

# *Gladewater Independent School District*

2201 West Gay Avenue - Gladewater, TX 75647

Phone 903-845-6991 Fax 903-845-3694

## **Non-School District Nursing Services**

Non-District personnel providing nursing services through an agency or private duty nursing are subject to all established Campus, District, State and Federal laws, policies, and procedures.

Non-District personnel providing services to students work within the stipulations of the student's ARD/IEP and provide services, which are specific to the student and as ordered by the student's physician(s) for school purposes.

The agency / families providing private duty nursing will provide the Gladewater Independent School District, with information from a criminal record check, current licensure by the Board of Nursing, current CPR Health Care Provided Certification, proof of liability insurance for employees, picture identification, and other pertinent information as required by the agency/district.

The Upshur County Co-op Services will be acting as a liaison for the district. The Upshur County Director of Co-op will meet with agency representatives and the RN/LVN assigned to care for a student. In the event that the Co-op Director is unable to meet the Gladewater ISD District RN will meet and discuss and review the following information:

### **District Requirements:**

1. An organizational review of the Gladewater Independent School District and the Health Services Protocols.
  - Chain of Command - Principal who will direct accordingly.
  - Schedules - Student / Provider
  - Student Transportation
  - Campus Emergency Protocol
  - Designated areas for private procedures / care
  - Student Emergency Care Procedures; Contact Numbers, Hospital preference, etc.
2. Procedures for non-employees to report / communicate with School Nurses.

- The Provider will communicate with the campus RN or District RN any new procedure to be done during school hours.
- The Provider will alert the Principal, Campus Health Clinic Employee or Health Services Director in the event of an emergency situation.
- The Provider will contact the parent/guardian when unable to attend school with the student who will then contact the campus.

### 3. Medical / Legal Issues

- The agency / family providing the health care worker has sole responsibility for the health care provider to include training, evaluation and liability.
- Confidentiality:
  - a. A Gladewater Independent School District Release of Information Form must be completed and signed by the parent/guardian in order for Non-District personnel to review and/or review the student's ARD/IEP document and other relevant special education records.
  - b. Non-District health care provider Must sign a confidentiality Form and abide by confidentiality guidelines.
  - c. Concerns of a Non-District health care provider are to be discussed with the school nurse, teacher and/or principal. Privacy for all students is required. Health Services shall be contacted should a need arise.

### 4. Student Health Care / Health Services Requirements:

- A current Physician's order for one to one nursing care in the school setting.
- A current Health Care Plan with physician's order for meds and treatments submitted to Health Services.
- Current immunizations or exemptions as specified in Law.
- Plan for absence of designated caretaker by agency / family (substitute RN/LVN would require orientation, etc by agency).

### 5. General regulations for non-employees:

- Only authorized persons are allowed on school grounds. All persons, employees, or visitors are required to check in at the principal's office or a designated place upon arrival at school.
- Name badge will always be work identifying named and title.
- See the Assistant Principal in case of discipline problems or suspected mental health or drug/alcohol problems.

- Avoid promoting any specific business, commercial products or brand names in the school.
6. Agency regulations for personnel and services:
- Identifying channels to communicate with agency personnel, Supervisor and specific caregiver assigned to a school
  - Status report on student submitted to Health Services.
  - Health Services to contact physician(s) and parents as needed.
7. This agreement can be terminated by either party with a 30-day notice.

Agency

Gladewater Independent School District

\_\_\_\_\_

Agency Representative

\_\_\_\_\_

District Representative

\_\_\_\_\_

Date

\_\_\_\_\_

Date

Date: \_\_\_\_\_

*Gladewater Independent School District*

**District Requirements of One to One Nursing**

To be completed by Campus Principal / District RN

\_\_\_\_\_ Chain of Command: Teacher, Principal, Campus Nurse / Health Personnel, District RN

\_\_\_\_\_ Schedules - Student / Provider

\_\_\_\_\_ Student Transportation - Provider must always ride to and from school on the bus with the student.

\_\_\_\_\_ Campus Emergency Protocol: Review campus plan for disaster emergencies.

\_\_\_\_\_ Designated areas for private procedures / care: Medically handicap class room and Health Clinic.

\_\_\_\_\_ Student Emergency Care Procedures:

- Contact numbers
- Hospital Preference

\_\_\_\_\_ Report to the campus RN or District RN any new procedure to be done during school hours.

\_\_\_\_\_ The Provider will alert the Principal, Campus Health Clinic Employee or Health Services Director in the event of an emergency situation.

\_\_\_\_\_ The Provider contact the parent/guardian when unable to attend school with the student who will then contact the campus.

\_\_\_\_\_ A GISD Release of Information Form must be completed and signed by the parent/guardian in order for the Provider to review the student's ARD/IEP document and other relevant special education records.

\_\_\_\_\_ Concerns of a Provider are to be discussed with the school health personnel, teacher and/or principal.

\_\_\_\_\_ The Provider will not delegate to Gladewater ISD employees.

\_\_\_\_\_ The Provider will not be responsible for the health care of other students.

- \_\_\_\_\_ Authorized persons only are allowed on school grounds. All persons, employees, or visitors are required to check in at the principal's office or a designated place upon arrival at school.
- \_\_\_\_\_ Name badge will always be worn identifying name and title.
- \_\_\_\_\_ Seed the Assistant Principal in case of discipline problems or suspected mental health or drug/alcohol problems.
- \_\_\_\_\_ Avoid promoting any specific business, commercial products or brand names in the school.
- \_\_\_\_\_ The Provider will identify channels to communicate with agency personnel, Supervisor and specific caregiver assigned to a school.
- \_\_\_\_\_ The Provider will submit a status report on student to School Health Services Campus RN or District RN when requested.

I have reviewed the District Requirements of One to One Nursing Services with the District RN. I have had the opportunity to ask questions and provide information.

\_\_\_\_\_  
Signature/Title of Provider

\_\_\_\_\_  
GISD Representative

# *Gladewater Independent School District*

## **Non-Employee Nursing Services**

### Instructions

1. Diagnostician/Principal will alert District RN or Administration office that a parent/guardian is requesting non-employee nursing services for a student on a GISD campus.
2. The Diagnostician/Principal will confirm by physician's orders that it is necessary for nursing procedures to be done during the school hours by one-to-one nursing services through an agency.
3. The Diagnostician/Principal will alert the Administration over Personnel of the request.
4. The GISD Policy for Non-Employee Nursing Services will be sent to the Parent/Guardian and agency to be used.
5. Other forms:
  - a. Physician's Orders for Special Needs Children (FAX to Agency)
  - b. Memorandum of Understanding (FAX to Agency)
  - c. Agreement for Non-District Provider - Confidentiality (FAX to Agency)
  - d. District Requirement Check-off sheet (Used by Principal/District RN after other forms are gathered from agency)
  - e. Form Completion Checklist (Instrument used to make sure all forms are in place)

**Do not** send form to be filled out by agency with parent. Only fax forms to and from GISD. Parent is to obtain Name and FAX number of agency for school use.

6. When all forms have been returned by Agency the Principal/District RN will meet with the Non-Employee Nurse to review 'District Requirements' for a non-employee on campus.
7. It is the understanding of the District that when a parent/guardian desires one-to-one nursing care for their student they are relinquishing nursing care by the district.
8. The agency must provide substitution in the absence of the agency nurse.



*Gladewater Independent School District*

**One-to-One Nursing**

**Form Completion Checklist**

Student:	_____	Campus:	_____
Parent:	_____	Contact #:	_____
Provider:	_____	Contact #:	_____
Agency:	_____	Contact #:	_____

\_\_\_\_\_(date) One-to-One packet sent to requesting family.

\_\_\_\_\_(date) One-to-One packet returned.

\_\_\_\_\_ Signed policy returned.

\_\_\_\_\_ *Memorandum of Understanding* returned and Signed by Agency Representative and Gladewater ISD Representative.

\_\_\_\_\_ *Agreement of Non-District Health Services Provider* Signed by Provider.

\_\_\_\_\_ *Physician's Orders for Children with Disabilities* completed and signed by a physician and noted by the District RN and Provider.

\_\_\_\_\_ Proof of Liability Insurance from Agency.

\_\_\_\_\_ Criminal Record Check provided by Agency.

\_\_\_\_\_ Current licensure by the Board of Nursing provided by Agency.

\_\_\_\_\_ Copy of current CPR card.

\_\_\_\_\_ *District Requirements of One-to-One Nursing Checklist* signed and dated by Provider and Gladewater ISD Representative.

## *Gladewater Independent School District*

### **Agreement of Non-District Health Services Provider**

1. I understand and agree that while providing services on GISD premises, I may have access to confidential student information and educational records of GISD students that is specially protected under state and federal law. I agree to keep such information confidential and not to disclose such information to any third person unless specifically authorized by GISD in writing to do so. I further agree that this material obligation continues not only during those periods while I furnish services, but also after I cease to provide services on GISD premises. I further understand and agree that all documents, information, or other property of GISD to which I have access while providing services on GISD's premises shall remain the exclusive property of the District and I agree to return any such property in my possession upon the termination of the services.
2. In consideration for GISD's agreement to allow me to furnish services on District premises, on behalf of myself and my spouse, children, family members, heirs and assigns, I hereby agree to release, acquit, indemnify and hold harmless GISD and its agents, employees, volunteers, and trustees from any and all claims, liabilities, damages, cost or expense arising from or resulting in any way from the services I furnish, my presence on District premises, or any act, conduct, or omission of any District employee, volunteer, agent, or trustee arising out of or related in any way to the services.

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Provider's Signature

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Date Signed



*Gladewater Independent School District*  
500 W Quitman - Gladewater, TX 75647  
Phone (903) 845-6991, Fax (903) 845-6994

**MEMORANDUM OF UNDERSTANDING**

The \_\_\_\_\_ agency will provide specified Nursing services to \_\_\_\_\_ in the Gladewater Independent School District.  
*(Student's Name)*

As agency representative / administrator, I have reviewed and agree that our agency and personnel will abide by the requirements in the attached document:

“Non-School District Nursing Services.”

I further understand that when an individual nurse is not functioning well in the school setting or fails to abide by the above-referenced guidelines, the school district has sole discretion to prohibit that person, from providing services to this student.

**AGENCY SIGNATURES**

**GLADEWATER SIGNATURES**

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Gladewater ISD Representative

\_\_\_\_\_  
Agency Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**GLADEWATER ISD CRIMINAL HISTORY INFORMATION REQUEST**

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**Confidential**

The Gladewater Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

*Please print.*

Name \_\_\_\_\_  
*Last First Middle*

Social Security Number \_\_\_\_\_ Date of birth \_\_\_\_\_

Driver's License \_\_\_\_\_  
*State and Number*

Mailing Address \_\_\_\_\_  
*Street City State Zip*

Phone Number \_\_\_\_\_

Sex:  Male  Female

Ethnicity:  Black  White/Other

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used *solely* for the purpose of obtaining criminal history record information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

• This form will be removed from the application and filed separately in the HR office.

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____	NO _____      _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____      _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	

Gladewater ISD Health Services  
Physicians Orders for Children with Disabilities

Name \_\_\_\_\_

Date of Order: \_\_\_\_\_

DOB \_\_\_\_\_

Campus \_\_\_\_\_

Contact Person: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Code Status  Full  DNR

Food Allergies: \_\_\_\_\_

One to One Nursing Care:

Diagnosis:

1. \_\_\_\_\_

5. \_\_\_\_\_

2. \_\_\_\_\_

6. \_\_\_\_\_

3. \_\_\_\_\_

7. \_\_\_\_\_

4. \_\_\_\_\_

8. \_\_\_\_\_

May transport via school bus to and from appropriate school campus.

**DIET**

Oral  G-Tube  Pleasure Feeding  Record intake  in percentage  in mls on MAR

Flush GT with \_\_\_\_\_ mls water before and after meds and feedings

Up in wheelchair for \_\_\_\_\_ minutes after each feeding.

Consistency:

Pureed  Mechanical soft  Soft  Regular  Thick It

Special Considerations:

\_\_\_\_\_ Calories  ADA  No added salt  Bland

Supplement \_\_\_\_\_  Renal \_\_\_\_\_

Fluid Restrictions \_\_\_\_\_

Special Instructions \_\_\_\_\_

**MEDICATIONS FOR SCHOOL USE**

**PRN**

Tylenol 160mg/5mls. Give \_\_\_\_\_ mls by G-tube every 4 hrs as needed pain/discomfort/temp > 101

Ibuprofen 100mg/5mls. Give \_\_\_\_\_ mls by G-tube every 6hrs as needed for temp > 101.

Benadryl 12mg/5mls. Give \_\_\_\_\_ mls by G-tube every 4hrs as needed for redness/rash.

Hydrocortisone 1%cream – Apply to reddened rash-like area once as needed between 8:00a.m. – 3:00p.m.

Barrier Cream (Vaseline) Apply moisture barrier prn to stoma site.

Other \_\_\_\_\_

**Medications Scheduled between 8:00 a.m. – 3:00 p.m.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**All medication and equipment are to be supplied by parent or guardian. The School District will not furnish any medication / equipment except First Aide treatments. (Equipment includes but is not limited to glucometers, scales, nebulizer tubing, and syringes).**

Gladewater ISD Health Services  
Physicians Orders for Children with Disabilities

Con't

**ACTIVITIES (between 8:00 a.m. – 3:00 p.m.)**

- Sensory Stimulation       Tactile Stimulation       Auditory Stimulation  
 AROM       PROM

Document Response / Tolerance to all activities

**SPLINTS (between 8:00 a.m. – 3:00 p.m.)**

- Bilateral AFO's on two hours off two hours       While up in W/C       Standing Exercises  
Skin checks every 2 hours with all splints

**TREATMENTS (between 8:00 a.m. – 3:00 p.m.)**

- Monitor gt stoma for redness and drainage.  
 Clean gt stoma with water and apply moisture barrier prn.  
 For dislodged g-tube call nurse or re-insert per training guidelines. (**ONLY** trained personnel to perform re-insertion.) Notify parent / TWSC.

**RESPIRATORY (between 8:00a.m. – 3:00p.m.)**

**SEIZURE PRECAUTION**

**URINARY / BOWEL CARE**

**OTHER**

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\_\_\_\_\_  
Physician Signature

Noted by \_\_\_\_\_ Date Received \_\_\_\_\_  
School Nurse