearing Screening

A pure tone audiometric assessment will be conducted at the following frequencies: 500, 1000, 2000, and 4000 Hz. Refer to hearing screening guidelines in Section III.

Physical Assessment

Best practice indicates that a complete physical assessment be performed by the PED certified school nurse. This includes: height, weight, vital signs, head circumference, as well as neurological screening assessment. Refer to screening assessment Section III.

Health History

Best practice indicates a complete health history be obtained upon enrollment by the PED certified school nurse from the parent or guardian of each special needs student.

FIELD TRIP ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES

Students cannot be denied access to school programs and activities on the basis of their disability; however, parents/guardians can be asked to accompany their children on a field trip, but they cannot be required to do so. School practices that require parents/guardians to accompany their disabled children should be considered under federal and state mandates. Often school districts lack the funding to secure nursing services during the school day, much less during extended hours such as overnight field trips.

The level of nursing or health care services required for a student outside of the classroom is, at a minimum, the same level of care that the student requires during school programs in the classroom. There remain many unanswered legal questions and difficulties in implementing safe services during overnight field trips and other school sponsored events off school property.

Arrangements for overnight and out-of-state field trips should be made on a case-by-case basis, depending on the needs, ages and competency levels of the students, the trip destination, and the availability of responsible adults on the trip. The emergency consent for treatment form kept on file at the school should always accompany the special needs student on any school outing. Creativity in achieving reasonable and safe conditions for these students is a special challenge.

FORMS FOR STUDENTS WITH SPECIAL NEEDS

<http://www.nmschoolhealthmanual.org/resources/forms.htm> , Section IV

Request for Homebound Instruction
Confidential Nursing Report

STATE PROGRAMS FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS

CHILDREN'S MEDICAL SERVICES (CMS):

Children's Medical Services (CMS) is a state agency that provides services for the prevention, diagnosis and treatment of disabling conditions in children in New Mexico. The services provided by CMS to eligible recipients improve health and prevent and reduce the impact of disease and disability in infants, children and adolescents. CMS offices located in most NM counties can be accessed through the following resources.

Children's Medical Services

2040 S. Pacheco St.

Santa Fe, NM, 87505

Phone: 476-8868 or 1-800-890-4692

Fax: 476-8896

Services

- Access to care for children with special health care needs in New Mexico who are ineligible for Medicaid funding and whose families are unable to afford insurance
- Diagnostic evaluations to determine program eligibility
- Case coordination
- Payment of medical services such as primary care, hospitalization, surgery, other prescribed treatments
- Multidisciplinary Pediatric Specialty Outreach Clinics
 - Cleft Lip and Palate
 - Pulmonary/Asthma
 - Genetics (Dysmorphology)
 - Neurology
 - Endocrine
 - Nephrology/Renal
 - Cardiac
 - Metabolic
- Adult Cystic Fibrosis care coordination/medical management
- Increased access to medical homes for children with special health care needs

Eligibility Guidelines

▪ **Medical Eligibility**

- New Mexico residency for children birth to 21 years of age
- Diagnosis or potential diagnosis of a condition listed in CMS Medical Eligibility Guidelines that includes the following categories

Childhood Cancers	Congenital (Internal Organs) Anomalies
Ears, Nose & Throat Disorders	Endocrine Disorders
Gastrointestinal Disorders	Genetic Disorders
Hematologic Disorders	Lead Screening & Treatment
Neurologic Disorders	Ocular Disorders
Plastic Surgery Conditions	Pulmonary Disorders
Renal & Urinary Tract Disorders	Rheumatic Disease
Skin Disease – Chronic	

- **Financial Eligibility**
 - At or below 200% Federal Poverty Level
 - Ineligible for Medicaid funding
 - None for diagnostic work-up

FAMILY INFANT TODDLER PROGRAM (FIT):

The Family Infant Toddler Program provides service coordination for families with children from birth to three years who have or are at risk for a developmental delay.

Services

- Assistance for families in accessing services and funding sources
- Coordination with local developmental assessment team or Early Childhood Evaluation Program (ECEP) when needed
- Advocacy for the child on family's behalf
- Facilitation of the development of additional community resources

Eligibility Guidelines

- **Medical Eligibility**
 - 25% developmental delay or at risk for
- **Financial Eligibility**
 - Free service coordination
 - Medicaid eligible

SAFETY RISKS ASSOCIATED WITH HEALTH/PHYSICAL CONDITIONS

INTRODUCTION

Safety considerations in the school setting should be designed to help students who have health conditions or special needs become as independent as possible, while protecting the individual student's safety and well-being as well as that of the rest of the student body and school staff.

GUIDELINES

- A school support/educational team meeting for students who meet the criteria for 504 placement is the appropriate place to address safety concerns and precautions that should be taken with each individual student. For special education students, these concerns are addressed in the IEP conference or annual review. All educational team members, including the school nurse, administrator and parent/guardian, should participate. Risk factors must be determined on a case-by-case basis and documented on the IEP. Obtain written guidelines in the Individualized Healthcare Plan (IHP) outlining when, where, how often, how much, and under what circumstances special supervision, physical assistance and/or use of protective equipment is needed. An Individualized Emergency Evacuation Plan should be written if indicated. All safety precautions will be posted in the student's classroom so that the information is readily available.
- Students with poorly controlled seizures or ataxic gait may need to wear a helmet during recess, when traversing the campus or when not working in an instructional situation. Each student should be carefully evaluated for the need to use wheelchairs, walkers, helmets, or other protective devices at any time during the school day. Aisle space and floor surface must be evaluated for adaptations needed for safe operation of all prosthetic and ambulating equipment.
- Use of playground equipment is another important consideration. Physically impaired students and students with poorly controlled seizures may need to use only low playground equipment under the direct and constant supervision of an adult.
- Procedures to protect the health, safety and well being of students during off campus activities i.e., field trips, swimming, therapeutic horsemanship, and community based work experience - must also be addressed. If the student is in special education these procedures must be addressed at the IEP conference.

PERSONAL HYGIENE PROGRAM

INTRODUCTION

Care and cleanliness of the entire body including skin, hair, nails, and clothing to promote good health and a pleasing appearance are all part of a personal hygiene program. Although all students should be aware of personal hygiene especially in the adolescent years, special needs students may require additional attention to personal hygiene issues.

GUIDELINES

- Personal hygiene and good grooming skills are essential to the development of good health habits and self esteem. They should be incorporated into the special education student's IEP goals. Such goals are recognized as an important part of the activities of daily living.
- Goals for teaching students such skills as cleaning after bowel or bladder accidents, bathing, cleaning and trimming nails and shampooing hair must be included in the special education student's IEP and signed by the parent/guardian.
- Any equipment and supplies of a personal nature, e.g. comb, shampoo, soap, towel, and nail clippers are the responsibility of the parent. Each student must have his or her own personal care items. However, when the situation occurs that clearly indicates that a student does not have access to such supplies, it is often the school nurse who comes to the rescue.
- The school nurse should be used as a resource person in establishing and implementing personal hygiene goals.

CHRONIC HEALTH CONDITIONS AND SYNDROMES

ASTHMA

DEFINITION: Asthma is a chronic condition in which airflow in the bronchial tubes becomes periodically obstructed, making breathing difficult. Obstruction can be caused by bronchospasms (tight contraction of the respiratory muscles around the bronchi), by swelling and inflammation of the membranes lining the bronchi and by plugging of the tubes with thick, sticky mucus produced by the bronchial gland.

The chart below indicates how asthma may be characterized by observing symptoms.

	Days with Symptoms	Nights with Symptoms	Peak Flow % Normal
Severe Persistent	Continual	Frequent	<60%
Moderate Persistent	Daily	> 4 per month	60% to 80%
Mild Persistent	> 2 per week	3 to 4 per month	>80%
Mild Intermittent	</- 2 per week	</- 2 per month	>80 %

GUIDELINES

- School nurses may access a broad selection of school focused resources for the care of students with asthma at http://www.health.state.nm.us/eheb/asthma_schoolhealth.shtml . A resource manual, *Managing Asthma in New Mexico Schools*, located on this web site offers advice, guidance and educational materials for different categories of school staff, from school nurses to bus drivers, to support students with asthma in the school setting.
- The Public Education Department (PED) licensed school nurse should assume the following responsibilities when creating a follow-up plan for students diagnosed with asthma. In addition to the asthma management manual, additional tools to assist in carrying out these responsibilities can be found at <http://www.nmschoolhealthmanual.org/resources/forms.htm> , **Section IV** .
 - Obtaining a complete asthma health history
 - Obtaining health care provider’s recommendations for care in the school setting
 - Completing a nursing assessment
 - Developing an Individualized Healthcare Plan (IHP)
- Documentation of any asthma episode should include the following information.
 - Time of onset of symptoms
 - All presenting symptoms
 - Peak flow meter readings: (See Asthma Action Plan tool for peak flow measurement procedure)
 - Green Zone – 80% or more of best peak flow*
 - Yellow Zone – 50% or more of best peak flow*
 - Red Zone – less than 50% of best peak flow*
 - Response to medication given
 - Care outcome
- The school nurse can help reduce staff and peer anxiety level regarding students’ needs by including the following information in education sessions.
 - Definition of asthma
 - Common triggers and ways to minimize exposure to them in the classroom

- Early warning signs of an asthma attack/episode
 - Need for prompt, calm treatment when an attack/episode occurs
 - Student needs for a flexible educational program for academic and physical education successes
 - Encouragement for full participation in all academic, physical education and extra curricular activities
- It is recommended that the school emergency action plan include identification of CPR certified personnel.
 - A student experiencing repeated episodes, inability to tolerate physical activity, school absences, emergency room visits and hospitalizations suggest inadequate medical management. Referral to the primary care provider and asthma specialist may be indicated.

NASN POSITION STATEMENT

The use of Asthma Inhalers in the School Setting
<http://www.nasn.org/Portals/0/positions/2005psinhalers.pdf>

ASTHMA FOLLOW-UP & MANAGEMENT TOOLS

<http://www.nmschoolhealthmanual.org/resources/forms.htm> , Section IV

Asthma Action Plan
 Asthma Management: Initial Assessment
 Letter to Physical Education Instructor
 Stepwise Approach for Managing
 Your Peak Flow Meter
 Strategies for Addressing Asthma
 School Nurse Assessment Tool

ASTHMA EMERGENCY ALGORITHM

http://www.nmschoolhealthmanual.org/shm_08.pdf

NEW MEXICO ASTHMA MANUAL

Managing Asthma in New Mexico Schools
http://www.health.state.nm.us/eheb/asthma_schoolhealth.shtml

ATLANTOAXIAL SUBLUXATION

DEFINITION: A separation at the axis of the first cervical vertebra and odontoid process. If separation exists to a great enough degree, usually 4.5 mm or more, compression of the spinal cord could occur during hyperextension, hyperflexion or pressure of the head, neck or upper spine.

INDICATIONS: In 1984 the American Academy of Pediatrics (AAP) came out with a position statement recommending radiologic screening of the cervical vertebrae in children with Down Syndrome. In 1995 the AAP retired their 1984 position statement after reviewing the evidence regarding the efficacy of radiologic studies.

Basically, the findings from x-rays of the neck are not consistently reproducible. Furthermore, radiologic evidence of subluxation has not been associated with subsequent neurologic problems. Rare but serious neurologic problems have developed in a few Down Syndrome children with prior normal x-rays with or without involvement in sports activities. Therefore, the decision to obtain cervical x-rays in the asymptomatic student is made by the primary care provider and parents. It is no longer routine for all Down Syndrome students to have cervical x-rays prior to sports activity.

What seems to more reliably predict subsequent serious sequelae is subtle neurologic signs and symptoms. Some of the children who have suffered long term neurologic deficits had a prior history of changes in gait, torticollis, neck pain, enuresis, progressive hemiparesis, increased lower extremity tone, and upgoing toes on neurologic exam.

GUIDELINES:

- Parents of students with Down Syndrome should be educated regarding the rare but serious complication of neurologic deficits associated with slippage of the atlantoaxial joint. The early signs may be neck pain, torticollis, gait disturbance, lower extremity weakness and spasticity. Children experiencing these symptoms should be evaluated promptly by a physician familiar with this potential complication. Children who have none of these symptoms should be able to fully participate in sports.
- Down Syndrome students with positive x-rays may be excluded from certain activities that may cause injury to their spinal cord.
- Management of students with positive x-rays will be in accordance with their physician's recommendations.
- The PED licensed school nurse is responsible to complete a nursing assessment and develop an Individualized Healthcare Plan as needed. (See Individualized Healthcare Plan section in this manual.)

ATTENTION DEFICIT HYPERACTIVITY DISORDER

DEFINITION: Attention deficit hyperactivity (ADHD) disorder is a neuro-developmental dysfunction characterized by a variety of manifestations often including more than one of the following.

- lack of selectivity in attending to stimuli
- impaired focus
- constant activity
- sleep disturbances
- short attention span
- distractibility
- inattention
- impulsiveness
- performance inconsistency

GUIDELINES:

- Obtaining a full clinical picture of the student, along with distinguishing symptoms of age appropriate behaviors in active children, is essential to achieving an accurate diagnosis. Teacher and staff observations provided to the physician would be helpful in determining correct diagnosis and treatment.
- A combination of treatments that would include stimulant medication, behavior management (both at home and at school), appropriate educational intervention and parent counseling is thought to be the most successful approach.
- When medication works it increases efficiency within the central nervous system, promoting a longer attention span and an increased tolerance to distraction. The school nurse needs to be active in monitoring side effects (including height, weight, and blood pressure) and effectiveness of medication prescribed. Results are generally apparent within the first week of therapy.
- Specific ways to assist the student who has ADHD include:
 - Prepare the student ahead of time for changes in routine or special events.
 - Provide appropriate ways for the student to extend physical energy.
 - Minimize situations involving excessive noise, disorganized activity, unstructured time and classroom distractions
 - Build the student's self esteem
- Most students with ADHD are diagnosed in early childhood. Behavioral issues at all ages should be carefully evaluated for learning disabilities, undiagnosed closed head injury, mental health issues and family problems.

BRONCHOPULMONARY DYSPLASIA

DEFINITION: A chronic lung disease, possibly related to oxygen toxicity or lung trauma from positive pressure ventilation in infancy, characterized by bronchiolar cell change and development of fibroid tissue to replace damaged lung tissue (metaplasia and interstitial fibrosis). Most infants suffering from this disorder recover near normal lung function by age one. Others require prolonged hospitalization, oxygen dependency, diuretics, digitalis and chest physiotherapy. Right heart failure and lung infections may result. For most students, long-term prognosis is excellent.

GUIDELINES:

- The school nurse must obtain medical reports regarding the student's current heart and lung status. All special health needs of the student should be addressed in a written Individualized Healthcare Plan. (See Individualized Healthcare Plan Section.)
- All medication and special health services will be administered by the school nurse or in accordance with the guidelines for delegation of specialized health services.
- Students with a history of bronchopulmonary dysplasia are susceptible to lower respiratory infection, pneumonia and symptoms of respiratory distress, including labored breathing and cyanosis. Every effort should be made to minimize exposure of the student to ill students or school personnel. Strict hand washing procedures and sanitation practices should be observed in the classroom.

CEREBRAL PALSY

DEFINITION: Cerebral palsy is a comprehensive term used to designate a group of nonprogressive disorders resulting from malfunction of the motor centers and pathways of the brain. Although there are varying degrees and clinical manifestations of cerebral palsy, it is generally characterized by a movement disorder, paralysis, weakness, lack of coordination and/or ataxia. Spasticity refers to impaired motor activity because of disharmony of motor movements. Extremities may have an overextended or clenched appearance with rigidity. Athetosis is characterized by uncontrollable, jerky, irregular, twisting movements. Ataxia is characterized by an inability to achieve balance or awkwardness in maintaining balance, with associated gross and/or fine motor incoordination.

GUIDELINES:

- The school nurse should assist school personnel in evaluating the student's need for specific safety measures in the classroom and help to modify the classroom environment to meet those needs.
- Students may have accompanying health problems such as seizures, respiratory needs, etc. which must be addressed. Current medical records should be requested. All special needs should be addressed in a written Individualized Healthcare Plan. (See Individualized Healthcare Plan Section of this manual.)
- Students may have nutritional needs, including the need for increased calories due to constant movement. Feeding problems must also be addressed.
- A program for facilitating exercise, bone health and muscle function needs to be coordinated by the school physical and occupational therapists.
- Proper positioning in the classroom is essential to promote respiratory function, visual efficiency, learning and general well-being. Wheelchairs and adaptive equipment must fit properly.
- Proper lifting techniques are important to the safety of the student and school personnel. (See Lifting Techniques found in this section.)

DEAF AND HARD OF HEARING

DEFINITION: Hard of hearing occurs when there is a hearing loss in speech frequencies of over 20 decibels and the loss of auditory acuity delays inhibits or prohibits the development of speech, language and academic achievement. Deafness refers to a hearing impairment so severe that the student is unable to learn primarily by the auditory channel even with a hearing aid. Conductive hearing loss refers to an impairment in the method of conducting sound waves to the cochlea of the ear because of blockage of sound waves by wax in the external ear, fluid behind the ear drum, damage or scarring of the ear drum or dislocation or disturbance of the bones in the middle ear. It is usually medically treatable. Sensorineural hearing loss refers to malfunction of inner ear apparatus or 8th cranial nerve damage. It is medically irreversible.

GUIDELINES:

- The PED licensed school nurse should identify students with suspected hearing impairments through school screening tests, clinical and behavioral observations and ear/hearing loss history. Students suspected of having a hearing loss should be referred to an audiologist for a complete hearing evaluation. The school nurse and the audiologist should work together to see that the student is referred for appropriate treatment. Medical records should be requested, including the physician's and/or audiologist's treatment plan and recommendations for management in the classroom. The audiologist may also make educationally relevant recommendations. The school nurse can assist in seeing that these recommendations are understood and carried out in the classroom.
- The school nurse and the audiologist should work out an appropriate plan for monitoring the student's hearing, middle ear status and hearing care needs. If hearing aids are prescribed, proper care and maintenance procedures must be established. A malfunctioning aid can cause the student to become disinterested in its use and will effect classroom performance. A cochlear implant, an electronic prosthetic replacement which transmits sound by the use of a microphone placed on the ear can also be utilized to assist the student to understand. The implant is surgically inserted behind the ear on the mastoid process of the temporal bone.
- All special education services available to the student should be explored.
- School personnel should be aware that controversy exists regarding intervention strategies for students with a hearing loss. Speech may be learned using a multisensory approach using visual, tactile, kinesthetic and auditory stimulation. The student may use visual clues as the main mode of communicating. It is helpful to look directly into a student's eyes when speaking to the student. Knowledge of general philosophies and training techniques of each individual student is imperative.
- Students with hearing impairments need to become as independent as possible and participate in school activities to the optimum extent of their ability. At the same time, students must be protected from safety hazards which they may not recognize because of their hearing loss. Members of the educational team should work together to develop an educational plan which will foster the achievement of educational goals and protect the student's safety and well being. The degree of supervision required in each situation should be carefully evaluated.
- Emotional support and referral to helpful community agencies should be provided as needed.
- Any safety concerns should be addressed in a written Individualized Healthcare Plan.

DIABETES MELLITUS

DEFINITION: Diabetes Mellitus encompasses a group of chronic metabolic conditions characterized by hyperglycemia/hypoglycemia resulting from defects in insulin secretion by the body, insulin utilization in the body, or both. Several pathogenic processes are involved as an individual is developing diabetes. These processes range from auto-immune destruction of the pancreatic beta cells that produce insulin deficiency to metabolic abnormalities that result in body resistance to insulin utilization. The basis of these abnormalities in carbohydrate, fat, and protein metabolism in diabetes is deficient utilization of insulin which can result from inadequate or absent insulin secretion and/or diminished tissue responses in insulin or insulin resistance.

Diabetes is one of the most common chronic diseases of childhood and is categorized as Type 1 (formerly insulin dependent or juvenile onset diabetes) or Type 2 (formerly adult onset or non-insulin dependent diabetes). Both types are seen in children and adolescents. Generally, individuals with Type 1 diabetes present with acute symptoms of polydipsia, polyphagia, polyuria and weight loss, while the onset of Type 2 can be less dramatic. Although, as blood sugar and A1C levels become elevated there is frequent history of polyuria, polydipsia and weight loss with Type 2 diabetes. Once thought to be a disease of older individuals, Type 2 diabetes in children and adolescents has increased dramatically in the last decade.

GUIDELINES:

- A complete and detailed guide specific for New Mexico school personnel, *Helping the Student with Diabetes Succeed*, along with three levels of training curriculum modules is available for school nurses at <http://www.nmschoolhealthmanual.org/resources/forms.htm> , **Section IV**. In addition, standing orders signed by the DOH Regional Health Officers for delegating care tasks in the management of students with diabetes in the school setting is available at http://www.nmschoolhealthmanual.org/shm_15.pdf .
- The school nurse is the most appropriate person in the school setting to provide care management for a student with diabetes. The need for all school staff awareness should be evaluated and educational needs met accordingly.
- Classroom staff should be educated to observe diabetic students for signs and symptoms of diabetes stress and to assist students with diabetes care and self management under the guidance of a nurse.
- Diabetic students should be monitored for nutritional status.
- Good hygiene practices should be addressed to help prevent infection in students with diabetes.
- Independence in self care should be encouraged and fostered to maximize the diabetic student's abilities and interaction with peers. As a team the student, primary care provide, parent/guardian and school nurse can assess the student's readiness to engage in self-management and act accordingly
- Emotional support should be offered to students and parents by the school nurse and staff along with referral to appropriate community agencies as needed.

- Depending on level of ability to self-treat, the diabetic student in New Mexico has the right to carry glucose monitoring equipment, routine self-treatment medications and a quick acting form of glucose to treat hypoglycemia. See New Mexico Administrative Code at <http://www.nmcpr.state.nm.us/nmac/parts/title06/06.012.0008.htm> for these regulations.
- For students using insulin pumps, the school nurse should verify the student's competency to operate the pump and should assure that a back-up system is in place should the pump needle become dislodged or the pump malfunction. The insulin pump is not an artificial pancreas. Rather, it is a computer-driven device that delivers fast-acting insulin in precise amounts at pre-programmed times. The infusion site, usually in the abdomen is moved every 2 to 3 days. Several different models of pumps exist.

TOOLS FOR CARE MANAGEMENT IN THE SCHOOL SETTING FOR STUDENTS WITH DIABETES

<http://www.nmschoolhealthmanual.org/resources/forms.htm> , Section IV

Diabetes Emergency Response Plan

Diabetes Care Plan

Carbohydrate Counting Worksheet

Delegation of Care by the School Nurse

DIABETES EDUCATION & TRAINING CURRICULUM MODULES FOR SCHOOL STAFF

<http://www.nmschoolhealthmanual.org/resources/forms.htm> , Section IV

DOWN SYNDROME

DEFINITION: Down Syndrome, also known as trisomy 21, is one of the most common chromosomal abnormalities in humans occurring in approximately 1:800 live births. It is characterized by varying degrees of mental retardation and associated physical defects and difficulties. These include heart defects, frequent respiratory and ear infections, conductive hearing loss, low thyroid hormone levels, vision problems and obesity. Atlantoaxial instability is present in 10 to 20 percent of these students. (See atlantoaxial subluxation in this Section.)

GUIDELINES:

- The PED licensed school nurse is responsible for:
 - obtaining a complete health history;
 - obtaining medical reports providing the physicians recommendations for care in the school setting;
 - complete nursing assessment and development of an Individualized Healthcare Plan.
- Assessment of the student should including the following:
 - growth (charted on Down syndrome growth charts);
 - current status and effects of any congenital abnormalities;
 - elimination patterns;
 - current treatment for thyroid dysfunction if any;
 - auditory and visual acuity;
 - dental practices and concerns;
 - motor development;
 - cognitive development;
 - nutrition concerns;
 - orthopedic concerns.
 - immunization review (pneumococcal, Hepatitis B and influenza vaccines are strongly recommended).

DUCHENNE'S MUSCULAR DYSTROPHY

DEFINITION: Muscular Dystrophies are a group of hereditary disorders characterized by progressive atrophy and weakness. Duchennes is a severe form of muscular dystrophy and affects predominately boys. Difficulty in walking is apparent in early childhood progressing to further muscle degeneration. Cardiomyopathy is a feature of this disease along with intellectual impairment. The degenerative changes including the fibrosis of muscle are a painless process. Death occurs at around 18, usually resulting from respiratory failure, intractable congestive heart failure, pneumonia or aspiration/airway obstruction.

GUIDELINES:

- The SDE licensed school nurse is responsible for:
 - obtaining a complete health history;
 - obtaining medical reports providing the physician's recommendations for care in the school setting;
 - complete nursing assessment and development of an Individualized Healthcare Plan (see Individualized Healthcare Section of this manual).
- Specific areas of medical management that would be addressed in a Healthcare Plan include:
 - a student's physical endurance with consideration in modifying the school day;
 - possible classroom modification due to mobility problems and a need for assistive equipment (walker, wheelchair);
 - implementation of an emergency evacuation plan.
- The student's involvement in their treatment and continued age appropriate education regarding the disease is important, along with and including the student's support system.
- School personnel should use a team effort to design activities that will achieve the educational goals and student success.

EATING DISORDERS (Anorexia, Bulimia)

DEFINITION: Anorexia Nervosa is a disorder characterized by reduced body weight through caloric restriction when no actual loss of appetite occurs. The condition is marked by the determination to become as thin as possible, even in the face of life-threatening malnutrition. Bulimia refers to compulsive and recurrent binge eating of huge amounts of food. If it is accompanied by purging with vomiting or the use of laxatives, it is described as a syndrome and labeled “bulimia nervosa”.

GUIDELINES:

- It is important for the PED licensed school nurse to understand that a nonjudgmental attitude is very important when interviewing a student regarding food issues.
- Anorexia Nervosa and Bulimia Nervosa are both serious conditions that require professional help. It is not uncommon for students with Anorexia and Bulimia to require hospitalization for management of medical complications. There is significant risk of suicide for both conditions.
- It is recommended that the school nurse:
 - assess the student’s current physical and nutritional status including weight/diet history, reproductive and menstrual information, and psycho-social history;
 - work with student and other disciplines to form an optimal treatment approach;
 - monitor student’s progress in dealing with eating behaviors and nutritional health;
 - refer student for additional services as indicated;
- The school nurse should note any family history of eating disorders or chemical dependency as family history is a risk factor for these disorders.
- Criteria used for diagnosing:
 - Anorexia Nervosa
 - Refusal to maintain a minimal normal body weight. The patient loses weight resulting in a weight 15% below that which would be expected for age and height.
 - Intense fear of gaining weight or becoming fat, even though the patient is underweight.
 - Body image disturbance - patient feels fat even when emaciated.;
 - In females, absence of three consecutive menstrual cycles in an otherwise normally menstruating female.
 - Bulimia Nervosa
 - Recurrent episodes of binge eating (rapid consumption of large amounts of food in a discrete period of time).
 - Feeling a lack of control over eating behavior during the eating binges.
 - Patient regularly engages in self-induced vomiting, use of laxatives and/or diuretics, strict dieting, fasting or vigorous exercise in order to prevent weight gain.
 - Persistent over-concern with body shape and weight.
- Physical assessment of a student with an eating disorder may be perfectly normal since physical symptoms do not occur until later in the disease.
- In assessing the status of a student who has a possible eating disorder, take into account the student’s health history, objective observations and any distress the student expresses about his/her weight and/or eating behaviors. Be aware that the anorexic individual may try

to deny or minimize the problem, and the bulimic student may either deny the problem or be quite distraught at their lack of control over the situation.

- Eating disorders are a chronic condition and treatment is a long-term process. In the school setting students with severe Anorexia and Bulimia can attract considerable attention from their peers. This can be disruptive for the school community and difficult for the student and their family. Students with eating disorders should be treated like other students with chronic medical conditions. Confidentiality of patient records and health information is critical. All special needs and interventions should be addressed in a written Individualized Healthcare Plan. (See Individualized Healthcare Plan section of this manual.)

HEART CONDITIONS

DEFINITIONS: A congenital heart defect is a structural malformation of the heart or main blood vessels that is present at birth. It may be asymptomatic and benign or symptomatic and accompanied by such symptoms as cyanosis, respiratory problems, anorexia, poor growth, and/or fatigue. Some examples of congenital heart defects are pulmonic valvular stenosis, coarctation of the aorta, patent ductus arteriosus (PDA), atrial septal defect (ASD), ventricular septal defect (VSD), Tetralogy of Fallot, transposition of the great arteries and tricuspid atresia. Congestive heart failure occurs when the cardiac output is inadequate to meet the metabolic demands of the body and results in accumulation of excessive blood volume in the pulmonary and/or systemic venous system. Pulmonary edema (fluid in the lungs) and inadequate oxygenation may result. This is not common in children. Sudden cardiac arrest can occur in the event that a child has an undiagnosed congenital heart defect.

GUIDELINES:

- The PED licensed school nurse is responsible for:
 - obtaining a complete health history;
 - obtaining medical reports providing the physicians recommendations for care in the school setting;
 - complete nursing assessment and development of an Individualized Healthcare Plan.
- Observe for abnormal sign and symptoms such as:
 - exercise intolerance;
 - poor appetite or fatigue during eating;
 - dusky, mottled or cyanotic skin, lips, mucous membranes, ear lobes or nailbeds;
 - failure to thrive.
- Monitor nutritional and fluid intake to assure adequate amounts are consumed to maintain growth and development.
- Practice proper procedures for preventing the spread of communicable diseases in the classroom. Every effort should be made to minimize close or prolonged exposure to ill students or school personnel.
- Personnel working directly with the student may need to be certified in CPR.

JUVENILE RHEUMATOID ARTHRITIS

DEFINITION: Juvenile rheumatoid arthritis (JRA) is a childhood acquired autoimmune inflammatory disease with systemic involvement. Management of the disease is challenging due to its unpredictable and episodic periods of severe/acute exacerbations alternating with sudden remissions. The onset presents in three different forms: systemic onset, multijoint (polyarticular JRA), or onset in one to four joints (pauciarticular JRA). With any of these, remissions may extend from several months to years. During the acute phase, the student may experience pain and limited range of motion along with fever, fatigue and stiffness. Children with JRA can have asymptomatic iritis which can lead to blindness. Yearly evaluation by an ophthalmologist is recommended.

GUIDELINES:

- The PED licensed school nurse is responsible for:
 - obtaining a complete health history;
 - obtaining medical reports providing the physicians recommendations for care in the school setting;
 - complete nursing assessment and development of an Individualized Healthcare Plan.
- Students may require the following intervention depending on what phase (acute or non-acute) of condition:
 - medication management to reduce inflammation and pain;
 - assistance with daily living activities including dressing, toileting, eating, carrying belongings, etc.;
 - use of brace or splint to support joints and prevent contractures;
 - physical or occupational therapy;
 - use of support systems such as assistive technology and adaptive PE.
- The student's involvement in their treatment and continual age-appropriate education regarding the disease is important. Including the student's support systems is recommended.
- School personnel should use a team effort to design activities that will achieve the educational goals and student success.
- It is recommended that students on aspirin therapy receive influenza vaccine annually.
- Healthcare providers monitoring children on aspirin therapy should be aware of the following information.

Note: The FDA (federal register 4/17/2003) issued a final rule to amend its regulations to revise the Reye's syndrome warning required for oral and rectal over-the-counter(OTC) human products containing aspirin and to require a warning on OTC drug products containing aspirin salicylates as active ingredients. The revised warning will inform consumers of the symptoms of Reye's syndrome and advise that aspirin and non aspirin salicylate drug products should not be given to children or teenagers who have or are recovering from chicken pox or flu-like symptoms. The final rule also finalizes FDA's notice of proposed rulemaking to require a Reye's syndrome warning for orally administered OTC drug products that contain bismuth sub-salicylates for relief of symptoms associated with overindulgence in food and drink.

KIDNEYS OR URINARY TRACT CONDITIONS

DEFINITIONS: Urinary tract infection refers to an infection of the urethra, bladder, ureters and/or kidneys which may be caused by an organism or obstruction. Nephrosis refers to a degenerative disease characterized by edema and secretion of abnormal amounts of protein, fats or albumin in the urine. Glomerulonephritis refers to inflammation of the kidneys caused by an antigen-antibody reaction following an infection. Congenital abnormalities of the urinary tract refer to abnormalities present at birth. They may or may not be correctable by surgery. Hypospadias is one common abnormality in males and is characterized by malposition of the urethral opening. Ileal conduit (ileoloop) is the anastomosis of one or more ureters to the ileum (small intestine) which then serves to carry urine to the external body surface on the abdomen where it is excreted into a collection bag.

GUIDELINES:

- Current medical reports should be obtained, including physician's plan for medical care and recommendations for management of the student in the school setting.

- All procedures will be performed by the school nurse or school personnel who have been designated and trained to perform the procedures with the indirect supervision of the school nurse. All special needs should be addressed in a written Individualized Healthcare Plan. (See Individualized Healthcare Plan section of this manual.)

MYELOMENINGOCELE (SPINA BIFIDA)

DEFINITION: Myelomeningocele (spina bifida) is a congenital malformation of the spine in which the posterior portion of the laminae of the vertebrae (neural tube) fails to close, causing an opening through which the spinal cord and/or cord membranes (meninges) protrude into a cyst filled with spinal fluid and covered with skin. It is usually surgically corrected in the neonatal period, but leaves the student with associate neurological, orthopedic and urologic problems. This can be manifested by development of hydrocephalus, loss of motor control and sensation below the level of the defect, muscle contractures, development of scoliosis, bladder incontinence and susceptibility to urinary tract infection stemming from incomplete emptying of the bladder, bowel incontinence, skin breakdown, overweight stemming from lack of activity, and possibly developmental problems.

GUIDELINES:

- The PED licensed school nurse is responsible for:
 - obtaining a complete health history;
 - obtaining medical reports providing the physicians recommendations for care in the school setting. Recommendations would include bowel and bladder management, diet, skin care, etc.;
 - complete nursing assessment and development of an Individualized Healthcare Plan.
- A multidisciplinary team approach to educational intervention involving the school nurse, occupational and physical therapists, speech/language therapist, classroom teachers and parents is recommended.
- Students may need the following interventions:
 - frequent diapering;
 - intermittent catheterization;
 - bowel management program;
 - special diet;
 - medications;
 - monitoring a V-P shunt if present;
 - monitoring prosthetic equipment;
 - addressing safety concerns including emergency evacuation; and
 - special training in self-care.

SEIZURES

DEFINITION: Epilepsy is a common neurological condition. It is the general term for more than 20 different types of seizure disorders. These seizures occur when there is a sudden, excessive electrical discharge within the cerebral cortex. The specific manifestations of the seizure are dependent upon the area of the cortex involved as well as the rate and progression of the discharge.

Generalized Tonic-Clonic (Grand Mal): An aura may occur prior to onset of seizure. Symptoms include loss of consciousness, sustained muscle contraction and rigidity of extremities and trunk (tonic) that alternates with rhythmic jerking, and flexor spasm of extremities (clonic). Shallow breathing, suspended breathing, incontinence of urine and/or stool may occur and usually lasts a couple of minutes. Normal breathing then starts again. A postictal state may include deep sleep, disorientation, confusion, and short-term memory loss and last several hours..

Absence (Petit Mal): A brief lapse of awareness without loss of consciousness lasting only a few seconds. The student has a blank stare and minor motor movement may be present. Student may be unaware of the seizure and resume previous activities as if nothing happened.

Simple Partial: The student stays awake and aware with no loss of consciousness. Focal motor activity is present. The following symptoms could occur: somatosensory (headache, pins & needles sensation, metallic taste), autonomic (flushing, sweating, salivation), and/or psychic (experience distorted environment, see or hear things that are not there).

Complex Partial (Psychomotor or Temporal Lobe): The following symptoms may occur: impaired consciousness, repetitive automatic behavior, may seem dazed and mumble, and actions may be clumsy and not directed. Student may experience postictal confusion or sleep and have no memory of what happened during seizure period.

Atonic (Drop Attacks): A sudden loss of muscle tone or collapse. After 10 seconds to a minute the student can recover, regain consciousness, stand and walk again.

Myoclonic: The student may exhibit a brief bilateral flexor jerking of arms and dropping of the head. The legs may also be involved. There is usually no loss of consciousness.

Status Epilepticus: A student may exhibit a generalized Tonic-Clonic seizure lasting more than 15-20 minutes. An episode of repeated seizures that occur without regaining consciousness between attacks which lasts longer than 30 minutes is also considered status epilepticus.

Anoxic Seizures: Seizures severe enough to interfere with normal breathing and cause symptoms of total oxygen deprivation. A prolonged seizure may result in cardiac arrest.

Seizures are sudden, basically unpredictable and can be caused by a variety of factors. The following are factors that may trigger a seizure:

- Hormonal factors such as the menstrual period, puberty and menopause.
- Nonsensory factors such as hyperthermia, hyperventilation, metabolic disorders, sleep deprivation, illness, and emotional and physical stress.
- Sensory factors such as those related to visual stimulation from flashing lights, auditory stimulation and startle reflex to sudden loud noise, touch or self induced.

GENERAL GUIDELINES:

Appropriate intervention with seizure activity in a student should be performed by the school nurse or other school personnel who have been designated and trained by the PED licensed school nurse to follow procedures as directed by the school nurse.

- The PED licensed school nurse is responsible for monitoring the student with a seizure disorder. Any change in the behavior or mental state of the student observed by school staff should be reported to the school nurse; seizures can be serious and unpredictable.
- Students who require seizure medication during the school day must have physician and parent/guardian authorization. This and any other specialized health service or precaution, including an Individualized Medical Emergency Plan, must be addressed in a written Individualized Health Management Plan.
- Interventions to protect the student during a seizure include the following.
 - If possible, ease the student to the floor or ground. Do not attempt to carry a student from the classroom or playground once a seizure has begun.
 - Clear the area around the student.
 - DO NOT restrain the student. If necessary protect the student's head and extremities from hitting hard objects or the floor by placing a folded blanket or your hand/arms under the student's head, arms or legs.
 - Loosen clothing around student's neck.
 - Turn the student to one side, or turn head to one side so that saliva or vomitus can flow out of the mouth.
 - DO NOT attempt to place a padded tongue blade, gag, or fingers, etc. into student's mouth or force open clenched teeth.
 - Remain with the student until movements stop and the student relaxes.
 - Clean student's face, move to a more appropriate location if necessary and change clothing if indicated.
 - Allow student to rest in a quiet area of the classroom. If the student has not sufficiently recovered in a reasonable length of time, the student should be sent home with adult supervision, preferably a parent/guardian.
 - Continue to observe student for reoccurrence of a seizure.
 - Notify the school nurse and parent/guardian of each seizure occurrence according to the procedure established in the student's Individualized Health Management Plan.
 - Record seizure and all appropriate information on the student's health room record, date and sign.
 - Provide emotional support to the student, family, classmates, and staff as needed.

- See <http://www.nmschoolhealthmanual.org/resources/forms.htm> , Section IV for sample documentation tools for seizures.

GUIDELINES FOR ANOXIC SEIZURES OR STATUS EPILEPTICUS:

- Implement Individualized Medical Emergency Plan or Individualized Health Management Plan.
- Activate EMS for students with the following:
 - seizure with respiratory compromise.
 - first time seizure or no known seizure activity.
 - seizure lasting longer than 5-10 minutes.
- Administer oxygen if indicated and previously ordered. (See procedure for Oxygen Administration in this section.)
- Suction if indicated and previously ordered. (See procedure for Suctioning in this section.)

TOOLS FOR REPORTING/RECORDING SEIZURES

<http://www.nmschoolhealthmanual.org/resources/forms.htm> , Section IV

Seizure Report Flow Chart
Seizure Activity Log

THYROID DISORDERS

Hyperthyroidism

DEFINITION: Hyperthyroidism is an endocrine disease resulting from an excessive secretion of thyroid hormone and is frequently characterized by an enlarged thyroid gland (goiter) and prominent eyeballs (exophthalmos). The condition may be treated surgically or with the administration of medication that blocks the production of thyroid hormone. Undiagnosed hyperthyroidism can manifest as psychiatric disturbances before a student is diagnosed with hyperthyroidism.

GUIDELINES:

- The PED licensed school nurse is responsible for:
 - obtaining a complete health history;
 - obtaining medical reports providing the physicians recommendations for care in the school setting; and
 - completing nursing assessment and development of an Individualized Healthcare Plan.

- Monitor nutritional status to assure an adequate diet high in protein, calories and vitamins.

Hypothyroidism

DEFINITION: Hypothyroidism is an endocrine disease resulting from deficient production of thyroid hormone. It may be either congenital or acquired.

GUIDELINES:

- The PED licensed school nurse is responsible for:
 - obtaining a complete health history;
 - obtaining medical reports providing the physicians recommendations for care in the school setting; and
 - complete nursing assessment and development of an Individualized Healthcare Plan.

- Monitor nutritional status to assure a complete, well balanced diet.

TRAUMATIC BRAIN INJURY

DEFINITION: An injury to the brain caused by an external physical force or by an internal occurrence (such as stroke, aneurysm, brain infection or high fevers) resulting in total or partial functional disability or psycho-social maladjustment. The term includes open or closed head injuries resulting in mild, moderate, or severe impairments in one or more areas, including cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem-solving, sensory, perceptual and motor abilities, psychosocial behavior, physical-function, information processing, and speech. The term does not include brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

The epidemiology of TBI in children and youth is staggering. The 15 to 24 year old population sustains the greatest amount of injury, resulting primarily from motor vehicle accidents, falls, sports and abuse. Many of these brain injuries are never diagnosed and rehabilitative services never received. An unrecognized injury could result in a possible inappropriate educational placement.

GUIDELINES:

- A multidisciplinary team approach is required due to the complex needs evident with a brain injury. A case manager is essential in coordinating services.
- The PED licensed school nurse is responsible for reviewing medical reports and to share relevant information with the educational team. Specific areas of medical management that may be addressed in an Individualized Healthcare Plan include:
 - screening for visual and auditory acuity and assisting in accommodation for visual or auditory deficits if present;
 - monitoring for seizures;
 - monitoring shunt functioning;
 - administration of medication;
 - providing a safe environment and necessary accommodations.
- The nurse can assist the student in achieving maximum independence in self care activities.

VISUALLY IMPAIRED

DEFINITION: Impaired vision or blindness refers to insufficient or inadequate vision in varying degrees, which may prevent a student from being able to perform academic tasks or activities of daily living without significant modifications. Impaired vision may result from defective visual fields, decreased visual acuity or impaired color vision. Students may be referred to as legally blind if they have a distance visual acuity of 20/200 or worse. Some students may have no vision, a small percentage of vision or have only light perception. Cortical blindness refers to damage to the cerebral cortex (main part of the brain) resulting in severe mental retardation and little or no apparent functional vision. The eyes themselves are normal, without ocular anomalies. Visual insufficiency may occur in varying degrees.

GUIDELINES:

- The PED licensed school nurse should identify students with suspected visual impairments through school vision screening programs, clinical and behavioral observations and vision history, and refer them to eye care specialists for diagnosis and treatment. Students with known vision defects should be monitored on a regular basis to assure that they maintain the best possible correction and treatment of their vision problems.

- The school nurse should request current vision care records, including the eye care specialist's treatment plan and recommendations for management of the visually impaired student in the classroom. The nurse should assist classroom personnel in interpreting the report of the student's visual status and make appropriate educational recommendations regarding the achievement of optimum visual efficiency in the classroom. These recommendations might include seating in the front of the classroom near the teacher and focus of instruction, placing the student in a well-lighted area free from glare, presenting visual material in definite figure-ground contrast, and presenting material in the student's optimum field of vision.

- School personnel should work with the physician and parent/guardian to help the student master certain developmental tasks and achieve the student's fullest potential. All special education services available to the student should be explored.

- Extra tactile opportunities provided for the student may compensate to some extent for loss of visual input and should be encouraged. The student should be supported in the appropriate use of their hands for exploring their environment.

- Visually impaired students need to become mobile and develop as much independence in locomotion as possible. At the same time it is imperative that their safety and well-being be protected, without being overprotected. The voice is often used to protect the student. The student needs to develop skills in interpreting information through the sense of hearing, touch, smell and taste. The student should be thoroughly oriented to the classroom, campus and surroundings. School professionals should use a team effort to design activities and experiences to achieve educational goals while providing for the safety of the student. The degree of supervision needed in each situation should be carefully evaluated.

- School personnel should always speak to a blind student prior to touching the student.

- Consistency, order and discipline are necessary in the student's environment to promote a feeling of security.
- Emotional support and referral to helpful community agencies should be provided as needed.
- Safety concerns should be addressed in a written Individualized Healthcare Plan. (See Individualized Healthcare Plan section of this manual.)