

## **I. INTRODUCTION TO SCHOOL HEALTH SERVICES**

### **A. PHILOSOPHY OF SCHOOL HEALTH PROGRAM**

The primary responsibility for the health of a child rests with the parents. The school health program is to assist parents and students in carrying out the responsibility.

The school has a dual responsibility of protecting the health of its students by providing a continuing program of health education and service, and that of promoting the best possible healthful school environment.

### **B. MISSION**

The Poplar Bluff R-1 School District shall provide a comprehensive health plan which shall outline procedures, policies, and strategies to aid students and employees in reaching optimal health. Realizing that a student or employee performs at a higher level of productivity when healthy, we shall strive to encourage responsible, informed choices which promote change from risky behaviors to healthy behaviors. By increasing health services, health information, and accessibility to health care, we encourage improved health practices. The promotion of improved health practice should be addressed through school health instruction, health services, healthful school environment, physical education, counseling services, food services, worksite wellness, and school/community cooperation and coordination.

### **C. GOAL OF SCHOOL HEALTH PROGRAM**

To provide professional health services which include Registered Professional Nurses and Health Care Providers to aid children and youth in developing their potential, both physically and academically. This service is to help students maintain their individual optimum health status thereby enabling them to take advantage of the educational opportunities. Health education is an important part of our program. We will take every opportunity to offer health educational information to students, staff, and parents. We will educate on numerous topics including but not limited to: hygiene, oral health, prevention of illness, hand washing, communicability of illness, medication administration, and disease processes.

### **D. OBJECTIVES OF SCHOOL HEALTH SERVICES**

Appraise students health status.

Understand students health status.

Detect defects and disorders that will interfere with learning.

Refer students for correction of defects or disorders.

Help students to achieve an optimum level of health.

Educate students, parents, and staff on all types of health issues.

## E. HEALTH OFFICES

Every building will maintain a health office designed to see students and staff. The nurse/health aide will obtain any needed health supplies (C7) from the Director of Health Services office.

General office supplies will be supplied by each building. All buildings will have a locked medication cabinet as well as either a locked filing cabinet or a lock on the door. Confidentiality needs to be maintained at all times in this office. All the health offices will be similar in nature.

The following binders will be standard in every office (C5).

- |                    |  |
|--------------------|--|
| 1. Burgundy binder | Diabetic book                                  |
| 2. Black binder    | Emergency Medication book                      |
| 3. White binder    | Healthcare problems list/Healthcare plans book |
| 4. Green binder    | Over the counter forms                         |
| 5. Red binder      | Routine Medication Logs                        |
| 6. Purple binder   | Asthma book                                    |
| 7. Blue binder     | Substitute book                                |

## F. STAFF ASSIGNMENTS

The Director of Health Services is responsible for making school nurse staff assignments for the district. These assignments are made on an annual basis and are sent to the building principals in the fall of the school year or upon any changes, assignments may be modified as needed to meet the district's needs. The Director of Health Services will be available at all times by phone for emergency situations and/or questions. The traveling nurse will also be available by phone. Every health staff member is responsible for reading and following the policy and procedure manual at all times. If there are any questions the staff member must call the Director of Health Services for clarification.

**Bailey Hester, BSN, RN**

**Director of Health Services**

**Lori West, RN**

**Stacey Johnson, RN**

\*High School  
TCC

\*Middle School  
Mules Cafe

**Lindsay Allbritton, RN**

**Nikki Reece, LPN**

Junior High School

Lake Road

**Lindsay Agee**

**Shanda Felts, RN**

Kindergarten Center

O'Neal Elementary

**Hannah Tinsley, RN**

**Natalie Cote, RN**

Oak Grove Elementary

Eugene Field Elementary

**Chloe Osborn, BSN, RN- Traveling Nurse**

Early Childhood

Lake Road

Mark Twain Alternative School

\*denotes main location

**Health Aide Assignments:**

Jordan Stevens - Traveling Health Aide

Kayla Pruett– Early Childhood

Angie Smith - Middle School

TBA - Middle School, part-time

Krystle Daves- High School

**G. SCHOOL HEALTH ADVISORY COMMITTEE**

The Poplar Bluff R-1 School has organized and maintained a community based Health Advisory Group since 1994. The members of our committee are broad based and represent all agencies receiving services, as well as representing community groups and offices. The group has many functions and is asked to participate in the identification of health problems and to recommend new ones. An ongoing function of the group is to help identify additional funding for our current health program and to help find funding for our future health program. Input from the community is vital in the success of our program.

**H. CONFIDENTIALITY**

1. The school nurse shall maintain a file/record of health information on each student separate from the educational record. The comprehensive health record may contain personal health history, including but not limited to; immunization records, family health history, results of screening procedures and referrals, medication and treatment administration, and any other significant health information collected in the provision of health care in the school setting. The health office will abide by all HIPPA and FERPA requirements.
2. Health Records will be maintained in a manner that limits access. Records shall be stored in a locked file, and/or a locked room. The school nurse will monitor access to the records.
3. Medical information from outside providers, shared by parental request, shall not be released without further parental permission.
4. The nurses will review the updated health history form each year as well as any health screenings performed and will refer any students identified with a possible health problem for counseling or referral to a medical doctor. All children with a chronic medical condition will be monitored continuously throughout the school year. Health information will only be shared with other staff on an as needed basis.
5. The Director of Health Services will be notified of all release of information requests for medical records from the school health offices prior to releasing the information.

**At all times the school nurse will maintain professional confidentiality.**

## II. HEALTH ASSESSMENTS

A Health Inventory Sheet (C14) will be filled out each year on every child in the district. This sheet will be reviewed and used to detect possible special health care needs. The parent will be notified and/or given additional paperwork if needed. Children will be referred for additional medical care if needed. Documentation of the referral and all follow up monitoring will be kept in the child's individual Cumulative Health Record.

### A. HEARING SCREENINGS

A hearing screening will be performed on all K-3rd, 5th, 7th, and 10th grade students. They will also be performed on new students and students referred by teachers or parents. Failures will be rescreened for possible referral.

#### **EQUIPMENT:**

Pure tone Audiometer and a quiet room

#### **PROCEDURE:**

1. Explain to student how the test will be performed
  - a. Show earphones
  - b. Explain sounds in their ear will be high and low and very soft
  - c. Explain that they will raise their hand in response to that ear
2. Set student in a chair facing away from the tester
3. Test frequencies 1000, 2000 and 4000 at 20 decibels. Use different patterns so that the students don't memorize them and anticipate the next tone.
4. Record on the screening sheet (C52) either a pass or NAS (needs additional screening). A failure consists of missing one frequency in one ear. It is also important to include information on the screening sheet as to what decibel the sound was heard at in each ear.
5. A second screening should be performed 2-3 weeks after the initial failure.

#### **REFERRAL AND FOLLOW-UP:**

1. If student has a second failure, a referral form (C55) will need to be sent home.
2. Communication with classroom teacher is critical in assisting students with needs such as preferential seating.
3. If parents have not responded within a reasonable amount of time, a follow up letter (C57) will need to be sent home. A phone call may also be warranted.

## B. VISION SCREENING

A vision screening will be performed on all K-3rd, 5th, 7th, and 10th grade students. They will also be performed on new students and students referred by teachers or parents. Failures will be rescreened for possible referral.

### EQUIPMENT CHOICES:

Spot Vision Screener

Snellen E Chart

HOTV Charts

LEA symbol Charts

Occluder

Lighthouse Kit

Titmus machine

Random Dot E test

Color Blind Kit

### PROCEDURE FOR SPOT VISION SCREENER:

For optimal screening results, screen in an environment with lower level subdued lighting. Be sure to eliminate or block any sources of sunlight and/or incandescent light from reflecting on the students eyes. Fluorescent light is acceptable but note that the students pupil size can be affected and can decrease your chances of a successful screening.

Before screening each student you will enter the students name, date of birth, gender and if student wears eyewear.

1. Position yourself approximately 3 feet from the student.
2. Start screening and slowly rotate the device upward to meet both the students eyes. Adjust your distance from the student until both eyes are clear on the screen.
3. Keep the vision screener device steady until the screening wheel appears, indicating the capture process is underway.
4. The results screen will appear at the end of the screening process. It will read screening complete, all measurements in range or complete eye exam recommended. These results are automatically saved to the camera.

After screening student or students the results will need to be printed.

1. Insert USB into spot vision screener, export results, remove the USB drive from the vision screener and insert it into your PC.
2. Select the USB Drive E.
3. Select - spot\_\_\_\_\_ (date time test was done)
4. Select PDF
5. Select the file
6. Print
7. Attach printed results to the screening form (C52) and record pass or NAS on form.

After printing reports results will need to be deleted off the USB.

1. Remove USB from PC and insert back into camera.
2. Select History, clear the history .
3. Select Queue, clear the queue.
4. USB is now clean, can remove USB and power off camera.

#### **PROCEDURE FOR SNELLEN E CHART:**

1. Hang the wall chart at one end of a well lighted area with no glare on the chart. Student should stand on a mark 10 feet from the chart.
2. The height of the chart should be adjusted so that the center is at the student's eye level.
3. Explain the test to the student. Demonstrate the E or symbols in various positions and show the student how to point in the direction that the legs are going.
4. Test vision in one eye at a time. Use an occluder, small card, or students hand to cover the other eye. Care should be taken to avoid pressing directly on the eye. Kindergarten students will have both eyes tested at the same time.
5. Have student begin higher up on the chart with the larger E or larger symbols and then move down to the appropriate line. Students should correctly identify all E's or symbols on the line with one mistake or less. Repeat the other eye.
6. Record on the screening sheet (C52) vision results.
7. If student wears glasses, they need to wear them for the test.
8. Referral Criteria: Refer student to an eye doctor for any of the following reasons:
  - a. Acuity levels greater than 20/40 for any student.
  - b. If student is struggling, squinting, or having difficulty taking the test and the teacher has noticed difficulty in class.
  - c. Both near and far vision results should be done when a referral is sent.
9. Additional screening may be performed based on state law requirements.
10. School vision screening exams should not be considered diagnostic. Screenings will not detect every student who needs eye care, nor will every student referred need glasses or treatment. Screening, as the term implies, only identifies most students who may have a vision defect.

#### **REFERRAL AND FOLLOW UP**

1. If student has a second failure, a referral form (C53 or C54) will need to be sent home.
2. Communication with the classroom teacher is critical in assisting students with needs such as preferential seating.
3. If parents have not responded within a reasonable amount of time, a follow up letter (C57) will need to be sent home. A phone call may be warranted.

### **C. DENTAL SCREENING**

This screening is performed when resources and trained staff are available on all students as time permits and on any students referred.

#### **OBJECTIVES:**

1. To detect potential and/or actual dental deficits.
2. Reduce or eliminate dental deficits to assist students in functioning within normal limits or to the capacity the deficit will allow.

#### **SCREENING:**

Visual screening of the mouth using light and tongue blade inspect for the following:

1. Evidence of dental caries
2. Broken or chipped teeth
3. Infection or swelling
4. Bleeding or inflamed gums
5. Changes in color, texture, position of gums, tissue
6. Poor oral hygiene, bad mouth odor

#### **REFERRAL AND FOLLOW UP**

Results and referrals are sent home and/or a parent contact by phone or letter.

### **D. HEIGHT & WEIGHT**

When staff is available, we will annually weigh and measure height of K-3rd, 5th, 7th, and 10th grades.

#### **OBJECTIVES:**

Identify students who are experiencing or may be at risk of abnormal growth pattern for their age, weight, and heredity.

#### **SCREENING:**

1. Arrange an area and a time to weigh and measure students.
2. Provide for student privacy.
3. Use proper equipment to weigh and measure.

### **E. KINDERGARTEN PRE-ENROLLMENT**

This pre-enrollment is used to determine the number of kindergarten students and to obtain health information and assess immunization status.

#### **MATERIALS**

Health Inventory form (C14)  
Immunization schedule (C30)  
Religious and medical exempt forms (C38-C41)

## PROCEDURE

1. Review immunization records and get copies
2. Discuss with parents the state law that requires all students to be up to date or in progress on all immunizations before they are allowed to attend school
3. Review any pertinent medical history and discuss management of health problems at school

## III. FIRST AID AND EMERGENCY PROCEDURES

### A. EMPLOYEE AND STUDENT EMERGENCY SHEETS

Every student in the district should have an up to date health inventory sheet (C14) on file in the school health office. All employees will be asked and encouraged to fill out an emergency form (C13) to be kept in the nurse's office for emergency use only. The employee forms will be handled with the utmost confidentiality.

### B. ACCIDENT POLICY

In case of serious injury or illness, the school nurse should be notified immediately. The Emergency Medical Service (911) may also be called. The family will be contacted immediately if emergency care is needed. If the family is unable to be reached and the student requires emergency care, the student will be taken to the hospital emergency room. The school nurse or school personnel will accompany the child and stay with them until a family member arrives to assume responsibility for that student.

All school related injuries requiring medical attention are to be reported. Accident reports (C19) should be filled out by the individual supervising at the time of the incident or the individual providing the medical care. Accident reports are to be signed by the principal. Parents will be notified of accidents involving their children. A copy of the accident report should be kept in the school office, student's health record, administrative office, and the Director of Health Services office. A follow up note should be included.

If a staff member is injured at school and does not require a visit to the doctor, an accident report should be filled out. If the injury requires a doctor's visit, a workman's comp packet should be used. The staff member is required to go to a specific doctor/clinic. **If an ambulance is necessary, the Director of Health Services must be contacted immediately.**

### C. FIRST AID AND DOCUMENTATION

Designated first aid providers will receive first aid training and a review of pertinent policies and procedures. This training will be given annually by the district.

Communication between the first aid provider and the nurse is of vital importance to the well-being of the students. The Director of Health Services is dependent upon the staff to communicate with her at all times. Any questions, concerns, or needed information must be directed to the health coordinator or other registered nurse in a timely manner.



Good documentation of all first aid, medication administration, communication with families, and any other pertinent information related to the health offices is imperative. A documentation system has been put into place. Each student will have a personal health record kept in the health office. This health record will be kept for 5 years after graduation.

1. The daily clinic log (C16) can reflect personal preference but must include:
  - a. Name of student
  - b. Complaint of student
  - c. Date and time student arrives and if student returns to class or is sent home
  - d. Brief notation of action taken or assistance provided including a specific description of injury or illness
2. Incidents which require emergency care or be subject to possible future scrutiny, must have an accident report (C19) filled out. It is important for these reports to be completed with all details available. A follow up note should be included. Accident reports should be filled out by the individual supervising at the time of the incident or the individual providing the medical care. A copy of the accident report should be kept in the school office, students health record, Administrative office, and the Director of Health Services' office.
3. A head injury form (C22) should be completed and sent home with all students with significant head injuries which could result in complications. Every attempt will be made to contact the parent by phone and to send the form home even if the injury does not require the student to leave school. Complete documentation will be made on the clinic log. A copy of the form should be put in the students health record.
4. Any student that has a surgical procedure or a substantial injury requiring restrictions done during the school year will be required to bring a doctor's note to return to school. This note should include any restrictions as well as any specific doctor's orders needed. A doctor's note will be required to release the student from those restrictions.

#### **D. CARDIOPULMONARY RESUSCITATION (CPR)**

The school nurse/health aides should have a current CPR/AED certification. In addition, classes will be offered to all PE teachers and coaches. The goal of the school district is to have at least two additional people in every building certified to administer CPR. The Director of Health Services will organize and/or offer free CPR sessions. A list of CPR certified personnel should be on file in the nurse's office.

#### **E. DRUG & SUBSTANCE ABUSE POLICY**

The illegal sale, exchange, distribution, or possession of prescription drugs, illegal drugs, alcohol, and tobacco is prohibited in the school building, school grounds, school buses, and at school sponsored activities. In an effort to diminish the conditions that lead to substance abuse and to prevent the problems created by substance abuse, the Poplar Bluff R-1 School District will integrate information related to substance abuse into the

curriculum at all grade levels. The administration shall develop and maintain a process for handling cases of suspected substance abuse that is inclusive of psychological, physical, and legal aspects of the problems.

#### F. DISPENSING MEDICATION POLICY

All prescription and over the counter medications will be dispensed or stored in the health office. A written request from a physician is required for all non-prescription medicine given at school (C43). This form must be renewed yearly. This includes aspirin, Tylenol, Ibuprofen, Benadryl, cough syrup, etc. All medications will be stored in a safe locked storage area. The nurse/health aide will routinely count prescription medication brought to school.

No medication will be kept at school unless it meets the established guidelines for dispensing medications and is FDA approved, this includes essential oils. Students cannot store medication in the school office or in a teacher's desk to be taken on their own. The only exception to this would be if the Director of Health Services and the nurse in the building decide that to be the best plan for the student and in that rare event, a specific health plan would be made by the nurse and followed. Training would be a big part of that plan.

The district does not permit the possession or administration of marijuana or marijuana-infused products for medicinal purposes on district property or at district events since these products are prohibited under federal law. In accordance with state law, parents/guardians with a valid hemp extract registration card may possess CBD oil on district property for the purpose of administering it to their students who are less than 18 years old for the treatment of epilepsy. Students 18 and older with a valid hemp extract registration card may possess CBD oil on district property for the limited purpose of bringing it to the health office where it will be stored with other medications and administered to the student by the nursing staff for the treatment of epilepsy. Students who have an actual prescription for a medication containing CBD will be permitted to possess and administer the prescription medication in accordance with this policy. When applicable, district staff will administer prescription medication containing CBD in the same manner used to administer other prescription medication. **Every case will be handled on an individual basis. If this situation arises, the Director of Health Services will be contacted immediately and she will in turn contact the Superintendent.**

Students are not allowed to carry medication with them at any time this includes on the bus. The only exceptions allowed are to carry life saving emergency medications. This requires a written request from a physician (C42). A copy of this form must be filed in the nurse's office. Students are responsible for checking with the nurse to make sure all requirements have been met. Students are required to communicate with the nurse when they take those medications so that if additional care is needed, the nurse will be aware of the situation.

Injectable medications will be dispensed by the nurse or trained health aide. The exception to this is the use of emergency life saving medications such as an Epi-Pen or Glucagon. In this case, a designated trained first aid provider trained by a registered nurse in the district, may administer the life saving injectable. An ambulance and the Director of Health Services must be contacted immediately in this situation. A red sharps box will be used for the disposal of all needles and lancets. Sharp supplies will **not** be thrown into the regular trash can.

The school must follow the prescription label exactly. If there is a medication change, an RN can take a verbal order from the doctor over the phone and then a written order must be obtained as soon as possible.

Medication must be given as prescribed and on time. An allowable time is 30 minutes before or after the prescribed time. **It is the responsibility of the nurse/health aide to find the student if they do not come themselves, to take their medication.** All medication given, both prescription and over the counter, must be documented. A medicine log graph (C47) will be used. This graph includes: medication, dosage, time, and signature of person administering the medication.

The Poplar Bluff School District will adhere to the following safety procedures:

1. We will not give the first dose of a new prescription or over the counter medication
2. Students will be supervised while they are taking their medications
3. We will not substitute medicine between students.
4. Parents need to transport medications to and from school
5. Health personnel or designated person, will follow the four rights when administering medication; right medication, right student, right dosage, right time.

Whole cough drops will only be given to 4th grade and older students due to choking hazards. Cough drops may be broken up and given to the younger students. It is highly discouraged to give hard candy of any kind to younger students. Students may bring their own cough drops but the same rules apply.

#### **Medication Errors:**

In the unlikely event of a medication error, the following will be done:

1. If it is a medical emergency, call 911
2. Call the Director of Health Services
3. Contact the parent and or physician if warranted
4. Complete the Medication Error Report Form (C48) and give to the Director of Health Services.

All efforts will be made to assess the error and find ways to prevent the error from being Repeated in any building.

**Medication Disposal:**

Medications that are not picked up by the family at the end of the school year, will be disposed of at the beginning of the next school year. Those medications will be taken to the office of the Director of Health Services and will be properly disposed of by two staff members. A log will be kept that documents such actions. All efforts will be made to offer opportunities to parents to pick up leftover medications at the end of the school year.

**G. STANDARDS OF CARE****1. ILLNESS**

A temperature should be taken on students who exhibit signs of illness or state that they don't feel well. Students with a temperature of 100 or higher and/or who exhibit other signs of illness, such as vomiting or three or more episodes of diarrhea should be sent home. Students may also be sent home without the above symptoms at the nurse's discretion. **Students who are sent home due to illness, may not return to school that same day.**

In case of serious illness or accident, the school nurse should be notified immediately. The Emergency Medical Services (911) may also be called if needed. The parents will be contacted immediately. The school nurse or school personnel will accompany the child and stay with them until a family member arrives to assume responsibility for that student. If an ambulance is needed, the Director of Health Services must be contacted immediately. Complete documentation should be completed and put in the student's health record.

In the event of an outbreak or pandemic, we will follow all guidelines given to us by the local health department.

**2. DENTAL EMERGENCIES**

All injuries and/or reported pain to a student's mouth will include a thorough assessment of their teeth, gums, tongue, and mucosal areas.

- a. **Bleeding** - apply pressure with clean gauze or other material. A student can also bite on the gauze. If bleeding persists, notify parents.
- b. **Permanent tooth knocked loose** - leave the tooth in same position, notify parents immediately. Student needs to see his/her dentist.
- c. **Permanent tooth knocked out** - Find the tooth. Rinse with warm water if dirty. If able to put it back in place, do so. If unable to replace it, put it in a glass of milk. Notify parents immediately to be transported to the dentist. Time is of the essence - act quickly.

- d. **Swelling from an injury** - If no bleeding or bleeding has stopped, apply an ice pack and notify parents.
- e. **Swelling from infection** - Contact parents immediately.
- f. **Toothache** - Rinse mouth out with warm water. You can apply topical anesthetic (i.e. Anbesol) if easily accessible. Contact family.

### 3. EYE EMERGENCIES

Eye injuries include cuts, scrapes, objects in the eye, burns, chemical exposure, and blunt injuries to the eye or eyelid. The eye is easily injured and any condition could be potentially serious.

- a. **Foreign body in the eye** - most common, the eye will usually clear itself of tiny objects. If the eye is red, irritated, and/or painful: wash your hands, lift the lower lid and look for object, irrigate with eyewash or water. A cold compress can also help - a minor discomfort may continue. If this worsens or if there is blurred vision notify the family.
- b. **Objects stuck or embedded in eye** - Leave the object in place. DO NOT touch it. Reassure patient. Bandage both eyes to prevent eye movement. Use something to help stabilize object such as a styrofoam cup. Get medical treatment immediately. Contact family.
- c. **Eye cuts, scratches, or blows** - If the eyeball appears to be injured, get medical treatment immediately. Gently apply a cold compress. Do not attempt to stop bleeding inside the eye. Contact family immediately.
- d. **Chemical in the eye** - flush with cool tap water immediately for 15 minutes. Make sure the affected eye is down. If the person is wearing contacts, after you have flushed with water, attempt to get the contact out if it wasn't already flushed out. Do not force the contact out. Continue flushing with water and seek medical treatment.

### 4. HEAD INJURIES

A head injury form (C22) should be completed and sent home with all students with significant head injuries which could result in complications. Every attempt will be made to contact the parent by phone and to send the form home even if the injury does not require the student to leave school. Complete documentation will be made on the clinic log. A copy of the form should be put in the student's health record. Signs and symptoms to watch for are: severe headache, nausea or vomiting, blurred vision, seizure, bleeding or discharge from ears, sleepiness, loss of coordination, difference in pupils size or reaction, or any unusual behavior or confusion. If needed, an ambulance should be called.

## 5. HEAT EMERGENCIES

In heat and warm weather, it will be important to keep staff and students hydrated. Always be alert to dehydration symptoms.

- a. **Symptoms of Heat Exhaustion** - pale clammy skin, profuse perspiration, weakness, headache and possible fainting.

**First Aid** - water unless vomiting, loosen clothing, have victim lie down, apply cool cloths and fan victim. Contact family if needed.

- b. **Symptoms of Heat Stroke** - body temp is elevated, skin is hot, red and dry, no sweating, pulse is strong and rapid, and victim may be unconscious.

**First Aid** - apply cold cloths and call an ambulance.

## 6. STINGS & ANAPHYLACTIC SHOCK (C59-C80)

Anaphylaxis is a severe, potentially life-threatening allergic reaction. It occurs within seconds or minutes of exposure to something you are allergic to, such as venom from a bee sting or a peanut. Common triggers of anaphylaxis include certain foods, some medications, insect venom and latex. True anaphylaxis requires a trip to the hospital and the administration of an Epi-Pen.

Most reactions to stings and bites are mild. Only a small amount of people develop severe reactions (anaphylaxis) to insect venoms. The district keeps Epi-Pens in the health offices in case of a severe reaction. A reaction will usually take place within the first 30-45 minutes and could progress rapidly.

- a. **For Minor Reactions-**

**Signs & Symptoms** - pain, mild swelling, and itching.

**First Aid** - move to a safe area, remove the stinger using a credit card or straight edge, apply a cold pack. You can also apply a topical cream such as Caladryl or Hydrocortisone. Benadryl is available for more severe reactions. An RN in the district needs to be contacted if Benadryl is needed.

- b. **For Severe Reactions to any allergen -**

**Signs & Symptoms** - difficulty breathing, swelling of the lips and throat, faintness, dizziness, confusion, rapid thready heartbeat, and hives.

**First Aid** - Loosen clothing, give Benadryl if fully conscious and symptoms are minor, if symptoms progress, administer Epi-Pen as Directed by weight, call 911, parents, and the Director of Health Services. If person is unconscious, lay them on their side and if needed, start CPR.

## 7. RASHES AND RINGWORM

Nurses and health aides may require a student suspected of having a contagious or infectious disease to be examined by a physician and may exclude the child from school as long as there is substantial risk of transmission of the disease in the school environment. Rashes are difficult to assess. The health offices will follow the "Prevention and Control of Communicable Diseases" by the Missouri Department of Health. If a child has an unknown rash, the nurse may exclude them from school until the student has seen a doctor and been diagnosed. A return note will be required.

If the student has a suspected ringworm, the student may stay at school if the nurse treats the student with an antifungal cream. The ringworm must stay covered. Parents should be notified. The only exception to this is if there are multiple ringworms or if the ringworm is in the scalp in their hair. These situations usually require oral medication and will be sent home until a doctor's note is obtained.

## **8. HEADLICE**

The Poplar Bluff R-1 Board of Education has determined that any student found to have evidence of pediculosis infestation (lice or nits) shall be excluded from school attendance until a pediculicide has been applied and all nits have been removed. The student cannot ride the bus to school and will need to be brought to the health office by the family to ensure that all the nits have been removed before returning to class.

The student will be re-examined in 10 days to determine if he or she remains free of infestation. The attendance policy for students excluded from school for pediculosis – For each unique instance of documented lice or nits, the student will have a maximum of two consecutive excused absences to remedy the infestation. Additional absences for the originating incident shall be considered unexcused until such time as the student is verified as both lice and nit free by designated school staff personnel.

1. Schools will not perform routine schoolwide head lice screening. However, should multiple cases be reported, the nurse will identify the population of students most likely to have been exposed and arrange to have that population of students examined.
2. If the school nurse or teacher discovers head lice or nits on a student, the parent/guardian of that student will be notified, and other students who reside with the infected student will also be checked.
3. The school nurse will instruct the parent/guardian concerning various shampoos, sprays and other appropriate treatments that can be purchased to eliminate head lice or nits and will also give information concerning necessary procedures to be taken in the home to ensure that the head lice are eliminated.

4. If the student was infected with live head lice, the student should not return to school for 24 hours after the discovery of the head lice to allow for treatment.
5. When a student who had a live head lice infestation returns to school, the student will be examined by the school nurse. If live head lice are found at that time, the parent/guardian will again be called and re-instructed concerning treatment. The student will be excluded from school for 24 hours to allow for additional treatment. This process will continue until the student is free of head lice.
6. A student who was identified as having nits but not a live head lice infestation will be re-examined within five calendar days of the initial identification. If this examination reveals nits are still present, the parent/guardian will again be instructed on treatment options. This process will repeat until the student is free of nits.
7. The school nurse will keep accurate and confidential records of students infected with head lice or nits.
8. If it appears the parent/guardian of an infested student is failing to secure timely treatment for the infestation after having been given notice of the existence of head lice or nits in accordance with these procedures, the nurse will notify the school principal, who may report the matter to the Children's Division (CD) of the Department of Social Services.

The school nurse will develop education programs regarding the diagnosis, treatment and prevention of head lice for staff, students, parents and the community.

## **9. DIABETES/HYPOGLYCEMIA**

Current yearly written doctor's orders (C86-C88) are required for students with a diagnosis of Diabetes or Hypoglycemia. We have forms available or will accept any forms from the physician's office. Routine care including insulin injections must be supervised and done in the health office unless written authorization is obtained by both the parent/guardian and the physician. A team approach is used to insure good communication between the nurse and the student/family. We want to encourage independence as well as ensure the nurse is aware of the student's condition at all times to ensure safety. Hypoglycemia often does not allow a person to make good decisions in their own care. All equipment required for the student is to be provided by the family (i.e. Glucometer, testing strips, snacks). Back up emergency Glucometers will be available in the health office. Sharps containers will be available



for disposal of all needles. If a student is Type I Diabetic, they **must** provide a Glucagon emergency kit to be kept at school. If a student's blood sugar is 300 or above, ketones must be checked. If more than a trace amount is noted, the student must go home. The only exception to this is if the physician writes an order with specific instructions regarding ketones. Education, information, and training will be provided to the staff as needed.

**Signs & Symptoms of low blood sugar (C89) :** shaky, sleepy, dizzy, irritable, headache, sweaty, weakness, impaired vision, hunger and anxious.

**Treatment:** Give some form of sugar such as 3 sugar pills, 3 tsps of sugar in water, ½ cup juice or regular soda followed by a protein such as peanut butter & cracker or cheese & cracker. If student becomes unconscious, administer their Glucagon (C101-C102) and call 911, family, and the Director of Health Services.

**Signs & Symptoms of high blood sugar (C90) :** extreme thirst, frequent urination, hunger, nausea, blurred vision, dry skin, and drowsiness.

**Treatment:** Check blood sugar. If 300 or higher, check ketones, if ketones present, send student home. If no ketones present, have student drink water and walk around in an attempt to lower blood sugar. Call parents to inform them.

Students with Diabetes: Upon written request of the parent/guardian (C45) and upon authorization by a student's diabetes medical management plan ( C42), the district will permit a student with diabetes to perform blood glucose checks, administer insulin through the student's insulin delivery systems, treat hypoglycemia and hyperglycemia, and otherwise attend to the care and management of the student's diabetes. The district will permit the student to possess on his or her person at all times all necessary supplies and equipment to perform these monitoring and treatment functions. The student shall have access to a private area for performing diabetes care tasks should the parent/guardian or student request such access. Students with diabetes who wish to possess and self-administer medications are subject to the same requirements (below) as students with other health conditions.

## 10. INTERMITTENT CATHETERS

The usual frequency of catheterization may require the procedure to be done at school. The family is responsible for providing all equipment needed. If the student is unable to perform the procedure themselves, a nurse or a trained health aide/staff member will perform the catheter procedure. Doctor's orders are required. (C102-C104)

## 11. GASTROSTOMY BUTTONS

The gastrostomy is a surgical opening into the stomach. A gastrostomy-feeding button is put into the surgical opening. This is a simple and safe way of giving food, medicine, and fluids directly into the stomach because the child is unable to take

these by mouth. Some students may require feedings and/or medications during the school day. An RN will assess the student and determine if this procedure can be delegated to another unlicensed individual. That person will receive intensive training and monitoring by the Registered Nurse. If the g-tube falls out, a parent will be called to come reinsert it. If no one is available, a Registered Nurse can reinsert it. This needs to be done within one hour. Doctor's orders are required (C105).

## 12. ASTHMA

Students with a diagnosis of Asthma that have medication at school will have a plan in place to address their asthma issues. Every effort will be made to get baseline peak flows (C77-79) that establish a normal range for the student at the beginning of the year. All inhalers and nebulizer treatments will be stored in the health office. Each office will have a nebulizer machine available for students to use. The student must provide their own medication, tubing and mouthpiece. The only exception to this would be if the physician signs the form allowing the student to carry it with them (C42). Students are responsible for checking with the nurse to make sure all requirements have been met. Students are required to communicate with the nurse when they take those medications so that if additional care is needed, the nurse will be aware of the situation. Permission to possess and self administer medications may be revisited if there is evidence that the student is not handling or administering the medication appropriately or that the students actions may be harming his/her own health or the health and safety of others. Students that self carry medications, will complete the Asthma Student Skills Checklist (C80).

The District will maintain a supply of asthma related rescue medications that can be administered by the school nurse or another trained employee, when the nurse or trained employee believe that a student is having a life-threatening asthma episode. (C69) A licensed nurse must be notified in this event if one is not already present in the building.

- a. **Assess and evaluate respiratory status for signs of respiratory distress.** Some signs might be: severe cough, chest tightness, shortness of breath, wheezing, retractions, nasal flaring, rapid or labored breathing, blueness of fingernails or lips, unable to speak or only say a few words, pulse ox below 90%, sitting in a hunched position.
- b. **Children with a prior history of asthma or reactive airway disease:** follow their own asthma action plan (C75-76) if available, if unavailable, give a nebulizer treatment Albuterol inhalant solution 0.5 ml in 3 ml normal saline. Call parents and wait to see if student responds to treatment . If they respond favorably, they can go back to class, if not, call 911 and Director of Health Services.
- c. **Children with no history of asthma or airway reactive disease:** Call parents, Director of Health Services and 911 if needed. Give a nebulizer

treatment Albuterol inhalant solution 0.5 ml in 3 ml normal saline. Monitor closely until parents and/or EMS arrives. It is strongly recommended that the student be further evaluated by a medical professional.

### 13. CONJUNCTIVITIS (PINK EYE)

Conjunctivitis is a redness and inflammation of the membrane that covers the eye and lines the inner surface of the eyelid. Pink eye is a common infection in young children. There are several possible causes they include; bacteria, viruses, allergies, eye injuries, or chemicals.

**Purulent Conjunctivitis** - redness of eyes and/or eyelids with thick white or yellow discharge and eye pain. Students should be excluded until appropriate treatment has been started and a note from a physician stating when they can return, usually 24 hours after treatment has started.

**Non purulent Conjunctivitis** - redness of eyes without drainage or only clear drainage, but no eyelid redness. May only be allergies. Try eye wash first, and watch student. Exclusions may not be required.

### 14. CRUTCHES/WHEELCHAIRS

A wheelchair is kept in the health office to be used in the event of a sudden illness or accident. Some instances may require a student to be transported by wheelchair for their safety. If the nurse feels it is in the best interest of the student's safety, the wheelchair will be used. Some injuries will require student to use their own personal crutches or wheelchairs at school temporarily. In this event, doctor's orders are required that include restrictions and instructions for the student during the day (C24). The student's safety is our priority. A transitory 504 may be considered for the student.

### 15. SEIZURES

Epilepsy, also called seizure disorder, is manifested by brief, temporary changes in the normal functioning of the brain's electrical system. When this occurs, effects of consciousness, body movements and behavior may be observed. Parents will need to fill out the Seizure Questionnaire (C96-C97) to ensure that school staff are aware of all aspects of their child's seizure activity. Some students have rectal Diastat medication ordered by their physicians. Staff will be trained (C101) in all areas for these students and specific doctor's orders will be followed.

#### **First Aid for Grand Mal/Tonic Clonic Seizures: (C99-100)**

- a. Keep calm, do not restrain the student, loosen clothing if needed. **Time the seizure.**
- b. Clear the area of sharp or dangerous objects, cushion their head.
- c. DO NOT put anything in or near their mouth. They will not swallow their tongue.
- d. If possible, turn student on their side.
- e. Observe seizure characteristics - length, type of movements, direction of head or eye turning. These characteristics may help the doctor diagnose the type of seizure.

- f. Call an ambulance if the seizure last 5 minutes or longer, goes into another seizure, has never had a seizure before, or if the seizure happens after a fall or head injury. Call the family and the Director of Health Services if an ambulance is needed.
- g. Fill out a seizure form after the seizure is over and student is fully taken care of (C98).
- h. Privacy needs to be observed at all times.

**First Aid for Complex Partial, Psychomotor, Temporal Lobe Seizures:(C100)**

- a. Don't grab the student.
- b. Explain to others the situation.
- c. Block all hazards.
- d. Speak calmly.
- e. Remain nearby until the seizure is over.
- f. Document how long the seizure lasts and any behavior before it.
- g. Make sure the person is fully conscious and aware of their surroundings. Confusion may last longer than the seizure.

<b>Generalized Seizures</b> (produced by the entire brain)	<b>Symptoms</b>
<b>1. "Grand Mal" or Generalized tonic-clonic</b>	Unconsciousness, convulsions, muscle rigidity
<b>2. Absence</b>	Brief loss of consciousness
<b>3. Myoclonic</b>	Sporadic (isolated), jerking movements
<b>4. Clonic</b>	Repetitive, jerking movements
<b>5. Tonic</b>	Muscle stiffness, rigidity
<b>6. Atonic</b>	Loss of muscle tone

<b>Partial Seizures</b> (Produced by a small area of the brain)	<b>Symptoms</b>
<b>1. Simple</b> (awareness is retained) <ol style="list-style-type: none"> <li><b>a. Simple Motor</b></li> <li><b>b. Simple Sensory</b></li> <li><b>c. Simple Psychological</b></li> </ol>	<ol style="list-style-type: none"> <li>a. Jerking, muscle rigidity, spasms, head-turning</li> <li>b. Unusual sensations affecting either the vision, hearing, smell, taste or touch</li> <li>c. Memory or emotional disturbances</li> </ol>
<b>2. Complex</b> (impairment of awareness)	Automatisms such as lip smacking, chewing, fidgeting, walking and other repetitive, involuntary but coordinated movements.

<b>3. Partial seizure with secondary generalization</b>	Symptoms that are initially associated with a preservation of consciousness that then evolves into a loss of consciousness and convulsions.
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**16. FIELD TRIPS**

In the event of field trips, the nurse must be notified as much in advance as possible. Medications, treatments, and equipment will be sent with trained personnel on the trip. ALL requests for a school nurse to attend an activity away from school MUST be approved by the Director of Health Services. School nurses will attend local field trips if the entire student body attends the field trip. School nurses will not attend field trips that are not local or require overnight stay. A nursing assessment will be conducted to insure that care can be safely delegated. Decisions will be made on an individual basis. Training will be provided to the sponsor(s) in order for them to provide care specific to the student(s) needs. Parents will be informed of the plans prior to the field trip. School nurses will not attend athletic activities. The Director of Health Services and/or Nurse in the building will provide training to the coach(es) in order for them to provide specific care during practices or games.

**17. ASSESSMENT FOR POSSIBLE SUBSTANCE ABUSE**

A student who is referred to the principal and nurse for possible substance abuse examination should “appear” to be under the influence of alcohol and/or other mood-altering chemicals. A physical exam may include but is not limited to: vital signs, behavior, pupil exam, smell of alcohol or marijuana, impaired speech or gait, and reflexes. The nurse will perform the exam (C106-C111) and turn the information over to the principal or resource officer.

**18. AUTOMATED EXTERNAL DEFIBRILLATOR (AED)**

Some buildings have AEDs located on a wall close to the gyms. Standing Doctor’s orders are located inside the alarmed cabinet along with a form to be filled out if the machine is used (C118-119, C121). The nurse/health aide in that building will be trained, as well as other personnel in the building. The machines are totally automated. Opening the lid turns the machine on and it tells you what to do from there. If the machine is ever used, you must call 911 and the Director of Health Services immediately. If the door of the cabinet is opened, an alarm will sound. The alarm can only be turned off using a key located in the nurse’s office or the key hidden inside the cabinet. A monthly check must be done in every building by the nurse to ensure that the AED is fully operational and batteries are up to date. (C120)

**19. ATHLETIC INJURIES AND INCIDENTS**

If a student sustains an injury at practice or a game that results in a doctor visit, the coach will fill out a report (C124-125) and send it to the Athletic Director’s

office. The AD will forward a copy of it to the school nurse and the trainer for follow up. Copies of all documentation received regarding the injury will be forwarded to the AD. If an athlete's injury (regardless of whether the injury occurs on or off school property) results in a suspected concussion, that student may not participate in practice or competition for 24 hours and until a licensed healthcare provider has evaluated and released them to come back. The MSHAA Concussion Return To Play Form (C126) **must** be used. Any type of release will be accepted for all other injury types. If the nurse becomes aware of any significant injuries that occur to athletes not related to a school event, she will send copies of all the documentation to the AD's office.

## 20. TRACHEOSTOMY

Tracheostomy is the creation of an opening into the trachea through the neck, with insertion of an indwelling tube to facilitate passage of air or evacuation of secretions. Students may require care of their tracheostomy during school hours. This care could include; suctioning and/or emergency reinsertion of the trach cannula (tube). An RN will assess the student to determine if this procedure can be delegated to another non-licensed individual. That person will receive intensive training and monitoring by a registered nurse. Any student with tracheostomy will be required to keep an emergency replacement kit at school at all times. Yearly up to date doctor's orders will be required.

**\*\*\*\*Yearly up to date Doctor's orders are required for any chronic health condition that requires any treatments, privileges, or special care. This would include over the counter medications, medications, bathroom privileges, water bottles, physical restrictions, etc.**

### H. CHILD ABUSE AND NEGLECT

Any staff member who suspects that a student has been abused or neglected shall immediately notify the principal and/or counselor of the school where the student attends. If they have reasonable cause to suspect that the student has been subjected to abuse or neglect, a call will be made to the Butler County Division of Family Services or the Child Abuse Hotline. Form C21 may be used for documentation if needed.

### I. UNIVERSAL PRECAUTIONS

Appropriate barrier precautions should be used at all times to avoid skin or mucous membrane contact with any body fluids. Gloves should be readily accessible. Hands and other skin surfaces should be washed immediately and thoroughly after removal of gloves. Underwear or pull ups may be required when students are incontinent of bowel and/or bladder. This may be necessary when these bodily fluids are contaminating the floors, chairs, or other surfaces for the safety of other students around them. Precautions should also be taken to avoid sharp instruments. All sharps should be disposed of properly.

All accidental punctures and lacerations obtained by the staff, should be reported to the nurse's office immediately for evaluation, treatment and documentation (C23) of the injury. **The Director of Health Services should be contacted immediately. Universal Precautions should be used in all situations, regardless of whether there is a risk of exposure to blood. Good infection control practices, which include wearing gloves and good hand washing should be used at all times.**

#### IV. PREVENTION AND CONTROL OF COMMUNICABLE DISEASES

##### A. COMMUNICABLE DISEASE

A student shall not attend classes or other school-sponsored activities, if the student has an acute or chronic contagious or infectious disease and is liable to transmit the contagious or infectious disease. All employees will follow the most recent guidelines issued by the Center for Disease Control (appendix B), except in the case where school policy supersedes the guidelines.

The following should be consistently done:

1. All episodes of biting, and all children who exhibit repeated instances of significant aggressive behavior, should be reported to the designated school administrator.
2. The school nurse and the designated school administrator when appropriate, should be informed of any student or staff member, who has episodes of bleeding or who has uncovered, oozing skin lesions. They should also be informed of any rash.
3. The school nurse and designated school administrator when appropriate, should be informed if any instance in which the significant potential for disease transmission occurs.

##### ACUTE INFECTIOUS DISEASE

If the school nurse determines or suspects that the student has a contagious disease, they will be excluded for the number of days specified in the Missouri Department of Health Publication "Prevention and Control of Communicable Diseases" or until a physician certifies that the student is no longer liable to transmit the disease. This includes unknown rashes. If any staff member has reason to believe that a student has been exposed to a contagious disease or infectious disease or who observes symptoms, shall inform the school nurse. The nurse will make the decision as to whether to send that student home.

Students with oozing sores, boils, or injuries will be excluded until the student sees a physician and has a note to return to school. When the student returns, the area must be covered, and not oozing through the bandage. If not able to be kept dry, student must be sent home until such time that the bandage can stay dry. The student should refrain from any contact sport during this time. If a student has been excluded from school because the student has been suspected of having an acute contagious or

infectious disease, the student and his/her parent or guardian may appeal such a decision in writing to the Superintendent. The Superintendent may require the student to be examined by a physician designated by the district, the child's own physician or both. The student shall not attend classes or participate in school activities during the appeal period.

A weekly report of communicable diseases will be compiled by each building and then given to the traveling nurse every Monday. (C8) This report is due to the Butler County Health Department weekly. Some Communicable diseases are required to be reported within 24 hours - if any questions, contact the Director of Health Services.

### **CHRONIC INFECTIOUS DISEASE**

If the principal, after consulting the nurse, determines that a student may have a chronic infectious disease, the student may be excluded from school and provided an education in an alternative setting. In some instances, a review committee may be convened to decide if and under what conditions the student may attend school. The District's legal counsel may serve on the committee in an advisory capacity.

If the student has been identified as a student with disabilities pursuant to the Individuals with Disabilities Education Act (IDEA), the student may be excluded from school and provided with an education in an alternative setting, so long as the exclusion does not constitute a change in placement pursuant to the IDEA. The student's medical condition and educational placement will be evaluated in accordance with the procedures set forth above, with the following provisions:

- a. Prior to excluding the student, the student's parent/guardian shall receive written notification of their procedural safeguards, as set forth in the District's compliance plan for implementing the IDEA, in addition to written notice of their procedural safeguards pursuant to Section 504 of the Rehabilitation Act of 1973.
- b. The Review Committee shall include the chairperson of the student's Individual Educational Program Committee or his/her designee.

### **CONFIDENTIALITY**

The Superintendent or designee shall ensure the student's confidentiality rights are strictly observed in accordance with law. Identity of a student with any medical condition is on a need to know basis. Staff members who have a medical need to know include:

- a. Those who are designated by the district to determine the fitness of the student to attend school.
- b. Those who are responsible for providing healthcare to the student, such as the school nurse
- c. Those who are most likely to be in a position to render first aid to the student in case of an accident or medical emergency

## **B. IMMUNIZATIONS**



As mandated by the Missouri Department of Health and State law, **students must be up to date on immunizations before being permitted to attend class (C30, C32).**

The only two exceptions to that are: students of military families have 30 days to get any required immunization that is needed to meet state law, and homeless students have 30 days to produce evidence of a completed shot record.

1. The district will maintain an individualized health record for each student, including an immunization history supplied by the parent or guardian.
2. A complete immunization history will be required upon entrance to school. Satisfactory evidence of immunization is a statement, certificate or record from a physician, or health facility that verifies the type of vaccine, the month, day, and year of administration. The parent/guardian will be informed that any needed immunizations must be obtained prior to enrollment and attending school.
3. In certain special situations, exemptions (C38-C41) or "In Progress" statements (C37) may be needed.
  - a. If a student has received all immunizations that are age appropriate but has not completed the minimum required for school attendance, the parent/guardian must obtain an "In Progress" card (C37) from a physician or health department that identifies when next dose is due.
  - b. If the student cannot receive the needed immunizations for medical reasons, a medical exemption (C38) will be completed and signed by a physician and be filed in the student's health record.
  - c. If the parent/guardian objects to immunizations for religious reasons, an exemption form (C40) must be signed by the parent/guardian, and filed in the student's health record. An original signature is required, a copy is not acceptable. Protection against disease as a desirable measure for the protection of the student will be emphasized (C41).
4. In the event of an outbreak, students who are exempt from immunizations for any reason will be excluded from school for their own protection and that of other students, in accordance with State rule CSR 50-101.0412. The only exception will be students exempted by a physician, because they have already had the disease and have available lab confirmation of immunity.
5. The district will notify the parent/guardian if a student will require any additional doses of a vaccine, giving the date by which, the vaccine must be given to remain in compliance with the law (C 31, C33).
6. The district will prepare the immunization report for the MO Department of Health by the specified date. Any deficiencies will receive follow-up as recommended. Every effort will be made to return excluded students to school as soon as possible. The parent/guardian will be advised of resources available to obtain needed protection. The parent/guardian who does not make an effort to comply with the law in order to return students to school within ten days may be reported to the local juvenile authority for enforcing the truancy law.
7. An ongoing review of immunization records will be made to ensure that entering transfer students who are "In Progress" and those needing Tdap boosters during the school year have adequate protection. Students will be notified in the spring

that Tdap boosters will be due during the next school year. The records of entering transfer students and those due for boosters will be flagged, or a separate line listing of these students will be maintained to facilitate compliance with the statute.

#### V. **SPECIAL EDUCATION/ACCOMMODATION PLANS**

The school nurse is an active member of the multidisciplinary team providing important health information and concerns for students in special education services. The school nurse serves as a:

1. Resource to staff and parents
2. Participate in formal assessment process
3. Liaison between child's healthcare provider and school
4. Participate in selected IEP conferences - Registered Nurse
5. Complete follow ups

The school nurse provides initial screening information for health, vision, and hearing (C52). The school nurse will keep an ongoing log of all requests for referrals for screening (C56). These screenings will be done in a timely manner.

#### **SECTION 504 ACCOMMODATION PLAN**

Section 504 of the Rehabilitation Act of 1973 is a federal law that prohibits discrimination against persons with disabilities in any program or activity that receives federal financial assistance from the United States Department of Education. The Poplar Bluff R-1 School District is a recipient of federal financial assistance from the United States Department of Education, and therefore is covered by Section 504.

A student's eligibility under Section 504 is not determined by a doctor or psychologist but by a multidisciplinary team convened by the district. That team must include persons who are knowledgeable about the student, the evaluation date to be considered, the placement options and the Sections 504 requirements. A registered nurse should be included in all 504 Teams.

#### VI. **STAFF INFORMATION**

**STAFF MEETINGS:** Staff meetings are held at the beginning of the school year and then on collaboration days. Each nurse is expected to attend these meetings unless she is involved with an urgent health problem in another school. If a nurse or health aide is unable to attend, she must call the Director of Health Services and explain the absence.

**INSERVICE:** Continuing education is encouraged by the Health Services office. District professional development activities are provided on an annual basis. Health staff are required to attend all collaboration days unless prior arrangements have been made.

**REPORTS:** All nurses and health aides will prepare the following reports for the Health Services Office:

**Immunization Report** - a report of all students regarding the status of their immunizations. This report is due at the end of September to the Director of Health Services.

**Special Health Care Report (C10)** - This report is to be completed regarding an inventory of all students with special health care needs. This report is due by October 1st.

**Communicable Disease Report (C8)** - This report is turned into the Health Coordinator's office weekly and more often if warranted. Serious communicable diseases must be called into the Director of Health Services office immediately.

**Referral Report (C56)** - This report consists of all referrals made for vision, hearing, or scoliosis and the results from such referrals. This report is due two weeks prior to the last day of school.

**Year End Report (C11)** - This report is a data report due at the end of the school year to the health coordinator. This report contains such information as health room visits and statistics related to student health. This report is due 2 weeks prior to the last day of school.

## **PROFESSIONAL ISSUES**

### **Nurse-Faculty Relationships.**

School nurses should work closely with other professionals in the school system to provide an optimum environment for student education. To enhance this cooperation, the school nurse should:

- Keep classroom teachers informed of current health problems of students and work together to solve these problems or minimize their influence upon the educational process.
- Plan with teachers in scheduling health screenings, instruction, etc. at times that minimize classroom disruption.
- Registered Nurses should be included in all IEP and 504 meetings with students, with special health care needs.

### **Nurse as Resource Person**

The nurse is frequently regarded as a resource person for faculty and staff concerning personal matters. Although that is not a position responsibility, it is a role encouraged in the interests of health promotion and disease prevention. Involvement may include but is not limited to: blood pressure monitoring, weight control, hearing and vision screenings, referral to community resources, medication questions, and general health counseling. If a staff member requests

a routine injection to be given, a Registered Nurse must administer it. Strict confidentiality is enforced.

**Nurse/family**

Please remember that everything in the health office is confidential. Staff's children are not allowed to be in the health office during school hours. If your child needs to be in your care for a brief period of time, a separate room will need to be found for them to wait in. Personal use of cell phones need to be at a minimal as well.