

Thursday, June 12th



Lisa B. Bienstock, DMD
Pediatric Dentist, The Kid's Dental Office of Phoenix

Dental Trauma Among School-Aged Children

Jonathan Rickey
Athletic Director for Great Hearts Academies



Sarah Thomas MSN, RN
School Nurse at Great Hearts Academies

Orthopedic Injuries & Trauma



Lisa Alexander BSN, RN, NCSN
District Lead Nurse for Peoria Unified School District; SNOA President

Ashley Bello, BSN, BSc, RN
School Preparedness Specialist Arizona Department of Education



Emergency Preparedness in the School Setting



Alana Parker, MSN-ED, RN, NCSN
School Nurse, Mesa Public Schools
Arizona NASN Director

Managing the Emotions and Care During Functional Seizures

Jodi Kiernan, CPNP-PC

Pediatric Nurse Practitioner
Cardiology/Electrophysiology
Phoenix Children's Hospital
Project Adam Coordinator



Project Adam

George Hupp, Lead Instructor

ICSAVE (Integrated Community Solutions to Active Violence Events)



SCHOOL NURSES ORGANIZATION OF ARIZONA 36TH ANNUAL CONFERENCE



Friday, June 13th



Denise Schooley BSN, RN, NCSN
Director of Nursing,
Great Hearts Academies



Sarah Thomas MSN, RN
School Nurse at Great Hearts Academies
Documentation Practices to Avoid Legal Implications

Bruna Pedrini, JD, MA
Director at Fennemore Law Group

Legal Preparedness in School Nursing

Adrienne Perry

Assistant Principal-Curriculum & Instruction and Attendance Administrator at Cactus High School

Autumn Merkley BSN, RN, NCSN

School Nurse at Entz & Highland Elementary

Krista Stettler, School Counselor at Highland Arts Elementary

Lindsay Barney EdD, LPC, School-Based Clinician at Southwest Behavioral Health

The Presence of Absence and its Impact on Education - Panel Discussion

Scott McCleary
VSIG Director with Valley Schools Insurance Group



Max Nelson
Injury Prevention and Loss Control Manager with Valley Schools Insurance Group



Risk Management in the Health Office

Amber Petculescu RN, CPN, MAT
School Nurse at Gavilan Peak School



Cultivating Compassion: How to Propagate a Perennial Garden of Empathy and Care



Lisa B. Bienstock, DMD
Pediatric Dentist, The Kid's Dental Office of Phoenix

Lisa a Board-Certified Pediatric Dentist. She completed a competitive postdoctoral residency at Columbia University/New York-Presbyterian Medical Center in 2009. She holds privileges at Phoenix Children's Hospital and has a natural connection to children with special needs and medically complex patients who love her entertaining chairside manner. She spends her free time with her family, playing games, and brushing her own kids' teeth. She loves to tell silly jokes. (What is a dentist's favorite animal? A molar bear!) She has a special affection for Luke Skywalker, traveling, and cheesy romantic comedies.





Jonathan Rickey

Athletic Director for Great Hearts Academies

Jon Rickey is in his 24th year of Education in Arizona. He is currently in his 8th year as the Arizona Network Director of Athletics and his 18th overall with Great Hearts Academies. Jon and his Manager of Athletics currently oversee and assist the 12 campus Athletic Directors, 11 campus Assistant Athletic Directors, and over 7,000 athletes. They also run the Great Hearts Middle School League. Prior to his current position, Jon was the founding Athletic Director at Glendale Prep and served in that role for 10 years. Jon was the Canyon Athletic Association Coach of the Year for High School Girls' Basketball in 2012 and was awarded the Arizona Interscholastic Association (AIA) Administrator of the Year in 2015, encompassing over 320 member schools. Before coming to Great Hearts in 2007, Jon taught at ACCLAIM Charter School in Maryvale, and helped open Imagine Schools at Rosefield in Surprise. He was awarded Teacher of the Year in 2005 and served as their Vice-Principal prior to helping open Glendale Prep. Jon has been married to his wife, Angela for 24 years. They have three sons who all attend or graduated school from the Great Hearts Glendale campus. Jacob, 20 will be a Junior this Fall at Grand Canyon University. Josh, 17 will be a Freshman at the University of Oregon in their Honors College. Joseph, 8 will be a 3rd grader at Archway Glendale. Jon and Angela's oldest sons were two and three-sport athletes at Glendale Prep, proudly playing on the Football, Basketball, and Baseball teams. Their youngest, Joseph, plays Football, Club Soccer, and Basketball. Jon's biggest professional accomplishment are the numerous former students and athletes of his that are currently teaching and coaching in the Great Hearts network.





Sarah Thomas MSN, RN School Nurse at Great Hearts Academies

Sarah Thomas completed her BSN at the University of Mississippi Medical Center in Jackson, MS, where she went on to work in Pediatric Neurology for the University of Mississippi Blair E. Batson Hospital for Children. After moving to Arizona in 2009, she completed her Master's degree in Nursing Education at ASU, focusing on lactation education for hospital staff in maternal/neonatal units. She also worked in Nursing Research at ASU and NCLEX prep with Kaplan before finding her calling in School Nursing. She has been working in the Great Hearts charter school system serving two schools in Scottsdale since January 2022. Sarah loves being outside, reading, and helping kids understand how to care for their bodies in order to live healthy and fulfilling lives.

Education

Wheaton College, BA Sociology, 2005

University of Mississippi, BS Nursing, 2008

Arizona State University, MS Nursing Education, 2012



Lucas Manzanares

Senior Athletic Trainer OrthoArizona



Lucas Manzanares is a Senior Athletic Trainer at OrthoArizona and is in his 3rd year with Lincoln Preparatory Academy. Originally from a mountain town in Northern New Mexico, Lucas moved to Arizona with hopes of exploring a new environment while pursuing a career in Sports Medicine. After graduating from Grand Canyon University, Lucas was blessed with an opportunity to join the Milwaukee Brewers; Latin American athletic training staff in the Dominican Republic. Upon the conclusion of the baseball season, Lucas moved back to Arizona and was presented with an offer to serve in the Great Hearts community at Lincoln Preparatory Academy. In accepting a collaborative position with OrthoArizona, Lucas was quickly embraced by the Great Hearts family at LPA. In his time at LPA, Lucas has had the privilege of providing student-athletes with educational, prophylactic, and medical services to support them in their academic and athletic endeavors. Lucas is most proud accomplishment has been establishing an athletic training program at LPA, consisting of a designated athletic training room, newly added Sports Medicine class, and athletic training shadow students. On his free time, you can find Lucas alongside his wife and puppy while hiking, fishing, cooking, or simply spending time with friends.



Ashley Bello, BSN, BSc, RN
School Nursing Services and health Coordinator
Arizona Department of Education

Ashley is a committed school health leader with a strong foundation in both clinical and community health. She holds a Bachelor of Health Science in Health Education and a Bachelor of Science in Nursing and is currently a Master of Nursing with an emphasis in Public Health.

Ashley serves as the School Nursing Services and Health Coordinator at the Arizona Department of Education, where she leads statewide efforts to strengthen school nursing practices. In this leadership role, she provides expert guidance on school health policies, nursing standards, and public health initiatives that support the well-being of students, families, and school communities across Arizona. With a deep understanding of the intersection between education and health, Ashley is passionate about empowering school nurses, fostering cross-sector collaboration, and advocating for safe practices for complex health needs of diverse student populations.

Outside of her professional role, Ashley enjoys spending quality time with her husband and son, embracing family life and outdoor adventures in the Arizona sunshine.



District Lead Nurse Coordinator Lisa Alexander, BSN, RN NCSN



Lisa Alexander has been the Nursing Coordinator for the Peoria Unified School District and has just ended her 20th year total with Peoria Unified. Prior to working for Public Education, Lisa worked as an oncology nurse, rehabilitation nurse, renal/diabetic nurse, telemetry nurse, and as a post-partum nurse. She also volunteered as a crisis interventionist with the Phoenix Fire Department, where she committed to helping community members on their worst days. Lisa acted as an adjunct professor to Grand Canyon University students enrolled in the Community Nursing course.

Lisa Alexander graduated from Plattsburgh State University of New York in 1998 with a Bachelor of Science in Nursing and earned her National Certified School Nurse (NCSN) credentials July of 2022. She completed a School Nurse leadership Certification Course through Northeastern University School Health Academy, and she has Crime Prevention Through Environmental Design (CPTED) certification. Lisa is a proud parent to three children, 3 chihuahua's, and has been married for 21 Years and is the outgoing SNOA president.

Emergency Preparedness in the School Setting

SNOA Conference
June 12, 2025

Ashley Bello, BSN, BSc, RN
Lisa Alexander, BSN, RN, NCSN



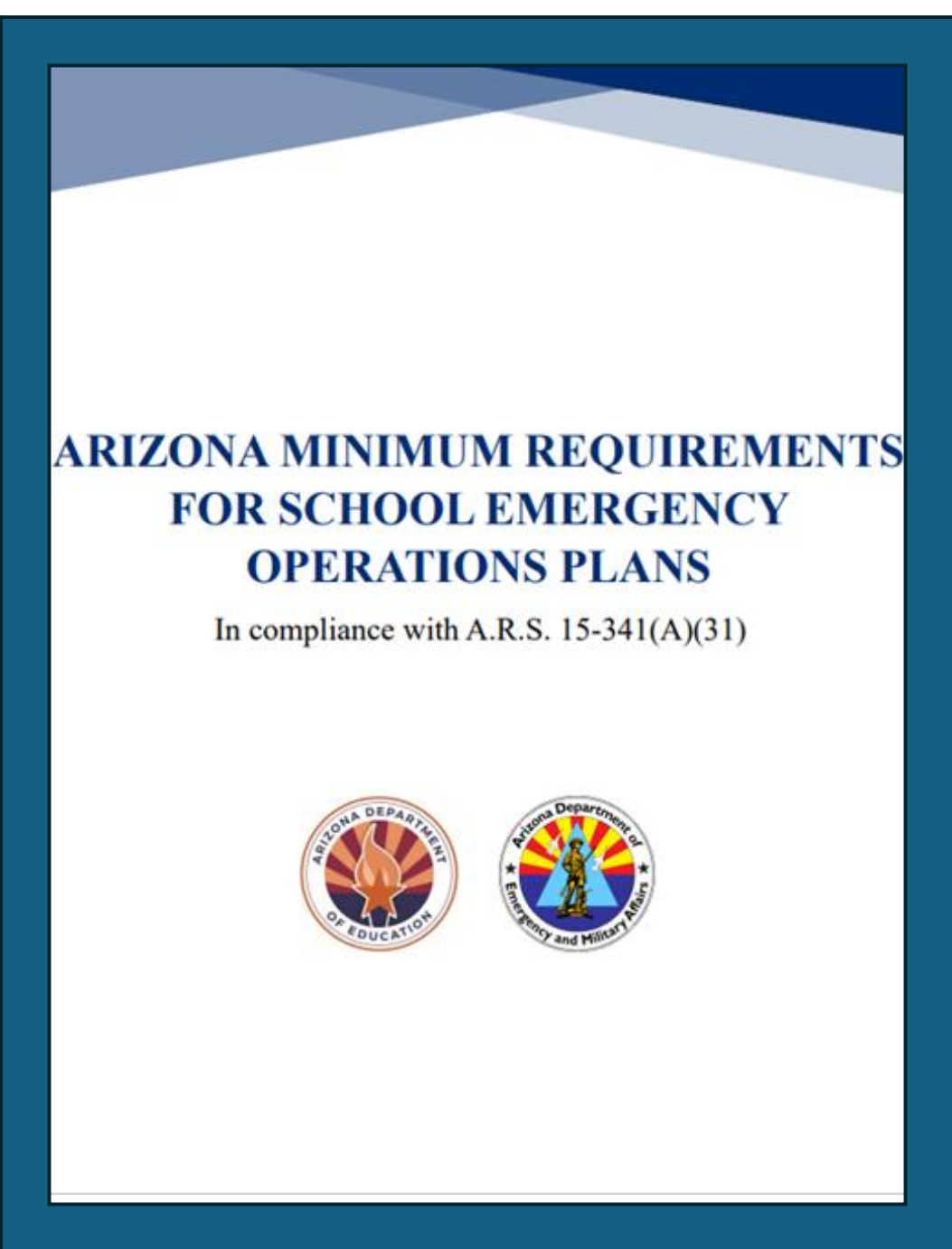
Introductions & Objectives



- Emergency Operation Plans
- Role of the School Nurse
- Drills- Practice, Practice, Practice!
- Emergency Supplies & Go-Bags

EMERGENCY OPERATION PLANS (EOP)

Arizona Minimum Requirements for Schools



IMPLEMENT & TEST	Implement and test Emergency Operation Plans
PROVIDE TRAINING	Provide annual training to all staff on emergency response procedures
PRACTICE	Practice the number and type of drills required by minimum standard
COLLABORATE	Collaborate with local law enforcement and emergency response agencies
FACILITATE	Provide critical information to facilitate off-site evacuations and reunifications
DETAILED PLANNING	Develop detailed procedure plans for helping disabled or limited English language proficiency students during emergencies

EMERGENCY OPERATION PLANS (EOP)

Threats & Hazards



Natural Hazards:

- Severe weather- extreme heat or winter storms
- Floods
- Wildfires
- Hurricanes, Earthquakes, Tornados
- Other natural occurrences

Public Health Threats:

- Local illness
- Outbreaks
- Widespread pandemics

Human-Caused Events:

- Industrial accidents- Hazardous materials release
- Acts of violence/terrorism
- Civil Disturbance

EMERGENCY OPERATION PLANS (EOP)

Functional Annexes



EMERGENCY OPERATION PLANS (EOP)

Emergency/ Disaster Management Phases:



ROLE OF THE SCHOOL NURSE



Disaster preparedness is an essential part of school nursing practice.



School nurses should participate in the development, coordination, and implementation of emergency/disaster plans.



The development and implementation of emergency preparedness planning and response requires school nursing expertise.



The presence of a school nurse is indispensable for providing emergency preparedness education and training for staff.

ROLE OF THE SCHOOL NURSE



NASN's Position Statement: Emergency Preparedness

A collaborative, evidence-based, systems-thinking approach to school emergency preparedness is necessary to maintain safe, supportive, and equitable learning environments for all students.

Emergency preparedness efforts protect the health, safety, and security of the school community and keep students on track educationally.

The School Nurse is an indispensable member of the school team, working together with the community to develop and implement comprehensive emergency preparedness.

School nurses, as key leaders in healthcare, public health, and education, contribute essential expertise to all phases of comprehensive school emergency preparedness and response.

ROLE OF THE SCHOOL NURSE

Triage & First-Aid

01

Consider designating a first aid team using trained staff members.

02

Staff at your site should be trained in emergency first aid, Stop the Bleed, CPR, and use of AEDs.

03

Emergency first aid supplies need to be on hand.



ROLE OF THE SCHOOL NURSE



Plan for Students with Special Considerations

Sensory
disabilities

Cognitive
disabilities

Limited
mobility

Hearing
impairment

Visual
impairment

Anxiety
disorders

Students that
require
medication

Limited
English
proficiency

DRILLS- PRACTICE, PRACTICE, PRACTICE!

Response drills provide practice in specific emergency actions that may be required during a crisis.

Emergency situations may occur at any time during the day or year. It is beneficial to conduct drills in ways that reflect this variability. Make the drills realistic but do so safely. For example, vary the times and conditions for drills, to include:

- Class or service changes.
- Recess, gym classes, social hours, events, and meetings.
- Arrival and dismissal times.
- Times when food service areas are occupied.
- After hours (i.e., dances, theater, athletic events, community functions).

DRILLS- PRACTICE, PRACTICE, PRACTICE!

Lockdowns

- A lockdown is when you are not free to move around the campus.
- Doors need to be locked. Curtains closed. Lights out. Cell phone noise off. People should move to the hard 90, or safe 90 spot in the room.
- If someone knocks on your door, do not answer. If the fire alarm goes off, do not evacuate.
- *A shelter in place is when it's business as usual without allowing people outdoors or outside the classroom. Lockdowns are not business as usual.*

DRILLS- PRACTICE, PRACTICE, PRACTICE!

Lockdown Considerations



YOU MIGHT NOT BE ABLE TO RESPOND TO EMERGENCIES OR ROUTINE CARE NEEDS ON YOUR CAMPUS.



PREPARE CLASSROOMS WITH THINGS SOME STUDENTS MIGHT NEED, SUCH AS QUICK SUGARS, IN CASE YOU CANNOT RESPOND.



DO YOUR CLASSROOMS HAVE BUCKETS AND WATER?

DRILLS- PRACTICE, PRACTICE, PRACTICE!

Lockdown Classroom Bucket Items

- Hand Sanitizer
- Gloves
- *Quick Sugar*
- Blanket/Tarp
- Toilet paper
- Tissue Box
- Feminine Hygiene products
- Water/Snacks
- Cups
- Sunscreen
- Gauze Rolls
- Band-Aids



DRILLS- PRACTICE, PRACTICE, PRACTICE!

Unplanned Fire Alarms

- Every month, there will be a fire drill. But if there is an emergency, someone may activate the fire alarm. You might initially think it's a drill you forgot about. Stay aware and alert every time the alarm goes off.
- They could be activated due to a fire, danger in the building such as a bomb scare, chemical inside the building such as pepper spray, etc.
- If you have a sick child with you, no matter what, they evacuate as well.
- Bring your Walkie-Talkie!



DRILLS- PRACTICE, PRACTICE, PRACTICE!

Unplanned Fire Alarm Considerations

Take it seriously, as you should even during drills.

Gather your go bag (contents to be discussed later), and your emergency evacuation cart (discussed later).

Assist any students out to where you are supposed to report to during a fire alarm.

DRILLS- PRACTICE, PRACTICE, PRACTICE!

Off-Site Evacuations

- Your campus exits the building after a fire alarm and then must separate from the building further.
- Reasons to have to evacuate further are like those that would cause the fire alarm to be activated.
- Your students and staff will either walk to nearby, usually pre-designated buildings such as churches, or busses will come and drive you further away.

◀EXIT▶



DRILLS- PRACTICE, PRACTICE, PRACTICE!

Off-Site Evacuation Considerations

Did you bring your purse/cell phone?

Food/water

Prepare to triage-call 911 as needed

Make your position well known by command leaders

May have to assist with reunification

Be a calming force

EMERGENCY SUPPLIES & "GO-BAGS"



It is recommended that schools have at least two kits in different locations (main office and elsewhere) and may have additional supply kits in individual classrooms or work areas.



EMERGENCY SUPPLIES & “GO-BAGS”

What Do You Have in Your Go-Bags?

Slido.com

Emergency Preparedness

Jun 12, 2025

#2345 324

<https://wall.sli.do/event/sWhqWW8fkJqUoRcBbSEyEY?section=ade41a2c-7810-4504-a364-a564bb3b49e1>



EMERGENCY SUPPLIES & “GO-BAGS”

Content Ideas for Emergency Go-bags for Day-to-Day use for the Health Office Personnel

Blood Pressure
Cuff/Pulse
ox/Stethoscope/Pen
light

Gloves-Masks-
Goggles

Chemical ice packs

Splints/Triangular
wrap/Ace wrap

CPR barrier/Ambu
bag

Gauze 4x4's, gauze
rolls, band-aids/Eye
pads

Tape/Scissors

Antiseptic
wipes/Sanitizer

Quick Sugar
(Smarties, small
tube of icing, etc)

Towel/Plastic
garbage bag liners

Pen/paper

CONSIDERATIONS FOR GO-BAG CONTENTS FOR SPECIAL NEEDS STUDENTS

- Besides what the main office nurse will need for the masses, classroom personnel should have individuals go-bags ready for special needs students that would be created and kept in the classrooms.
- The School Nurse can help supervise this process and help train on evacuating with special needs students.
- Contents needed for each individual student can vary from diapers, wipes, gloves, tube feeding supplies, ventilator, trach, and oxygen supplies, etc.
- The creation of the emergency go-bag for a special needs student should be included in the individualized healthcare plan.

EMERGENCY SUPPLIES & “GO-BAGS”

Emergency Evacuation **Cart** Contents in addition to the Daily Go-Bag *Ideas*

1. Daily Medications
2. Inhalers/SVN medications
3. **Emergency Medications** (Seizure/Diabetes/Food Allergies)
4. Medication sheets binder
5. Diabetic Treatment Plan binder
6. **Chronic illness binder**
7. **Feminine hygiene products**
8. Sunscreen
9. SVN
10. AED
11. **Laptop/iPad/cell phone and charger**
12. Personal and school keys



EMERGENCY SUPPLIES & “GO-BAGS”

Health Office Emergency Evacuation Supply List

Items to take in the event of an evacuation

Medical Evacuation Kit (Daily Go-Bag): insert location here- already fully stocked

Emergency Evacuation Cart: insert location here- Nurse will need to add the following:

1. Daily Medications- insert location
2. Inhalers/SVN medications- insert location
3. Emergency Medications (Seizure/Diabetes/Food Allergies)- insert location
4. Medication sheets binder- insert location
5. Diabetic Treatment Plan binder- insert location
6. **Chronic illness binder- insert location**
7. **Feminine hygiene products- insert location**
8. Sunscreen- insert location
9. SVN- insert location
10. AED- insert location
11. **Laptop/iPad and charger- insert location**

**Employee's primary concern is to evacuate for safety. If unable to quickly access or collect the items listed above, evacuate without them.*

Sample Action Plan for Evacuation

EMERGENCY PREPAREDNESS RESOURCES



Emergency Resources, Equipment and Supplies List for Schools

Standard 18:

"The school nurse coordinates creation and implementation of emergency action and disaster preparedness plans." (ANA & NASN, 2017, p.85)

* Rescuers should ONLY use equipment or supplies they have been sufficiently trained to use

EMERGENCY GO BAG

- Ace bandage(s) (Various sizes)
- Adherent cohesive bandage(s)
- Alcohol wipes
- Aluminized rescue blanket (Pack)
- Band-aids *various sizes (Latex Free)
- Battery operated portable radio (with extra batteries)
- Biohazard bags
- Blood pressure cuffs (Pediatric and Adult size-regular and large sizes)
- Clipboard (with storage)
- Compression bandage(s) for first-aid use
- CPR one-way resuscitation mask (Adult and Pediatric sizes)
- Disposable tweezers
- Emesis bags
- Emergency whistle
- Electronic pulse oximetry
- Eye irrigation solution (Sterile Eye Wash)
- Eye pads
- Eye protection (Goggles, Face Shield)
- Face masks (Regular Face Masks)
- Facial Tissues (travel size packets)
- First-aid tape *Various sizes (Latex Free)
- Flashlight (with extra batteries)
- Gauze (various sizes 4x4, 2x2, etc.)
- Glucose monitor with strips (*Maintain regular calibration guidelines, per monitor)
- Glucose-quick acting source (i.e. Glucose Tablets, Cake-Make Gel)
- Hand sanitizer
- Hand soap- with adequate water supply
- Instant cool/heat packs
- Latex free gloves
- Moist towelettes
- Normal saline solution
- Pen(s)/Pencil(s) (for documentation-fine point black permanent marker)
- Penlight (with extra batteries)
- Re-sealable plastic bags
- Stethoscope
- Shears (Medical Scissors)
- Tourniquet(s)
- Triage tags
- Triage forms for documentation (i.e. your school/district preferred form)
- Tweezers- disposable
- Water (2 to 3 bottles)

FIRST AID TEAM RESOURCES

- CPR and Heimlich (Abdominal Thrust) instruction posters
- Emergency Care Plans for students with special healthcare needs developed by the school nurse
- Emergency contact and health information for students and staff (list of students on medications with and without health plans.)
- First Aid/CPR/AED instruction book

- List of First Aid/CPR/AED trained staff
- List of important local emergency telephone numbers including police, fire department, EMS, poison control center, and school district emergency numbers (laminated), and school address
- School wide emergency operations response plan

FIRST AID SUPPLIES

- Laminated copies of Combined (Pediatric/Adult) Algorithms
- Triage logs, forms or method (i.e. pen/paper) for documentation of assessment, triage and treatment/interventions
- Triage tags (50 per 500 students) or another means of visibly tagging victims into categories.
- School Nurse/First Aid Providers Identification (e.g. vest, wearable device)
- Personal Protective Equipment (PPE) for each rescuer (e.g.):
- Goggles,
- Non-latex gloves
- Face mask or face mask with eye shield.
- Bandage Scissors,
- Trauma Tweezers
- One-way resuscitation mask (one each per rescuer)
- Pair Heavy Work Gloves per rescuer
- Cellphone and/or Two-way Radio
- Clock/Watch with second hand

EMERGENCY PREPAREDNESS RESOURCES

ARIZONA MINIMUM REQUIREMENTS FOR SCHOOL EMERGENCY OPERATIONS PLANS

In compliance with A.R.S. 15-341(A)(31)



Implementation Guidance: Arizona Minimum Requirements for School Emergency Operations Plans

In compliance with A.R.S. 15-341(A)(31)



EMERGENCY PREPAREDNESS RESOURCES



INSERT SCHOOL NAME
INSERT DISTRICT NAME



EMERGENCY PREPAREDNESS RESOURCES



CONFIDENTIAL
Individual Emergency Safety Plan

Elementary School

Please
Student's
Picture Here

Name of Student: _____ School: _____ Grade: _____

Site Special Needs Safety Coordinator: _____ Site Principal: _____

Completed by: _____ Date completed: _____

Responsible Party for Plan Updates (Include role): _____

Please check the box next to the condition that identifies the student's need for evacuation assistance. Check all boxes that apply:

1. Communication or Speech-Related Disability: ☐ Non-verbal ☐ Non-English speaking ☐ Uses sign language
☐ Assistive technology device used: _____

2. The student is mobility impaired and uses:
☐ Wheelchair ☐ Walker ☐ Body Brace ☐ Other: _____

3. The student has a vision/hearing impairment:
☐ Legally blind (Do not check box when the sight is resolved by wearing corrective lenses) ☐ Hearing impaired

4. The student has the following condition(s):
☐ Autism ☐ Seizure ☐ Intellectual Disability ☐ Severe Allergy ☐ Asthma ☐ Diabetes
☐ Emotional/Psychological Disorder: _____
☐ Other Health Condition(s): _____

Medication(s) Taken:

Medication	Dosage	Time(s)	Taken at Home/School	Cannot Miss Dose
1.			<input type="checkbox"/> Home <input type="checkbox"/> School	<input type="checkbox"/>
2.			<input type="checkbox"/> Home <input type="checkbox"/> School	<input type="checkbox"/>
3.			<input type="checkbox"/> Home <input type="checkbox"/> School	<input type="checkbox"/>
4.			<input type="checkbox"/> Home <input type="checkbox"/> School	<input type="checkbox"/>
5.			<input type="checkbox"/> Home <input type="checkbox"/> School	<input type="checkbox"/>

Location of Medication Storage (If applicable): ☐ Health office ☐ Classroom ☐ Other: _____

Other Equipment required (If applicable): _____

Type of Evacuation Equipment (If applicable): _____

Location of Evacuation Equipment (If applicable): _____

Special Instructions:

Additional Needs (e.g., comfort items, health and hygiene, seasonal needs)

Area of Need	Item(s)
1.	
2.	
3.	

This plan will be revised as necessary to address the student's schedule changes.

Time of Day	Room #	Teacher	Assigned Personnel for Evacuation	
			Primary	Alternate
Before School Program				
After School Program				

I acknowledge, with my signature below, that the information on this plan concerning my child is accurate and have been provided the opportunity to discuss with district personnel any concerns that I may have concerning the safety of my child in the event of an emergency. I also permit the release of this document to any and all persons assisting during an emergency, including district staff, volunteers, and emergency responders. I understand that I have the right to revoke this authorization, in writing, at any time.

PRINT Parent Name: _____ Parent Signature: _____

Date: _____

Important Note: Use of this form should be approved by district senior leadership and district legal counsel.

FREE PREPaRE TRAINING

Educates multidisciplinary school staff in:

- Comprehensive school emergency planning.
- Prioritizing threats and hazards that could impact school campuses.
- Accounting for the psychological needs of students and staff after a school emergency.



Workshop 1 covers comprehensive school emergency operations planning in alignment with requirements prescribed by the Federal Emergency Management Agency.


- Intended audience: Administrators, School Nurses, Educators, faculty, support staff, and others involved in school safety and crisis planning efforts.

Workshop 2 provides the knowledge and skills to provide assistance, accounting for both physical and psychological needs, to students and staff after a crisis impacting the school community.

- Intended audience: Individuals who fill the Incident Command System structure for crisis intervention and student group, school-based mental health professionals

[Request PREPaRE training for your staff!](#)


ARIZONA RED BOOK





Emergency Guidelines for Schools

Guidelines for helping an ill or injured student when the school nurse is not available.

◆ AED Procedures	◆ Diarrhea	◆ Rashes
◆ Allergic Reaction	◆ Eye/Ear/Nose Injuries	◆ Seizures
◆ Asthma & Difficulty Breathing	◆ Fainting	◆ Shock
◆ Behavioral Emergencies	◆ Fever	◆ Splinters
◆ Bites	◆ Fractures & Sprains	◆ Stings
◆ Bleeding	◆ Head Injuries	◆ Stomach Aches & Pains
◆ Blisters	◆ Headache	◆ Teeth Problems
◆ Bruises	◆ Heat-Related Illness	◆ Tick Bite & Removal
◆ Burns	◆ Hypothermia/Frostbite	◆ Unconsciousness
◆ CPR	◆ Menstrual Problems	◆ Vomiting
◆ Child Abuse & Neglect	◆ Mouth & Jaw Injuries	◆ Emergency Preparedness
◆ Choking	◆ Neck & Back Injuries	Resources
◆ Communicable Diseases	◆ Poisoning & Overdose	-Pandemic/Outbreak Planning
◆ Cuts, Scratches & Scrapes	◆ Pregnancy	-First Aid Equipment/Go-Bags
◆ Diabetes	◆ Puncture Wounds	-Students with Special Needs


**ARIZONA DEPARTMENT OF
EDUCATION**


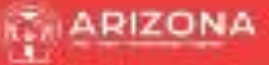


**ARIZONA**
DEPARTMENT OF
HEALTH SERVICES



Emergency Guidelines for Schools

Guidelines for helping an ill or injured student when the school nurse is not available.



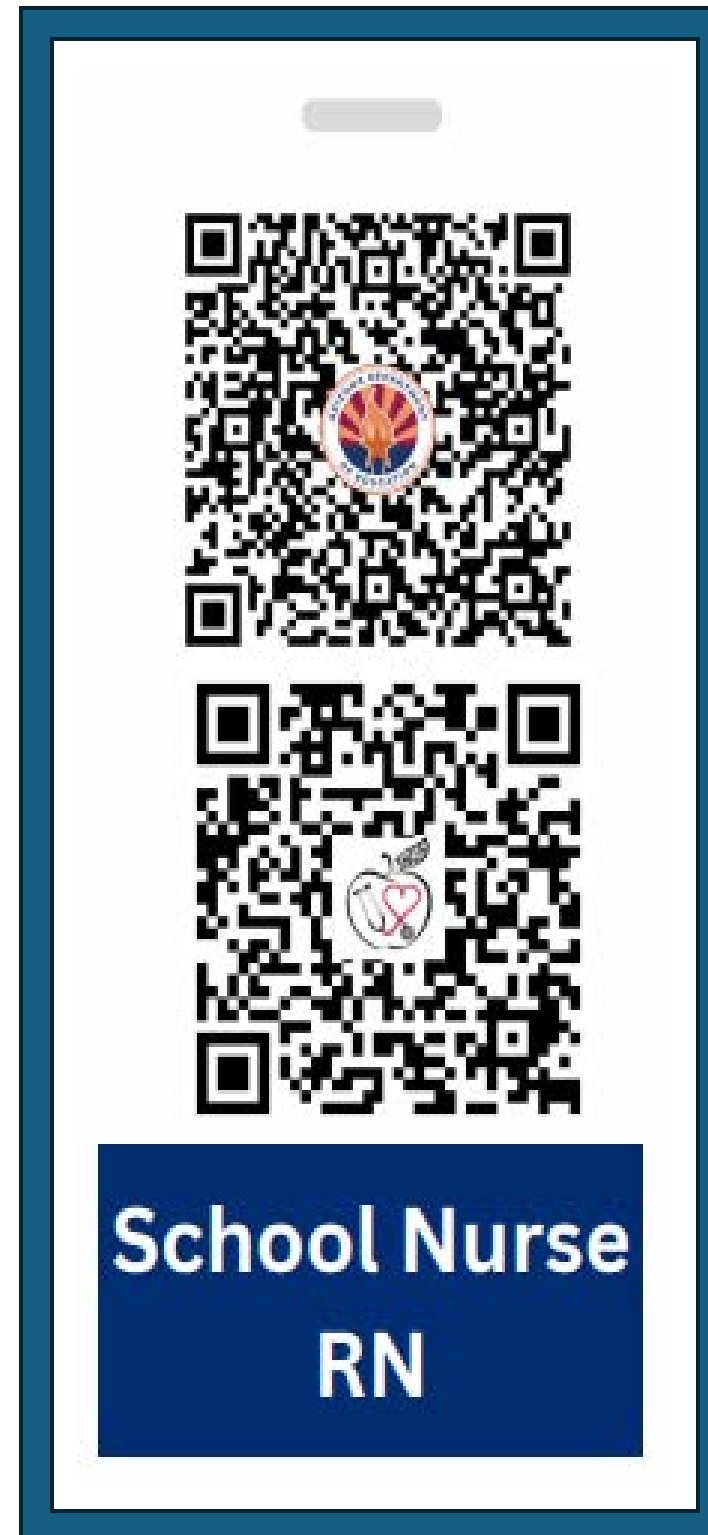


QR Code Magnet

BADGE BUDDIES



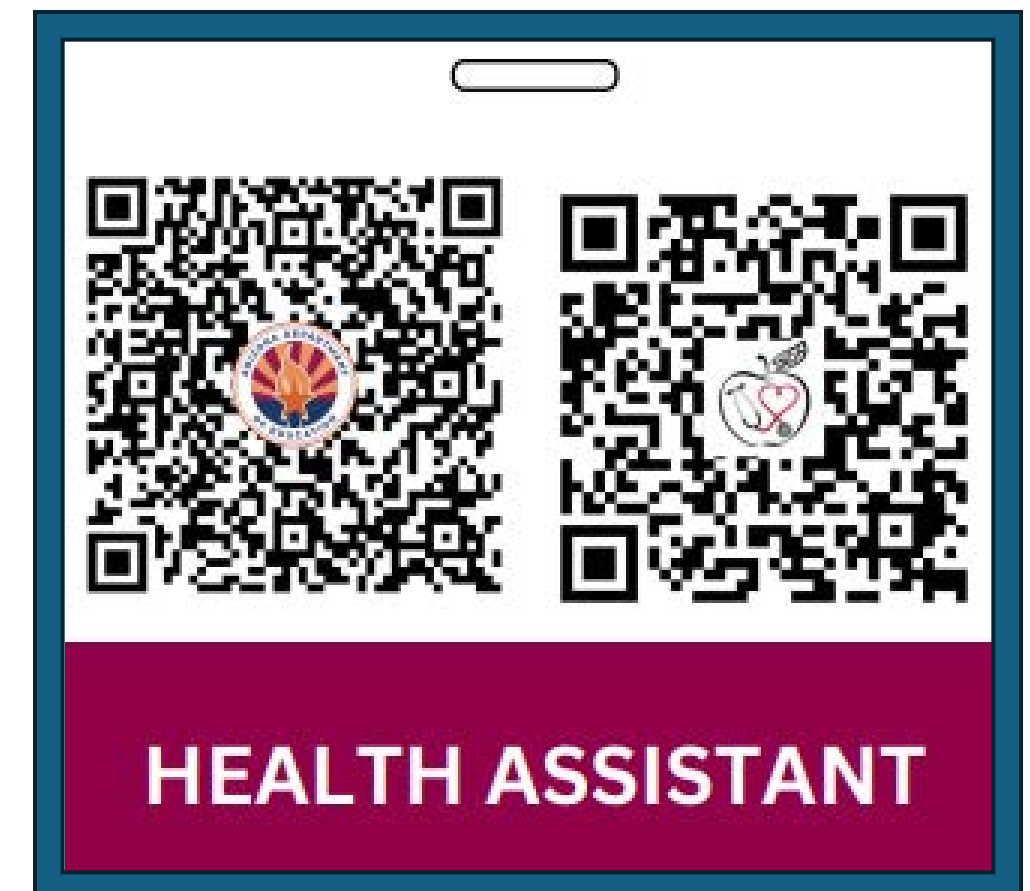
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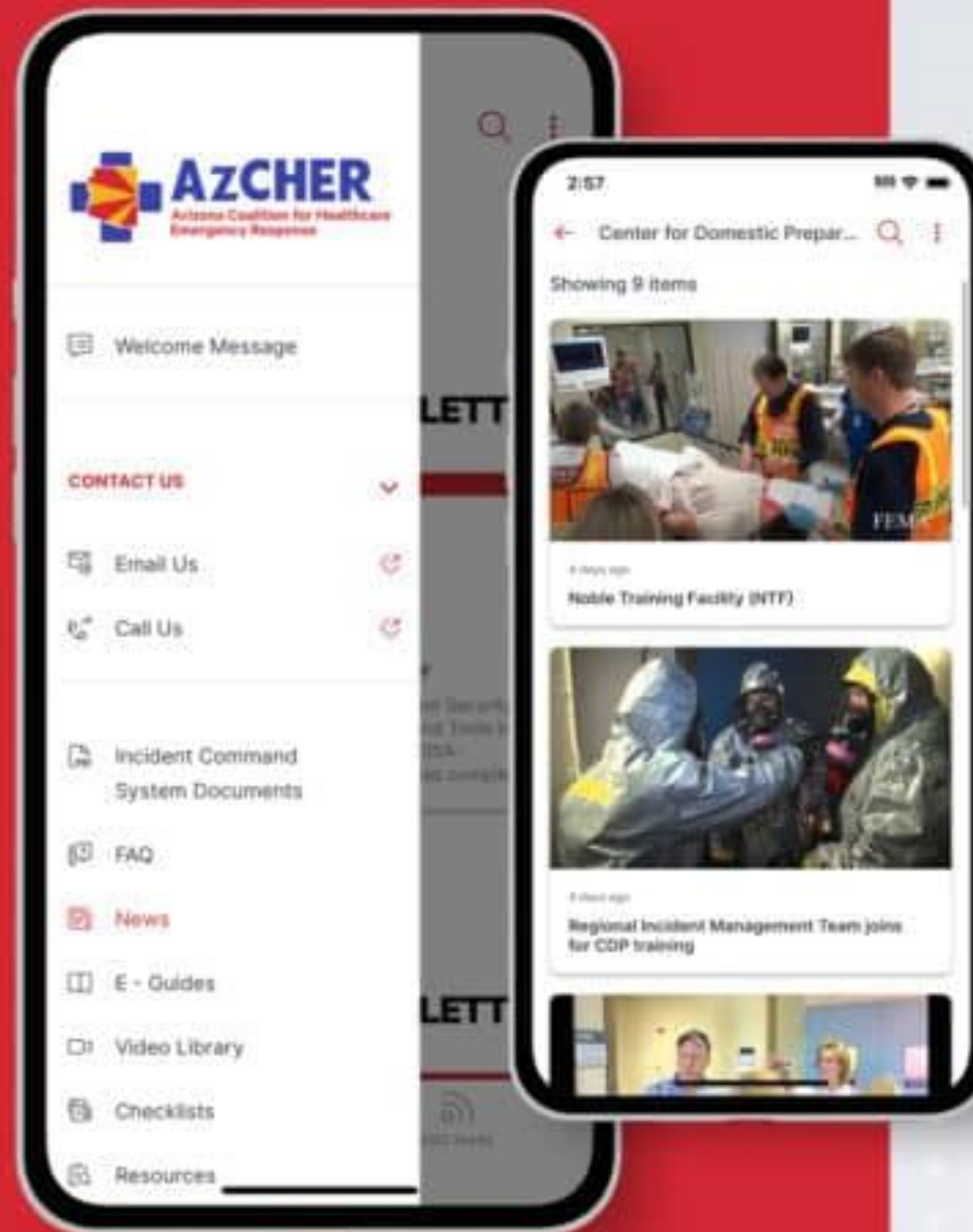
BACK



FRONT



BACK



AzCHER mobile app

Your essential emergency management tool

***Preparedness, response, recovery, and training,
all in the palm of your hand***

- Revolutionizing emergency management for healthcare coalitions and emergency responders
- Seamlessly integrates preparedness, response and recovery resources
- Provides real-time access to critical information and coordination tools
- User-friendly interface for quick and efficient decision-making
- Enhances readiness for any crisis, anytime, anywhere



"The true measure of emergency management is not only how well we respond in times of crisis, but how well we prepare beforehand."

Thank You!

Ashley Bello, BSN, BSc, RN
Ashley.Bello@azed.gov

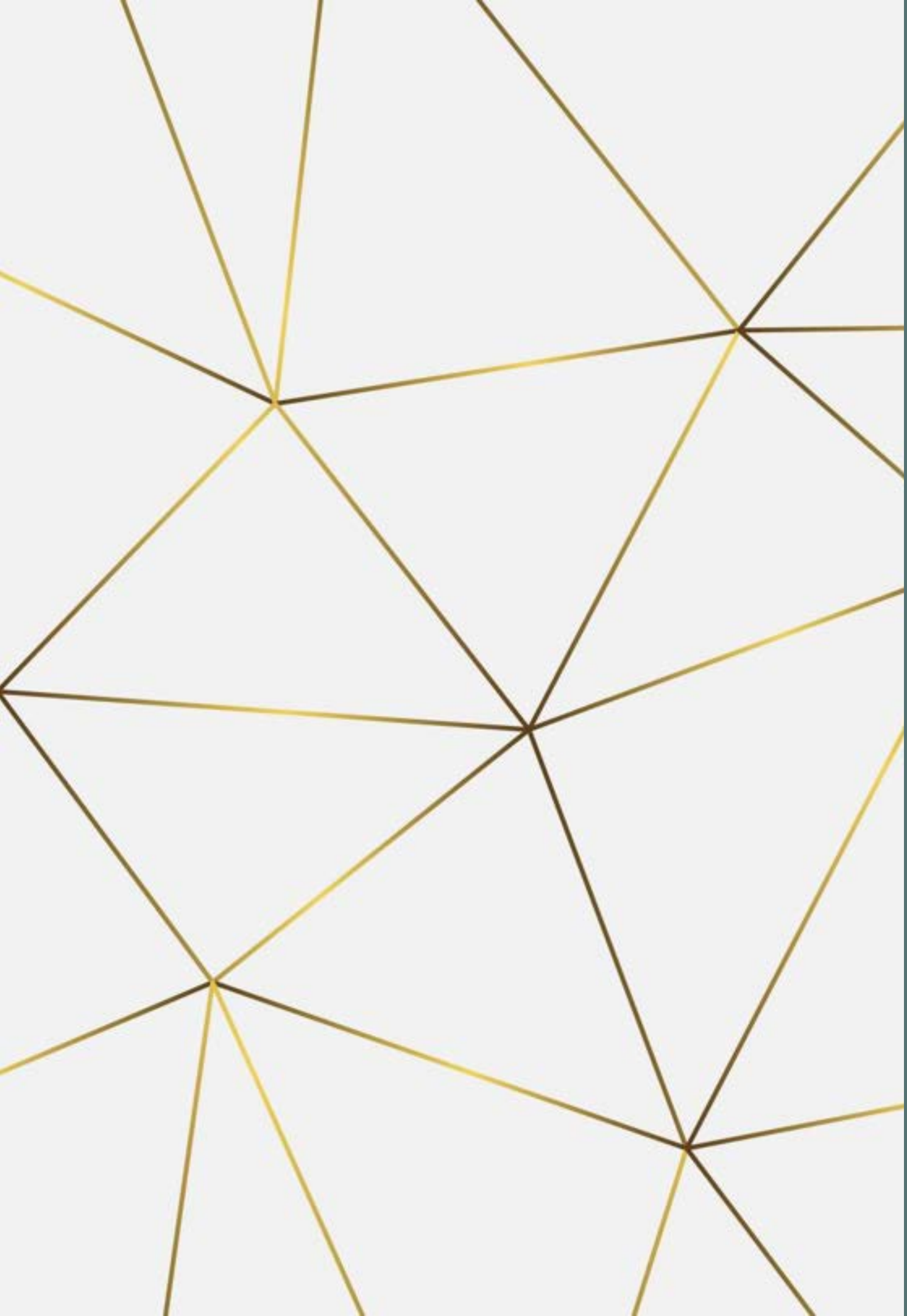
Lisa Alexander, BSN, RN, NCSN
LiAlexander@pusd11.net





**Alana Parker, MSN-ED, RN, NCSN
School Nurse, Mesa Public Schools
Arizona NASN Director**

Alana is a high school nurse for Mesa Public Schools in Mesa, Arizona. She has practiced as a registered nurse since 2009. She is currently practicing school nursing while volunteering to precept nurses from Arizona State University and Grand Canyon University (GCU) as needed for public health in the school setting. She absolutely loves teaching, so she went back to obtain her Master's degree in nursing education at Grand Canyon University, graduated in 2019. Her consistent goal to increase her learning led her to apply for the Arizona School Nurse Access program (ASAP) in which she became a nurse mentor for other nurses in Arizona in August of 2022. She achieved her National Certification in School Nursing, March 2023. In January 2025, she officially finished her program through Northeastern University's School Nurse Leadership Academy in which she furthered her knowledge in how to become a better advocate and leader. Alana is currently embarking on an amazing journey as the Arizona Director for the National Association of School Nurses. In her free time, she loves to spend time with her 4 boys and husband. She also loves to build things, hike, bake and read.



MANAGING THE EMOTIONS AND CARE DURING FUNCTIONAL SEIZURES

Alana Parker, MSN-ED, RN, NCSN
School Nurse, Mesa Public Schools
Arizona NASN Director

WHAT IS A FUNCTIONAL SEIZURE?

- Functional Seizures also known as Psychogenic nonepileptic seizures (PNES) are a type of functional neurological disorder (FND).
- No abnormal electrical activity noted on EEG
- Patients may have history of trauma, stress or mental health conditions

WHAT DO FUNCTIONAL SEIZURES LOOK LIKE?

Symptoms may include:

Convulsive type, absence seizures or focal impaired awareness

Biting the tip of the tongue

Twitching in the arms and legs that lasts longer than 2 minutes

Gradual onset

Fluctuate in severity

Eyes are closed

Side to side head movements

Crying and/or screaming

Head, neck and spine bent backwards

Strong thrusting of the hips

Seizure like activity may be suspected of PNES if they have “unusual features with movement, durations, triggers and frequency” (Epilepsy Foundation, 2024).

EPILEPTIC SEIZURE ACTION STEPS

Ease Student to position of
Comfort

Protect student from Harm

Stay with the student

Monitor Airway, Roll to side
if student has secretions

Do not restrain student

Time the Seizure, Start to
Stop Time.

Keep Calm, Reassure Other
Children.

Clear the room if needed
and able

Observe for Respiratory
Distress

**If Administration of
Emergency medication
is needed, according to
training and delegation,
administer medication
and call 911**

FUNCTIONAL SEIZURE ACTION STEPS

1. Stay calm, Let student know they are safe

2. Position student in position of comfort

3. Protect student from harm

3. Time episode start to finish.

4. Remove any objects nearby or around neck of student.

6. Notify parent/guardian of episode. Staff/teacher to remain with student during functional seizure

7. Apply Basic Seizure First Aid Safety

911 should ONLY BE CALLED initially if injury has occurred or other safety concerns are present. Parents/guardians will request, if needed after they arrive.

STAND UP IF:

You have had experiences working with students with epilepsy?

REMAIN STANDING IF:

You have had students with Functional seizures that appeared similar to epileptic seizures.

**Enter one word of the
emotions you felt during
seizures?**





**In one word describe emotions observed during
Seizure event**

STEPS FAMILIES GO THROUGH FOR PROPER DIAGNOSIS

Seizure activity
occurs

Encourage physician
visit, provide
resources

Physician will assess
complete medical,
neurologic, and
psychiatric history

Ensure parent is
aware of all details of
seizure activity

Student obtains
necessary medical
tests

Treatment begins

Response to prior
treatment with
antiseizure medications

Video EEG monitoring
showing the outward
appearance of any
events

BARRIERS TO PROPER DIAGNOSIS

Misdiagnosis

No response to therapy

Physician Response to Symptoms

Diagnostic Wait Time

Knowledge of observable behaviors.

NEW DIAGNOSIS? NOW WHAT?



Coping with Emotions



Educate and Ask Questions

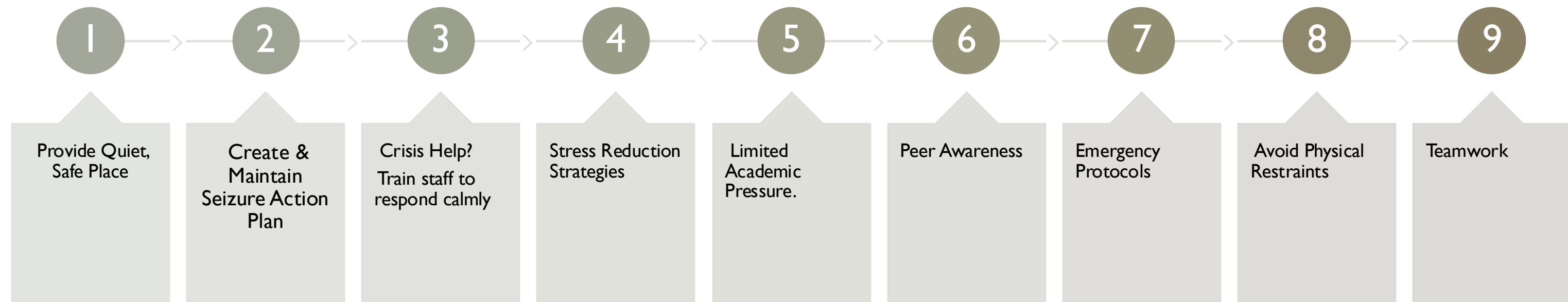


Listen and Validate



Clear communication
Work as a team

WHAT CAN SCHOOL NURSES DO TO BETTER MANAGE THE EMOTIONS OF FUNCTIONAL SEIZURES?





WHAT CAN SCHOOL NURSES DO TO SUPPORT?

(A.Tanner, personal communication, February 07, 2025)

NEED FOR INTERDISCIPLINARY TEAM SUPPORT

- A school interdisciplinary team may have communication between neurologists, psychiatrists, psychotherapists, teachers, counselors, paraprofessionals, administration, nursing staff, pharmacists, and supportive mental health professionals
- Good communication helps to collaborate across disciplinary boundaries to achieve optimal patient outcomes.
- Consistently communicate with patient and family members.
- Provide resources to student and their family as needed



(A. Tanner, personal communication, February 07, 2025)

NEGATIVE EMOTIONS FROM STUDENT EXPERIENCES

Bullying/targeting: Students experiencing PNES may be bullied for the attention they receive due to seizures and their frequent absences from school. Peer and personnel comments such as “school personnel telling an adolescent with PNES that she was scaring other children” Or a student has seizures they cannot due “this” or “that” (Tanner, 2022).

School personnel contributed to inappropriate school-management when they: (1) guessed how to respond to adolescents’ needs rather than following an action plan; (2) immediately called parents to pick up adolescents after each seizure; (3) “paraded” adolescents via wheelchair throughout the school; (4) attempted to calm adolescents when they were not feeling the need for calming (Tanner, 2022).

STUDENT'S POSITIVE EMOTIONS FOLLOWING CARE FROM FUNCTIONAL SEIZURE EVENTS

Supportive school-management Accommodations:

- Notifying adolescents in advance of seizure triggers such as fire alarms
- Allowing elevator use and early dismissal from class to avoid crowds
- Extending time to complete homework or tests to decrease stress
- Permitting tests to be taken at home when seizures prevented attendance
- Adhering to a student-informed Section 504 plan with seizure response action steps
- Making improvements to seizure response processes based on learning from previous seizures
- Utilizing a small team approach for responding to seizures
- Employing effective teacher–student communication

(Tanner, 2022)

A MOTHER'S PERSPECTIVE





CHRONIC ABSENTEEISM CONCERNS

- 91% of students surveyed with functional seizures state chronically absent from school
- Hard to be at school due to emotions from functional seizure activity
- ADVOCATE for student
- Provide accommodations to encourage school

(A.Tanner, personal communication, February 07, 2025)



NURSES EDUCATE STUDENTS


Encourage students to:

- Maintain Healthy Diet
- Exercise
- Sleep
- Communicate

FUNCTIONAL SEIZURE TEMPLATE

- Work with the student and student family on what response helps them cope and recover best.

FND RESPONSE PLAN



NAME/DOB: _____

I, _____, HAVE BEEN DIAGNOSED WITH FUNCTIONAL NEUROLOGICAL DISORDER, BY MY HEALTH CARE PROVIDER. SYMPTOMS CAN HAPPEN THROUGHOUT THE DAY OR IN EPISODES. EPISODES ARE SIMILAR TO PANIC ATTACKS, ****ARE NOT MEDICAL EMERGENCIES**** AND GET BETTER WHEN RESPONDED TO CORRECTLY.

FOR ME, FND LOOKS LIKE:

MY WARNING SIGNS

WHAT TO DO DURING

- ☐ REMAIN CALM.
- ☐ SPEAK POSITIVELY ABOUT ME OR BETTER YET, NOT AT ALL. I CAN HEAR YOU AND ATTENTION MAKES IT WORSE.
- ☐ HELP ME SAFELY TO THE GROUND.
- ☐ COVER HARD SURFACES NEAR ME.
- ☐ SAY "YOU ARE HAVING AN FND EPISODE. YOU ARE SAFE. YOU HAVE THE TOOLS TO GET THROUGH IT. I AM HERE WHEN YOU ARE READY." THEN GIVE ME PRIVACY AND SPACE.

WHAT TO DO IF AN EPISODE IS ABOUT TO HAPPEN

- ☐ GIVE ME A REASSURING NONVERBAL SIGNAL THAT I KNOW MEANS, "I'M HERE. YOU ARE GOING TO BE OKAY."
- ☐ REMIND ME TO USE A COPING SKILL TO REGULATE MY NERVOUS SYSTEM.
- ☐ _____

WHAT TO DO AFTER

REINVOLVE ME/RETURN ME TO CLASS.


PRAISE ME ONE-ON-ONE FOR COPING THROUGH MY SYMPTOMS.

PLEASE WAIT UNTIL THE END OF THE DAY TO CONTACT MY GUARDIAN USING THEIR PREFERRED METHOD.

WHAT NOT TO DO

- ☐ DO NOT CALL AN AMBULANCE UNLESS INTURED. (PLEASE CHECK BASED ON INDIVIDUAL NEED.)
- DO NOT REMOVE ME FROM SCHOOL.
- DO NOT BEHAVE FRANTICALLY.
- DO NOT TIME THE EPISODES. UNLIKE EPILEPSY, THE CARE DOES NOT CHANGE AFTER 5 MINUTES.

Pediatric FND Consortium



Provider Signature: _____ Date: _____

Provider Name: _____ Provider Contact: _____

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Jodi Kiernan, CPNP-PC

*Pediatric Nurse Practitioner Cardiology/Electrophysiology
Phoenix Children's Hospital
Project Adam Coordinator*

Jodi went to nursing school after working 7 years as an accountant. She was called to do more for the community, to help people survive and thrive. She was a PICU/CVICU nurse for 6 years and has been a Pediatric Cardiology Nurse Practitioner at Phoenix Childrens for the last 11 years. Jodi is the Project ADAM Program Coordinator in the Phoenix Valley and Northern Arizona. Through Project ADAM she is fulfilling her mission to serve the community. She is here today to introduce Project ADAM and how they can help keep our schools Heart Safe.



George Hupp
Lead Instructor
ICSAVE (Integrated Community
Solutions to Active Violence Events)

George Hupp is a former military medic and 30+ year EMT. From 2006 - 2017, George served as a tactical medic on law enforcement warrant service teams. George has been certified to teach medical subjects by the American Heart Association, the American Red Cross, the Health and Safety Institute, the Military Training Network, and the National Association of Emergency Medical Technicians. Now retired, George volunteers for Integrated Community Solutions to Active Violence Events (ICSAVE.org) and teaches for Heloderma Medical (Heloderm.com). George lives with his family in Southern Arizona.





Denise Schooley BSN, RN, NCSN
Director of Nursing,
Great Hearts Academies

Denise is a Southern California native that relocated to Arizona 22 years ago. Her first love of nursing was antepartum at Banner Good Samaritan and then Banner Estrella. She was introduced to nursing school 9 years ago when she started at Archway Trivium West, a Great Hearts Charter School in Goodyear, Arizona. School nursing was much different than the hospital and quickly became a newfound love in her nursing career. She was promoted to the Director of Nursing position three years ago and she absolutely loves her new role. There is so much to still learn in nursing and adapt to as our profession is always changing. Her favorite food is sushi, she loves to read her bible, do paint by numbers and dance in front of her kids just to embarrass them.



Sarah Thomas MSN, RN School Nurse at Great Hearts Academies

Sarah Thomas completed her BSN at the University of Mississippi Medical Center in Jackson, MS, where she went on to work in Pediatric Neurology for the University of Mississippi Blair E. Batson Hospital for Children. After moving to Arizona in 2009, she completed her Master's degree in Nursing Education at ASU, focusing on lactation education for hospital staff in maternal/neonatal units. She also worked in Nursing Research at ASU and NCLEX prep with Kaplan before finding her calling in School Nursing. She has been working in the Great Hearts charter school system serving two schools in Scottsdale since January 2022. Sarah loves being outside, reading, and helping kids understand how to care for their bodies in order to live healthy and fulfilling lives.

Education

Wheaton College, BA Sociology, 2005

University of Mississippi, BS Nursing, 2008

Arizona State University, MS Nursing Education, 2012

A blue-tinted background image featuring a medical setting. A stethoscope is draped over a clipboard with a pen and some papers. The text is overlaid on this image.

DOCUMENTATION TIPS TO AVOID LEGAL IMPLICATIONS

*DENISE SCHOOLEY, RN, BSN, NCSN
DIRECTOR OF NURSING FOR GREAT HEARTS ACADEMY
SARAH THOMAS MSN, RN, GREAT HEARTS ACADEMY CICERO*



PURPOSE OF DOCUMENTATION

- Documentation is the process of recording student's health information, their chief complaint, the care you provided and the outcome or result of the treatment you provided.
- It is a significant part of the nursing practice to make sure that up-to-date and precise information about the student's health is documented accurately.
- It also serves as a communication tool between different school personnel.
- Legal document.
- Nursing documentation has been described as defining “the nature of nursing itself” and being a “repository of knowledge” that supports the visibility of the work , decision making, and outcomes of nursing care.” *Legal Nurse Resource Book, Resha, Taliaferro, 2024.*





Why is documentation so important?



WHY IS THIS IMPORTANT?

- Nurse charting is the backbone of student health care.
- Lack of charting leads to confusion, mistakes, and errors.
- Charting is so much more than an administrative task.
- Accurate and factual charting plays an important role in healthcare, directly impacting patient safety, quality of care, and legal protection.
- Legal experts agree that in litigation the outcome is more based on proof than truth.
- If not documented, it did not happen.
- Your documentation is the best evidence to defend against allegations.
- Your charting should paint a picture of the student health visit.

Thoughtful

Accurate

Safety

Accessible

Legal
Document

Auditable

Retrievable

HIGH QUALITY DOCUMENTATION

SCHOOL HEALTH RECORDS (HIPPA PROTECTED)

- Student records, can be handwritten or in most cases in an EHR.
- Visit notes which includes assessments, vital signs, nursing interventions and student responses
- Health concerns, health alerts, healthcare plans, IHP's and EAP's
- Chronic Health Condition forms
- Incident Reports if applicable
- Immunizations and screenings





What are some features your nursing notes should contain?

WHAT SHOULD YOUR NOTE CONTAIN?

1. Date and time
2. Student information
3. Objective data
4. Subjective data
5. Treatments and actions during treatment
6. Patient's response to medications and treatments
7. Follow-up actions, communication to parents/guardians



TAKE ABOUT 10 MINUTES DISCUSS THESE QUESTIONS

- HAVE YOU EVER BEEN CONCERNED THAT YOU MIGHT GET SUED OVER SOMETHING YOU CHARTED OR DID NOT CHART IN A STUDENT RECORD?
- THINK ABOUT A TIME WHEN YOU WERE QUESTIONED BY A PARENT OR THE ADMINISTRATION OVER THE CARE YOU RENDERED TO A CHILD.
- WHEN YOU WENT BACK TO YOUR CHARTING WERE YOU CONFIDENT IT WHAT YOU CHARTED, OR DID YOU FEEL IT COULD HAVE BEEN MORE DETAILED? DID YOU LEAVE OUT IMPORTANT DETAILS?





BEST PRACTICE FOR WRITING NURSING NOTE'S

- Be clear and concise
- Document in real-time as a delay can lead to errors or forgetting details.
- Be accurate and specific.
- Use objective descriptions.
- Use EHR effectively.
- Make sure the documentation is complete and accurate, and no details are missing.
- Be timely and consistent.
- Includes date and times.
- Follow legal and ethical standards.



The background of the slide is a blurred image of medical supplies on a light blue surface. A red stethoscope is visible on the left side. Several white and yellow pills are scattered across the surface. A black pen lies diagonally on the right side. A white piece of paper with some faint handwriting is also visible.

Mastering Error-Free Documentation

Omitting valuable information.

Inaccurate or incomplete documentation.

Using ambiguous language.

Failing to document patient response to intervention.

Over or under-documenting.

Failure to correct errors.

Charting for others.

Not documenting patient concerns.



CHARTING ERRORS CAN TEACH US VALUABLE LESSONS

Common Charting errors

- Failure to record pertinent health or drug information
- Failure to chart nursing actions
- Documenting in the wrong student's chart
- Late charting and forgetting critical information
- Incorrect or non-approved abbreviations
- Giving wrong medication
- Spelling and grammar errors
- Forgetting to chart a visit or medication given
- Charting terms you don't know or misuse the context

Funny Charting Examples

- “Pt. has two teenage sons, but no other abnormalities.”
- “The skin was moist and dry.”
- “Patient was alert and unresponsive.”
- “Skin: somewhat pale but present.”
- “Occasional, constant, infrequent headaches.”

CHARTING ERROR EXAMPLES

Omitting Valuable Information / Incomplete Documentation:

- **Error:** A nurse only documents that a student came to the health office with a "stomachache" but fails to record the onset of the pain, associated symptoms (nausea, vomiting, diarrhea), or any relevant history.
- **Correct would be:** "Student, John D. (DOB 01/15/2012), Grade 5, presented to health office at 10:15 with complaint of 'stomachache.' Reports pain started suddenly after recess, describes it as 'crampy' around umbilical area. Denies nausea, vomiting, or diarrhea. No fever or chills. Last bowel movement normal this morning."

Inaccurate Documentation:

- **Error:** A nurse records a student's temperature as 98.6°F when it was 101.2°F. Or charting "ibuprofen 200mg given" when only 100mg was administered.
- **Correct would be:** The actual, precise measurement or action. "Temp 101.2°F orally." or "Ibuprofen 100mg given orally."

CHARTING ERROR EXAMPLES

Using Ambiguous Language:

- **Error:** "Student seemed off today." or "Parent was informed."
- **Correct would be:**
 - "Student appeared lethargic, with flushed skin and slow responses to questions."
 - "Parent, Ms. J. Smith (mother), notified via phone call at 13:45. Informed of student's fever of 101.2°F and recommendation to pick up. Ms. Smith stated she would arrive in 15 minutes."

Failing to Document Patient Response to Intervention:

- **Error:** "Tylenol given for headache. Returned to class." (Missing how the Tylenol affected the headache).
- **Correct would be:** "11:30 - Tylenol 325mg PO given for headache, student rated pain 6/10. Student rested quietly in cot for 20 minutes. 11:50 - Student re-assessed, states headache now 2/10, feels much better. Returned to class."

Over-documenting:

- **Error:** Including long, rambling narratives with irrelevant personal opinions or excessive details that don't add to the clinical picture (e.g., "Student came in, was very dramatic, complaining loudly. I told him he needed to calm down. He just loves to skip math class and this is probably why he's here").
- **Correct:** Focus on objective observations and student's stated concerns. "10:00 - Student entered health office, visibly agitated and crying. Stated, 'My stomach hurts so bad, I can't breathe.' Denies shortness of breath. History of anxiety with somatic complaints noted on IHP."

Failure to Correct Errors Properly:

- **Error (Paper Chart):** Scribbling out an incorrect entry, using white-out, or writing over it.
- **Error (EHR):** Deleting an entry without the system creating an audit trail of the original entry.
- **Correct (Paper Chart):** Draw a single horizontal line through the incorrect entry, write "error," date, and initial it. Then, write the correct entry immediately following.
- **Correct (EHR):** Utilize the designated "addendum" or "correction" function, which creates a new entry noting the correction while preserving the original entry with a timestamp of the correction.

Charting for Others:

- **Error:** "Student's bruise assessed by Nurse Jane at 10:00. No swelling observed." (If you are Nurse Mary, you cannot chart what Nurse Jane did unless it's a direct quote or specific, authorized task).
- **Correct:** Nurse Jane must chart her own assessment. If Nurse Mary subsequently assesses, she would chart: "10:30 - Re-assessed student's bruise, 2cm x 3cm ecchymosis noted, no edema or tenderness to palpation."

Not Documenting Patient Concerns:

- **Error:** A student expresses fear about getting a shot, but the nurse only charts "Immunization given."
- **Correct would be:** "Student initially expressed fear regarding injection, stating, 'I hate needles.' Provided reassurance and distraction. Student tolerated injection well, stating, 'That wasn't so bad.'"



Late Charting and Forgetting Critical Information:

- **Error:** An incident occurred in the morning, but the nurse waits until the end of the day to chart it, forgetting specific times, exact complaints, or a parent's exact words during a phone call.
- **Correct:** Document immediately after the event or intervention while details are fresh. If a delay is unavoidable, document "late entry" and provide a brief explanation if needed.

Using Incorrect or Non-Approved Abbreviations:

- **Error:** Using "qd" (daily) instead of "daily" (on a "do not use" list), or "MS" (which could mean morphine or magnesium sulfate).
- **Correct:** Use full words or only institutionally approved abbreviations. "Morphine Sulfate," "daily."

Documenting in the Wrong Student's Chart:

- **Error:** Entering a medication given to Student A into Student B's health record.
- **Correct:** Always double-check student identification (name, DOB, ID number) before documenting. If an error occurs, follow proper correction protocol to move the entry to the correct chart.

12. Spelling and Grammar Errors:

- **Error:** "Student was diaforetic and complaind of pain." (Should be "complained").
- **Correct:** Proofread entries. Use spell check in EHRs. "Student was diaphoretic and complained of pain."

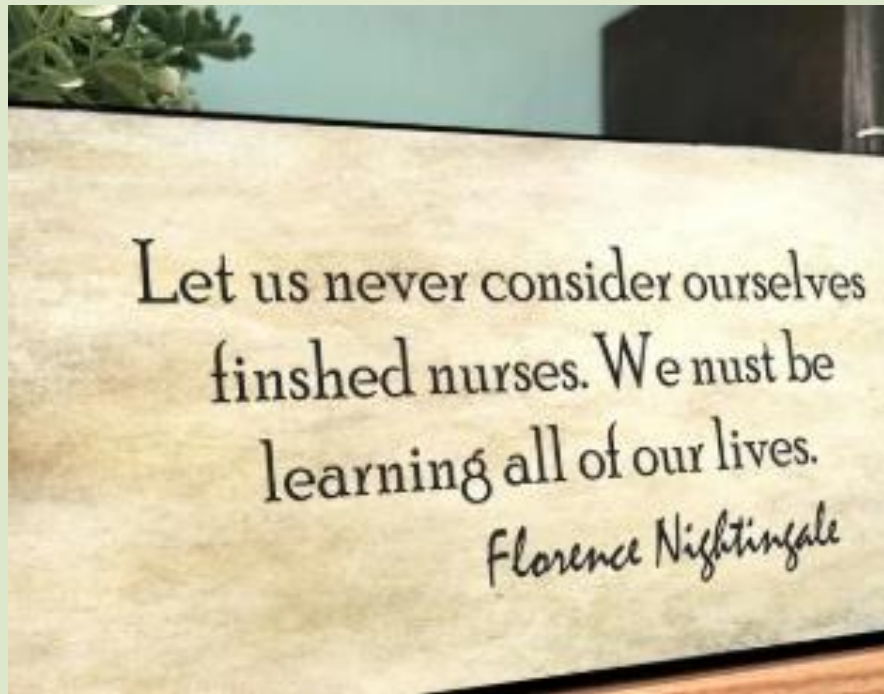
Forgetting to Chart a Visit or Medication Given:

- **Error:** A student comes to the health office for an ice pack, but no entry is made. Or, a medication is given, but it's not logged on the MAR or in the note.
- **Correct:** Make an entry for every interaction, however brief, and meticulously log all medication administrations. "10:00 - Student presented with complaint of minor finger sprain from gym class. Applied ice pack. Student returned to class."



Legal Terms that are good to know:

- **Plaintiff:** usually in most cases the student, in some cases could be the parent or guardian
- **Defendant:** you (healthcare worker) and employer (your school or school district)
- **Service of Process:** Served or handed papers (process is the papers)
- **Discovery:** after lawsuit filed and before trial
- **Duty:** Nurse has a duty to provide reasonable care.
- **Breach:** Nurse breaches her duty to provide reasonable care.
- **Cause:** Nurse departed from the standard of care and cause harm or injury.
- **Harm:** Purpose of lawsuit is to compensate plaintiff for the harm caused.



FINAL WORDS TO SHARE



- Without thorough and accurate documentation, it becomes exceedingly difficult for a school nurse to defend themselves against allegations of malpractice, even if they provided excellent care. The saying, "If it wasn't documented, it wasn't done," holds significant weight in legal contexts.
- In essence, good nursing documentation is your best friend and strongest defense in any legal challenge. It is the objective evidence that tells your side of the story, proves the care you provided, and demonstrates your adherence to professional and ethical standards. Poor documentation, conversely, is a significant liability that can expose you and your employer to adverse legal outcomes.
- Master your documentation, this is crucial for maintaining high-quality, legally defensible, and patient-centered health records.



I AM YOUR



SCHOOL NURSE

I don't have a magic wand,
A crystal ball, or all the answers.

But I do have ears to listen,
A heart to care & time to give.

I have ideas & an open mind.

I am your school nurse.



I am here for you.





Bruna Pedrini, JD, MA Director at Fennemore Law Group

Bruna practices in the areas of accessibility, anti-discrimination, and education law. She has extensive hands on, high level, experience representing builders, developers, colleges and universities, sports and concert stadiums and venues, as well as restaurants and hotels to comply with federal, state, and local accessibility requirements and in ADA and Fair Housing litigation. Brunna handles disability and accessibility complaints, fair housing, sexual harassment, Title IX and retaliation complaints filed with federal and state administrative agencies.

Bruna regularly conducts accessibility construction and design compliance reviews, trains executives, managers and employees in accessibility issues and anti-discrimination laws, and provides counseling, advice, and innovative problem-solving. She also consults with her corporate clients to enhance their diversity profile and address areas for improvement. Brunna represents educational institutions in a broad range of discrimination complaints and compliance reviews, sexual misconduct cases, and in policy development and implementation. Brunna served as Chief Counsel of the Civil Rights and Conflict Resolution Section for the Arizona Attorney General's Office and was a Visiting Professor at the Sandra Day College of Law.



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Parent Rights and Student Health: Navigating Legal Issues

2025 Legal Review for School Nurses in Arizona



The Balancing Act

- Role of school nurses lies at the intersection of health care and education
- Agenda for Today
 - Part 1: Credentialing
 - Part 2: Parental Rights/ Choice Statutes
 - Part 3: Vaccination Laws and Protocols
 - Part 4: Students with Accommodations- Diabetes Management Plans
 - Part 5: Mandatory Reporting
 - Federal Directives and Executive Orders: 2025





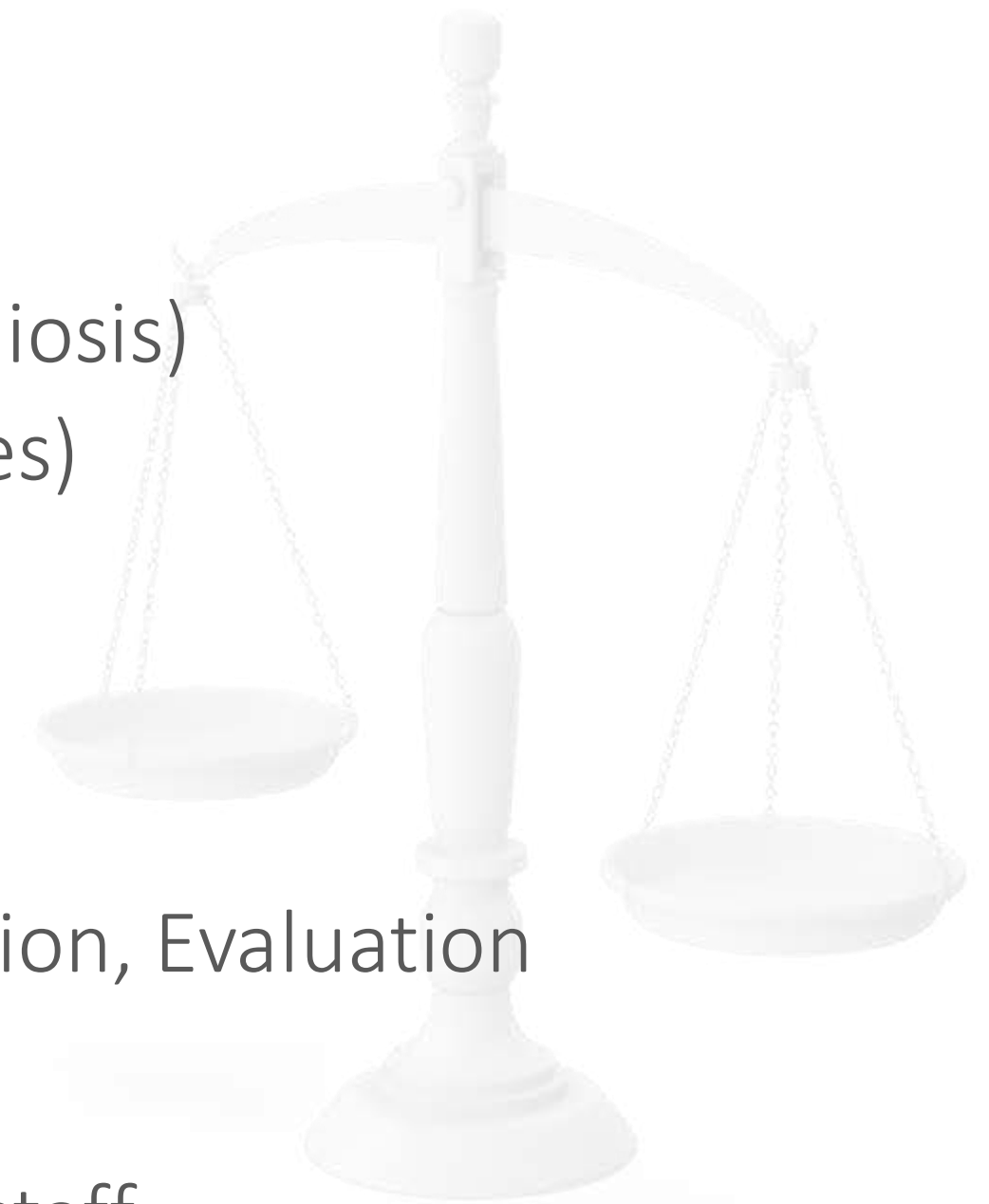
Part 1: Arizona Regulations Governing Credentialing for School Nurses



Scope of Practice for School Nurses



- Provide comprehensive nursing care including:
 - Health assessments and screenings (vision, hearing, scoliosis)
 - Chronic disease management (diabetes, asthma, allergies)
 - Medication administration and treatment
 - Emergency care and first aid
- Follow nursing process: Assessment, Planning, Implementation, Evaluation
- Collaborate with families, healthcare providers, and school staff



Delegation and Supervision



- Nurses may delegate tasks to trained non-licensed personnel (e.g., medication aides)
- Delegation requires:
 - Ensuring delegate's competence
 - Ongoing supervision and evaluation
 - Accountability remains with the Delegator
- Reference: A.R.S. § 32-1606



Administering Medication



Role of the School in Administering Medication

A.R.S. 15-344

- i. School can administer medication to students with parent permission and written order from licensed healthcare provider
 1. Medication should be in original container with dosage instruction
 2. School may have its own policy re medication
 3. These requirements do not apply in emergency situation
 - ii. emergency administration of medication
 1. **Epinephrine:** ADHS order allows health care providers or a school employee who is trained in the administration of epinephrine to administer an epinephrine auto-injector to a student or adult when the person believes in good faith that the student/adult is exhibiting symptoms of anaphylactic shock
 - a. School may stock 2+ juvenile doses and 2+ adult doses
 - b. School must have policies and procedures for emergency epinephrine administrations
 2. **Inhalers:** ADHS order allows health care providers or school employee who is trained in administration of inhalers to administer or assist in administration of an inhaler to a student or adult if the person believes in good faith are exhibiting symptoms of respiratory distress
 - a. Respiratory distress: perceived or actual presence of coughing, wheezing, shortness of breath
 3. School employees who can administer emergency medication **must be trained in that specific medication** - this can include teachers, health care staff who are not registered nurses, etc.
- Parents have the right to consent to or refuse medication at school

Licensing and Credentialing Requirements



- Statutory reference: A.R.S. § 32-1601 et seq.
- Licensing ensures knowledge of nursing standards and legal scope
- No practicing without a valid license



Legal Authority and Limitations



- No use of title or abbreviations without a current and valid license
32-1636. Use of titles or abbreviations
 - A. Only a person who holds a valid and current license to practice registered nursing in this state or in a party state pursuant to section 32-1668 may use the title "nurse", "registered nurse", "graduate nurse" or "professional nurse" or the abbreviation "R.N.".
 - B. Only a person who holds a valid and current license to practice practical nursing in this state or in a party state as defined in section 32-1668 may use the title "nurse", "licensed practical nurse" or "practical nurse" or the abbreviation "L.P.N.".
 - C. Only a person who holds a valid and current certificate issued pursuant to this chapter to practice as a registered nurse practitioner in this state may use the title "nurse practitioner", "registered nurse practitioner" or "nurse midwife", if applicable, or use any words or letters to indicate the person is a registered nurse practitioner. A person who is certified as a registered nurse practitioner shall indicate by title or initials the specialty area of certification.
 - D. Except as provided in subsection C of this section, only a person who holds a valid and current certificate issued pursuant to this chapter to practice as a certified nurse midwife in this state may use the title "certified nurse midwife" or "nurse midwife" or use any words or letters to indicate the person is a certified nurse midwife.
 - E. Only a person who holds a valid and current certificate issued pursuant to this chapter to practice as a clinical nurse specialist may use the title "clinical nurse specialist" or use any words or letters to indicate the person is a clinical nurse specialist. A person who is certified as a clinical nurse specialist shall indicate by title or initials the specialty area of certification.
 - F. A nurse who is granted retirement status shall not practice nursing but may use the title "registered nurse-retired" or "RN-retired" or "licensed practical nurse-retired" or "LPN-retired", as applicable
- Other healthcare staff (health aides, assistants) must not perform nursing tasks reserved for nurses
- Compliance with:
 - Arizona Nurse Practice Act
 - Federal privacy laws (FERPA)
 - Special education laws (IDEA)

Misrepresentation – Legal Boundaries



- Unlicensed individuals cannot present themselves as nurses
 - What name is on the office door?
 - What does your nametag say?
 - What does the website say?
 - What title do staff use when addressing you or referring to you?
- Misrepresentation may result in:
 - Legal penalties
 - Loss of employment
 - Legal Liability for employer
- School staff must accurately use and respect professional titles



Continuing Education and Professional Standards



- Must complete required continuing education to maintain nursing license
- Follow standards from:
 - Arizona State Board of Nursing
 - National Association of School Nurses (NASN)
- Stay current on best practices and legal requirements





Part 2: Arizona Statutes – Parent Rights and Parent Choice



Parents' Fundamental Rights



A.R.S. § 1-601 and related statutes

Parents have a fundamental right to direct:

- (A)(1): Right to direct education
- (A)(5): Right to make **all health care decisions** for their child
- Recognized as primary decision-makers under Arizona
- These rights apply broadly



Mental Health and Surgical Consent



- A.R.S. § 36-2272
 - Written parental consent required for mental health screenings
 - Exception: **Emergencies** posing immediate danger
 - Emergency exception exists if a mental health screening or treatment is required to prevent serious injury or save the child's life
 - Mental health screening is not defined in the statute, but likely includes any type of evaluation, analysis, observation, or interview to identify a child's psychological condition. Mental health treatment is not defined in the statute, but likely includes any type of counseling, therapy, or related services provided by a mental health professional, social worker, or behavioral health aid.
 - Best practice: school should obtain consent before referring students to mental health providers, including school counselors
- A.R.S. § 36-2271
 - Parent/guardian must consent to surgical procedures
 - FERPA prohibits school from disclosing the student's education record and information in the record without consent. But the school can release directory information, which includes the student's name, address, and phone number if the parents did not opt out.
 - **Emergency exemption** applies if immediate treatment is required
 - Emergency exception exists if a physician determines that an emergency exists and it is necessary to perform a surgical procedure to treat *serious disease, injury or drug abuse, or to save the patient's life, or when the parent or guardian cannot be located/contacted after reasonably diligent effort*
 - School should work with the hospital/ER . Reasonable diligent effort depends on facts and circumstances of the situation. If a student is needing a surgical procedure, it is likely the hospital or emergency room providing that procedure will primarily be reaching out to parent.



Part 3: Arizona Laws and Cases Governing School Vaccinations



Vaccination Requirements Overview



- Federal influence: CDC & public health goals
- Arizona laws:
 - A.R.S. § 15-872: Proof of immunization required for school attendance
 - A.R.S. § 15-874: Schools must maintain and report immunization records
 - A.R.S. § 15-873: Allows exemptions (medical, personal beliefs, religious beliefs)
- School nurses must verify compliance while respecting exemptions

Arizona Department of Health Services (ADHS)



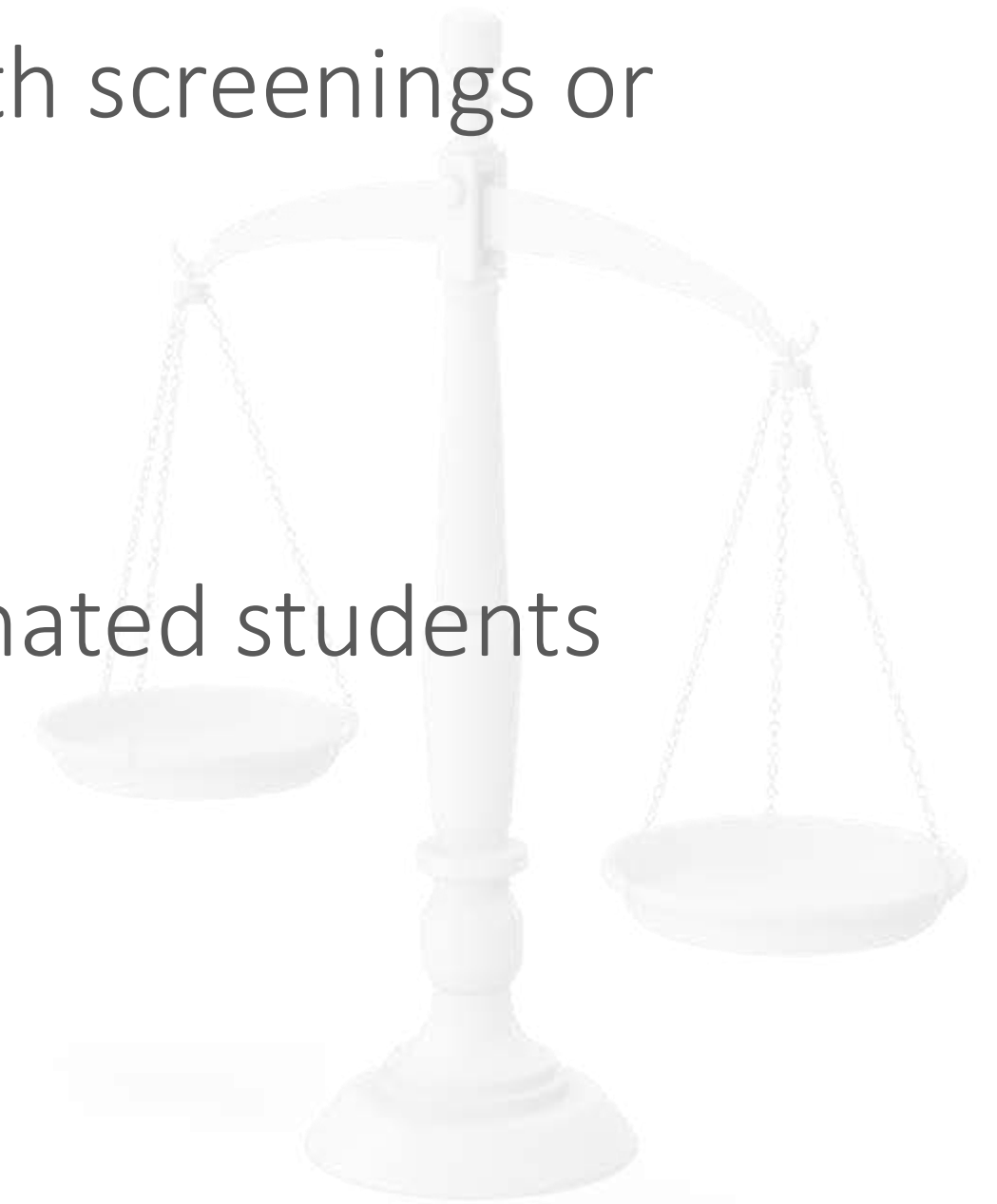
- Implements and enforces vaccination rules
 - **Required immunization schedules**
 - **Reporting forms**
 - **Guidance during outbreaks**
- For current requirements and schedules:
azdhs.gov/immunization



Vaccines and Sports Participation



- Some sports programs may require additional health screenings or immunizations
- Conflicts may arise when:
 - Parents claim exemptions
 - School policies restrict participation for unvaccinated students
- Know your district's policies and legal backing



Let's get Specific:

A.R.S. § 15-872 – Immunization Requirements



- Mandatory immunizations for school enrollment, including:

- DTaP (Diphtheria, Tetanus, Pertussis)
- MMR (Measles, Mumps, Rubella)
- Polio
- Hepatitis B
- Varicella (Chickenpox)

Student may attend school if student received one dose of required vaccines with established schedule of completion - *proof of vaccines and schedule prepared by the student's physician or registered nurse practitioner or health agency must be presented to school.*

Important definitions:

Physician: person licensed under title 32, chapters 13, 17, or 29, or a person licensed to practice allopathic or osteopathic medicine under the laws of another state or country;

Registered nurse practitioner: defined under A.R.S. 32-1601

Health agency: local health department or governmental agency established under Arizona law

School administrator (principal or person with daily control/supervision of school or designee) must review records for students on schedule of completion twice during the school year until student receives all vaccines

The following vaccines are not required for school attendance:

- Human papillomavirus
- COVID-19 or any variant

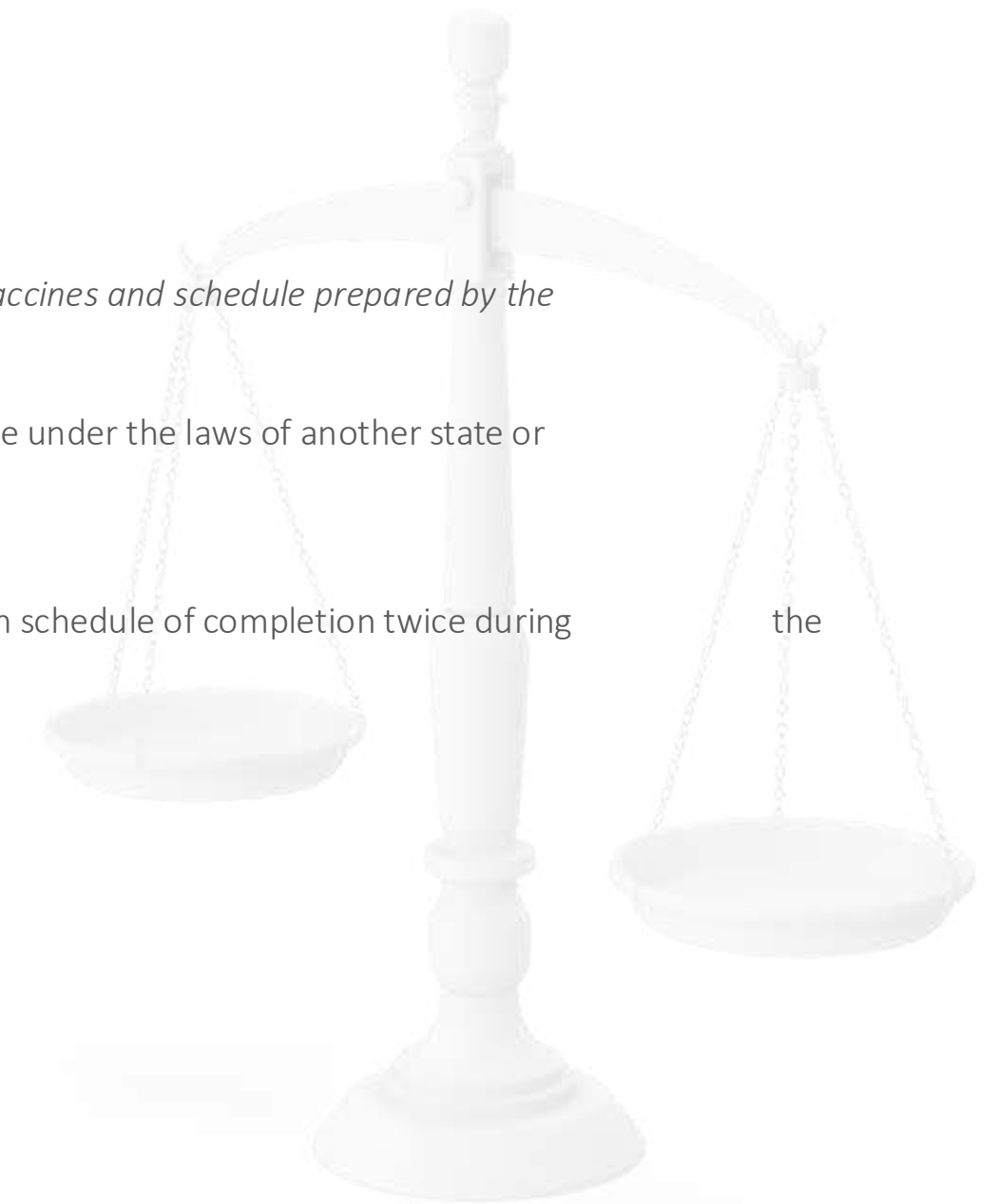
Consequence for not complying with schedule

- if student fails to comply with schedule, may face suspension
- provisions do not apply to homeless students until 5th calendar day after enrollment

- Applies to

- Public, private, and charter schools
- Preschools and childcare centers

- No proof = no attendance, unless an exemption applies.



A.R.S. § 15-873 – Immunization Exemptions



- Medical Exemption:
 - Must be signed by a licensed physician
 - For students whose health would be endangered by immunization
 - There are three types of Medical Exemptions - parents can use ADHS form
 - **Permanent:** form must be signed before child starts school or within 15 days of entry. Healthcare professional must indicate in writing the specific medical condition that precludes immunization, and which immunizations are exempted. **This form does not expire and does not need to be re-submitted**
 - **Temporary:** when a student needs to postpone immunization because of a medical condition - student can attend school on condition that student will be immunized when temporary condition expires. When length of time for temporary exemption has expired, student must receive vaccination.
 - **Laboratory evidence** of immunity/disease history: when a student has a history of a vaccine-preventable disease and parent does not want immunization, proof of immunity must be submitted
 - Copy of laboratory results proving immunity and ADHS medical exemption form
 - Laboratory evidence is required for measles, rubella, and varicella.
 - A letter or prescription from a medical provider is not sufficient. Must have ADHS form.

Vaccination Exemptions continued >>

- Personal Beliefs Exemption:
 - Allowed for K–12 students (not preschools)
 - Must be signed by the parent or guardian
 - Form required testifying immunizations are against personal beliefs of parents/gaurdians.
 - Only valid fo K-12, not childcare centers, preschools or HeadStart
- Religious Exemption:
 - A signed statement by parent/guardian asserting immunization is against religious beliefs
 - Only valid for childcare, preschool or Headstart students.
- Exemption Limitations:
During an outbreak of a vaccine-preventable disease, even exempt students may be excluded from school (see A.R.S. § 15-873(C)).

The Exemptions from Immunizations Provide and Documentation Requirements



A.R.S. § 15-874: immunization reporting requirements and records

- a. immunizations must be recorded on school immunization record - standardized form from ADHS and ADE. Part of student record and open to inspection from DHS and local health department.
- b. requirements for record:
 - i. name, DOB, date of admission
 - ii. vaccines received, date of dose, schedule for completion, laboratory evidence of immunity, exemptions, additional information
- c. school required to file and submit report with local health dept by Nov 30 of each year stating number of students attending who have completed vaccine requirements or submitted laboratory evidence of immunity, number of students with incomplete vaccines, number of exempt students

A.R.S. § 15-873: exemptions from immunization

Documentary proof is not required if the parent/guardian submits

- A signed form from ADHS to school stating parent/guardian receiving information and immunizations from DHS and understands risks/benefits of immunizations and due to personal beliefs, Parent/guardian does not consent to immunization

OR

Documentary proof not required if parent/guardian submits written certification signed by parent/guardian and physician or NP that states a required immunization would be detrimental to the student's health and explains the specific nature and potential duration of the medical condition precluding immunization

*****Exemption forms must be resubmitted when student enrolls in new school, transfers schools, vaccine requirements change, ADHS form changes

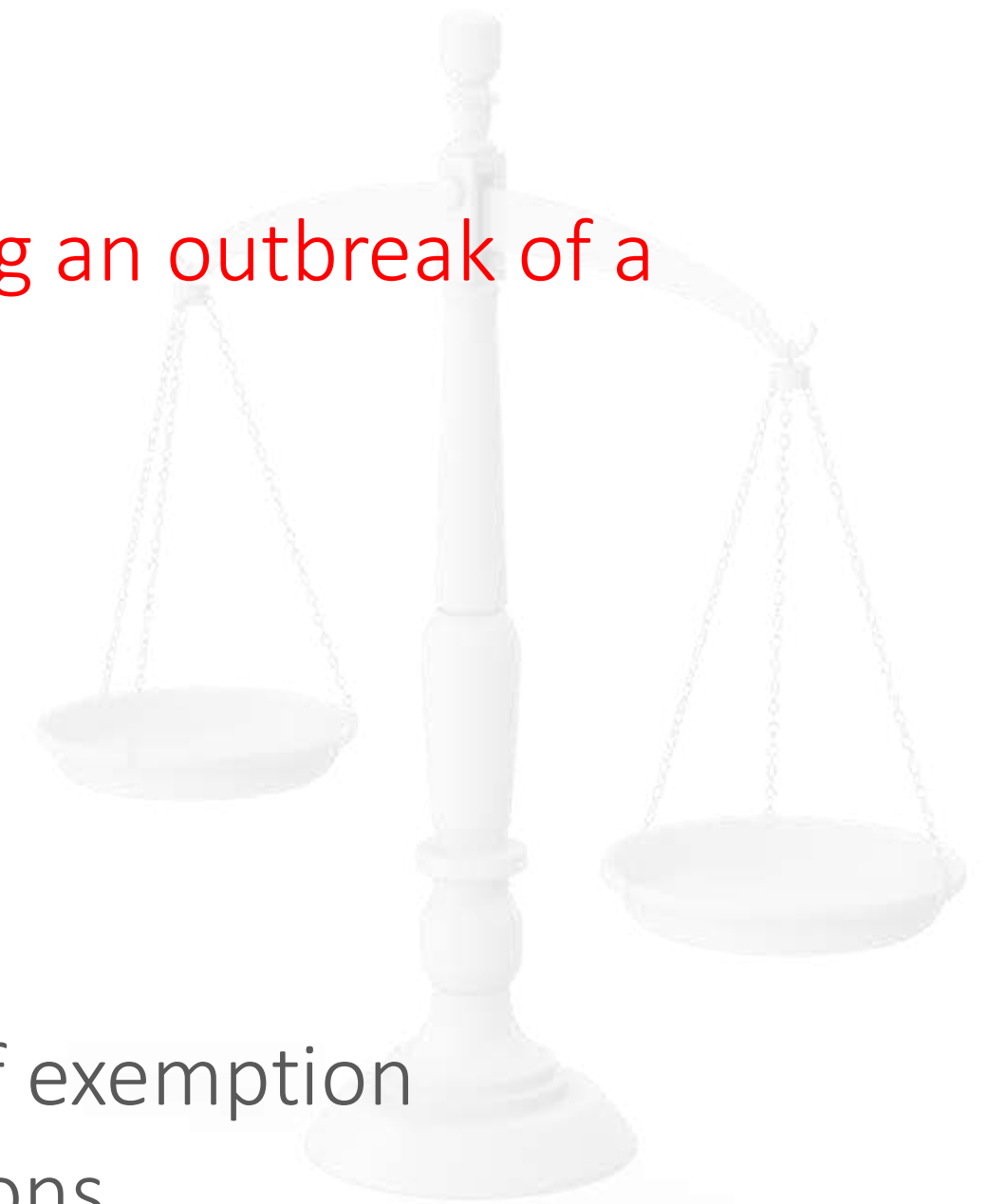
Does not apply to medical exemption forms

School can also require forms to be submitted more frequently

A.R.S. § 15-873(C) – Immunization & School Attendance



- Arizona law states:
- “A child who is not immunized shall not attend school during an outbreak of a communicable immunization-preventable disease.”
- Applies even if exemption has been granted
- School nurses may need to:
 - Notify parents
 - Coordinate with public health authorities
- Highly contagious diseases
- If an outbreak occurs:
 - Non-immunized students may be excluded regardless of exemption
- School nurses help implement public health recommendations



A.R.S. § 15-874 – Immunization Records and Reporting



- Schools are required to:
 - Maintain immunization records for each student
 - Report immunization data to the Arizona Department of Health Services (ADHS)
 - Protect student health data privacy under FERPA



A.R.S. § 15-873(C) – Exclusion During Outbreaks



- Schools must **exclude non-immunized students** from attendance during an outbreak of:
 - Measles, Mumps, Rubella, etc.
- This applies even if a valid exemption is on file.



Masking – Health Safety & Parental Consent



- A.R.S. § 1-611:
 - Schools **cannot require** a student to wear a mask without parental consent
 - Must navigate between district protocols and legal limitations

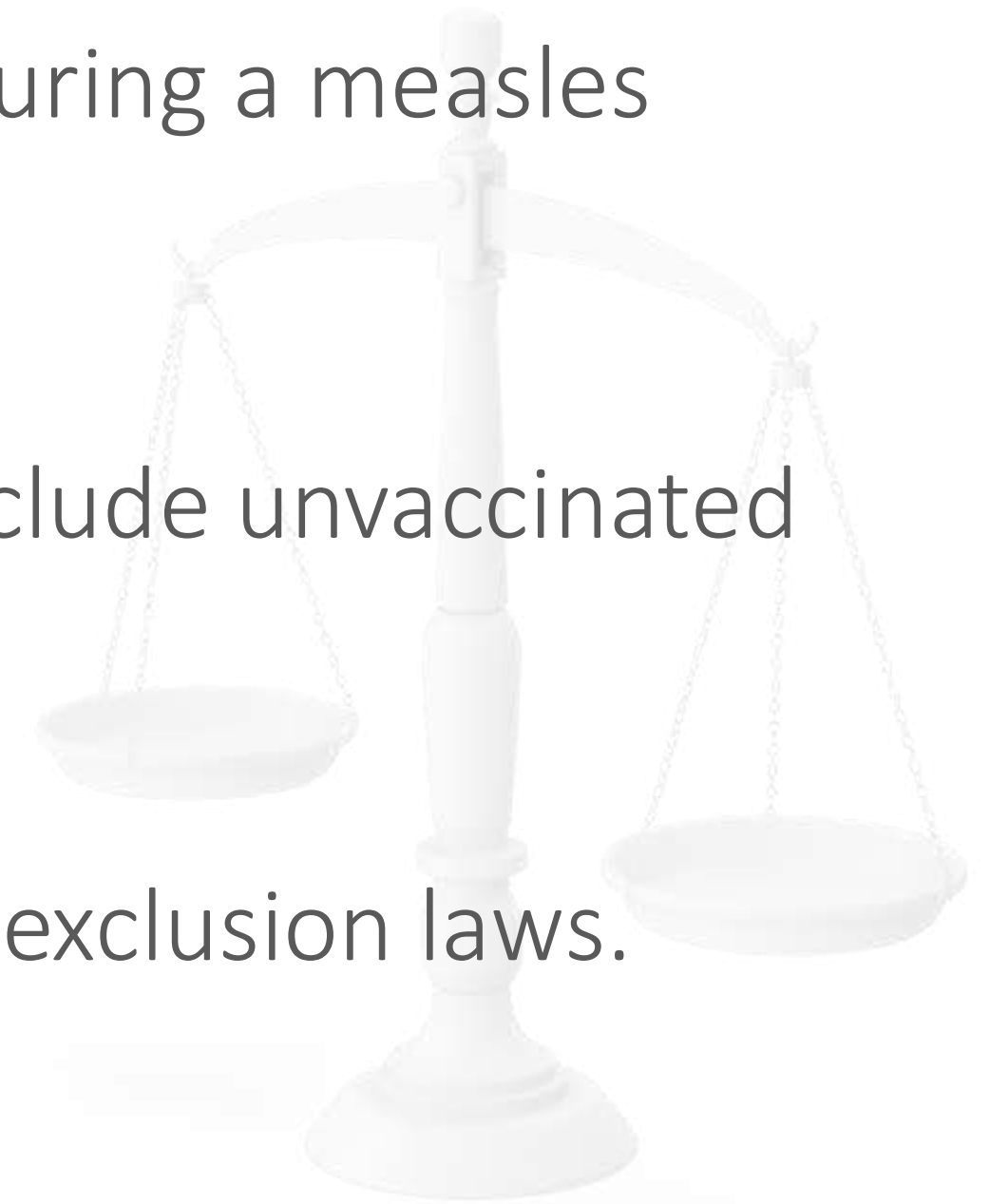


Arizona Cases on School Vaccinations During Communicable Disease Outbreaks: Balancing Rights

In re the Matter of the Health and Safety of Student A, Maricopa County Superior Court (2020)



- **Summary:** Case addressing exclusion of a student during a measles outbreak due to lack of immunization.
- **Significance:** Court upheld Arizona's authority to exclude unvaccinated students during outbreaks per A.R.S. § 15-873(C).
- **Impact:** Supports enforcement of outbreak-related exclusion laws.



Doe v. Arizona Department of Health Services, No. CV-19-01234 (Ariz. Super. Ct. 2019)



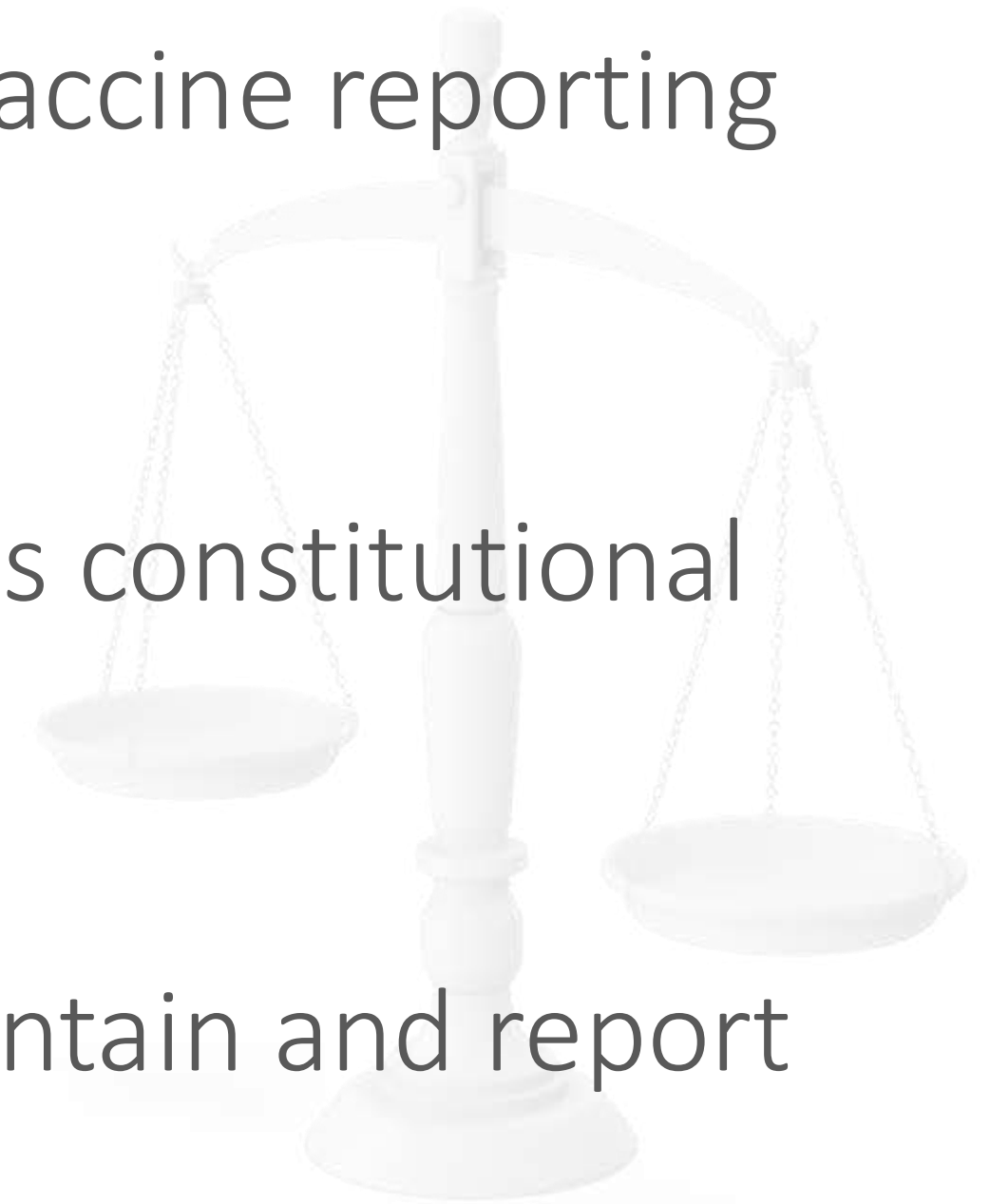
- **Summary:** Challenge to Arizona's immunization exemption statutes on religious grounds.
- **Outcome:** Court upheld the statutes, ruling that exemptions allowed by law do not violate constitutional rights when balanced against public health concerns.
- **Impact:** Validated Arizona's approach to vaccination exemptions balancing rights and safety.



Arizona Department of Health Services v. Smith, No. CV-2018-56789 (Ariz. App. 2018)



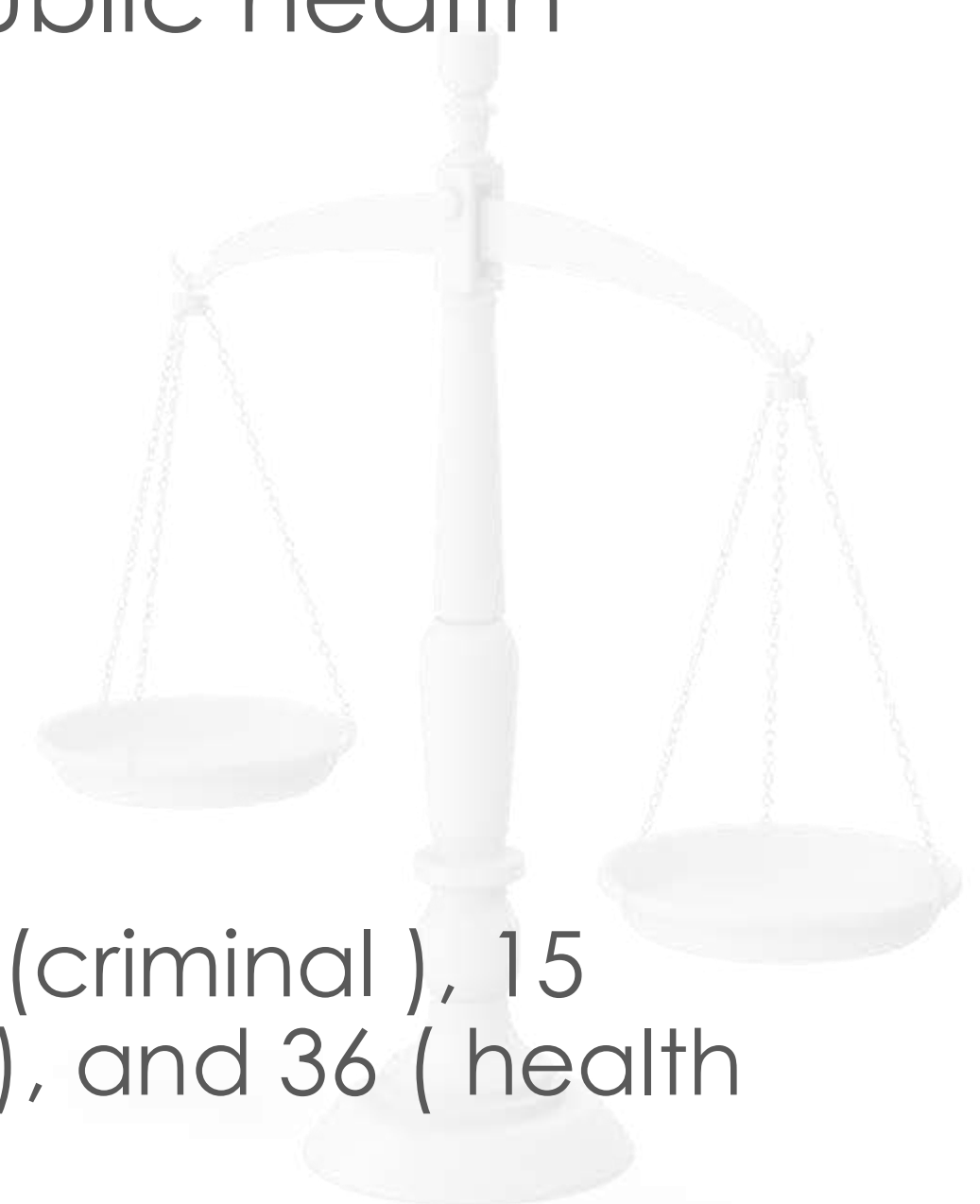
- **Summary:** Addressed parental challenge to vaccine reporting requirements by schools.
- **Outcome:** Court ruled reporting requirements constitutional and necessary for public health surveillance.
- **Impact:** Affirmed school responsibility to maintain and report immunization data.



Summary



- Parental rights are strong in Arizona, but public health mandates still apply during outbreaks
- School nurses must:
 - Follow legal and ethical responsibilities
 - Act as health leaders and legal liaisons
 - Ensure compliance with laws including Title 13 (criminal), 15 (education), 32 (professions and occupations), and 36 (health and safety).

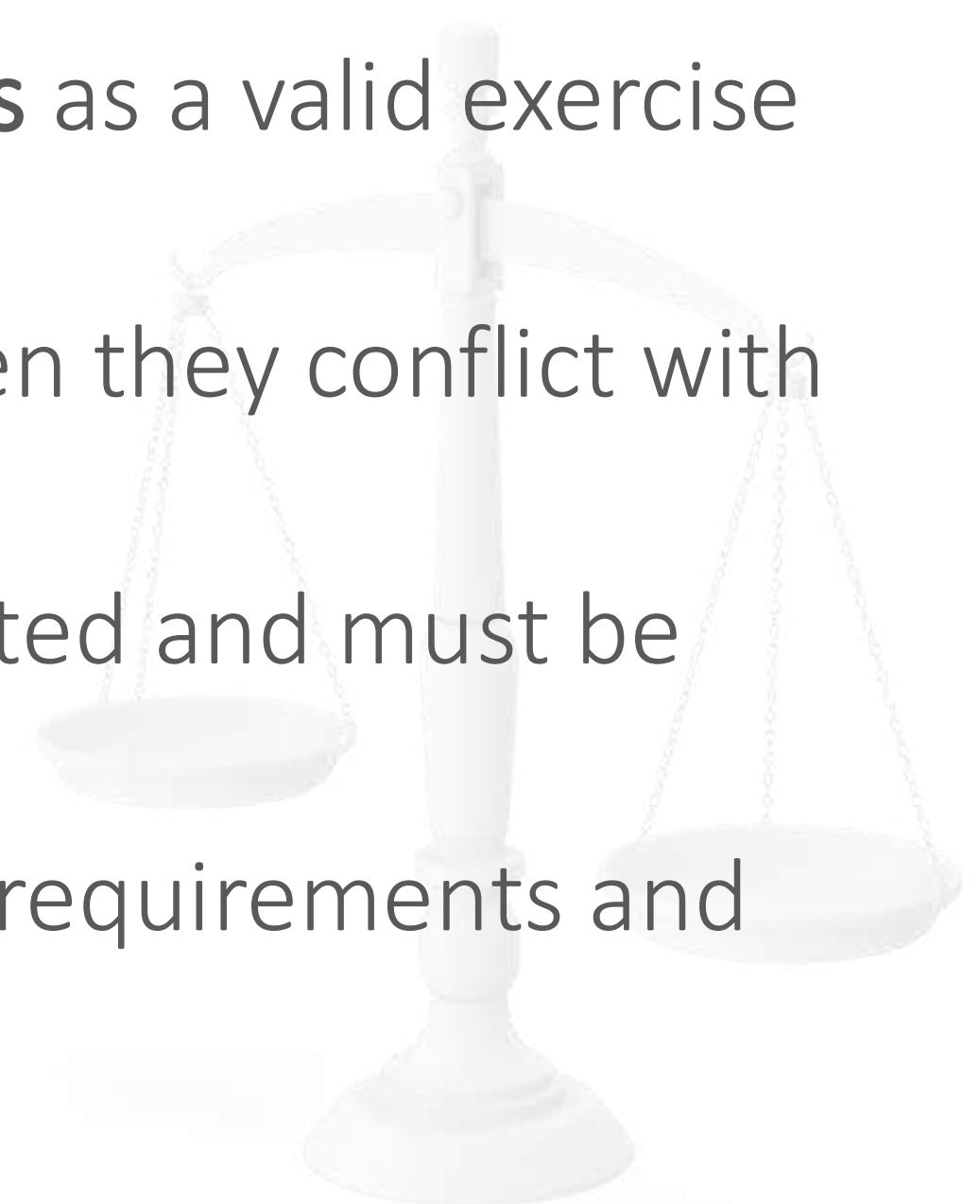


Summary



Courts generally **support school vaccination mandates** as a valid exercise of public health authority.

- Parental rights are recognized but **not absolute** when they conflict with community health.
- Religious and medical exemptions exist but are limited and must be explicitly provided by law.
- Arizona courts uphold state laws enforcing vaccine requirements and exclusions during outbreaks.





Part 4: Supporting Students with Accommodations



Diabetes Management



- Chronic conditions like diabetes require **daily medical support**
- Parent may insist on specific treatments or monitoring schedules
- School nurse's responsibilities:
 - Follow student health plans
 - Coordinate with parents & physicians
 - Ensure ADA and FERPA compliance



Diabetes and the ADA



Federal law protects a student's right to receive diabetes care. Arizona also has substantially equivalent state law.

Always review a student's need for accommodations on a case by case basis.
Always engage in an interactive process.

Best practices for schools:

1. Training staff to monitor blood glucose levels and administer insulin and glucagon
2. Train staff to provide diabetes care during field trips, extracurricular events, school sponsored activities
3. Capable students can self-manage diabetes anytime, anywhere
4. Do not require family members to provide diabetes care at school
5. Do not require students to transfer to a different school for diabetes care
6. Do not prevent students with diabetes from participating in field trips, sports, school sponsored activities

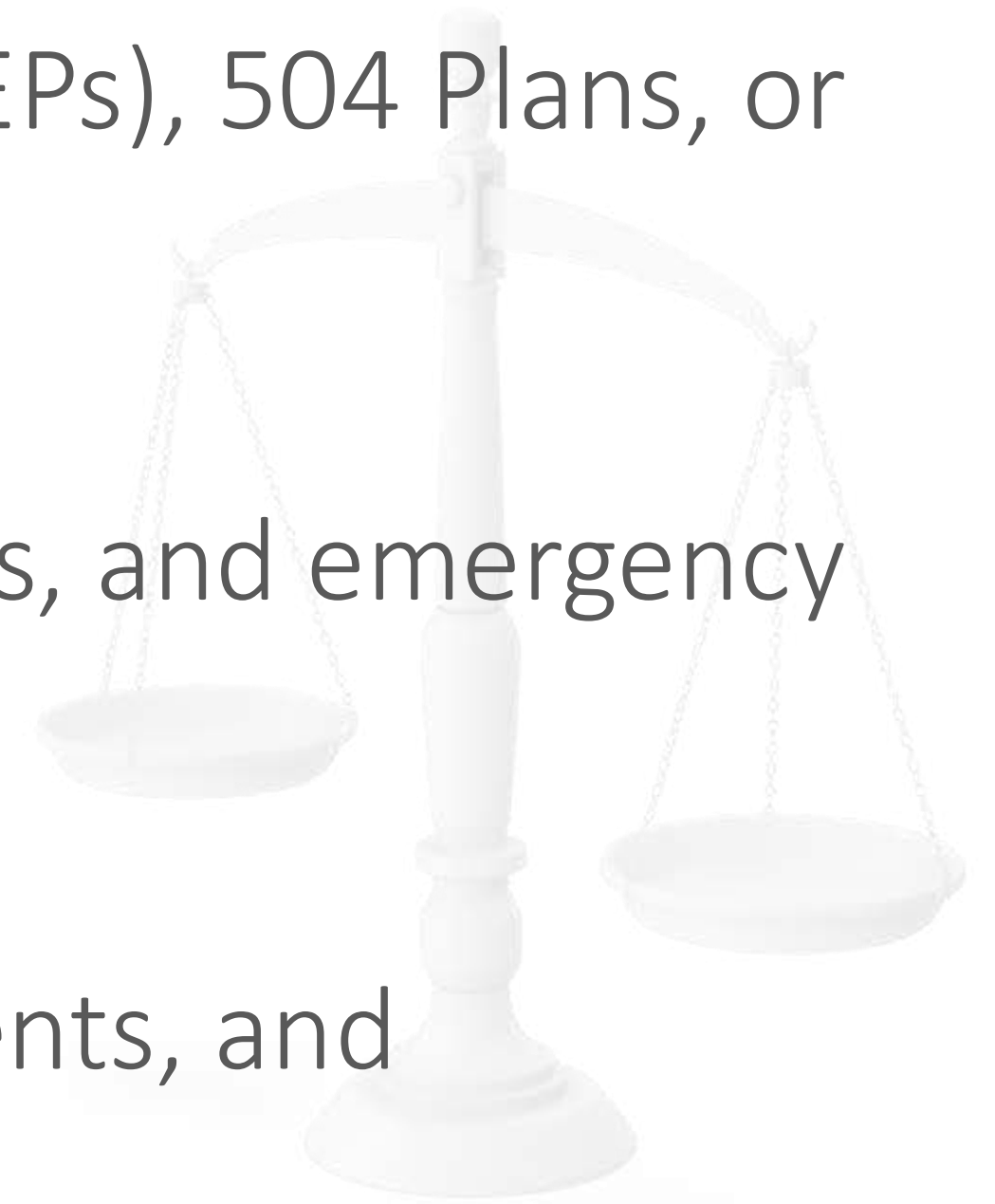
i. Parents right to opt-out: parents can elect to administer diabetes care and prohibit school staff from doing so

1. If parent requests to administer diabetes care, parent should follow all school guidelines for coming to campus to administer care
2. Parent should administer care in the nurse's office
3. Parent and school should execute a waiver acknowledging the parent's request that the school not provide diabetes care
 - a. Waiver should include any emergency exemptions as applicable and agreeable with the family



Understand the Student's Individualized Plan or 504 Plan >>

- Review Individualized Education Programs (IEPs), 504 Plans, or other accommodation documents
- Know specific health needs, accommodations, and emergency protocols
- Collaborate with special education staff, parents, and healthcare providers



Communicate Effectively



- Use clear, age-appropriate language with students
- Keep open communication lines with parents, teachers, and healthcare providers
- Document all nursing interventions and communications



Maintain Confidentiality

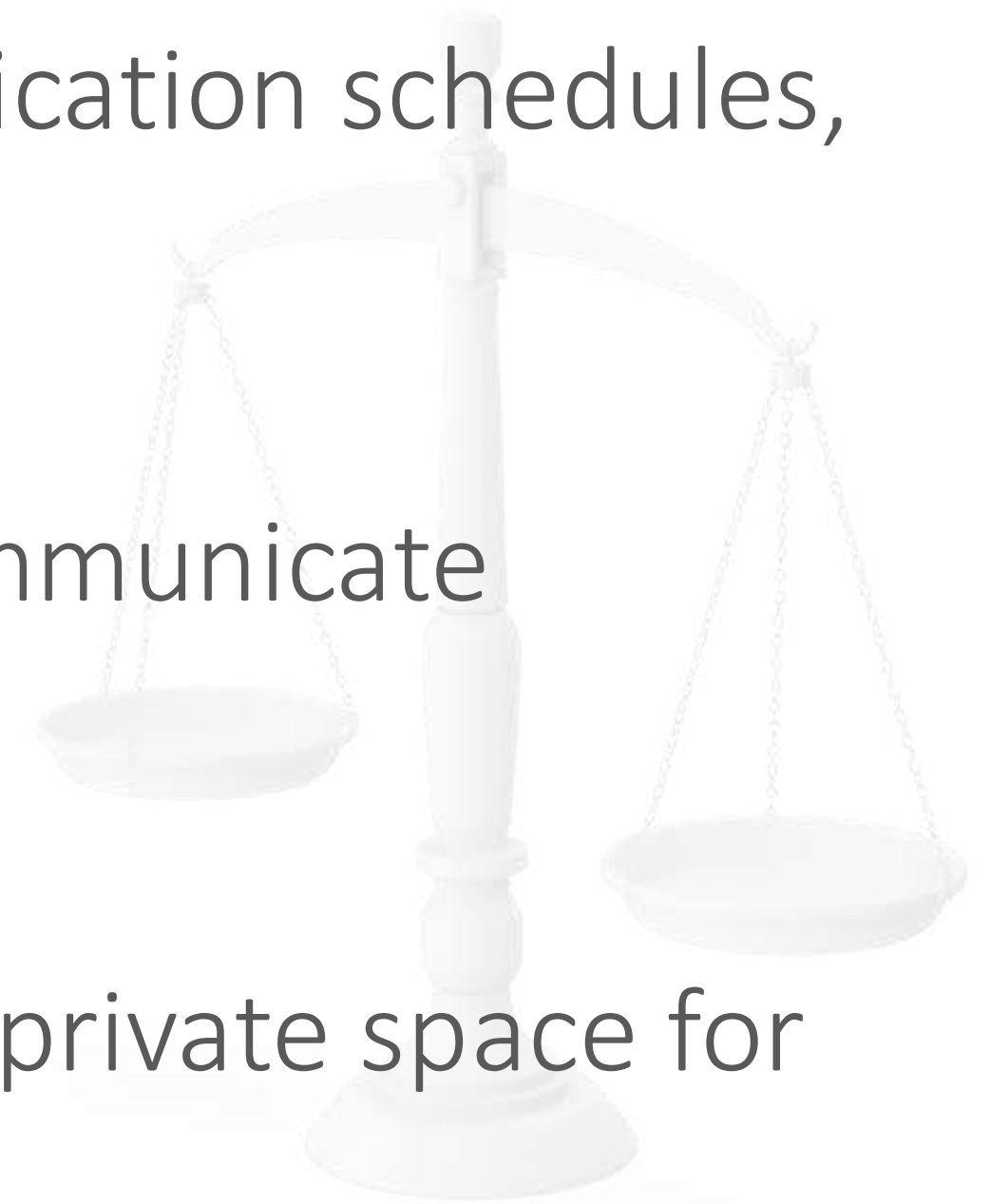


- Protect student health information per **FERPA** and **HIPAA** regulations
- Share information only with authorized school personnel and caregivers

Provide Safe and Consistent Care



- Follow accommodation plans precisely (medication schedules, mobility aids, dietary restrictions)
- Monitor for changes in health status and communicate concerns promptly
- Ensure accessibility to nursing services (e.g., private space for treatments)



Coordinate Multidisciplinary Support



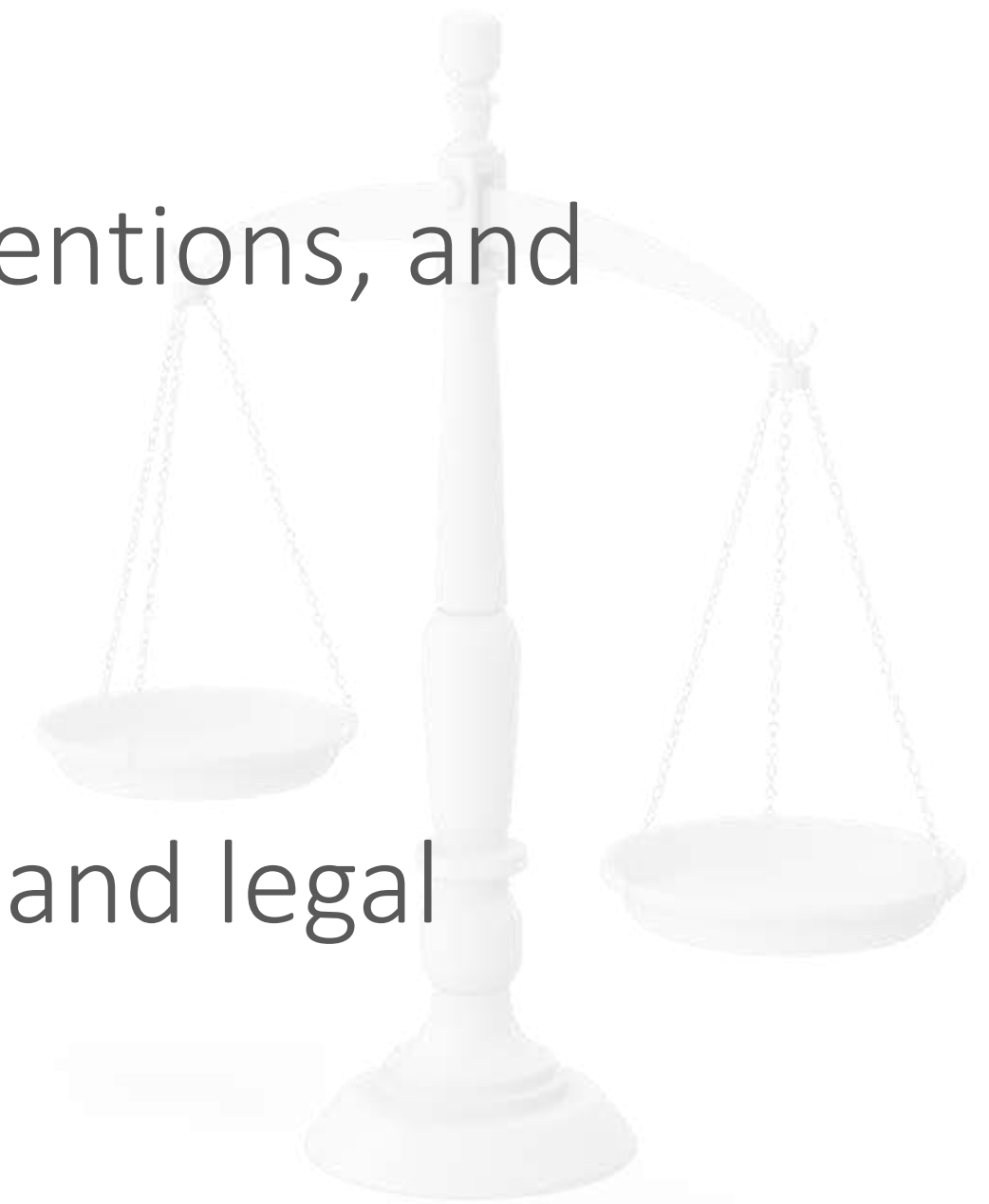
- Participate in team meetings regarding student accommodations as needed
- Advocate for health-related needs in educational planning
- Facilitate referrals to outside healthcare or social services as needed



Document Thoroughly



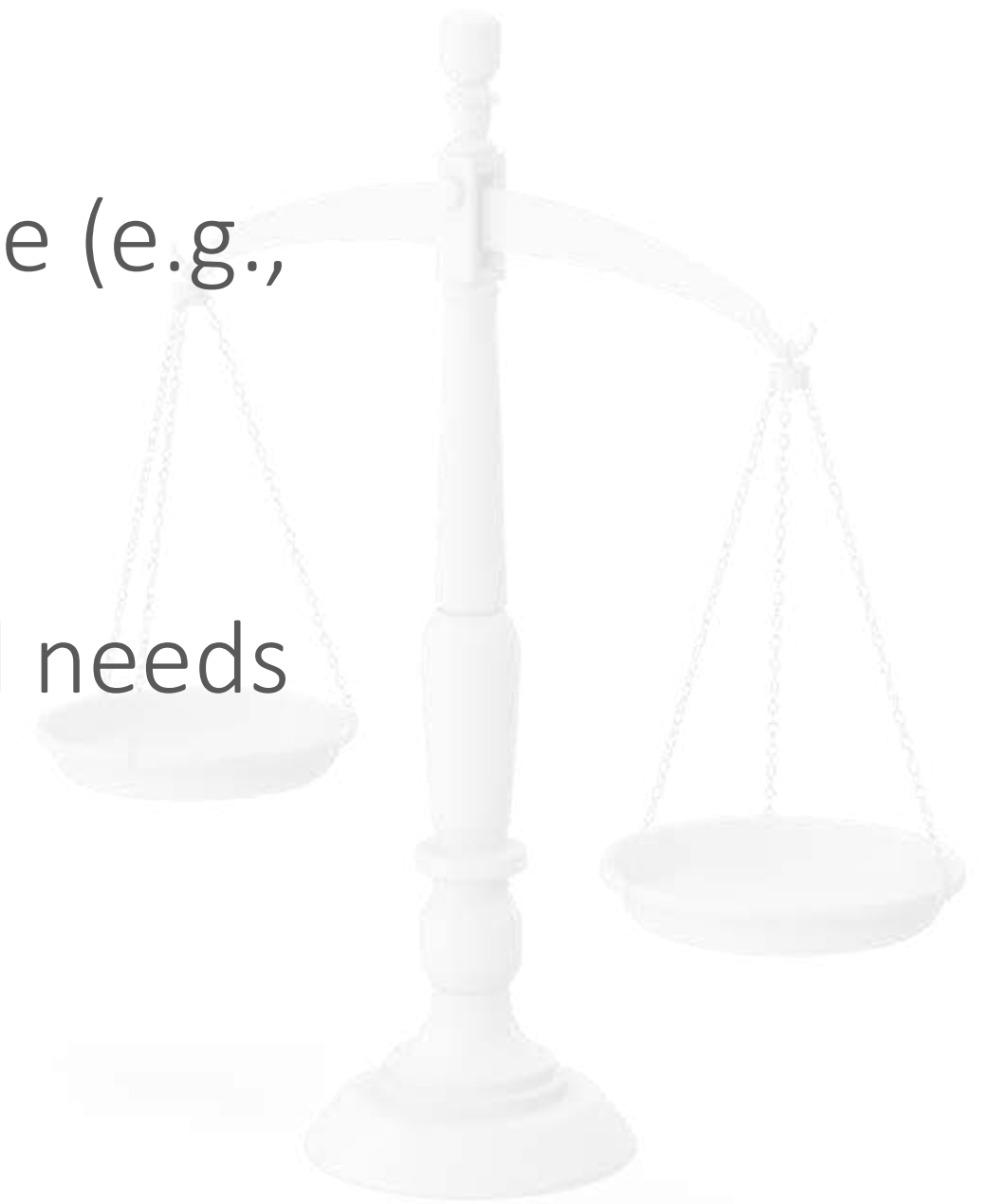
- Keep detailed records of assessments, interventions, and outcomes
- Ensure documentation complies with school and legal standards



Promote Student Independence and LRE



- Encourage self-management skills when appropriate (e.g., administering medication, monitoring blood sugar)
- Provide education tailored to student's abilities and needs



Prepare for Emergencies



- Know each student's emergency health plan
- Train staff and students on how to respond to health crises (seizures, allergic reactions)
- Keep emergency supplies accessible and up to date



Emergency Operations Plans (ARS 15-341(A)(31)) >>>

- **Key Provisions:**
 - Requires each school site to have an emergency operations plan that meets minimum state requirements.
 - Modifications mandate that plans address how schools and emergency responders will communicate with and assist students with disabilities.
- **Impact:** Ensures school nurses are integral to emergency preparedness and response, particularly for students with special needs.

Educate and Empower School Community



- Provide training for staff on health accommodations and student needs
- Promote awareness and reduce stigma related to disabilities or chronic conditions
- Training increases knowledge which then reduces fear

Best Practices



- Communicate proactively with families
- Document appropriately
- Know when to escalate legal or ethical concerns
- Work closely with school admin, legal counsel, and district policy



Stay Informed and Trained



- Update knowledge on disability laws, accommodations, and best nursing practices
- Participate in professional development related to special needs and inclusive care



Part 5: Arizona Law on Reporting Child Abuse in Schools



Who Must Report?



- All school personnel are **mandated reporters** including:
 - Teachers
 - School nurses
 - Counselors
 - Administrators
 - Support staff



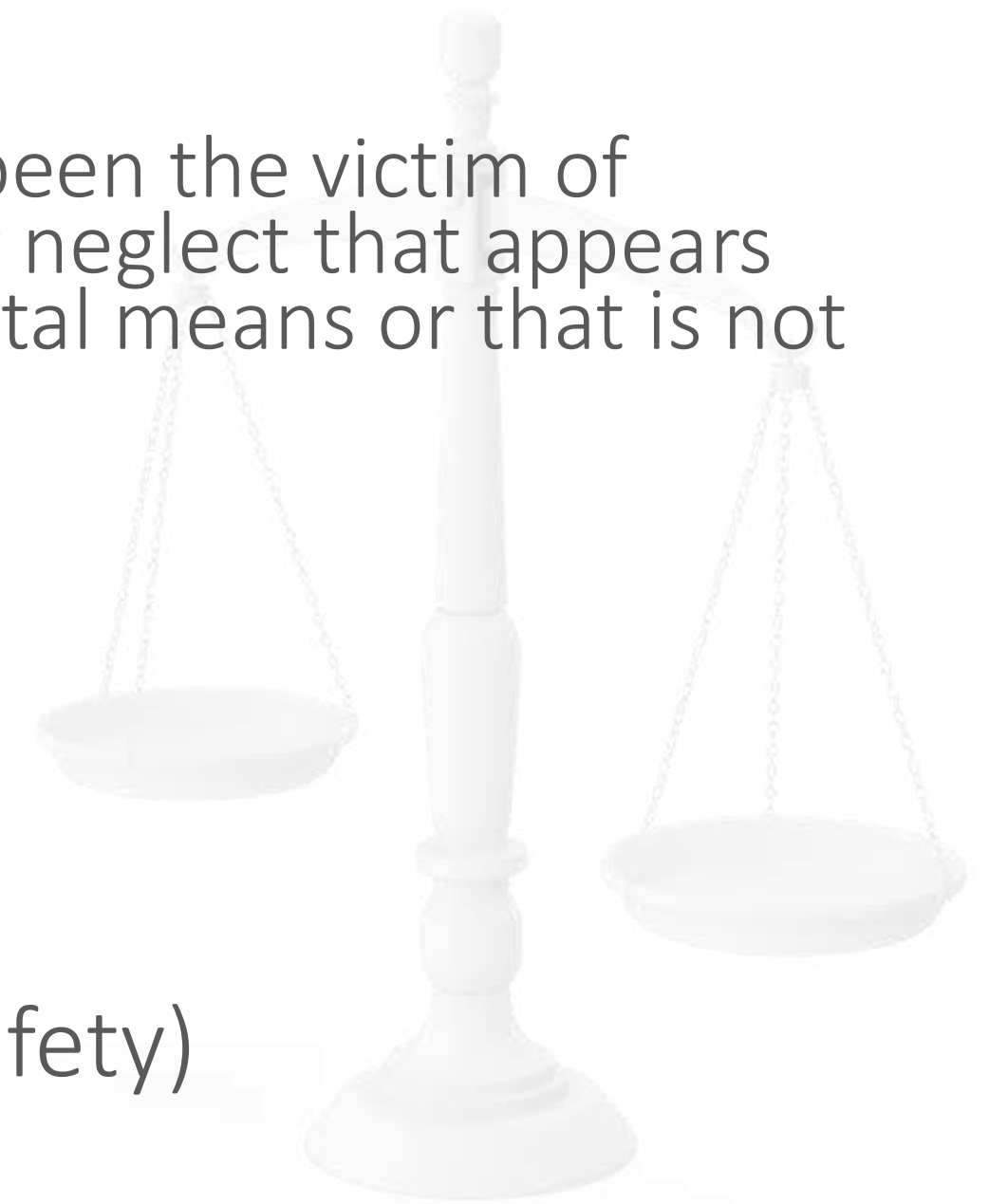
Mandated Reporting – A.R.S. § 13-3620



- What must be reported

A Person who reasonably believes that a minor is or has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect that appears to have been inflicted on the minor by other than accidental means or that is not explained by available medical history...”

- Abuse
- Neglect
- Exploitation
- Must report to:
 - Law enforcement or DCS (Department of Child Safety)
- Failure to report can lead to legal consequences



What Must Be Reported?



- Physical abuse: Injuries or harm caused intentionally
- Sexual abuse or exploitation: Any sexual activity or exposure
- Emotional abuse: Verbal assault, threats, or neglect of emotional needs
- Neglect: Failure to provide basic needs (food, shelter, medical care)
- Any threat to child's welfare or safety

Suicidal Ideation – Immediate Action Required



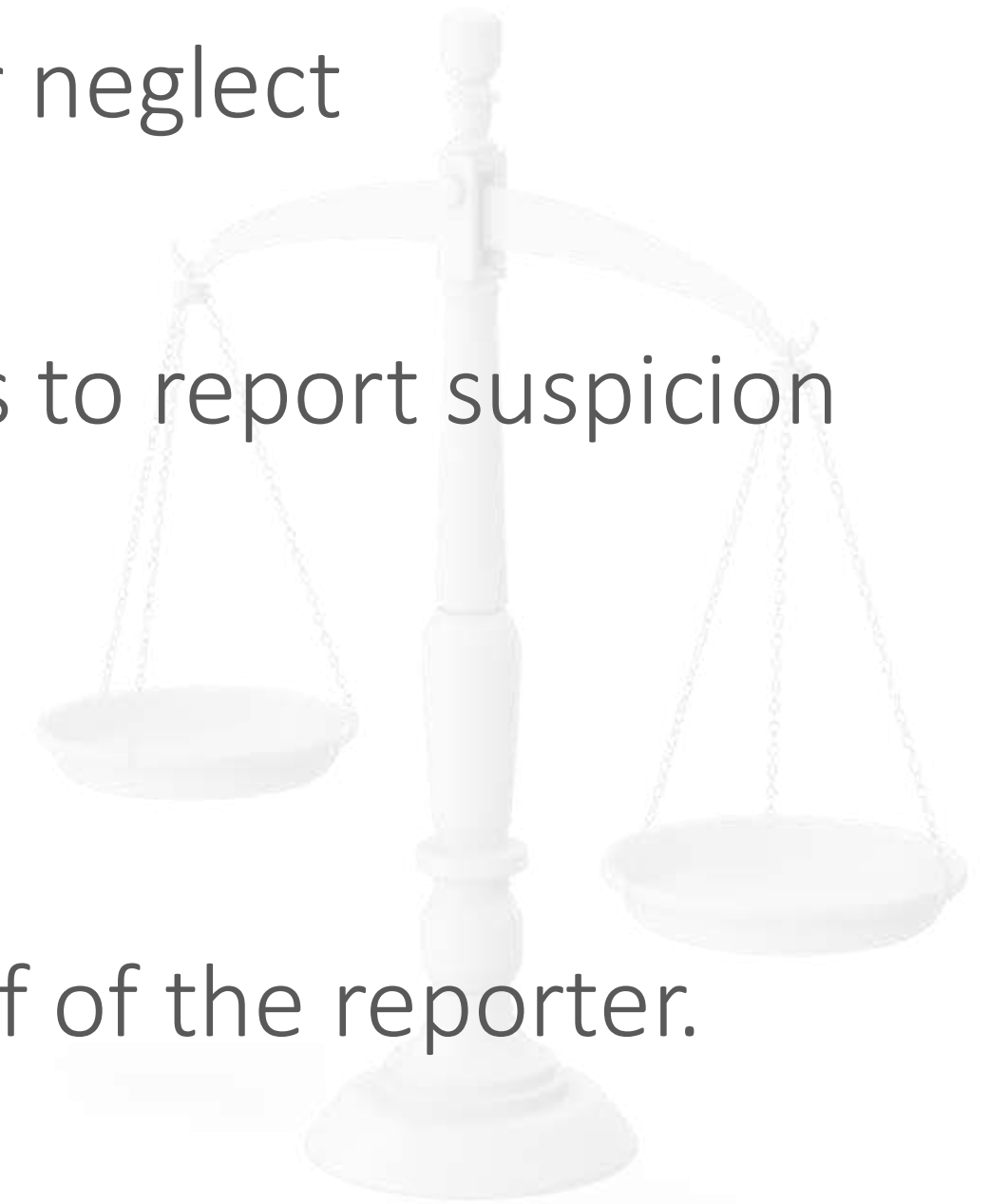
- Watch for:
 - Verbal threats
 - Behavioral signs
- Immediate steps:
 - Notify mental health staff and parents
 - Follow crisis protocol
 - Document all actions and communications



When to Report



- Immediately when you **reasonably suspect** abuse or neglect
- Do **not** wait for proof or investigation — your role is to report suspicion
- Early reporting can save a child from harm
- Remember: Reasonable belief is based on the belief of the reporter. This is a non-delegable duty.



How to Report



- Contact:
 - DCS (formerly CPS)
 - Local law enforcement
- Reporting methods:
 - Phone call (preferred for immediate concerns)
 - Written report if required
- Provide as much detail as possible:
 - Child's name, age, and location
 - Description of suspected abuse
 - Your name and contact info (confidential)



Why Reporting Matters



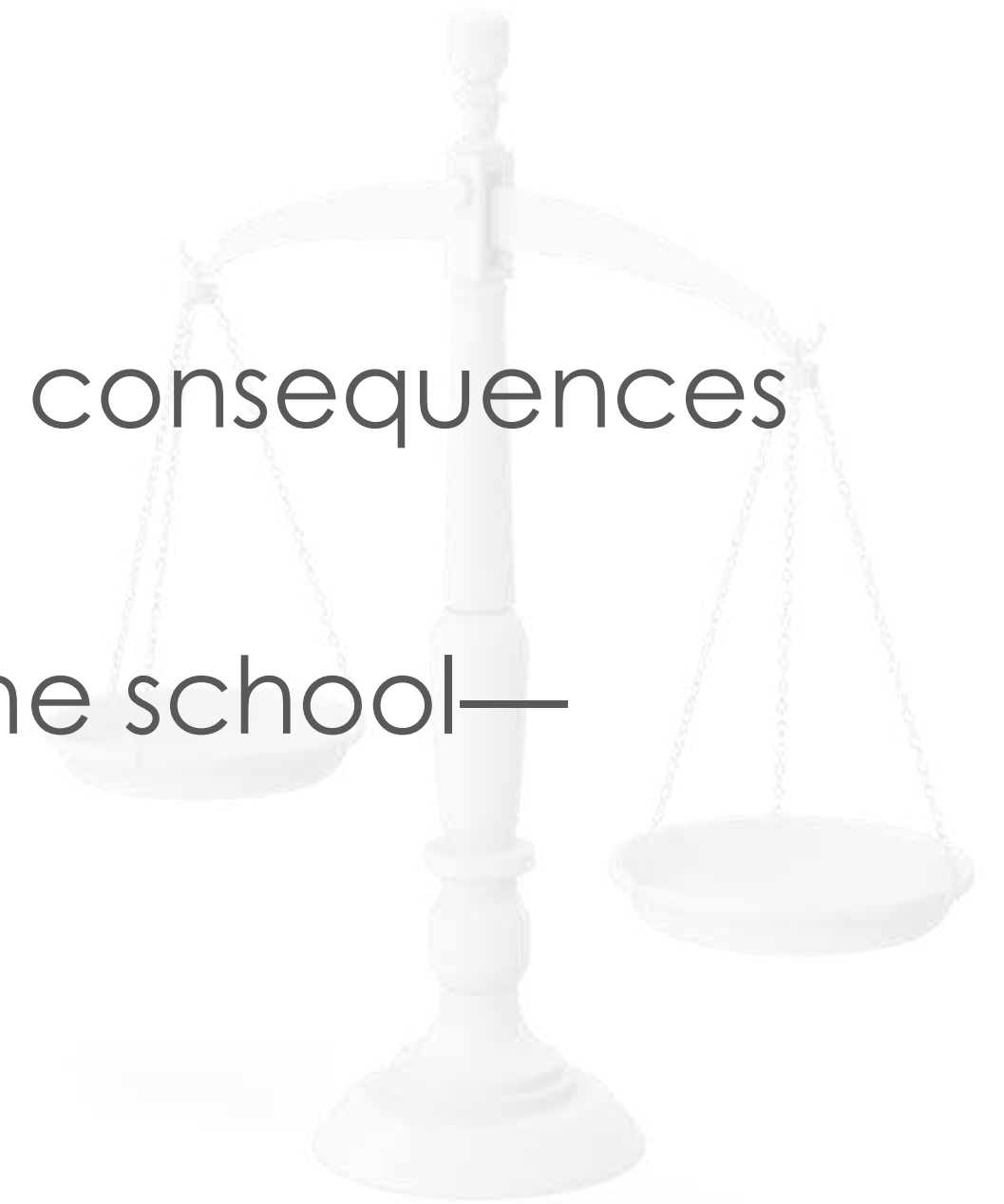
- Protects vulnerable children
- Prevents further abuse or neglect
- Legal and ethical responsibility of school staff
- Ensures a safe learning environment



Consequences of Not Reporting



- Failure to report is a **Class 1 misdemeanor**
- May result in fines, legal penalties, and job consequences
- Protect children , protects you, protects the school—
reporting is a legal obligation



School Responsibilities



- Annual training on mandated reporting laws
- Clear procedures and contacts for reporting abuse
- Cooperation with CPS and law enforcement investigations
- Supporting affected students with confidentiality and care

Legal Protections for Reporters



- Immunity from civil or criminal liability when reporting in good faith A.R.S. § 13-3620(F)
- Confidentiality: Your identity will be kept confidential with limited exceptions
- Protects you so you can report without fear of retaliation

Confidentiality and Privacy



- Protect student health information under FERPA
- Share information only with authorized school staff and healthcare providers
- Maintain secure health records



Additional Reporting Obligations



- **Nurses are also mandated reporters** for:
 - Communicable diseases per Arizona Dept. of Health Services guidance
 - Suicidal ideation and mental health emergencies
- Reporting protects students and supports school safety





Reporting Possible Child Neglect



Recognize Signs of Neglect



- Poor hygiene, malnutrition, unattended medical needs
- Consistent absence or lack of supervision
- Inappropriate clothing for weather
- Frequent illness or untreated injuries
- Behavioral signs: withdrawal, anxiety
- Excessive unexcused absenteeism



Document Observations Carefully



- Record objective facts with dates and details
- Avoid assumptions; focus on what you observe
- Maintain confidential health records



Maintain Confidentiality



- Share information only with authorized personnel
- Protect the child's privacy and dignity
- Avoid discussing cases with unrelated parties



Communicate with Care and Sensitivity



- Engage gently with the student if appropriate
- Avoid confronting caregivers yourself
- Provide reassurance and support to the child



Know Your School's Protocols



- Familiarize yourself with district reporting procedures
- Participate in regular training on child abuse and neglect
- Know key contacts for reporting



Collaborate with Other Professionals



- Work with counselors, social workers, and administrators
- Share relevant information during investigations
- Follow up when appropriate



Protect Yourself Legally



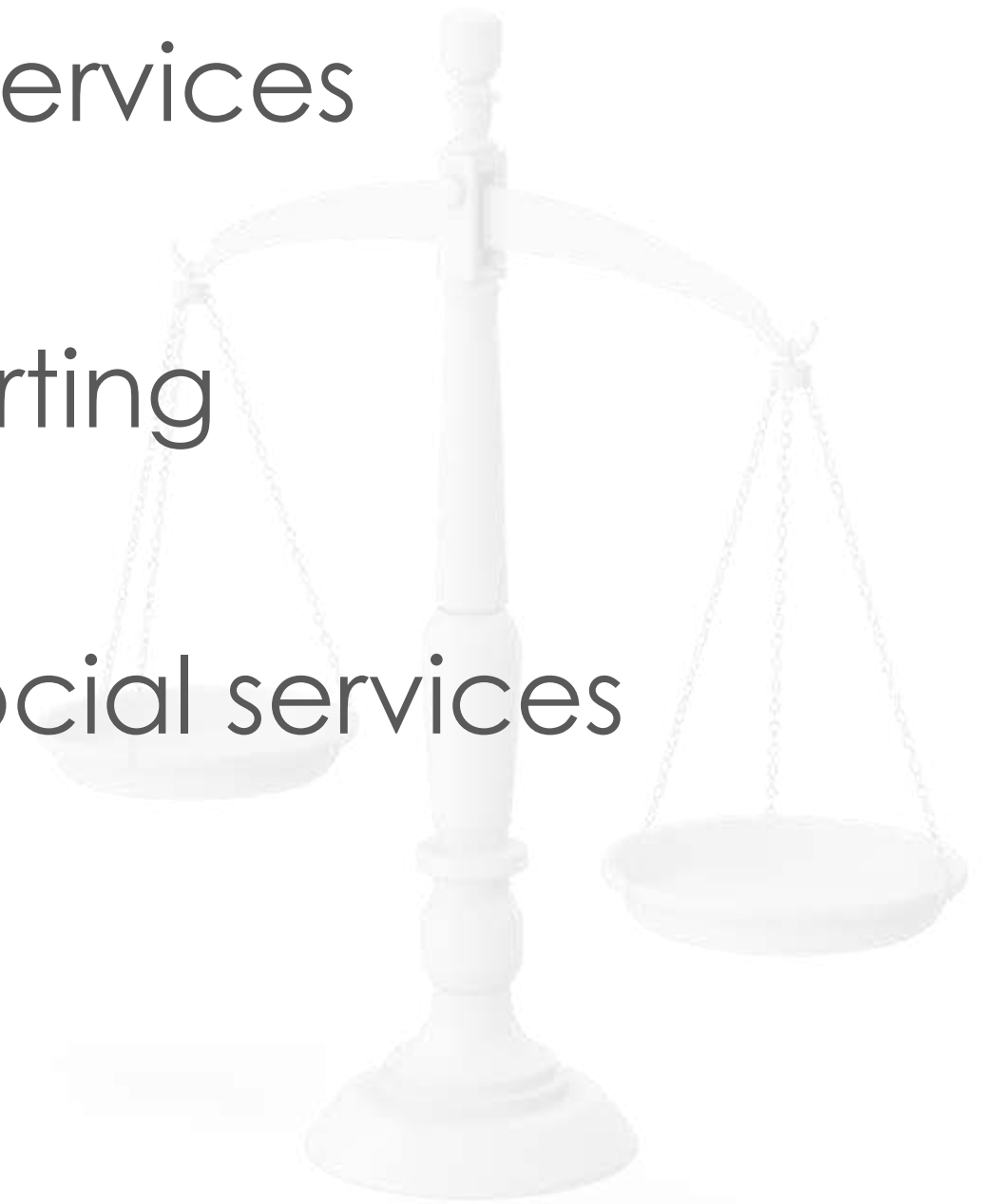
- Report in good faith — you have legal immunity
- Keep copies of reports and communications
- Seek advice if unsure about a situation



Provide Support Resources



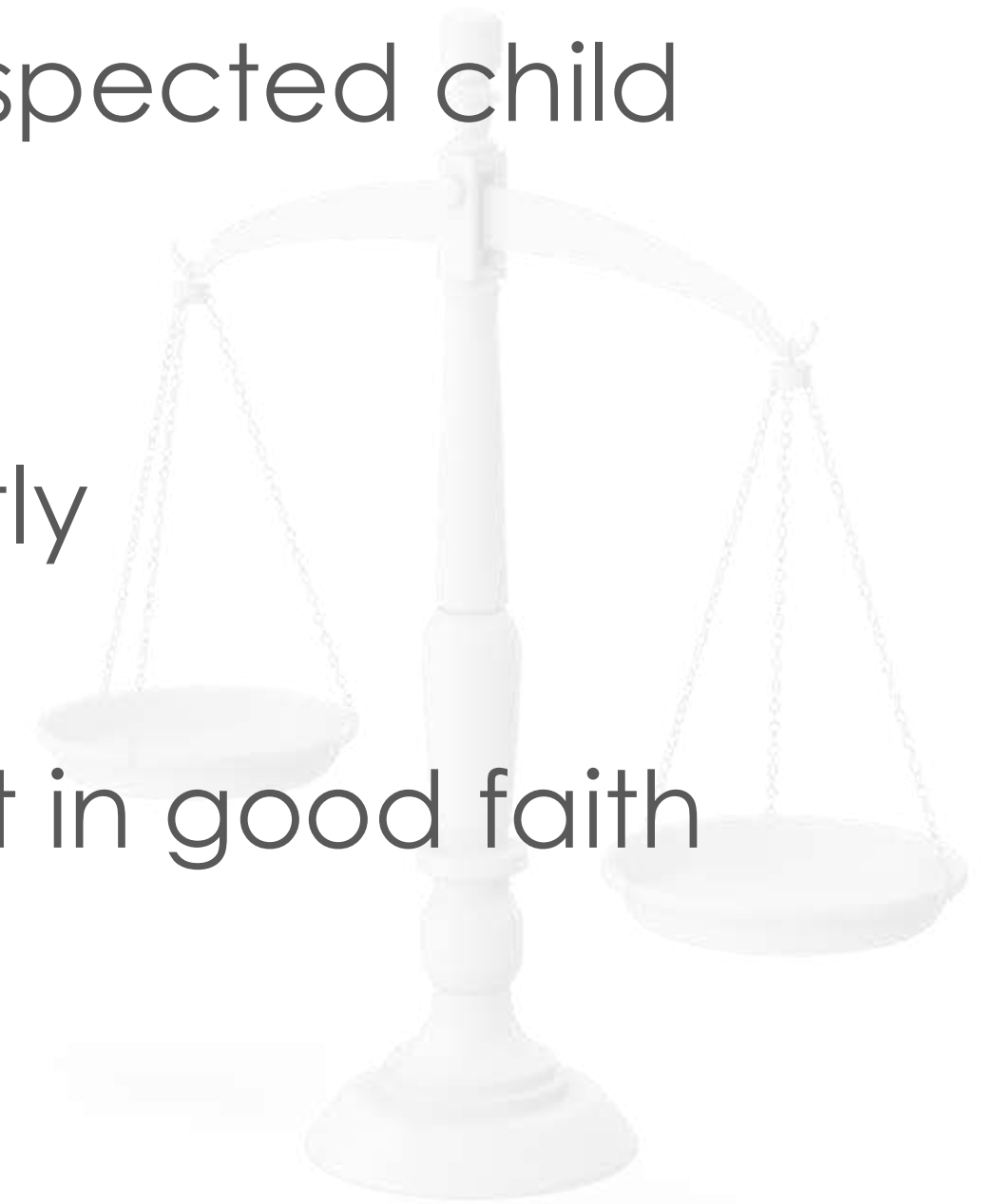
- Inform families about community support services
- Advocate for student health beyond reporting
- Help connect families with medical and social services

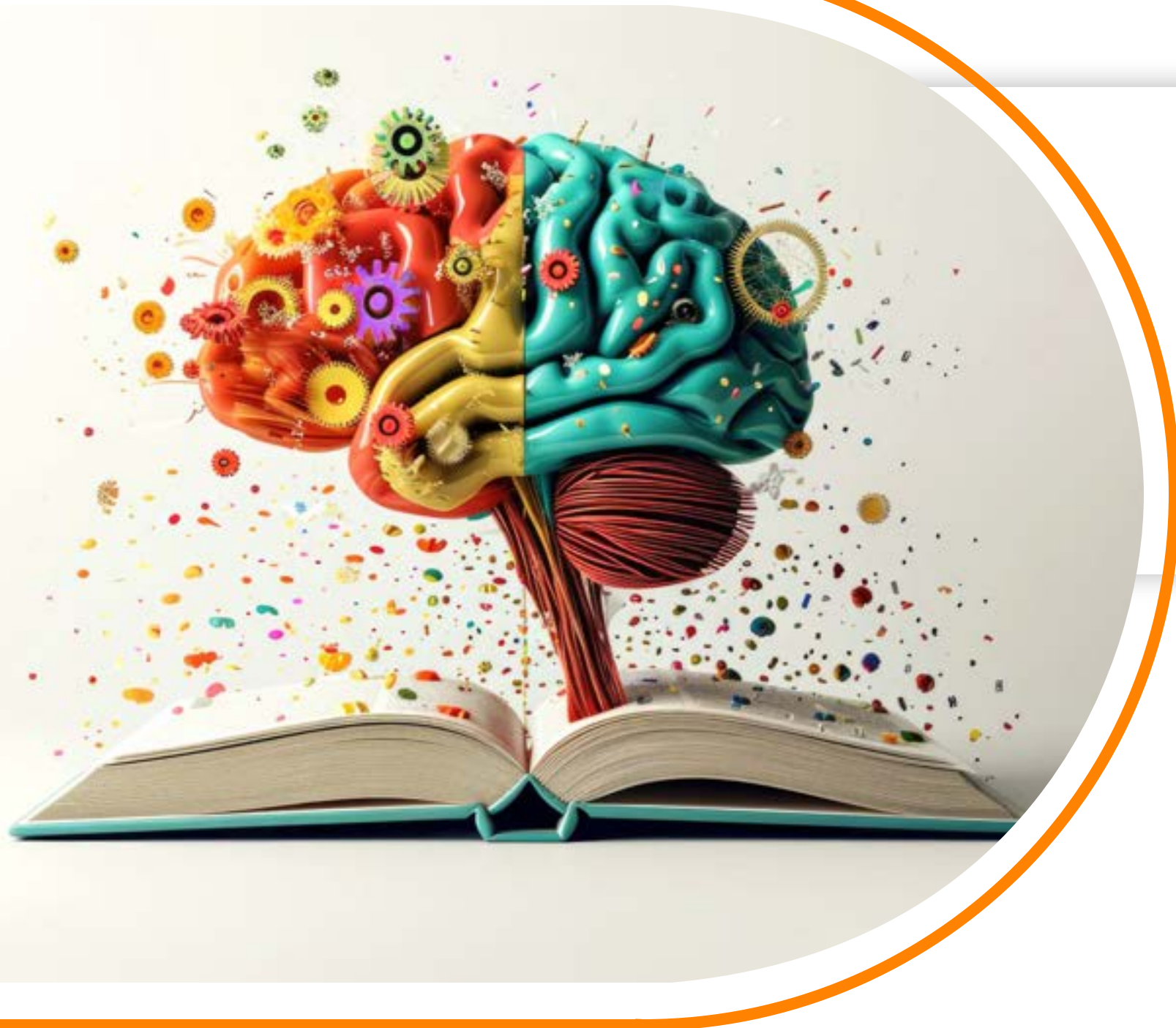


Summary



- All school staff must **immediately report** suspected child abuse or neglect
- Report to DCS or law enforcement promptly
- You are legally protected when you report in good faith
- Your actions can save a child's life





Federal Mental Health Guidance for Schools in 2025



1. Reevaluation of School Mental Health Grants

The Trump administration has canceled approximately \$1 billion in federal grants designated for school mental health programs. These grants, originally funded through the Bipartisan Safer Communities Act (BSCA) in 2022, aimed to help schools hire psychologists, counselors, and other mental health professionals.

The administration cited conflicts with its priorities, specifically concerns about the use of federal funds to promote diversity, equity, and inclusion (DEI) policies. The Department of Education confirmed that the programs were found to violate civil rights laws and intended to restructure and reallocate mental health funding to better align with the administration's focus on merit and fairness .

2. Focus on Merit-Based Funding

In line with the cancellation of previous grants, the Department of Education announced plans to re-envision and re-compete its mental health program funds. The new approach aims to support students' behavioral health needs more effectively, emphasizing merit and fairness in the allocation of resources .

3. Support for Medicaid-Based School Health Services

Despite the reduction in direct federal grants, there is currently support for integrating mental health services into schools through Medicaid. This includes providing technical assistance to help schools deliver and receive payment for health and mental health services to eligible students .



Executive Orders and Federal Directives

Executive Order: Ending COVID-19 Vaccine Mandates in Schools



Background and Purpose of Executive Order



- National debate over vaccine mandates in schools
- Concerns over parental rights and government overreach
- Executive action taken to limit federal influence in school health policy

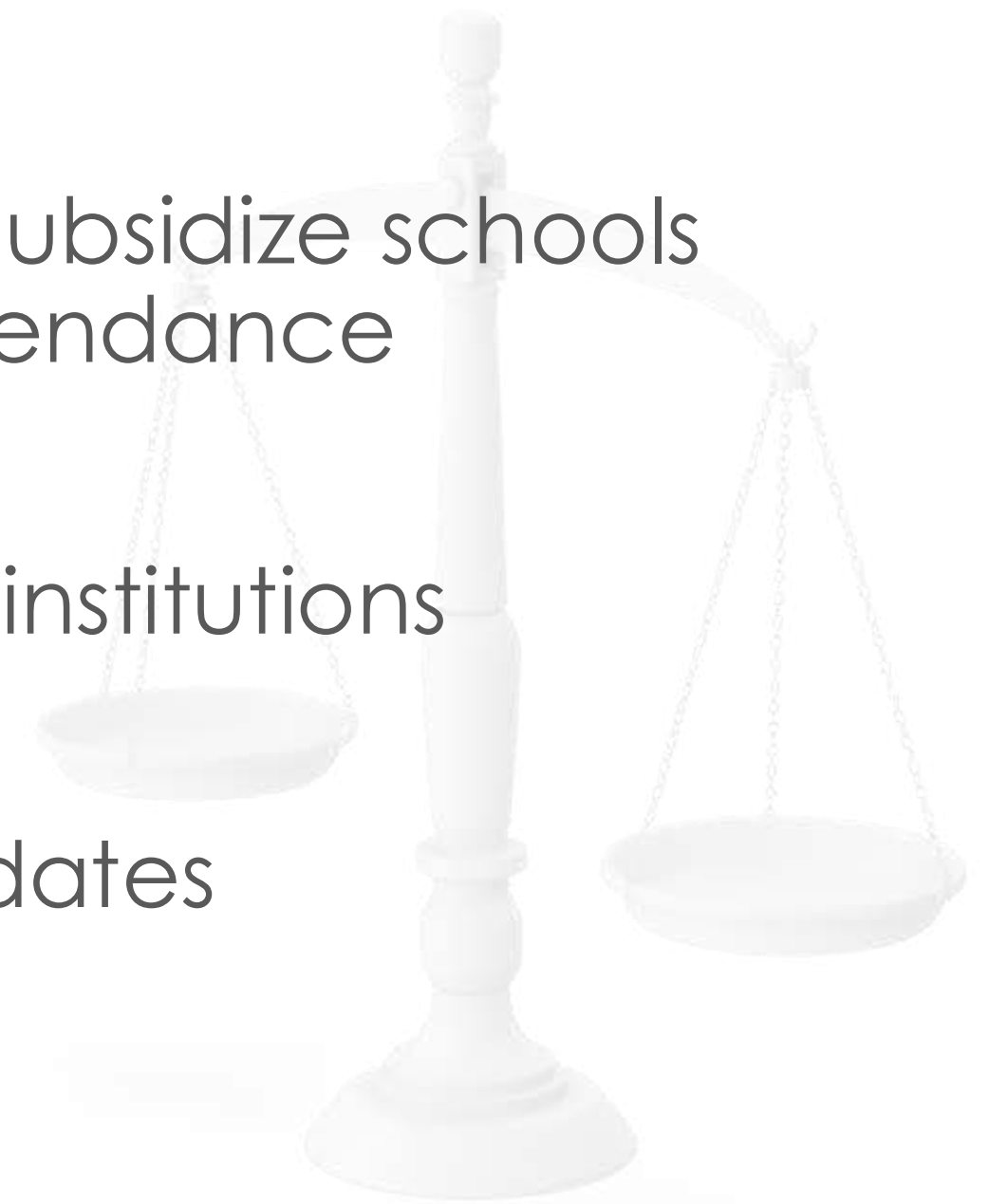


Key Provision #1: Funding Restrictions



Federal Discretionary Funds:

- Prohibits us of certain federal funds to support or subsidize schools requiring COVID-19 vaccinations for in-person attendance
- Applies to K–12 and potentially higher education institutions
- Designed to limit financial incentives tied to mandates

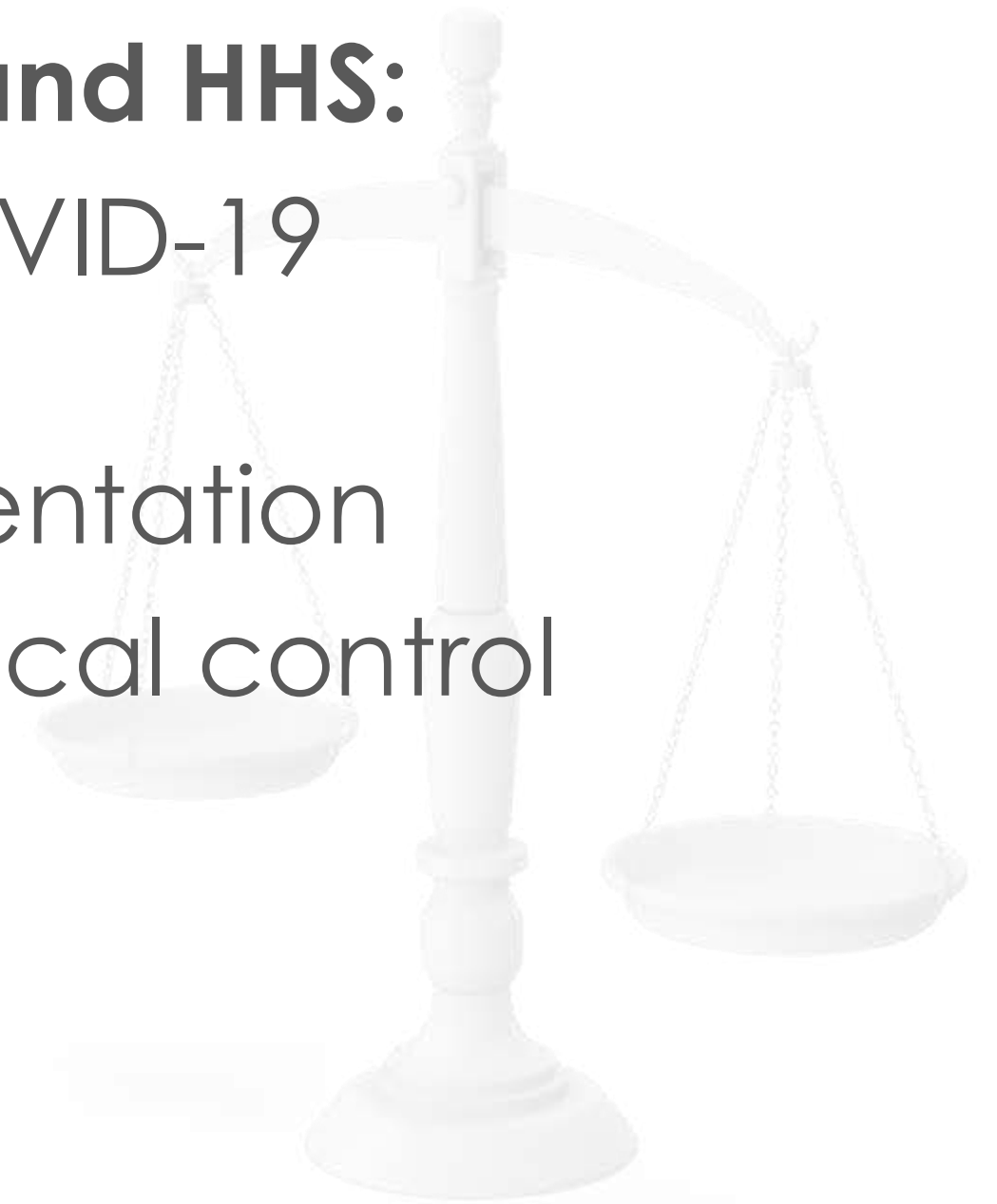


Key Provision #2: Federal Agency Directives



Directives to U.S. Department of Education and HHS:

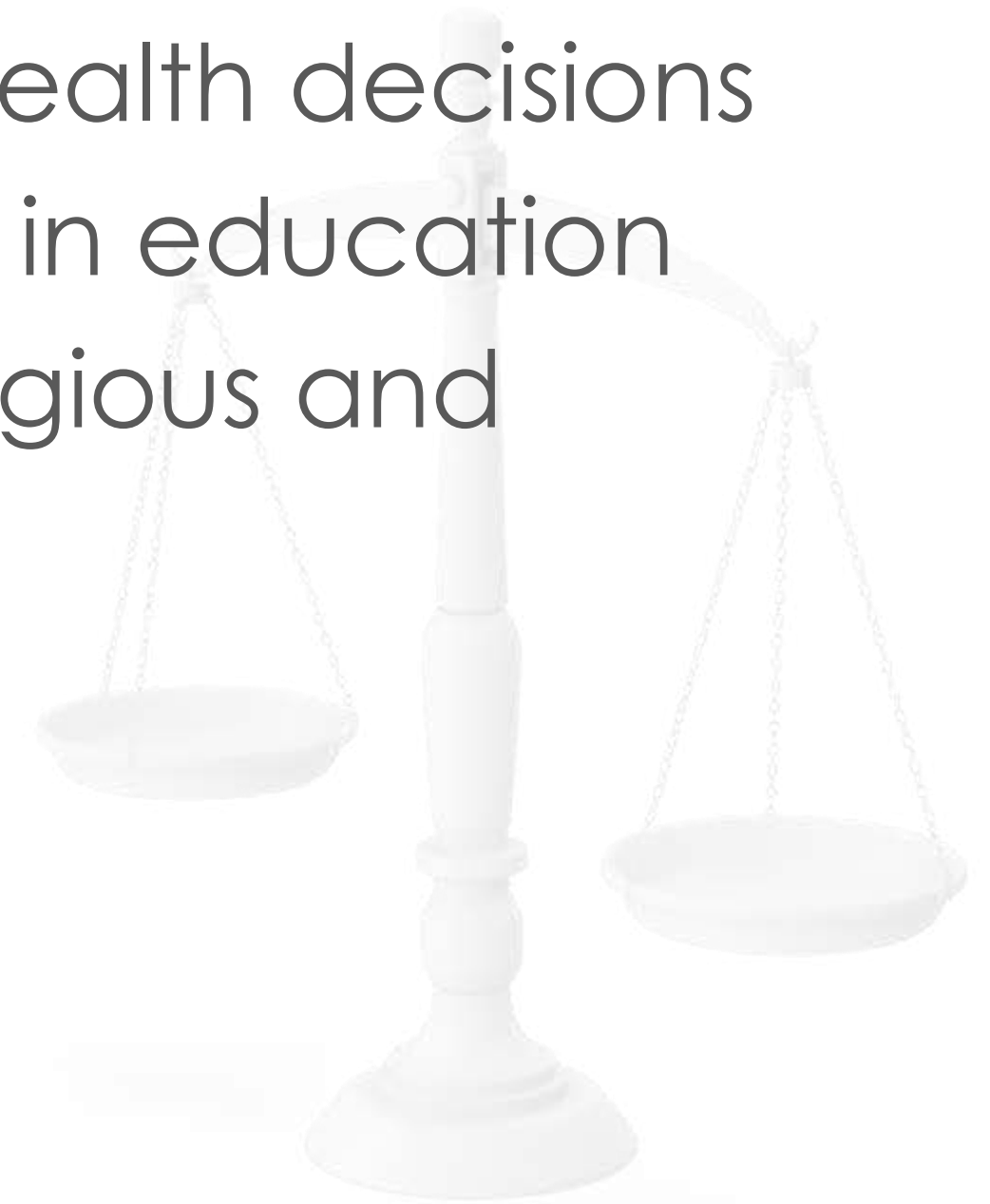
- Develop national guidelines to **end** "...COVID-19 mandates in schools"
- Create a comprehensive plan for implementation
- Promote voluntary health measures and local control



Key Provision #3: Emphasis on Parent & Religious Rights



- Strengthens **parental authority** in student health decisions
- Reaffirms protections for **religious freedom** in education
- Mandates that schools accommodate religious and conscientious objections



Implications for Schools



- Schools may need to:
 - Adjust health policies that were based on federal funding
 - Reevaluate vaccine requirements for staff/students
- School nurses should:
 - Align protocols with local laws and parental consent
 - Communicate policy changes clearly to families



Questions?



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Thank you.

The Presence of Absence and Its Impact on Education



A Panel Discussion



Adrienne Perry, M.Ed.,
Assistant Principal-Curriculum & Instruction and Attendance
Administrator at Cactus High School

Adrienne Perry, M.Ed., is an experienced educator with 18 years in the field, including 13 years as a middle school English teacher and International Baccalaureate World Literature teacher at the high school level. Since 2021, she has served as an assistant principal at Cactus High School, where she oversees the English, Social Studies, and ESS departments. She plays a key role in enforcing attendance policies, managing campus-wide communication, and collaborating with district staff to develop procedures that address chronic healthcare concerns and attendance trends. Adrienne is committed to fostering student success through strategic leadership and community engagement.



Autumn Merkley BSN, RN, NCSN Entz & Highland Elementary

Autumn Merkley currently serves as a school nurse for Mesa Public Schools, supporting students at Highland Arts Elementary and Entz Elementary Schools. She began her school nursing career at Tonalea K-8 in the Scottsdale Unified School District, where she worked for a year and a half before transitioning to Mesa Public Schools over six years ago.

Prior to her work in school health, Autumn dedicated 15 years to raising her five daughters as a full-time stay-at-home parent. Her passion for nursing began in the 1990s, when she worked for five years in an orthopedic surgeon's office while attending high school and college. The clinical skills and knowledge she gained during that time continue to serve her well in the school setting.

In the 2023–2024 school year, Autumn participated in the NASN School-Based Active Surveillance Group for Chronic Absenteeism, where she gained valuable insights into the growing issue of student absenteeism and its impact on public education.

Outside of her professional role, Autumn enjoys spending time with her family and is currently involved in remodeling her home.



Krista Stettler
School Counselor at Highland Arts elementary

Krista is currently a counselor at Highland Arts Elementary and Sirrine Montessori Elementary in the Mesa Unified District. She has been in education for 38 years -- the first 32 in Utah and the past six in Arizona. She has experience with Junior High, High School, and Elementary school levels. The first 14 years were in the classroom teaching theatre. In 2000 she earned her master's degree and moved into counseling. Currently, she is working on a project with Chronic Absenteeism students at Highland Arts Elementary as part of her role as counselor. When she is not at work, Krista enjoys her family, baking, music, and the warm weather of Arizona.

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Lindsay Barney, LAC School-Based Clinician

Dr. Lindsay Barney is a dedicated educator, therapist, and researcher with extensive experience in mental health, trauma-informed education, and special education. Lindsay is a Licensed Professional Counselor currently working as a School-Based Therapist in the High School and Elementary setting and an Adjunct Faculty at Brigham Young University-Idaho where she specializes in trauma recovery, dialectical behavior therapy, and emotionally focused therapy. With a Master's in Counseling and a Doctor of Education in Trauma-Informed Educational Practices, Lindsay has contributed to mental health services in schools and clinical settings, focusing on adolescent and young adult populations. Passionate about fostering resilience and well-being, she continues to shape educational and therapeutic practices through research and direct service.



Scott McCleary
VSIG Director with Valley Schools Insurance Group

Scott has been with Valley Schools for nearly 19 years. He has worked as a Property Claims Adjuster, Liability Claims Adjuster and has been the Director of the VSIG for three years overseeing Property, Liability and Auto lines of coverage for our member Districts. Scott also is an NRPA Certified Playground Safety Inspector since 2010.

Scott is originally from Connecticut. He moved to Arizona in 1973 when his father, a Physician, moved the family to Arizona to start the Arizona Health Plan. Scott and his Wife Karen have three boys, a daughter, and a Grandson. They love animals and have 9 Dogs and 5 Horses. Scott enjoys trail riding and Duning in his RZR, camping in his Toy Hauler, Hiking and Hunting – basically anything outdoors.



Max Nelson
Injury Prevention and Loss Control Manager with Valley Schools Insurance Group

Max has been in the Workers' Compensation & Risk Management field for over 30 years. He began his career in the Industrial Rehab/Work Hardening setting helping injured workers rehabilitate after they had been injured on the job. He performed many rehab tests on these injured workers utilizing the B-200 (low back testing), Lido (upper extremity tests), Driving Simulator, Lift Station, FCE's, educated the injured worker on stretching exercises and performed job simulation with them as well. He met his mentor through an Occupational Medicine clinic, who encouraged him into going back to school to get his second bachelors in Occupational Health & Safety Engineering. He has worked with thousands of industries nationally to include temp/staffing and payroll companies. The objective for every client company was to prevent workplace injuries and reduce loss ratios.

Max and his Wife have two kids, a son who is a senior at ASU and a daughter who is a freshman at the University of Arizona. Max enjoys spending time with his family, golfing, exercise, sports, repurposing materials and paddle boarding with his wife.

Risk Management In The Health Office

Protect Your Practice

Scott McCleary-Director of Valley Schools
Insurance Group

Max Nelson- Manager Injury Prevention

RISK MANAGEMENT IN THE HEALTH OFFICE

INTRODUCTION – SCOTT & MAX

DEFINITIONS:

Insurance

1. Workers' Compensation Insurance
2. General Liability Insurance
3. Self-Insured

- VSMG POLICY INFORMATION
- RISK MANAGEMENT/INJURY PREVENTION
- SOURCE OF EVENT
- INFORMATION NEEDING GATHERED FOR INCIDENTS
- INCIDENTS AND WORKPLACE HAZARDS WITHIN SCHOOLS

What is Insurance?

- ▶ A Practice or arrangement by which a company or government agency provides a guarantee of compensation for specified loss, damage, illness, or death in return for payment of a premium.
 - ▶ Workers' Compensation
 - ▶ General Liability
 - ▶ Self Insured

INSURANCE POLICY INFORMATION

- ▶ WE CARRY 28 INSURANCE POLICIES
- ▶ DEDUCTIBLES
- ▶ SIR'S
- ▶ \$8,000,000 PREMIUMS
- ▶ ANNUAL PREMIUM INCREASES OF 10-11%

RISK MANAGEMENT (EVERYONE IS A RISK MANAGER)

The process of identifying, assessing, and controlling potential risks that could negatively impact an organization's objectives. It involves proactively identifying potential threats, evaluating their likelihood and impact, and developing strategies to minimize or mitigate those risks.

WAYS TO PROTECT YOUR PRACTICE AND YOUR DISTRICT

BE DETAILED ON YOUR INCIDENT REPORT

WHO, WHAT, WHEN, WHERE, WHY

THE RN MOST OF THE TIME IS THE FIRST PERSON TO SEE THE STUDENT WHO WAS INVOLVED IN AN INCIDENT. THIS INFORMATION IS VERY IMPORTANT TO THE ADJUSTER WHEN HANDLING THE CLAIM.

COMMUNICATION = SAVINGS!



SOURCE OF EVENT THAT OCCURRED?

- ▶ CHEMICAL PRODUCTS
- ▶ FURNITURE
- ▶ MACHINERY
- ▶ GROUND SURFACES
- ▶ SLIDE (WHICH SLIDE?) ON THE PLAYGROUND
- ▶ STRUCK BY OBJECT
- ▶ STRUCK AGAINST OBJECT
- ▶ CAUGHT IN OBJECT/EQUIPMENT
- ▶ FALLS
- ▶ SLIPS/TRIPS

IMPORTANT INFORMATION WHEN YOU HAVE AN INCIDENT

- ▶ PICTURES
- ▶ VIDEO
- ▶ WITNESS STATEMENTS
- ▶ DATE/TIME OF INCIDENT
- ▶ DETAILED RN REPORT (ELABORATE)
- ▶ BODY PART(S) INJURED
- ▶ LOCATION OF INCIDENT
- ▶ FOLLOW-UP

INCIDENTS AND HAZARDS

Teacher Tripping On A Backpack = \$14,300-Foot Fx



Campus Monitor -Trip & Fall From A Rug = \$26,500
Hip Fx - Off Work Since February 2025



Rolled Up Mat



Something As Small As A Pebble



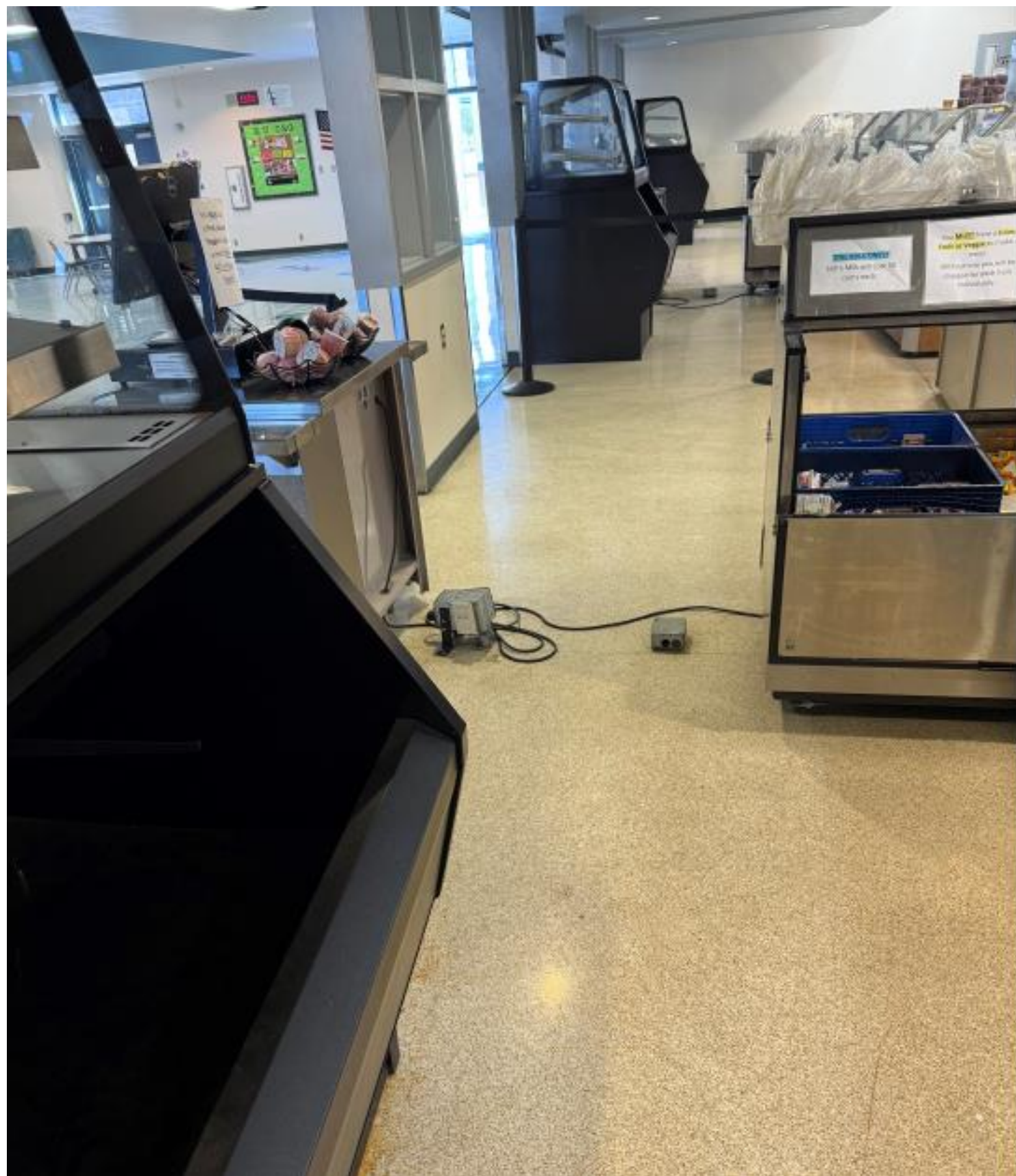
Open Grate/Hole



Outlet In Walkway



Trip Hazard's



Property Damage Or Potential Injury - Cost Up To \$60,000



Property Damage Slip & Fall Hazard



QUESTIONS?

THANK YOU FOR ALLOWING US TO
PROTECT YOUR PRACTICE



Amber Petculescu Amber Petculescu RN, CPN, MAT School Nurse at Gavilan Peak School

Originally from upstate New York, Amber grew up in New River Arizona and with the Deer Valley Unified School District. After high school, Amber earned her BA in Music Theatre from Missouri Valley College and her Master's degree in Elementary Education from Rhode Island College. In 2004, Amber moved back to Arizona to teach 5/6 grade science at Paramount Academy in Peoria, before earning her nursing degree in 2012. Since 2012 Amber has worked as a Registered Nurse (RN) at Phoenix Children's Hospital specializing in GI/GU/medsurg and pediatric diabetes. Amber holds a national certification and a Certified Pediatric Nurse (CPN), is a CPR/first aid/stop the bleed instructor, and leads classes on wilderness medicine and first aid. Through pediatric nursing, and now as a part of the Gavilan Peak School nurse, she has been able to combine her love for science, education, and helping others.

Cultivating Compassion



*How to Propagate a Perennial Garden of Empathy and
Care
(While Avoiding Personal and Professional Burn Out)*

School Nurses of Arizona (SNOA) Conference - June 13th, 2025

Amber Petculescu RN, CPN, MAT

- BA in Music Theater from Missouri Valley College
- Master's of Arts in Teaching/Education K-8 Rhode Island College
 - Taught 5-6 grade science for 6 years, 3 years in AZ
- RN at Phoenix Children's Hospital 2012 to present
 - GI/Diabetes/Med Surg
- School Nurse - DVUSD at Gavilan Peak School 2021 to present
- Instructor - CPR/First Aid, Wilderness First Aid, Stop the Bleed





Today we will hopefully learn how to better tend to our personal garden of emotions so...

1. We can better serve our kiddos and their families
2. We can avoid complacency that can cloud our professional judgements
3. We can avoid professional and personal burn out
4. We can better care for ourselves



Have you ever heard the phrase '*you can't pour from an empty cup*'?

We are not filling our cup **JUST** to pour it into someone else's!

Our **VALUE** is not directly tied to our ability to **DO** for others...but rather, it's a reminder to make self care a priority so that we can continue to do those things that fulfill us!

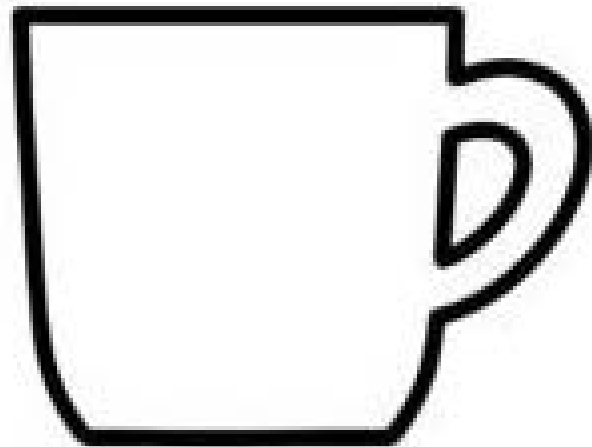
...what we do, alone or with others, to replenish ourselves mentally and/or physically, so that we may better serve others or to successfully reciprocate during interactions with others.

What's In Your Cup?

Take a minute to fill out the graphic I have provided for you.

On the left is a cup that is FULL- jot down a few of the things in your life that 'fill up your cup'

On the right is a cup that is nearly EMPTY- what are a few of the things that drain your cup?



What is Burnout?



According to the World Health Organization:

“ ‘Burnout’ is classified as an occupational phenomenon, a syndrome resulting from chronic workplace stress that has not been successfully managed.

- feelings of energy depletion or exhaustion;
- increased mental distance from one’s job, or feelings of negativism or cynicism related to one's job; and
- reduced professional efficacy.

Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life” ¹ ☆

Professions that require frequent interactions with other humans, especially if there is emotional engagement involved, and/or a level of care, support, or assistance that is required.

When this requirement becomes excessive, and the functional coping strategies of the provider fail, symptoms can be both physical and psychological.

Job Burnout or LIFE Burnout?

By Nature...



We are also...

Parents
Spouses/Partners
Siblings
Homeowners
Pet parents



*We are **GIVERS!***

Children of ageing family
Educator
Co-Workers
Providers
Business Owners
etc,etc, etc

*It is not uncommon for “Givers” to focus on others and forget to care for **themselves***

The Cost of Caring...



First Responders - police officers, firefighters, EMT/paramedics can experience something called “**first responder trauma**” due to repeated exposure to witnessing or experiencing traumatic events while on duty. s/s of this type of trauma include PTSD, anxiety, depression, and emotional numbing.

Caregivers can experience “**compassion fatigue**”, burnout, and even trauma as a result of their responsibilities.

Nurses are unique in that they often straddle both of these worlds. Though they are not usually first on scene, they often manage the aftermath from a traumatic event. Nurses not only manage the patient’s care, but also help manage family, coordinate home health needs, provide education for the patient and family, orchestrate continued care/follow-up details, and help manage the emotional and psychological impact on both patient and family.

School nurses may not deal with the same issues as a hospital nurse, or they may deal with some of these issues in a different way... but there are many similarities. Unfortunately, the stress and potential trauma school nurses may endure is not often recognized by employers, supervisors, or even peers.

Let's Discuss!

How many of you have worked in a hospital or acute care type facility?

How are some of the stresses you endured on those jobs similar or different than the stresses you experience as a school nurse?

If you have not worked in another facility, what are some stressful situations you have encountered as a school nurse that you feel take a toll on your wellbeing?

What are some of the things you manage that you wish others knew about your job as a school nurse?



Energy Depletion



Energy depletion is an early phase of burn out

- become progressively more emotionally drained over time
- signs of physical fatigue are often simultaneously present.
- Often a direct result of the lack of resources, i.e. time, staff, partners in care, materials etc, required to deal with demands and stressors.
- Demands may be known or new. Task piling exacerbates energy depletion and can expedite emotional exhaustion when we become overwhelmed and have occupational overload.

When we hit the maximum level of mental ‘load’ that we can effectively handle, then we experience **emotional exhaustion**.

According to a paper on pubmed, **Burnout and Nursing Care: A Concept Paper**, “when health professionals reach the limits of their capacity... there is a lack of emotional energy and a perception that emotional resources are depleting. For that reason, professionals cannot respond at an emotional level [[2,5](#)].” ²



Emotional Exhaustion



When we have repeatedly reached our emotional limits due to chronic stressors, the constant sense of pressure to continue to perform and meet expectations, leads to emotional exhaustion.

This “increases the possibility of distancing oneself emotionally and cognitively from work, apparently as a way to cope with work overload. This lack of energy, perceived as a further loss of resources, can lead to maladaptive coping strategies such as emotional detachment from work or depersonalization [2,4,5].” ²

On ‘auto-pilot’, generic interaction, seen as a mode of self-preservation. By removing the emotional investment from some parts of our lives, we try to save, stockpile, or hoard it, for ourselves or for those who we see as priority (i.e. young children). This emotional defense response becomes ‘detached concern’.

When we practice detached concern we start “actively ignoring the other’s unique and engaging qualities and developing negative feelings and cynical attitudes—a reason why the term ‘depersonalization’ is often synonymous with cynicism in the burnout literature.” ²



Mental and/or Emotional Distancing...

It is not uncommon for workers to mentally distance themselves from their work or their 'subjects'. If the depersonalization lasts only a short time, it may go unnoticed or be dismissed as a 'bad mood'.

The potential consequences of depersonalization is the loss of idealism, dehumanization of others, becoming cynical, displaying avoidance behaviors, the development of negative feelings about work, the profession, or even about oneself.

Momentary or temporary mental/emotional distancing can be healthy. This behavior can signal a need to re-evaluate priorities, to set aside time to regroup, or for self care. It can even be used to reinforce personal boundaries.

If the depersonalization is prolonged, then the process of 'checking out' begins.





Checking Out

When the process switches from a “defense mechanism” to an “adverse response”.

- workers often aim to do the bare minimum vs trying to perform at a high level or at their personal best
- some may begin to perform at a sub-standard level regularly, begin to take short cuts, or even avoid completing tasks
- may even begin to exhibit risky behaviors, presumably on a subconscious level, as a means of possibly escaping their current environment and thus freeing themselves from the stressors associated with their employment

Especially dangerous for nurses and their patients. Studies show the more a professional strays from the established standards of practice, the higher the likelihood of workplace injuries, decreased critical analysis, and an increase of mistakes being made. This can include medical/medication errors, a decrease in the quality of care the patient receives, and a decrease in patient (parent) satisfaction.

**** Employers/Managers take note - Throw out that life ring before your employees get to this stage or it can cost you!**



Sometimes it's not about how full your cup is...but how old the coffee is

This concept is not directly related to biological age, though that can be a factor... but also how long one has been in the profession, how long they have been in a particular environment, or how frequently they have encountered burnout.

Something else to consider is the accumulation of additional stressors as we progress through life (age) - spouses, children, aging parents, retirement, financial responsibility, professional responsibility, physical challenges, and assumed expertise with experience, etc

“Fresh” Nurses vs “Seasoned” Nurses - experience can be a trap when workers become overconfident



Work/Life Balance...•Stress/Peace Balance



When our professional life becomes chronically out of sync with our personal life and the balance between the two starts to tip, the chances experiencing burnout increases

Workload

Professional Time

Personal Time

Control

Delegation

Decision/Policy Making

Reward

Compensation

Validation/Respect

Community/Belonging

Co-Workers vs Team

Management

Fairness

Ethics/Values

Efficacy

How Does This Affect Our Students?

When we begin to experience symptoms of burnout, our vision begins to narrow. We start to only look at what's on the surface and fail to investigate further... In the winter 2025 issue of Arizona Nursing News, “nurse burnout was consistently tied to reduced patient safety and satisfaction, and lower quality of care” and “the findings persisted regardless of nurses’ age, sex, work experience, and geography”. [6]



The case of Frequent Flier Johnny.....



What you see...

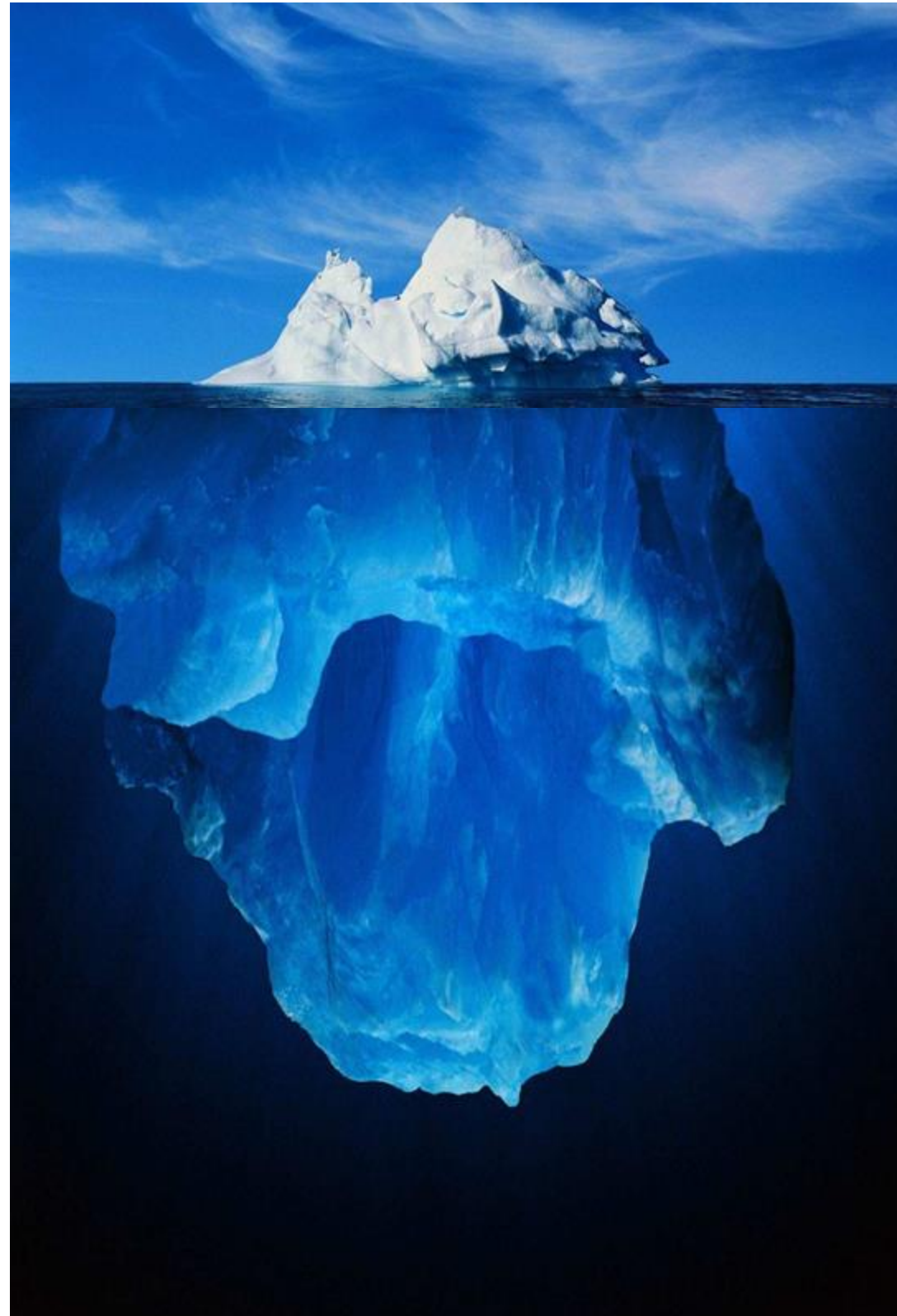
Little Johnny has been in five times in the last two weeks.

There's nothing "clinically significant" in your nursing assessment.

The teacher says he is disruptive and does not complete work in class.

"Ugh this kid, I have so many things to do. There's nothing wrong with him, he just wants to get out of class".

You give him some crackers and a few minutes to rest and send him back to class.



What you don't see...

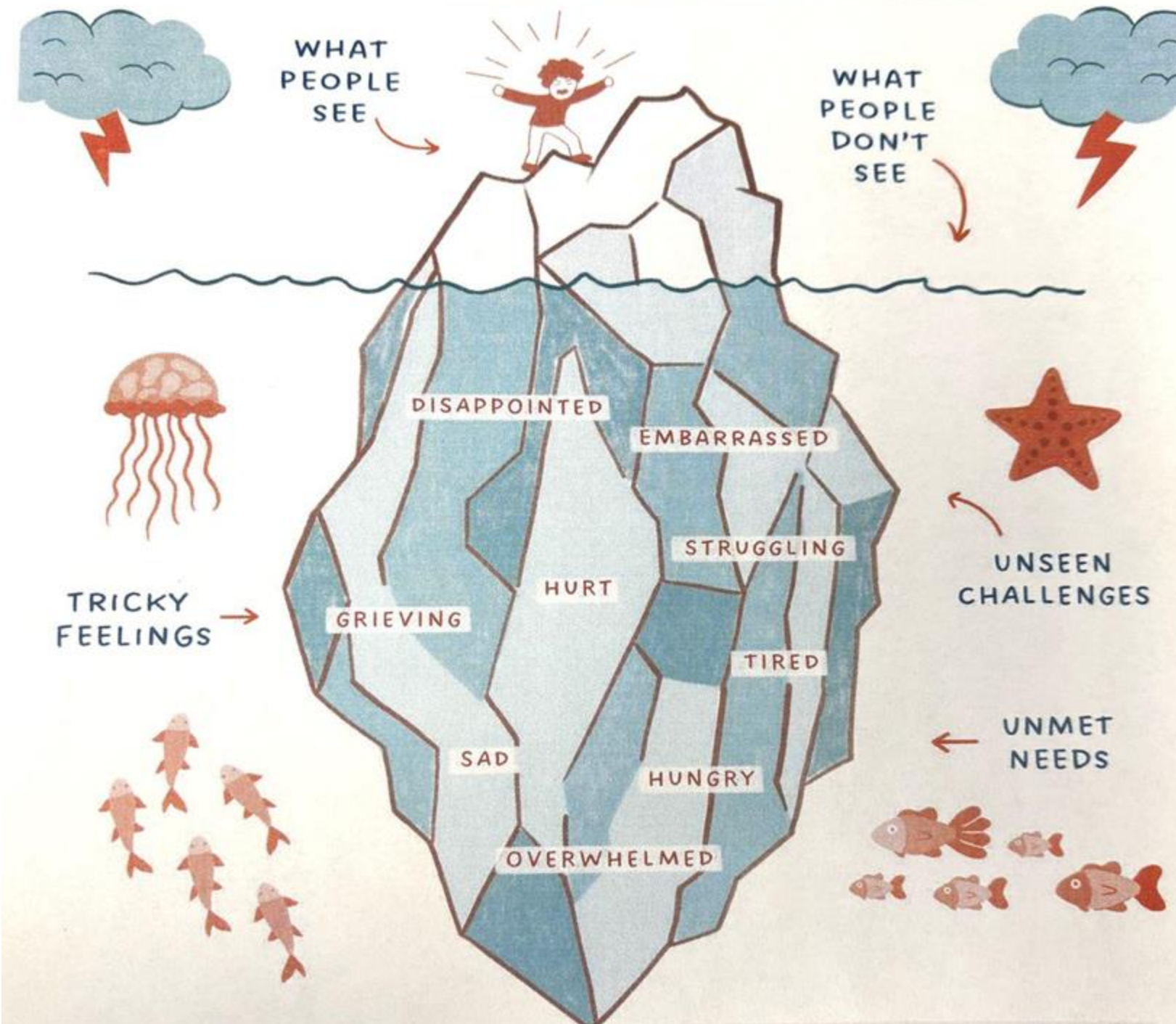
Johnny's parents have been fighting almost every night, which makes it hard for him to sleep. He often leaves the house without breakfast just to get out of the house as fast as possible. His teacher likes to raise her voice, just like Johnny's mom, and he has an anxiety response.





ANGRY OUTBURSTS

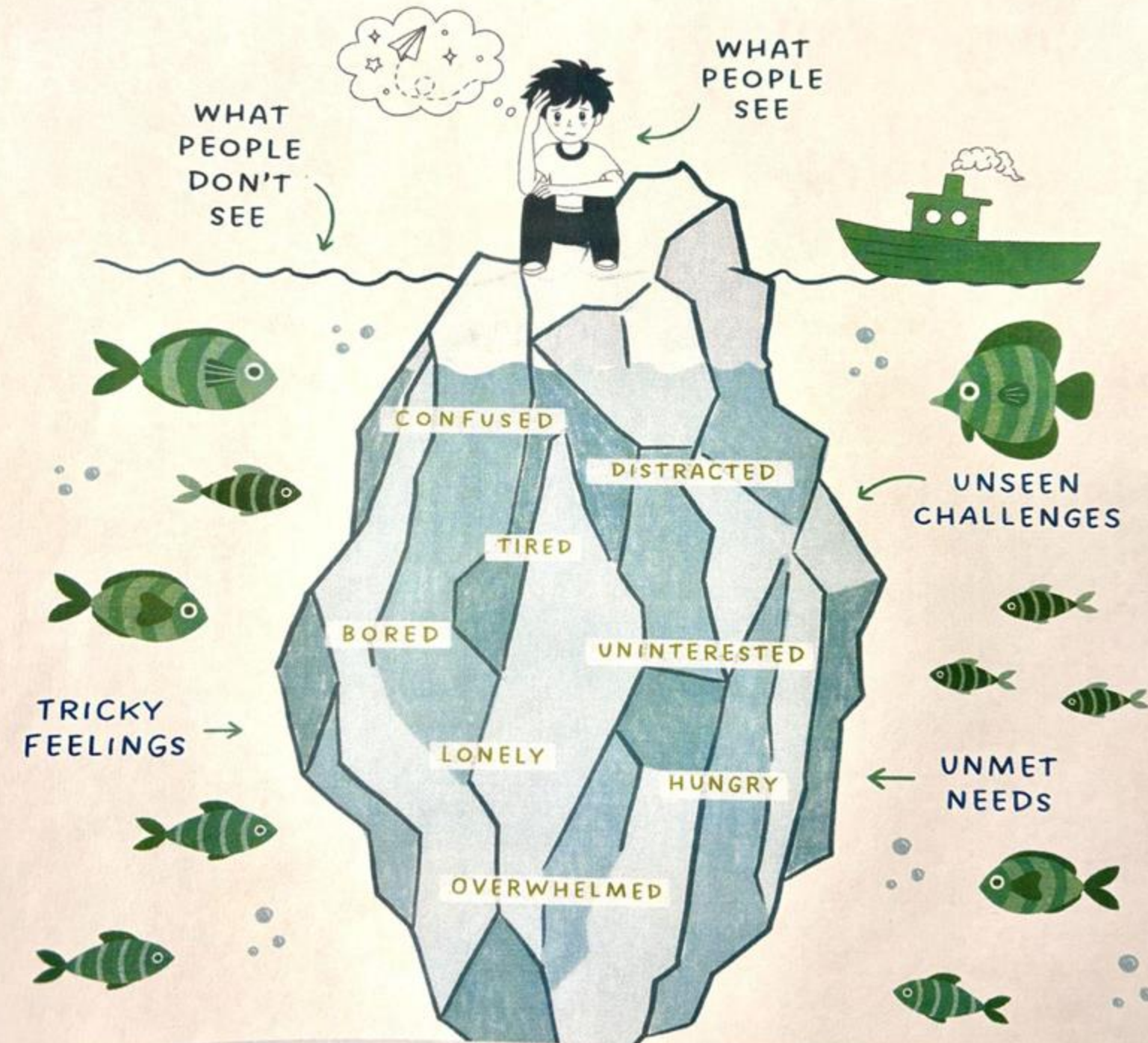
WHAT'S BELOW THE SURFACE?



It's okay to feel angry. Knowing what makes you angry can help you manage your feelings better. If you're finding it hard to calm down, talk to an adult you trust.

TROUBLE FOCUSING?

WHAT'S BELOW THE SURFACE?



If you're having trouble focusing, try breaking tasks into smaller steps, or taking movement breaks. Tell a grown-up if you're feeling overwhelmed.





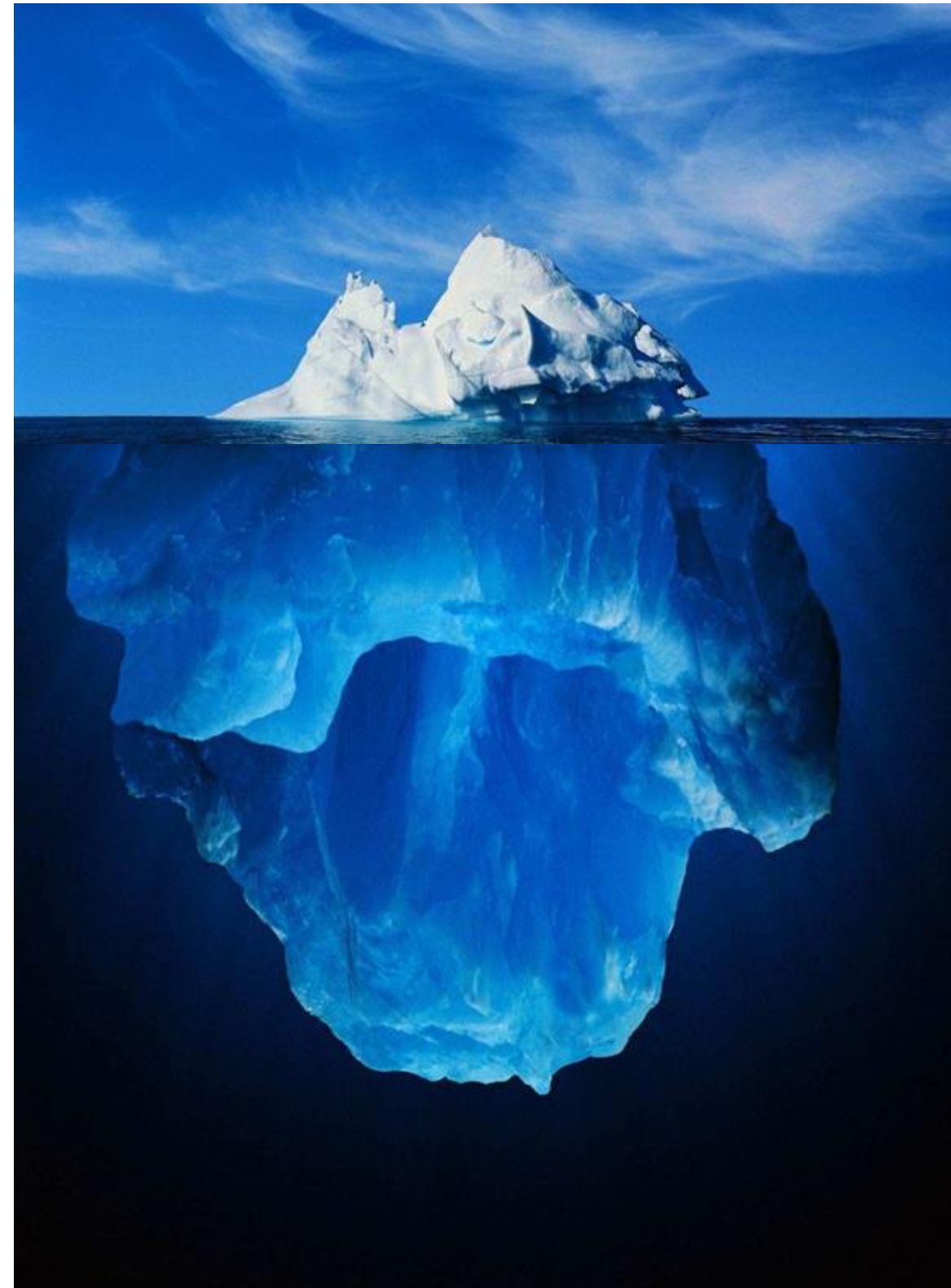
Be  
KIND
YOU NEVER KNOW WHAT
SOMEONE IS GOING THROUGH



How Does This Affect Our Family?

What we see...

“Ugh my husband is sick, AGAIN! He’s such a baby, it’s just a little headache. He thinks that’s bad, he should try childbirth! He expects me to be his personal nurse when I have A, B, C to do...”



What we don't see...

Husband has been feeling stressed and run down at work. When he woke up with the headache he decided it was a sign to take a mental health day and get some rest. He has been feeling disconnected from you since you have been so stressed with work, his neediness is his attempt to spend some time with you and to validate that you still care for him.



It's Important to Keep Perspective

Worst injury so far in life was a minor black eye last year

Developmental response to the sight of blood



6 years old

Parents are VERY protective and reactive to injuries

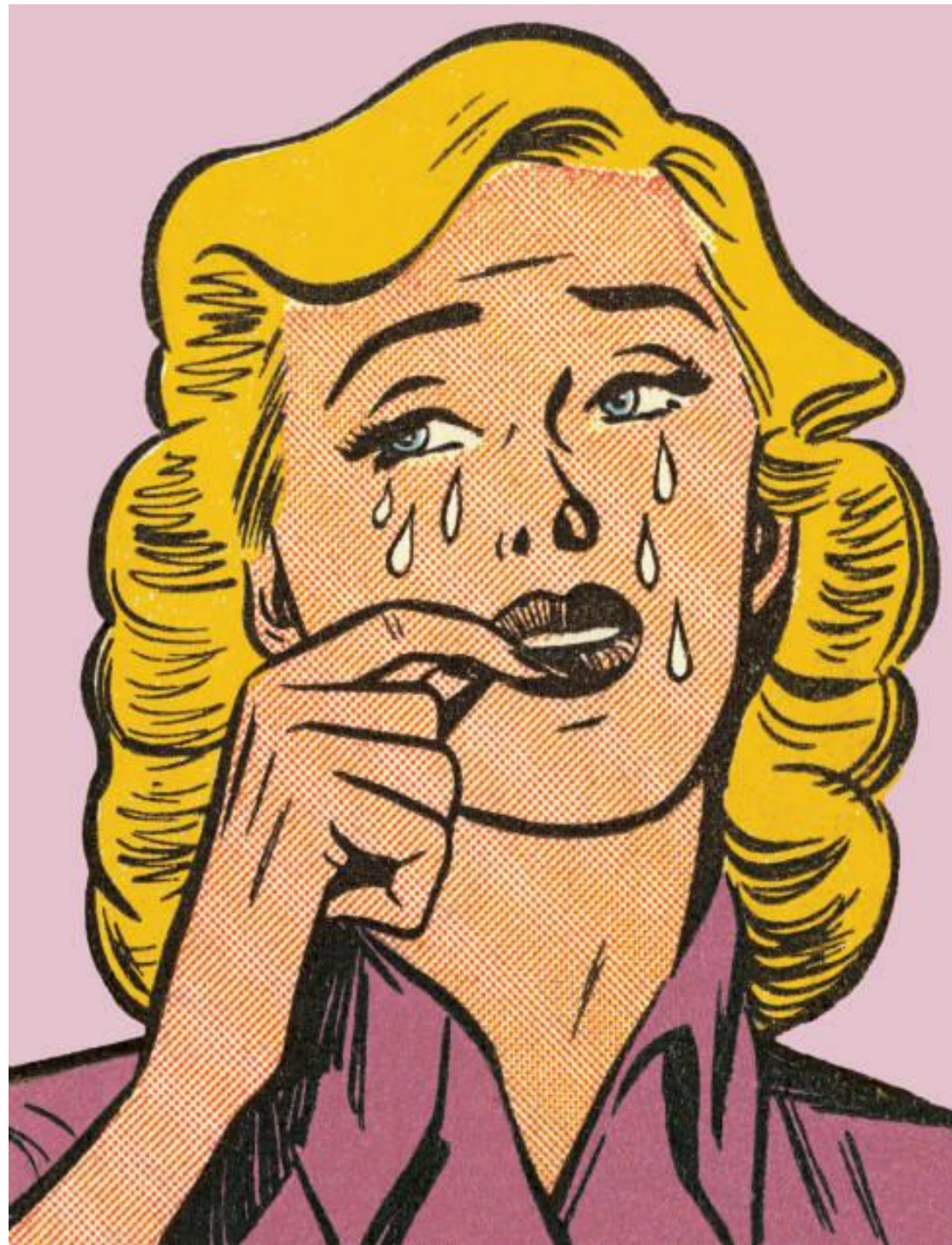
She is an only child so she is accustomed to getting a lot of attention when she gets hurt

Four natural child births

Raised on a farm in a rural area

Latch-key kid, mostly took care of herself until parents came home

...and Susie that aint NOTHING!



Nurse Nancy

48 years old

Grew up with three older brothers

Parents weren't really the emotional or touchy-feely types

Ex military combat medic, so she's seen some stuff

When In Doubt, Choose Compassion

Regardless of your personal thought about Susie's injuries, it costs you NOTHING to choose compassion.

But NOT choosing compassion could cost you...

- parent becomes angry because you denied care
- you misjudged the injury and now it really is something
- parents cooperate more and are nicer to staff they feel care about their child
(and are less likely to file legal complaints)

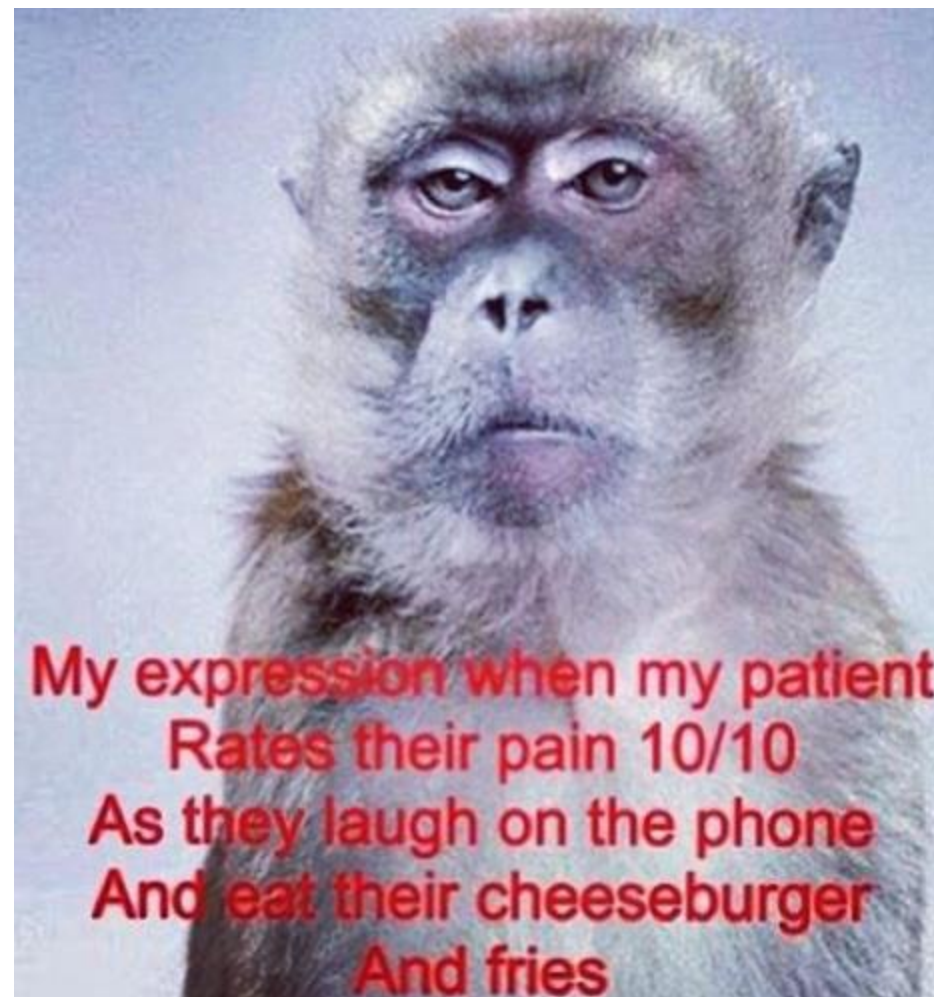


Miracle Grow for Compassion?

Practicing ‘Thought Stopping’ and losing your sense of judgement when your patients come in are surefire ways to help your compassion garden grow.

Remove ‘yourself’ from the situation and try to see it from your patient’s perspective, look for those ‘unknowns’, or simply respond with compassion if you cannot get to the root of the issue.

Think back to Nursing 101...



“Pain is what the patient says it is”



Cultivating Compassion

Self awareness is key...when our lives are out of balance there is little room for compassion or empathy for others. Empathy and compassion are the cornerstones of the nursing profession.

In other words, in order to effectively show compassion and empathy for others, we must show compassion for **ourselves** and ensure that self care becomes a routine practice in our lives.



Sowing the Seeds...



of POSITIVITY!

So what can we do to ensure our compassion garden flourishes and our “cups” stay full both personally and professionally?



Think about your personal and professional priorities

...and know your limits for BOTH

YELLOW



What are some flags for you?

- Pay close attention to these, as these are your “warning signs” and a cue that you may need to reinforce boundaries, take a break, or re-evaluate your situation

RED



What are some s/s you display when stressed, your flags?

- These are “stop, take a breath, and re-group” moments, when the warning signs were ignored or the situation escalates so fast that the yellow flags could not be addressed



People before paper



Making a “living” vs making a **LIFE**

Take your lunch, take your sick days, clock in/clock out



SMART goals for work and for life

(**S**pecific, **M**easurable, **A**ttainable, **R**elevant, **T**imely)

Plot it out...

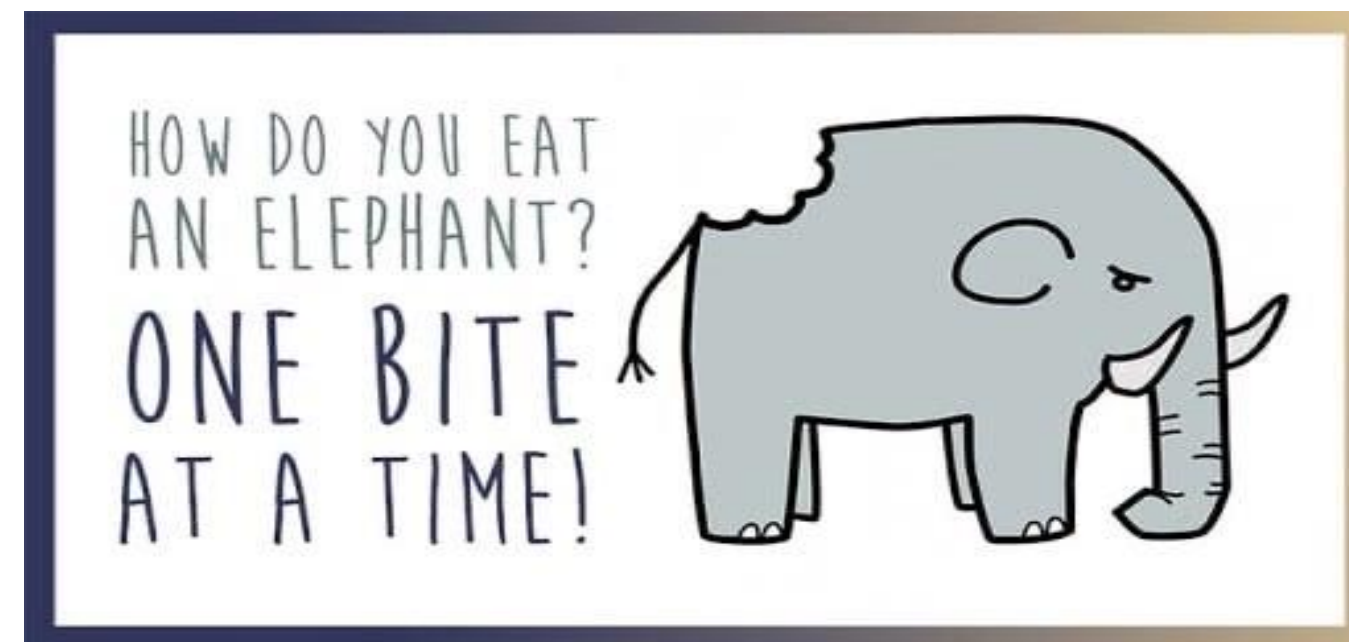


Make a clear & precise schedule, start from **DAY ONE**

Spread the word

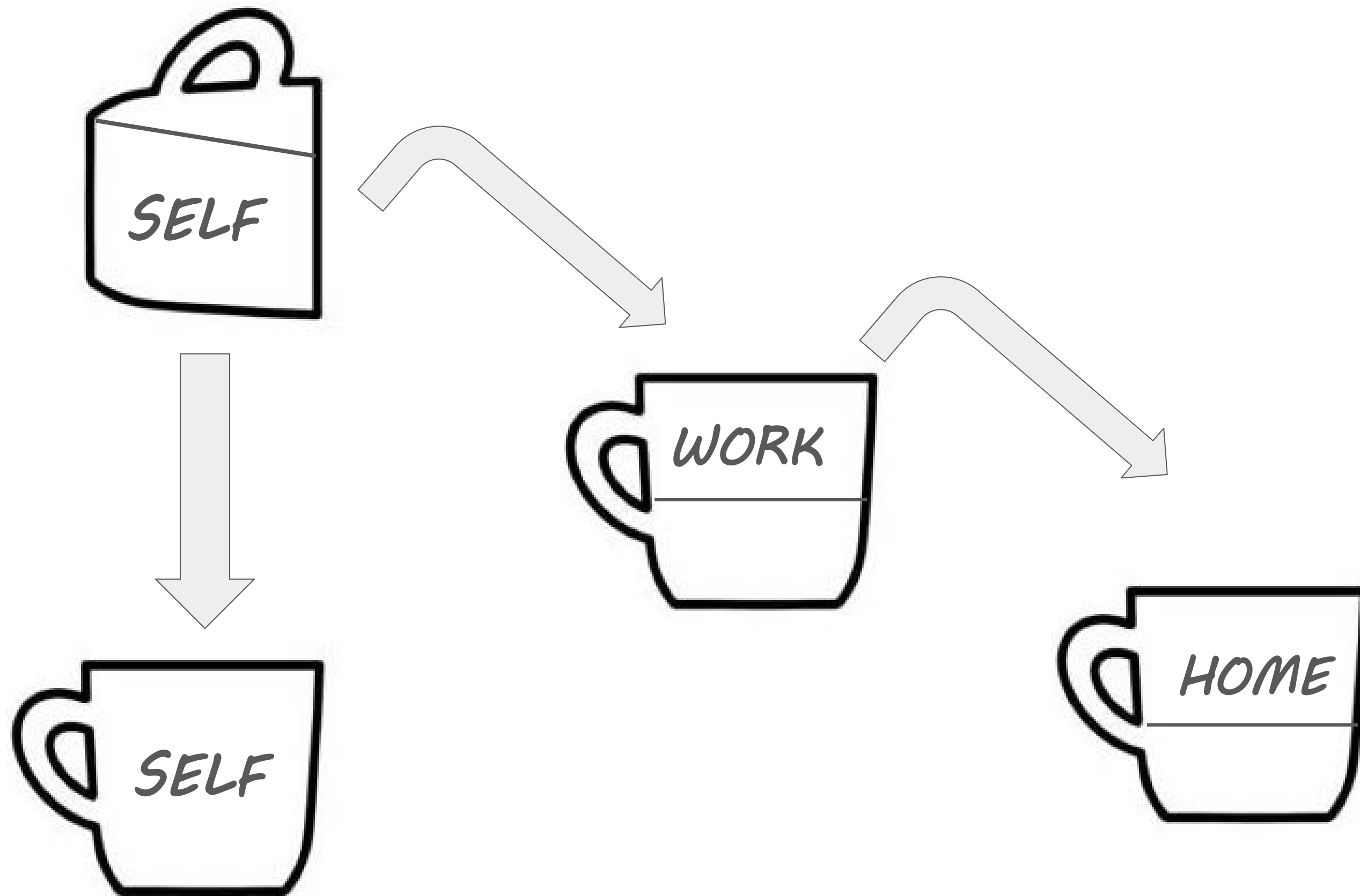


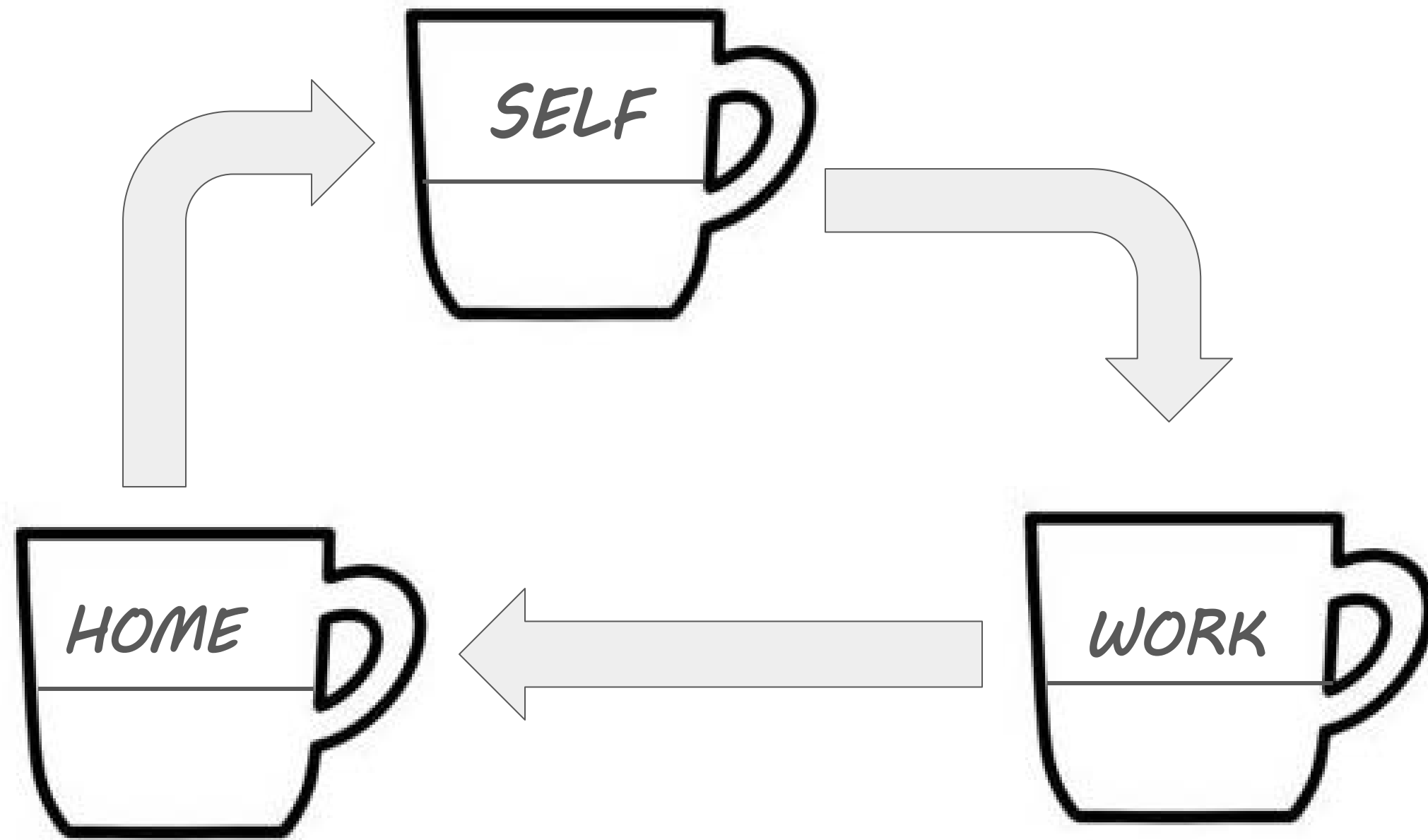
Out of Sight, Out of Mind



Triage those tasks!







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1. Nurse Burnout Linked to Reduced Patient Safety; Arizona Nursing News. Winter 2025. Shannon Firth.
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School Nurse of the Year and
School Nurse Administrator of the
Year TIME!!!!!!





SCHOOL NURSE of the YEAR Award Goes to
Aimee Stone, RN!



**SCHOOL ADMINISTRATOR of the YEAR Goes to
Nadine Miller, RN!!!!!!**

Thank you!

